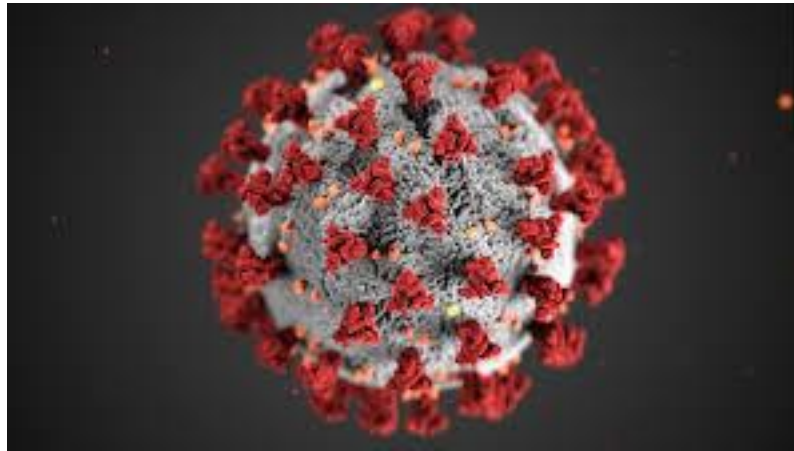


Royal Greenwich Coronavirus Outbreak Control Plan



Royal Borough of Greenwich

12th March 2021 v7



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Foreword

Foreword

Councillor Danny Thorpe – Leader of the Council

This Local Outbreak Control Plan sets out the Borough's overarching approach to the prevention and management of outbreaks of coronavirus, including new variants of the virus, in different settings within the Borough. In common with other areas, Greenwich has many schools, care homes, workplaces, markets and shops (large and small) where outbreaks could possibly occur. We also have major tourist and entertainment venues, such as the Royal Observatory, the Cutty Sark, the Royal Naval College and the O2 Arena; as well as three prisons within our boundaries. We have considered the range of different settings in the Borough, as well as the diverse communities who live in Greenwich, when drawing up this plan to ensure that it takes account of our local needs and context. We have also included the critically important vaccination programme as a key aspect of our preventative work – a separate, detailed Vaccination Plan for the Borough is also available. How we work with our residents is key, and we are placing a strong emphasis on our engagement strategy. Working with residents as community champions and with our diverse communities and faith organisations is central to our approach. As Chair of the Greenwich Health and Wellbeing Board, I am committed to ensuring that we communicate regularly and effectively with our residents and our different communities to secure their knowledge, understanding, confidence and co-operation in our work to prevent and respond to outbreaks of coronavirus infection within our Borough and to support the highest possible take up of the vaccination offer.

Steve Whiteman – Director of Public Health

This plan has been drawn up by key partners across the council and the NHS in Greenwich and in close collaboration with colleagues in Public Health England and the other local authorities in the Capital. Sitting alongside this overarching plan are many more detailed plans related to the range of different settings in which outbreak management may be required. We also have plans relating, for example, to the testing strategy for the Borough and specific plans for managing the response to the identification of VOCs (variants of concern) should any emerge in Greenwich. London has strong partnerships in place to respond to the pandemic, which have supported all London Boroughs to take consistent approaches to their outbreak planning. We have common agreements between all LAs and the PHE London Coronavirus Response Cell (LCRC) regarding how we will work together and utilise shared Standard Operating Procedures (SOPs) collaboratively related to different settings such as care homes, schools and workplaces.



Summary

Summary

- **Aim of the Outbreak Control Plan**

- COVID-19 has had a profound impact on people's lives in Greenwich and across the world. Two waves of the virus have precipitated 3 national lockdowns since March 2020 and over 125,000 people have lost their lives to the virus. But now we have effective vaccines and the future is looking brighter. Our Plan therefore aims to:
 - Effectively prevent and manage outbreaks of COVID-19 to mitigate the impact of the virus on Greenwich's population and communities whilst the vaccination programme is fully worked through
 - Support a safe return to a normal way of life for residents, businesses and visitors to the borough as we 'live with COVID' in a post vaccination world

- **Key components**

- Our plan describes the ways in which we will seek to work with our partners to prevent outbreaks of coronavirus in the Borough and to respond swiftly and effectively to any outbreaks that do occur, including in the event of the emergence of VOCs.
- Sitting behind this Plan are more detailed operating procedures drawn up with colleagues in PHE and other London Local Authorities setting out our respective roles and responsibilities and how we will respond to outbreaks in a range of settings.
- Our work to inform, engage and communicate with residents is a critical success factor in the implementation of our plan.

- **Principles**

- We are clear that Test and Trace must be accessible for everyone to use; including people facing deprivation and digital exclusion.
- Support for residents continues to be a priority. Our Community Hub, which has been providing support to people needing to shield and self-isolate throughout the epidemic, will continue to provide a response to those needing help with food, medicines and other essentials whilst asked to self-isolate.
- Our plan describes the deep engagement that will be needed across our communities to ensure that no-one is left behind or overlooked.



Aims and Objectives

Aims & objectives of the Greenwich OCP

The aims of Greenwich's OCP are to:

- Effectively prevent and manage outbreaks of COVID-19 to mitigate the impact of the virus on Greenwich's population and communities whilst the vaccination programme is fully worked through
- Support a safe return to a normal way of life for residents, businesses and visitors to the borough as we 'live with COVID' in a post vaccination world

The objectives are:

- To prevent outbreaks of COVID-19 in our communities and complex settings (schools, care homes, custodial settings, communal settings, healthcare settings and public spaces)
- To respond rapidly and effectively to emerging outbreaks of COVID-19 as evidenced by data and health intelligence
- To manage and control established outbreaks of COVID-19, particularly those in complex settings
- To rapidly reflect on and adapt to lessons learnt during the management of outbreaks
- To have a robust oversight and assurance process for the prevention and management of outbreaks of COVID-19
- To ensure the highest possible uptake of the vaccination offer by our residents and tackle hesitancy

The plan sets out the high-level arrangements, processes and actions we will take to achieve this aim.



Context and approach

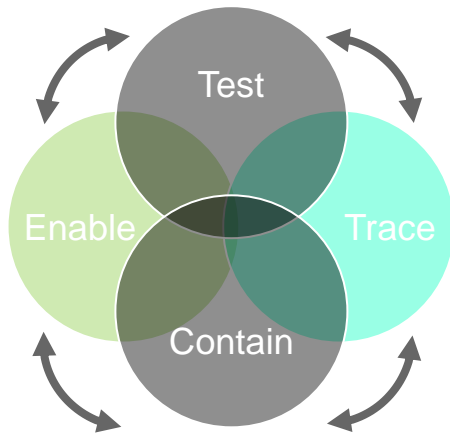


Context

- The NHS Test and Trace service launched 28th May 2020 and provides a core element in preventing the spread of coronavirus. The service aims:
- To ensure that people with and without coronavirus symptoms can get tested quickly
 - For people found to have the virus the service can trace and notify people that they have been in close contact with so that they can self-isolate for 10 days and prevent onward transmission.
- Local authorities, including Greenwich, have increasingly taken on greater responsibility for both testing and contact tracing as the pandemic has evolved.
 - We have established a range of rapid testing sites within the community and in workplaces, and supported schools, care homes and prisons to use rapid testing effectively.
 - Community Collect, whereby people obtain rapid testing kits from community sites to support regular testing, is coming on stream and we are planning our model for this development.
 - We have undertaken contact tracing for Greenwich cases who the national team has not been able to reach, achieving good levels of contact and offering advice and support in relation to the specific needs of individuals and their families who need to isolate
- The Outbreak Control Plan for Greenwich (OCP) brings together a cross-Council collaborative response, led by Public Health through the weekly Health Protection Board and its working groups, and describes our close working with colleagues across the local NHS, Police, voluntary and community sector to harness the expertise, skill and capacity that already exists in Greenwich.
 - This plan details our Public Health plans together with the deep engagement that's needed across our communities that will ensure everyone is protected while we implement the vaccination programme and look forward to a safer future.

Local Outbreak Plans are a core focus of NHS Test and Trace

An integrated and world-class Covid-19 Test and Trace service, designed to control the virus and enable people to live a safer and more normal life



Test	Rapid testing, at scale, to identify and treat those with the virus
Trace	Integrated tracing to identify, alert and support those who need to self isolate
Contain	Identify outbreaks using testing and other data and contain locally and minimize spread
Enable	Use knowledge of the virus to inform decisions on social and economic restrictions

Continuous data capture and information loop at each stage that flows through Joint Biosecurity Centre to recommend actions

Underpinned by a huge public engagement exercise to build trust and participation

Our approach

Building on the some principles set out by the Association of Directors of Public Health (ADPH) in 2020, national and London-wide guidance for developing robust outbreak control plans we will:

- Work collaboratively with the NHS Test and Trace system, coordinating our work with regional and other health protection specialist advice in the management of outbreaks
- Work closely with NHS colleagues and our local communities to support the effective implementation of the vaccination programme which commenced in December 2020
- Focus on prevention of transmission as well as the management of outbreaks
- Build on the existing good practice in RBG's public health infrastructure and expertise, working closely with our local partners and communities and building on the learning and assets we have already developed during the earlier stages of the pandemic.
- Ensure the rapid flow of information between local partners and agencies and the efficient exchange, management and interpretation of intelligence and other epidemiological evidence with local, regional and national assets (including Public Health England and the Joint Biosecurity Centre)
- Work with our communities to inform, build trust and protect them, recognising in particular the inequitable impact of the pandemic on BAME communities and disadvantaged groups to enable them to protect themselves, their families and stay well.
- Further develop our local testing to complement the national test and trace system where relevant, instituting local control measures as they may be required
- Ensure governance arrangements to provide assurance and oversight of how the pandemic is handled in Greenwich to local, regional and national stakeholders and the public.







<https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

The Greenwich plan is built around 7 themes for local OCP's (DHSC) and utilises PHE guidance and good practice emerging across London and nationally

Local Outbreak Control Plans will centre on 7 themes

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

6 Point Plan for Local Authority wider response (developed by the London CEO Task and Finish Group)

 Point 1: Core requirements	 Point 2: Vulnerable groups	 Point 3: Community and economic impact	 Point 4: Local partnership response	 Point 5: Connecting and engaging communities	 Point 6: London regional resilience
Establish a LA Contact Tracing Lead and WG	Identifying potentially vulnerable groups	Understanding local community and economic impact	Partnership engagement	Mitigating low take-up of the national model	Local and regional resilience
Focus on Outbreak Management	Understanding vulnerability	Community Impact Checklist	Joining-up local intelligence with partners	Understanding barriers to engagement	Potential voluntary secondment to LCRC
Establish a local Data Hub	Role of shielding and 'shielding plus' services	Workforce Impact Checklist	Developing joint-action plans with partners	Focus on vulnerable groups and personas	Mutual-aid arrangements
Workplaces and buildings				Baseline and enhanced communications	

Developing a toolkit: In addition to the six-point plan set out above a toolkit of practical guides, structures, role profiles, scripts, and best-practice examples is being developed for LA's to access, co-design and develop,



Managing Outbreaks

Managing Outbreaks - Greenwich Arrangements

The Director of Public Health (DPH) for Greenwich has established a local **COVID-19 Health Protection Board (C19HPB)** bringing Public Health and Environmental Health Officers (EHOs) together with local authority and NHS key partners to provide the skills, capacity and support for the management of outbreaks and complex situations, when they arise.

The C19HPB will provide coordination around several key areas in the current phase of the pandemic:

- The DPH will provide the single point of contact (SPoC) for the borough to enable coordinated and timely flow of information between all the relevant stakeholders to enable rapid responses to be made: receiving regional and local data on cases and trends regarding people who have been confirmed as COVID-19 cases and their close contacts
- A shared case management system will bring Test and Trace information on complex outbreaks together in one place, held on a secure system for systematic review by all members of the C19HPB.
- Facilitate a coordinated response to supporting settings, high risk places, locations and communities, planning for local outbreaks, defining monitoring arrangements, potential scenarios, defining preventive measures, local testing and outbreak management strategies.
- This may include calling in a Mobile Testing Unit if additional surge testing capacity is required (see Appendix 2)
- Ensure a comprehensive understanding of our high-risk populations and oversee a process of engagement, listening and building trust in the national system to enable individuals and communities to protect themselves, their families and friends and stay well.

Managing outbreaks – London arrangements

A joint agreement between local authorities in London and LCRC provides a framework for joint working for managing COVID-19 outbreaks, complex settings and community clusters. This agreement will be kept under regular review due to the rapidly changing regional situation and guidance, and fluctuating capacity across the system.

The purpose of the joint agreement is:

- To have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in councils' Local Outbreak Control Plans (LOCPs).
- To improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services
- To share outbreak information to facilitate appropriate measures
- To have a Single Point of Contact (SPoC) in LCRC and in each local authority to facilitate data flow, communication and follow up
- To provide consistent advice to settings and local public health teams

Outbreak Identification & Rapid Response Framework

- PowerBI integrated reports & analytics
- Toolkit- standard operating procedure CE reports
- NHST&T App – Using Alerts to warn and advise
- Operational Playbook for post ECT actions based a set of key principles
- iCERT- Interactive Common Exposure Review Tool

Tools

- HPTs & LAs co-design ECT operating plan/s
- Increase usage of or effectiveness of using reports, tools & resource

Regional/
Local
Planning

Outbreak
Identification
& Response

Measure
Impact

- Baseline & benefits realisation
- Build out the operational and data flows analysis processes
- Agree monitoring metrics for COVID-19 cluster detection and response
- Develop reporting platforms

Resource
Support
Models

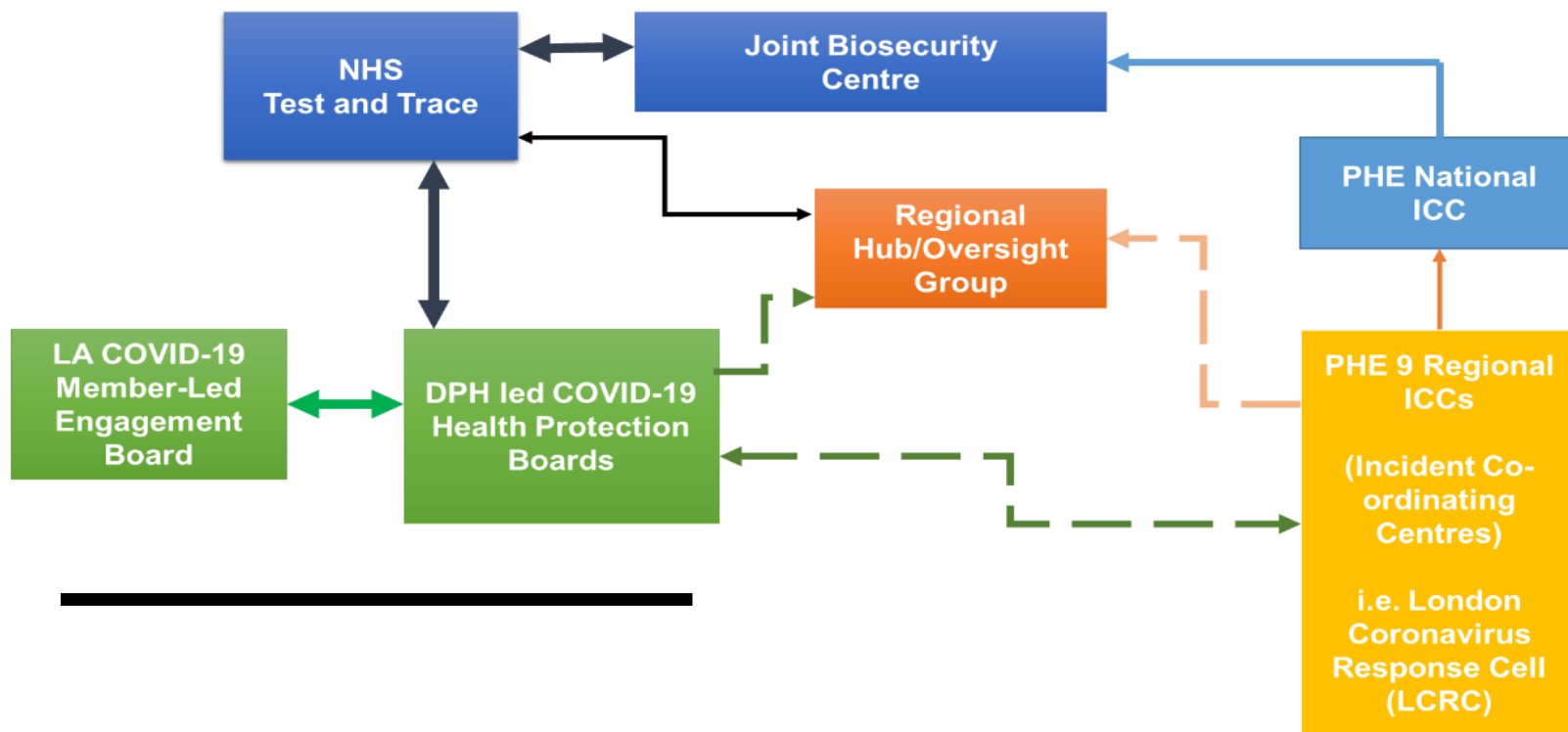
- Identify agile resourcing models to support end-to-end ECT process
- Capability & capacity building including provision of training
- National resource

Communica
tion

- ECT Explainer
- Regular touchpoint meetings
- Coordinated “Newsletter” approach across T&T
- Develop a suite of Communications utilising appropriate delivery platforms

Managing outbreaks: Local and national arrangements

Relationships between local and national elements of outbreak management^[1]



^[1] <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

LCRC / Local Authority Response

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	<p>Receive notifications of cases via national test and trace route</p> <p>Investigate and manage cases and contacts as per local SOPs</p> <p>Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols</p> <p>Provide support packages as required</p>	<p>Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols</p> <p>Investigate and manage high risk cases and contacts as per local SOPs</p>
VOCs (or other cases of concern)	<p>Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up</p> <p>Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>	<p>Investigate and manage initially VOC/VUI etc cases and contacts</p> <p>Liaise with LA contact tracing for help with no contact cases</p> <p>Investigate and manage any identified settings</p> <p>Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>
Enhanced contact tracing (Cluster) investigation and management	<p>Investigate, identify priority clusters</p> <p>Manage clusters as per relevant settings SOPs</p> <p>Chair IMTs if required</p>	<p>Overview of cluster identification and management</p> <p>Overview management of priority settings</p> <p>Attend IMTs if required</p>
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Investigate and manage cases and clusters in settings.</p> <p>Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Chair IMTs if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Overview and investigate and manage cases and clusters in high priority settings</p> <p>Review and update resources</p> <p>Provide advice and support Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Attend IMT if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>

Local, regional and national roles

Level	Place-based leadership	Public health leadership
LOCAL	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board (<i>or other chosen local structure</i>) 	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the data on testing and tracing and Vaccine uptake c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	<p><i>Regional team (PHE, JBC, T&T, London councils and ADPH lead</i></p> <ul style="list-style-type: none"> a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of risks issues and pressures across the region especially cross-boundary issues 	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"> a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake b) Prioritisation decisions on focus for PHE resource with Las or sub regions c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"> a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"> a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity



High risk settings and communities; enduring transmission

High risk places, locations and communities

The LCRC / LA Joint Agreement sets out the overarching approach to managing outbreaks in complex settings together with Standard Operating Procedures (SOPs) for how the Greenwich Outbreak Control Team and partners will work together to support specific settings to manage outbreaks including:

- Care Homes
- Prisons and custodial settings
- Schools
- Hostels / HMO's
- Sheltered accommodation
- Supported living
- Workplaces (small and large, multi-occupancy and construction)
- Religious organisations/gatherings
- Primary care
- Hotels
- Tourist sites & the O2
- Shops
- The NHS has SOPs in place for managing outbreaks in hospital, primary and community care settings

Care homes and prisons

Care homes

- Care homes have been a major focus of our work to keep the most vulnerable people safe during the pandemic
- Working with providers, LCRC, the GP practice supporting local homes, public health and commissioners, we have developed a rigorous approach to reducing risk and managing outbreaks, including:
 - High level IPC support, audits, visits (announced and unannounced), funding and communication
 - Multi-disciplinary care home review group meetings for any incidents, outbreaks and cases arising
 - Regular reviews of partial or full home closures and re-opening agreements
 - Support for visitors
 - Support for testing of staff, residents, visitors
 - Support for vaccination to residents and staff
- This approach has significantly reduced outbreaks and their serious consequences in our homes and continues to be a top priority for the borough response

Prisons

- Greenwich has three prisons in its borders: Belmarsh, Thameside and Isis (Youth Offending)
- Prisons carry a high level of risk of outbreaks, and all 3 of our prisons have experienced outbreaks during the first and second waves of the pandemic
- Our approach is:
 - To provide local senior public health input to IMTs led by LCRC colleagues and working with prison management and health staff in all cases where outbreaks occur
 - Supporting surge testing and other responses as required by the scale and nature of the outbreak; this has involved liaising with hospital laboratory colleagues to access rapid testing capacity when the scale of an outbreak has required it, for example
 - Support with uptake of vaccination
 - Support with lessons learned and ongoing review
 - Providing feedback and updates to the Health protection Board and council GOLD on prison outbreaks
- In London, a network of LCRC & boroughs with prisons in their borders has been established and we are actively engaged in that group

Tourist sites and the O2

Tourist sites

- Most tourist sites have been closed to the public during lockdown, but as restrictions lift they will start to re-open
- Working with venues, licensing, environmental health and the police to support the development and robust implementation of venue and activity-based risks assessments that will minimize and mitigate risks:
 - Disseminating latest Government and industry guidance
 - Information sharing between statutory agencies and services that may be impacted from re-opening
 - Public Health and Environmental Health professional advice on risk assessments and infection prevention and control measures
 - Guidance and support for signage and communications
 - Access to rapid flow lateral test kits for staff and volunteers
- This approach will reduce the risks of community transmission as high footfall venues re-open

The O2 and Indigo

- The O2 and Indigo complex host major music and sporting events which draw 100,000s of visitors and have a high level of risk of outbreaks and can create significant demand on emergency services
- Where licensable activity is included RB Greenwich convenes multi-partner Safety Advisory Group meetings to review safety and other plans, including Covid-19 risk assessments
- Our approach is:
 - To work in partnership with this venue and DCMS to forward plan for test and pilot events
 - To ensure that all relevant statutory agencies are involved in safety planning, including Public Health
 - To reserve the right not to issue safety notices unless RBG is fully satisfied that all steps to prevent and control infections are in place
 - Support with lessons learned and ongoing review
 - Providing feedback and updates to the Health Protection Board and council GOLD on planning for major events

Places of worship

- Greenwich hosts one of the highest concentrations of places of worship of any London Borough, particularly black-led Pentecostal churches.
- Public acts of worship have been a permitted activity throughout the recent lockdown, although RB Greenwich has encouraged faith organisations not to meet face to face, to reduce the risks of outbreaks.
- Regular meetings have been held between the Council and faith organisations to share information about Covid-19 and steps that they can take to keep their communities safe, but also to ensure that faith organisations are aware of the infection prevention and control support available from RB Greenwich including:
 - Disseminating latest Government guidance for places of worship and sharing best practice between faith organisations
 - Information sharing from statutory and voluntary agencies and services about the support that is available to communities
 - Offering PPE, input into risk assessments, and vaccination for funeral celebrants and faith leaders and volunteers providing end of life care, and direct care and support to vulnerable residents through their pastoral and charitable work
 - Support with accessing rapid lateral flow testing
 - Recruitment of faith leaders as Community Champions so they can disseminate Covid safety messaging within and beyond their communities
 - Monitoring adherence to the Government guidance where face to face worship has continued, and being prepared to take enforcement action if regulations are breached
 - Reflecting on the role of faith communities in responding to Covid-19, and their role in the future to promote health, wellbeing and community connection (Faith Leaders seminar, 18 March 2021) and involving faith organisations in protecting vulnerable communities
- This approach will reduce the risks of community transmission as places of worship re-open. Many Christian churches have indicated they plan to open as early as Palm Sunday (28 March) for Passion Week and Easter

Enforcement action



- Our regulatory functions (environmental health, trading standards, community safety teams) have worked hand in glove with the Met Police throughout the pandemic to take enforcement action where required, including fines and prosecutions for individuals and organisations breaking COVID regulations
 - Action has been intelligence led, including insights provided by the public, on street surveillance and the use of public health data to identify hotspots / areas of higher infection levels
- We have funded additional enforcement staff including a cadre of COVID ‘marshals’ who have worked with the public and businesses in town centres to give advice and support on COVID security measures and requirements

Protecting Vulnerable Communities – Deep engagement and our MHCLG funded programme

There is clear evidence that COVID -19 has had and continues to have a disproportionate impact on specific sections of the population. Whilst age, being male and having existing health conditions are clear risk factors for poorer outcomes from the infection, other groups in the community are disproportionately impacted especially:

- BAME communities
- People living in areas of high levels of deprivation
- Those made vulnerable by poverty such as people with nil recourse to public funds

It is vital if we are to prevent the virus from continuing to widen health inequalities in the borough and to protect the health and safety of all our population that we pay specific attention to understanding the experiences of our vulnerable communities of the pandemic so far. Since the summer of 2020 we have been working closely with our geographical areas and our communities of interest at highest risk, to develop shared approaches with our communities to keep people safe. In January 2021 we received additional Community Champions funding from MHCLG to support and develop this work further. The focus has been on:

- Using data on infection rates, deprivation, health outcomes and BAME populations to identify geographical areas (7 so far) within the borough for focused attention and joint work with communities, faith groups and others
- Identifying and working with other communities of interest at high risk, including people from specific ethnic and faith communities, people with disabilities (10-15 groups currently being worked with or under development)
- Developing an approach to community voting/participatory budgeting to develop and agree funding for a wide range of schemes that will facilitate communities in addressing the challenges that they have faced during the pandemic
- Establishing a network of borough-wide Community 'resident' Champions; we have 300 already and the numbers are growing, focused on the dissemination of accurate messages through local channels on COVID safety and vaccination
- A key workstream on digital inclusion

This deep engagement is vital to our ongoing efforts to protect those most at risk. Our elected members and cabinet leads are centrally involved in leading and overseeing this work

Tackling enduring transmission

Greenwich as a Local Authority has not experienced enduring transmission through the pandemic. After the first wave, through the summer and early Autumn of 2020, rates were very low across the borough. However, some areas had experienced historically higher rates in some hyper-local neighbourhoods, which also tended to be areas of high deprivation, higher rates of BAME communities and higher risk factors such as long term conditions, CEV and obesity. Our risk stratification tool helped us to identify an initial 4 areas for this work, which we re-ran at the end of the second wave and identified a further 3 areas to target.

MHCLG Programme

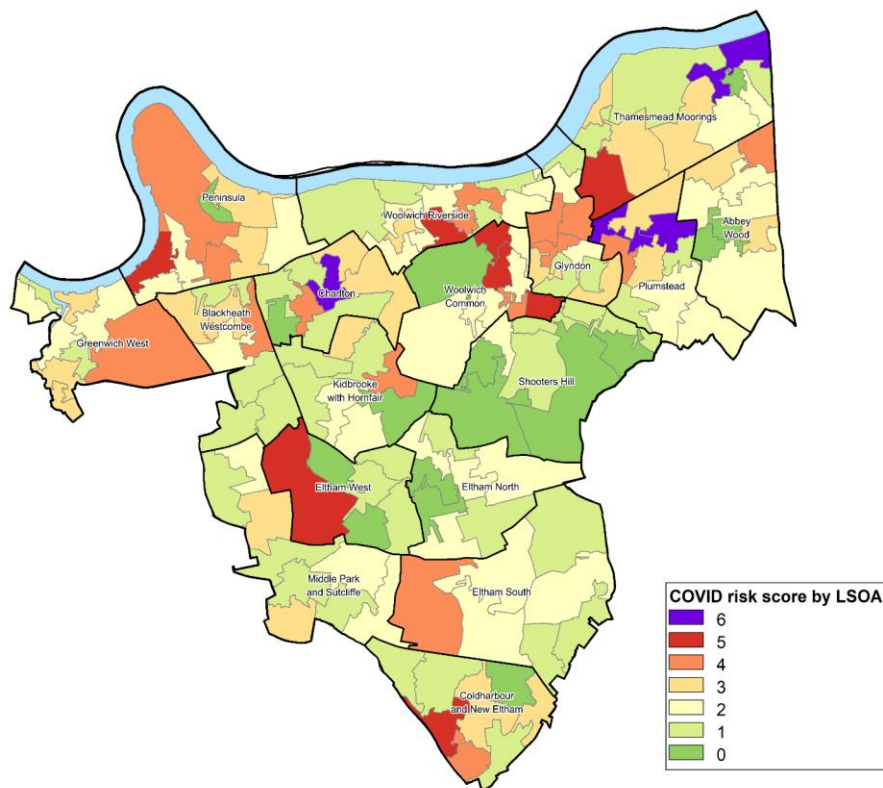
- MHCLG response to PHE report around inequalities in COVID outcomes
- Up to £25 million was available
- 3. Royal Greenwich INVITED TO APPLY
December 2020
- 4. Over 100 community organisations or representatives brought together virtually as part of the EoI – the bid reflected insights from this engagement work
- 5. Successful Councils announced 24th January 2020; RBG awarded £720,000

THE OUTCOMES OF THE PROGRAMME

This programme is about building a lasting partnership between local residents and communities with the Council to

- increase the voice of local people
- support a better understanding by the Council of the needs and abilities of local people
- improve accessibility of information and guidance from the Council on keeping safe from COVID
- provide information and advice on local services and address vaccine hesitancy within communities
- increased visibility of Community Champions, volunteers and community groups to encourage more mutual aid and volunteer provision working in partnership with the Council

FOCUS FOR NEIGHBOURHOOD APPROACH COVID RISK SCORES BY LSOA (HIGHEST/WORST)



The map shows the risk stratification identified for neighbourhoods.

While this doesn't preclude outbreaks occurring in other areas, initially our work will start with those areas that have the highest risk.

INITIAL AREAS

- Plumstead and Glyndon
- Thamesmead
- Charlton
- Woolwich Common

Risk Factors

- Deprivation
- Where BAME communities live
- Historical and current infection rates
- Long-term condition prevalence (Clinically Extremely Vulnerable)
- Obesity levels (as measured by Year 6 results from the Child Measurement Programme number of overweight and obese)
- Older population (over 70 years)
- Houses of Multiple Occupation

OUR EXPRESSION OF INTEREST EXPANDING THE PROGRAMME

Projects

Borough-wide Community Champions

Started in November 2020.
Currently 320 Champions signed
up to sharing messages with a
reach of 50-80,000

Neighbourhood Champions

Four existing neighbourhoods
reaching 20,000 expanding to
Seven neighbourhoods

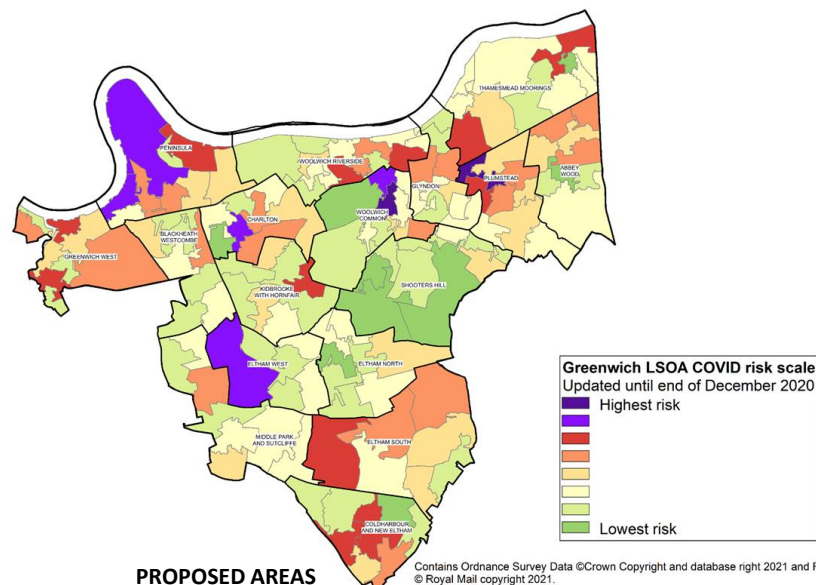
Communities of Interest

Ambition to work with more
than 10 communities of
interests – currently working
with 5 (response based on need)

Digital Inclusion

Mapping needs and co-
developing digital solutions with
the community and
stakeholders.

COVID-19 risk scale by LSOA within Greenwich

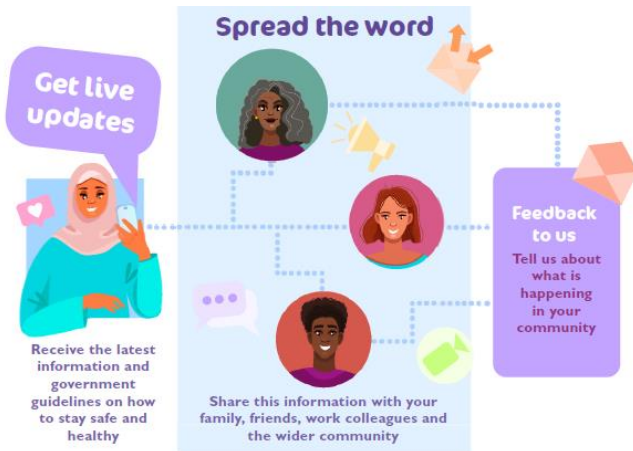


PROPOSED AREAS

- Continue
 - Plumstead and Glyndon
 - Thamesmead
 - Charlton
 - Woolwich Common
- New
 - Caletock and Flamsteed estates
 - Middle Park and Sutcliffe
 - Woolwich Riverside

BOROUGH WIDE COMMUNITY CHAMPIONS

Establishing a Community Champions network across the borough to spread messages as widely as possible



- **Launched November 2020**
- **Over 300 Champions – hoping for 1000**
- **Reach of 50-80,000**



Inclusion Health – homeless people

London COVID-19 Find and Treat Service (F&T)

The Find and Treat service, provided by a team from University College Hospitals, is jointly funded by all of London's Local Authorities and the Greater London Authority (GLA) and provide the following for rough sleepers, homeless hostels, hotels, night-shelters, pay to sleep, large houses in multiple occupation (HMOs) and daycentres:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the London Coronavirus Response Cell (LCRC).
- **Variants of concern (VOC):** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support:** Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination:** Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)

The amount of training and sentinel screening undertaken will vary depending on the quantity of reactive outreach work (the focus since December has been entirely on outreach testing, and outbreak support).

Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to **asylum hotels** in London (**funded until end March 2021**).

We are currently working through the **future delivery model needed** (beyond 25th June 2021 when current funding ends) in anticipation of continuing infections and potentially outbreaks, particularly as vaccination uptake in this group is challenging.

We will continue to collaborate with local authorities across London to understand and address the ongoing needs for these populations.

Addressing inequalities

Following the release of the PHE report on disproportionate impact of COVID-19 in June 2020, particularly amongst Black, Asian and minority ethnic communities, London Directors of Public Health have responded with health and care partners in the following ways:

Local

Examples of work that local authorities have implemented following the Public Health England 7 recommendations include:

- Community engagement with culturally specific COVID-19 public health messaging through community champions
- Culturally sensitive occupational risk assessments
- Local conversations amongst public health staff on racism and health inequalities following the death of George Floyd in the US in May 2020
- Behavioural insights research on attitudes towards the COVID-19 vaccines, questions and fears among diverse communities across London
- Engaging with local communities on COVID-19 vaccine uptake in a culturally sensitive way through social media, webinars, community champions and health care professionals, and translated comms.
- Targeted vaccination provision for street homeless people, sex workers, Travellers and Gypsies

Sub regional (through integrated care systems)

- ADPH London, PHE London and GLA organised 'light touch' peer review of COVID-19 Local Outbreak Management Plan in July 2020 at STP/ICS level with London Directors of Public Health from local authorities to facilitate shared learning and continuous improvement. Discussions that were had during the peer reviews included community engagement and comms, particularly vulnerable groups
- In March 2021 PHE London, ADPH London and NHSE/I London will develop a London Health Equity Delivery Group to be a key vehicle in implementing a standard approach to health equity across London where possible, bring together ICS leaders and regional partners to share practice and align priorities in addressing inequalities. This Delivery Group will report to the Health Equity Group (see next slide)

Addressing inequalities

Following the release of the PHE report on disproportionate impact of COVID-19 in June 2020, particularly amongst Black, Asian and minority ethnic communities, London Directors of Public Health have responded with health and care partners in the following ways:

Regional level (pan-London)

- In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision. The aim of the group is to:
 - Oversee the refresh of the Mayor's Health Inequalities implementation plan
 - Promote and support collaboration and action at neighbourhood, borough and ICS/STP level
 - Put in place enabling work identified by local partnerships as helpful to their joint work
 - Provide visible systems leadership and advocacy on health equity issues for Londoners

The Health Equity Group has a wide membership including health and care partners, voluntary and community sector, and faith groups

- In February 2021, ADPH London released a position statement in supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic. This statement highlights racism as a public health issue, given the immediate and structural factors that have impacted ethnic minorities, with intentions to develop an action plan to mitigate any further widening of inequalities in 21/22, focusing on five themes. The themes will be aligned with partner organisations priorities for the London Health Equity Delivery Group, and development and delivery of actions will be reported to the London Health Equity Group.

Emerging priorities that are being addressed on inequalities during and beyond COVID-19 are:

- Improved access to vaccination data between NHS and local authorities to help inform understanding of vaccine access and hesitancy as the NHS vaccination programme continues to rollout with additional priority cohorts
- Recovery planning and understanding the wider impacts post second wave in responding to health inequalities



Supporting those who need to self-isolate

The Greenwich Community Hub

- Throughout the pandemic, Greenwich has provided support to those people who have to shield or self-isolate
- This has included support to access food, medicines and other essential needs such as emergency financial support
- NHS T&T contact positive cases to identify their contacts and ask them to self isolate, for those cases the central team struggle to contact our local Test and Trace partnership takes over, further identifying those cases that need support and links them in to the Greenwich Community Hub
- We know that, for some people within our communities, anxiety about income and employment security has raised real barriers to self-isolation.
- We have developed flexible and supportive approaches to enable people who need to isolate to do so with the support they need
- Our Community Hub is a gateway into a range of services and support

You can request support from the Hub by:

- calling 0800 470 4831 (seven days a week, 8.30am to 6pm)
- emailing covid19support@royalgreenwich.gov.uk
- Submitting the online form: [COVID-19 Referral \(royalgreenwich.gov.uk\)](https://www.royalgreenwich.gov.uk/covid-19-referral)



Responding to variants of concern (VOCs)

Responding to Variants of Concern (VOCs)

Mutations and variants of the Covid-19 virus can present a significant risk. As well as potentially being more transmissible and leading to more severe clinical consequences for individuals, mutations also present the possibility for Covid-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and therapeutics

Local Authorities, alongside and with the support of PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control of COVID-19 variants designated as 'Variants of Concern' or VOCs. The overarching purpose is to restrict the widespread growth of VOCs in the population by:

- 1. detecting, tracing and isolating cases to drive down overall community transmission, and**
- 2. case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant.**

All local authorities need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in their Borough, including local "surge" testing, and complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

Following the identification of a VOC, PHE London's Coronavirus Response Cell (LCRC) will conduct the initial investigation to gather additional information, complete a minimum data set and establish whether there are epidemiological links to countries of concern. Those VOCs without an epidemiological link will require wider investigation and response, and this will be determined jointly between the Local Authority, on the advice of the DPH, and PHE London's Health Protection Team.

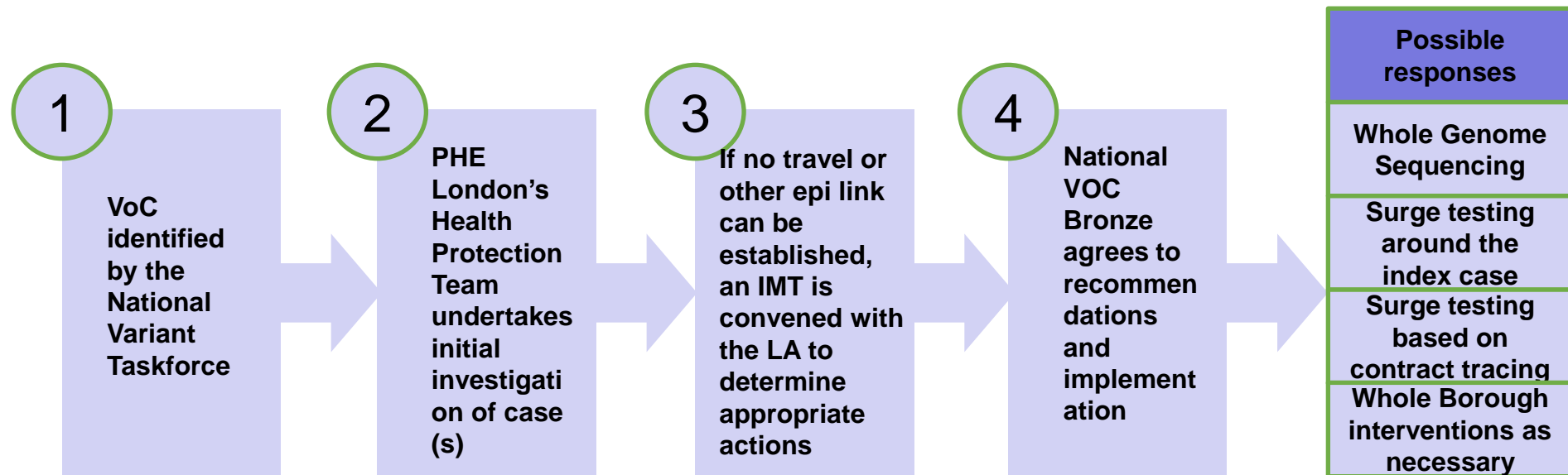
The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, informed by the data and risk assessment, current epidemiology, knowledge of the local community and grounded in health protection principles and specialist health protection advice. Plans will need to be flexible and adaptable to different circumstances, such as the geography, communities or settings in scope.

The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

The figure overleaf gives a high level representation of this process, and slide 3 describes the measures and interventions that boroughs should consider deploying as part of their local VOC response.

Responding to Variants of Concern (VoCs)

Variants of Concern (VoC) Investigation and Management



Responding to Variants of Concern (VoCs)

Guide to determining Public Health Action- range of approaches

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	NPIs
<ul style="list-style-type: none"> Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period Data led eg small area/geography around VOC case; setting specific; whole borough Contingent on national capacity Explore leveraging local hospital and academic sequencing capabilities 	<ul style="list-style-type: none"> Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours Enhanced or increased local communications to encourage and ensure people get tested. Start or potentially increase the local booking arrangements for LTS sites 	<ul style="list-style-type: none"> Determine target population, geography or setting Determine best operational method(s) for targeted surge testing eg: <ul style="list-style-type: none"> Door drop model (Council, VCS or other trusted delivery partner, commercial partner) Collect and drop model, roving model ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives) Surge of up to 5000 asymptomatic tests MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system 	<ul style="list-style-type: none"> Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting LA's Local CT Partnership service works alongside national VOC Trace cell Re-enforcement of isolation and public health advice to all cases and contacts Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control 	<ul style="list-style-type: none"> Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts Self isolation payments and discretionary support for those in financial need Consider enhanced welfare support/follow up calls and other enhancements 	<ul style="list-style-type: none"> Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach Reinforce covid-secure and IPC measures in key settings
					Monitoring and evaluation
					<p>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation</p>

Communications and engagement

- Locally led plan for culturally competent communications and community engagement
- Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities
- Ensure alignment of national comms with local comms
- Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes
- Harness existing community assets, networks and trusted messengers eg community champions
- Specific considerations include: an inbound helpline; a postcode checker on Council website

Our local approach to VOCs in Greenwich

Based on the London approach and principles outlined in the previous slides, Greenwich has developed and tested a local surge testing and VOC response plan.

This plan is a cross-directorate approach which has been subject to a corporate simulation exercise. It has been updated in light of learning from other London Authorities who have already undertaken VOC responses.

There is a strong emphasis on communications with the population to provide clear information, reassurance and advice.

A senior strategic taskforce group has been established to oversee this work to ensure readiness should we need to respond to variants of concern. The group will oversee the following:

- Conversion of our asymptomatic rapid testing centres temporarily to PCR testing facilities.
- Deployment of mobile teams to provide PCR testing at facilities within the postcode region.
- Ensure adequate staffing including the use of volunteer support via our local Volunteer Centre.
- Establish primary points of contact and leads for testing across targeted housing cohorts.
- Utilise existing Test and Trace risk assessment processes.
- Provide daily debriefing sessions to enable refinements to operations.
- Capture learning from other local authorities.



Our approach to testing & contact tracing

Local approaches to testing

Greenwich has a Coronavirus Testing Strategy that aligns with the Outbreak Control Plan.

The **aims** of the testing strategy are to:

- Reduce onward transmission of the virus
- Protect the most vulnerable
- Protect the workforce and capacity
- Prevent an increased demand on health and care resources
- Support the community to stay safe and return to a more normal way of life

Testing model in Greenwich

Symptomatic testing

- A regional testing site (RTS) based at the O2
- A regular Mobile Testing Unit (MTU) at Charlton Athletic Football Club
- A network of Local Testing Sites (LTS) across the borough providing hyper-local access for symptomatic testing
- Testing with the local acute trust through the Pillar 1 programme
- Regular testing for hospital staff
- Testing centres in council main buildings
- A network of community rapid testing sites across the borough
- Walk-in access to rapid testing sites for staff from workplaces who are linked into our key worker scheme
- Schools testing programme in line with reopening requirements
- Mass testing roving testing centres across the borough
- Access to surge MTU capacity if required in outbreak situations
- Surge testing for prisons and other key settings as required

Asymptomatic testing

- An established routine testing programme for care home staff and residents (PCR and LFD)

Specific features of the Greenwich testing provision

- 5 asymptomatic testing centres.
- Community asymptomatic pop-up clinics located in community centres across the borough.
- Supporting our secondary schools with testing key worker children and a screening provision following the reduction in lockdown measures.
- Mobile testing units for businesses across the boroughs.
- Further expansion of our testing provision to the wider population as lockdown measures reduce including a comprehensive communications programme with the population.
- Rolling out the Community Collect programme where households with school-aged children will have access to self-testing kits which will be further expanded to other key groups as required.

London Testing Strategy

Aims and Purpose of testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**
- **Surveillance**, including identification for vaccine-evasive disease and new strains
- To investigate and **manage** outbreaks
- To **enable** safer re-opening of the economy

Pillar 1 (NHS Settings)

PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR, LAMP & quicker testing)

- Symptomatic patients that arrive in a hospital setting
- Asymptomatic patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
- Symptomatic NHS frontline staff and in an outbreak situation and household members
- Routine testing of asymptomatic NHS staff and contractors
- Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study

Pillar 2 (Mass Population/Community)

Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing

- 5 Drive-thru Regional Test Sites
- 29 MTUs available across London for routine testing and surge capacity deployment
- 84 LTS across 32 Boroughs
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

Pillar 2 (Mass Population/Community) Asymptomatic rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites
- Whole student population in higher education institutions
- National pilots/programmes
- Workplaces
- Schools
- Adult social care:
 - visitors
 - visiting professionals
- Rapid response LFD testing following care home outbreaks
- Domiciliary care
- NHS staff
- Private sector testing
- Pilots

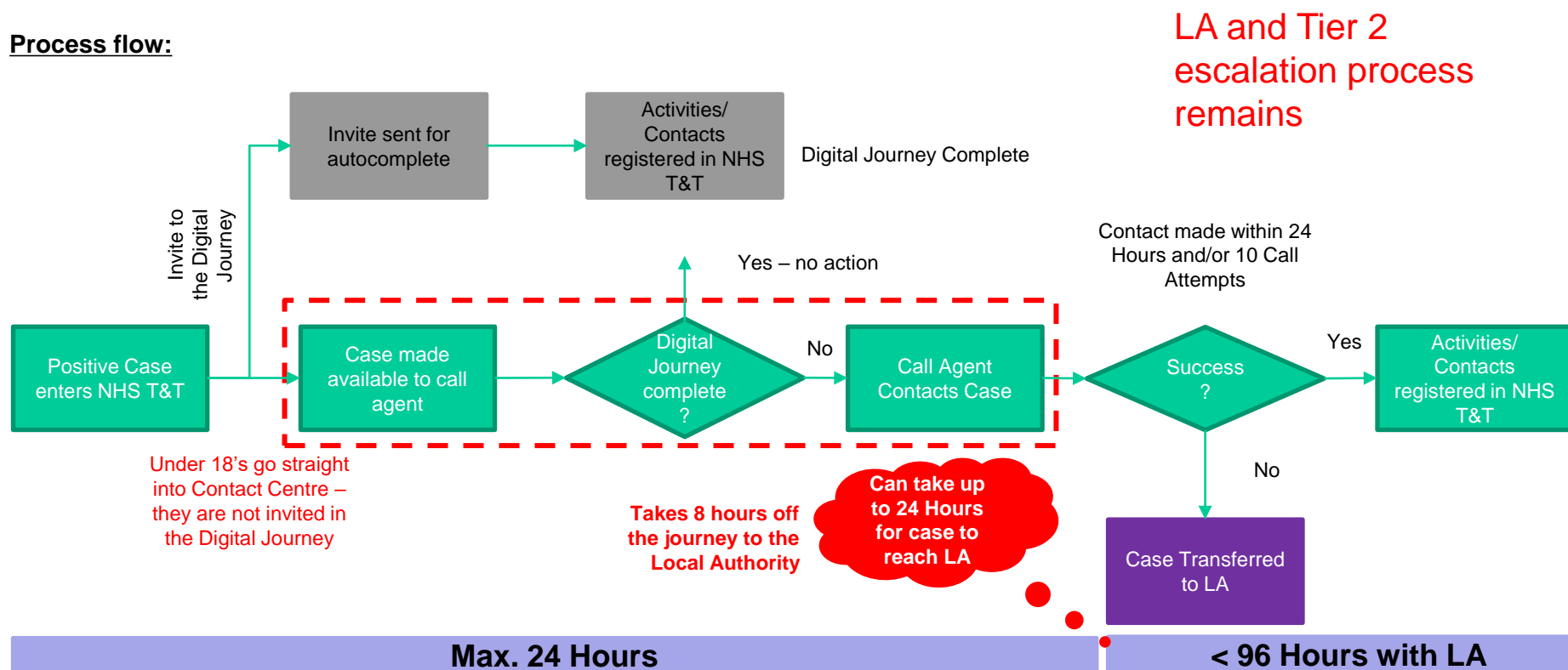
Local approaches to contact tracing

Greenwich has been working as a local contact tracing partnership dovetailing with NHS Test and Trace since the autumn of 2020.

- Staff in the contact centre, working with public health leads, undertake follow-up calls, texts and/or arrange for letters to be hand delivered to residents who the national team have been unable to contact
- This has worked well in increasing the completion rate for Greenwich cases
- We are currently in discussion with PHE London and NHS Test and Trace to take a more active role earlier on in the case journey through the 'Local 0' pilot programme in London

Local contact tracing partnerships

Process flow:



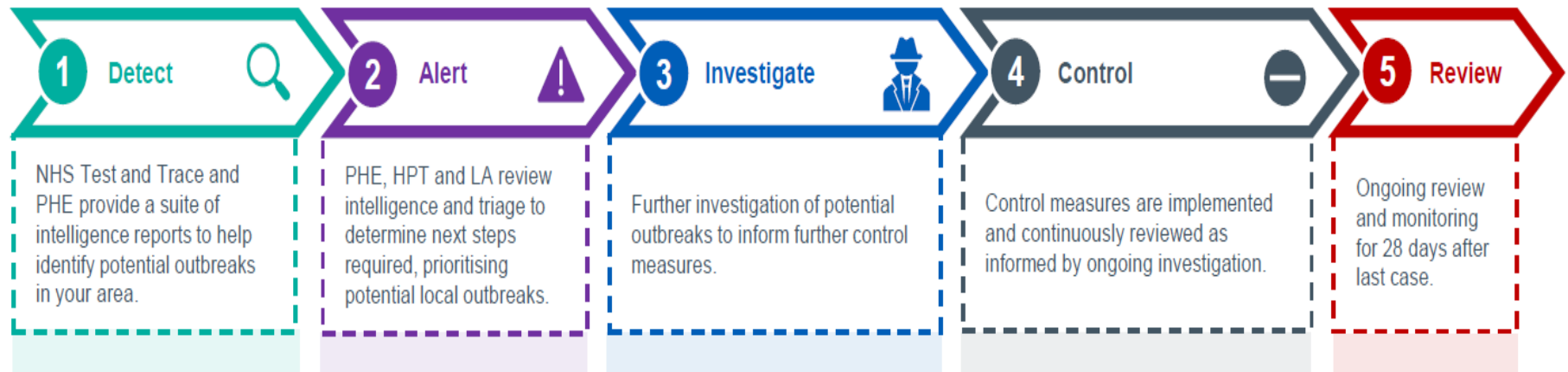
In the new process:

- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority..

This process commenced on the 1st March 2021

Enhanced Contact Tracing

The 5 stages of Enhanced Contact Tracing and Bespoke Support



Support levels

- Improved Common Exposure Reports
 - Postcode Incidence Reports
 - ICert
- Toolkit
 - Training to interpret reports
 - Toolkit training
- National Resource - Local Based Contact Tracers
 - National Resource - Local Based Health Professionals
 - Mobile Testing Units
 - Postcode push-Home Channel
- Regular touchpoint meetings and Comms
 - National Resource - Local Based Contact Tracers
- Capability and capacity building
 - National Resource - Local Based Contact Tracers

Our vaccination programme



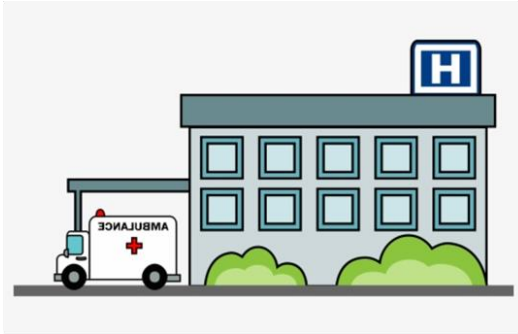
Our vaccination programme in Greenwich

The following are the key issues we focus on in our vaccination plan:

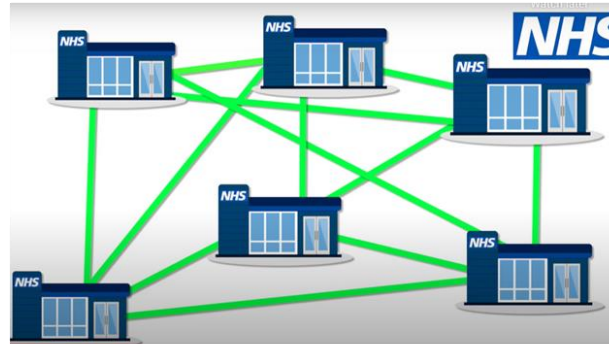
1. Ensure equitable coverage across the Borough, the timely delivery of the vaccine to all priority groups and an accessible range of sites and delivery models
 - We will use satellite venues and the vaccination bus to support good access to all parts of the Borough
2. Establish a monitoring and review system, using data analysis to ensure a strong focus on progress and to identify and address any inequalities in uptake
 - We will constantly review uptake by age, ethnicity, geography, gender and deprivation
3. Implement a communications and engagement plan to provide clear and consistent information and promote positive attitudes and intentions towards vaccination uptake
 - Our plan will focus on the benefits of vaccination and will provide reassurance about the effectiveness and safety of the vaccines to our diverse resident groups
 - The plan will be supported by the delivery of key messages through trusted community leaders, local clinicians, resident champions and role models
4. Undertake deep engagement and joint work with clinicians, residents, community champions, voluntary and faith organisations to address issues and barriers to uptake faced by our diverse communities in the Borough (in part funded by MHCLG grant)
 - We will use meetings, webinars, social media, videos, role models and networks to listen and respond to our communities appropriately

How our population are receiving the vaccine

1. At hospital sites, delivered by NHS Trusts



2. In general practice, delivered by Primary Care Networks (PCNs)



3. At mass vaccination centres

Six mass vaccination sites – one per borough.

Open 8am to 8pm, seven days a week.

Offering up to 40,000 per week between them.

4. At community pharmacies

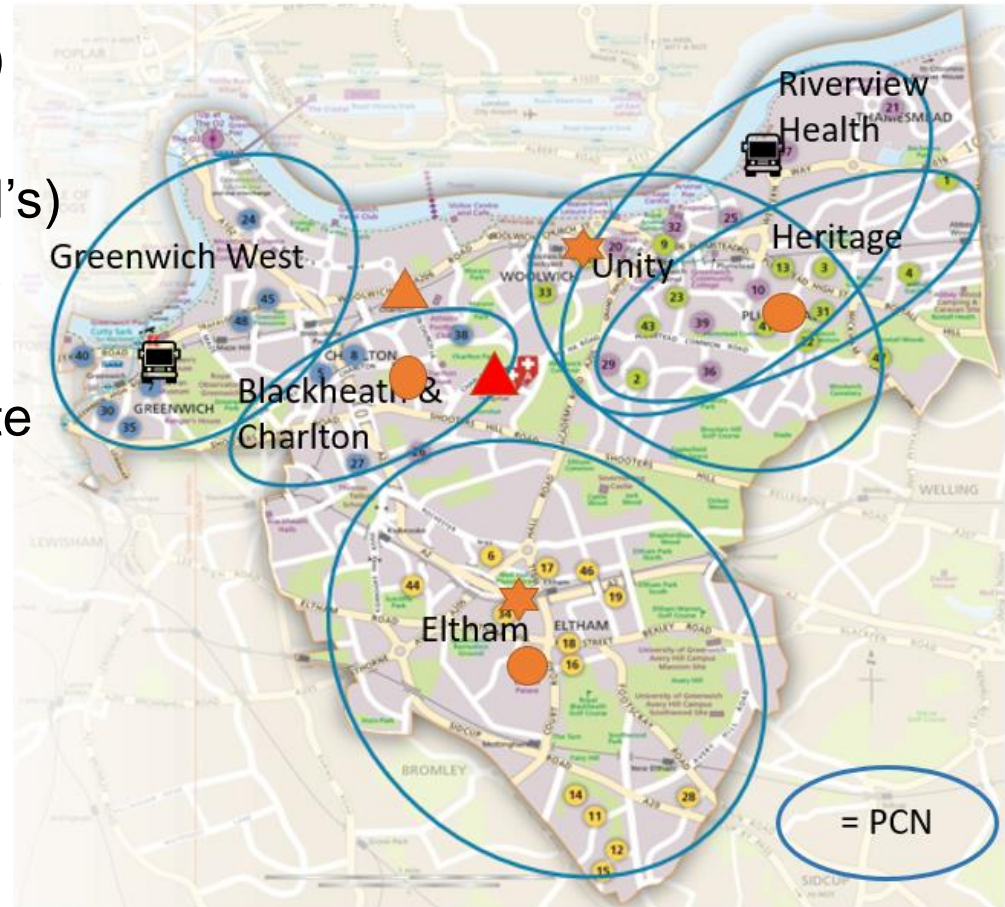


5. Through 'roving' services to vaccinate housebound people and those who cannot travel to one of the other delivery sites



Vaccination programme in Greenwich

- 3 Primary Care Network (PCN) sites covering 6 PCNs
- ▲ Charlton Vaccination site (PCN's)
- ★ 2 Pharmacy sites (possible 2-3 others in pipeline)
- ▲ 1 Hospital mass vaccination site
- Roving models
 - Covering care homes and other residential settings (PCN's)
 - Housebound (PCN's)
 - Pop-up clinics
- 🚌 Community bus



Establishing a vaccine programme delivery model

- Introducing multicomponent call/recall (including call, text messages, letters and email). Using trusted clinicians, practice staff, community leaders and others to raise awareness.
- Establishing patient transport with GS PLUS and 40 volunteer drivers co-ordinated through the hub.
- The community hub working with practices to assist with targeted bookings and appointments
- Working with Volunteer Centre Greenwich who is providing over 200 volunteers to support the programme.
- Working with other VCS e.g. carers centre to identify carers
- Finding new and flexible models to identify and vaccinate vulnerable groups. This includes working in partnership with local council, NHS, the voluntary and community sector to maximise impact.

Vaccination programme

Governance of COVID-19 Vaccine Equity work across London

London-wide Governance

- Strategic Oversight
- Advisory reference groups
- Assuring and decision-making

Strategic
Co-ordination
Group

Health and
Care Strategy
Group

London
Health Board

Health and
Care Leaders'
Group

London Leaders
Covid-19
Committee

Delivery
Coordination
Group

London Vaccine
Programme Board (GOLD)

London Vaccine uptake and
engagement steering group

Vaccine engagement and
communications group

Biweekly COVID-19
Vaccine Programme Data
Steering Group

Vaccine impact Programme

To bring together the work that is taking place across London on 4 areas related to the Covid-19 vaccine programme: consistency of communication, engagement with the public, tackling vaccine hesitancy and equality of access (TOR in the appendix)





To support the co-ordination of sustained communications and community engagement across all London partners to support a rapid and high uptake of the vaccine in London and to ensure that all London's communities, irrespective of ethnicity, religion, income, tenure or place, are informed of the benefits of taking the vaccine. (TOR in the appendix)

To work as a system to maximise our collective understanding and use of vaccination programme data to generate insight, inform action and share learning to increase uptake and address inequalities

The purpose is to understand and respond to vaccine hesitancy and increase the percentage of Londoners from black and other minority ethnic communities, disadvantaged and other low take up groups, who are vaccinated. Immediate improvements in vaccine take up from certain communities is framed within a longer term strategic focus on tackling health inequalities.

Vaccination programme

Tackling vaccine hesitancy and inequalities: A overarching London approach built upon 4 pillars

Aspect	Data and evidence 	Addressing hesitancy 	Practical aspects of vaccination 	Monitoring, evaluation and system leadership 
Issues to consider	<ul style="list-style-type: none"> • Data: Best use of available data to understand where the inequalities are, to support local and pan London action and interventions • Evidence: work is rooted in the evidence including behavioural science and from other vaccination programmes. • Lessons learnt: identifying and sharing good practice from other countries, regions, boroughs 	<ul style="list-style-type: none"> • Hesitancy higher in: Under 25 year olds, BAME groups (partic black ethnic groups) & less affluent Londoners • Health and care professionals: Current rates are lower comparatively • Culturally competent community engagement: essential, locally led, regionally enabled • Behavioural insights: understanding models of vaccination behaviours, including role of stigma 	<p>Other aspects affecting vaccination uptake of minority groups</p> <ul style="list-style-type: none"> • Accessibility/familiarity of the setting • Invitation & appointment booking process • Vaccine site location • Opening hours/time off work • 58% of those in the UK answered no to the question 'is it easy to get a vaccine' (Global Institute of Innovation) 	<ul style="list-style-type: none"> • Evaluation: systematic, academically rigorous service evaluation that is agile, answers the essential q's and feeds learning back into the system • Measures of success: clearly defined • System Leadership: join up and oversight across the system, across the <i>test-trace-isolate –vaccinate</i> journey and tackling inequalities from COVID more generally • Potential for drop off for second vaccine: as seen in other vaccines
Next steps	<ul style="list-style-type: none"> • Data: Track and share data on vaccine hesitancy/acceptance, and vaccine uptake (rolling equity audit) • Integrate: Integrate vaccination data with surveillance and T&T data, to inform outbreak control /response • Insights: Facilitate the collection and sharing of insights from across London • Evidence: Synthesise the evidence on barriers, enablers and what works • Quality assure: provide PH input/ advice to ensure communications/ interventions are grounded in evidence • Agile system: Ongoing gathering of evidence / learning from the system 	<ul style="list-style-type: none"> • Coordinated and targeted programmes: reaching specific communities. Current focus on BAME, health and care professionals and inclusion health • Sharing resources and assets: maintain an easy access repository of local, regional and national resources that are sensitive to local communities • Network and support London partners: across organisations to make connections, support workstreams • Develop a bureau of professional speakers • Consider other models: MECC 	<ul style="list-style-type: none"> • Adapting programme delivery: understand barriers to access for minority and vulnerable populations, and feed into and refine NHS programme delivery • Training: emphasise and support healthcare staff in their role as a trusted source of health information for key population groups • Impact of vaccination on behaviours: monitor impact of vaccination rollout on social distancing and adherence to other NPIs; develop clear communications and other strategies 	<ul style="list-style-type: none"> • Evaluation: evaluation of local/STP interventions/approaches, with academic support • Listen and learn: Use range of fora and networks to engage, listen and share good practice and understand partners' support needs • Horizon scan/plan ahead: for groups likely to have low uptake, thinking also of messaging for second vaccine • Celebrate success: keep momentum & promote further action • Extending success: use these opportunities/relationships for wider programmes to reduce inequalities more generally

Testing new local ways to tackle vaccine hesitancy

This work will link closely with the deep engagement programme and be based on findings of local insight:

- Scrutinise uptake in registered lists at practice/PCN level and target activities at under represented groups including:
 - invite texts/communications in own language
 - call invites through members of own communities/own language
 - webinars/face to face targeted activities at those communities, with own GP, and clinicians from own background.
- Use deep engagement to connect communities and PCN's to deliver local, accessible vaccine models through roving model.
- Work with Community of interest groups with low uptake e.g. people with learning disability to develop new ways to support uptake. Deep engagement group will support the co-design of these ways, the PCN's will deliver to these designs.

Testing new local ways to tackle vaccine hesitancy continued.

- Work with faith leaders to remove the barriers to getting jabbed. This will be a tailored offer made to all religious establishments, including:
 - preparatory vaccine hesitancy work
 - offer of local vaccinations using pop ups, and the local bus (proportionate to need)
 - link to testing work programme to maximise health gains across both programmes
- Explore School programme "influence the influencers of parents". & Young Vaccination Champions.
- Rolling Covid-19 vaccination awareness road show targeting areas of low deprivation or poor uptake using bus or other vehicle
- Work with celebrated local Caribbean/African leaders to identify new ways to address vaccine hesitancy especially in the younger generation of black African and black Caribbean men.
- Targeted work with care home and home care staff

Vaccination programme

Ladder of Support for London (adapted from the London Borough of Newham):

	Local resources	Regional resources	National/other Resources
Online/Printed material	Borough branding	Keep London Safe London Councils: Keep London Safe google drive https://data.london.gov.uk/dataset/coronavirus-vaccine--public-insight-and-evidence	DHSC: COVID-19 vaccination programme - GOV.UK (www.gov.uk) PHE's campaign resource centre
Digital, media and social	Trusted professionals, faith leaders, local influencers	GLA resources (LINK) London Councils resources	phe youtube.com PHE recorded voices
Community champions/ coproduction	Community champions funded in 7 London boroughs Examples of good practice	Pool of professional speakers Trained vaccine supporters Potential for training champions	Resources to support conversations
Q and A sessions with experts	Locally planned webinars	Town Hall events across London	Q and A resources
Supportive conversations	Peer supporters Nurses/early help/school nurses/GP/PH MECC Small group sessions- single/repeated	Learning across the boroughs	Resources for the conversations
Targeted work for specific communities	Understanding the local population Understanding barriers incl. stigma Work at each 'rung of the ladder'	Pan London workstreams Translated materials/consideration of digital exclusion Learning from each other	Other: The COVID-19 Vaccine Communication Handbook – HackMD Coronavirus Infographics - Doctors of the World
Specific clinical questions	Local medics GP/trusted professional	Clinical CARS and immunisation team at PHEL	• Covid-19 PHE The Green Book

COVID-19 Vaccination data

COVID-19 Vaccination Data

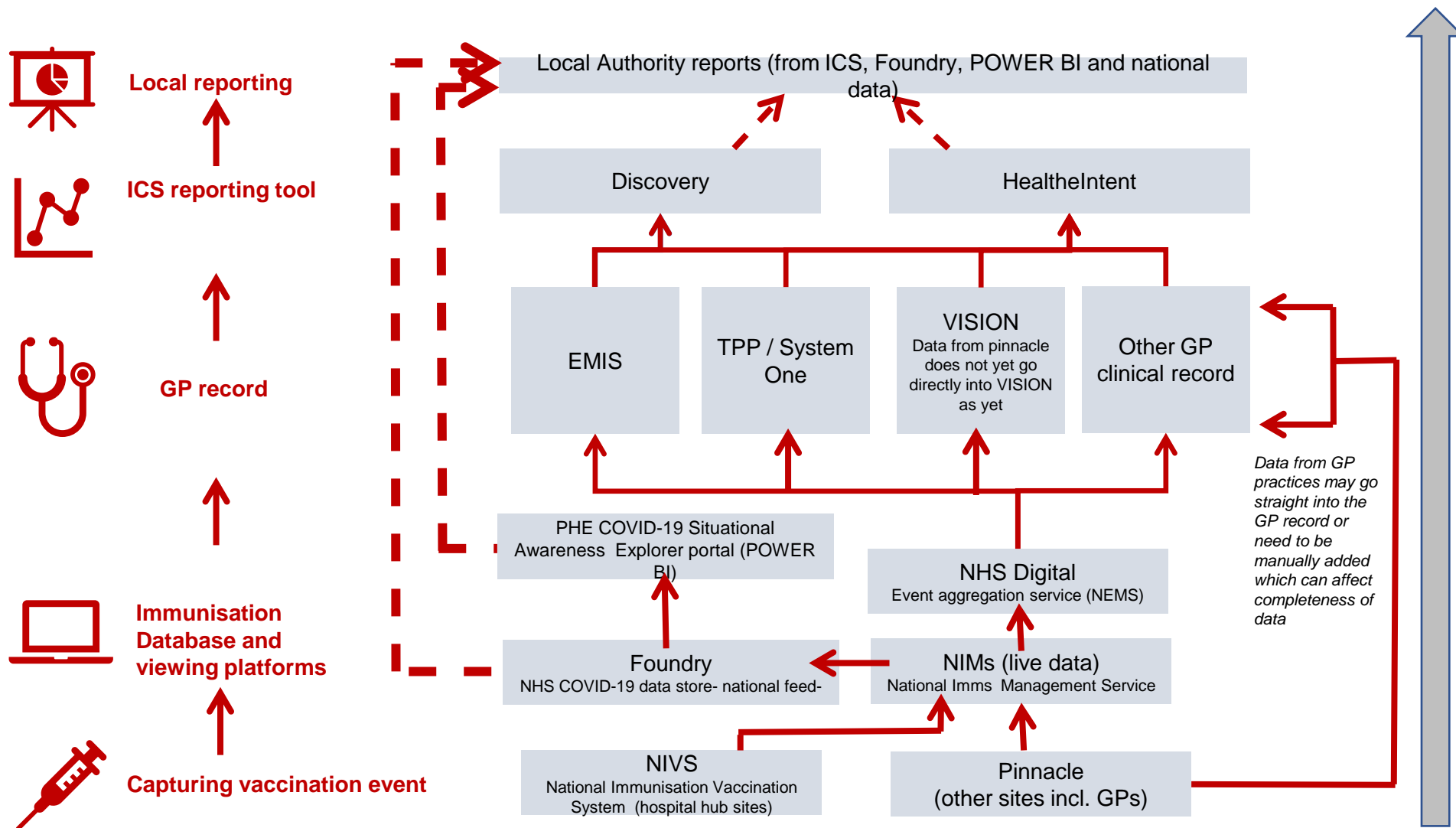
COVID-19 vaccination data is collected at vaccination sites and captured through the National Immunisation Vaccination System (NIVS) (hospital sites) and Pinnacle systems (all other sites including GPs). From these systems the data flows into the National immunisation Management Service (NIMS). NIMS is the system of record for the NHS COVID-19 vaccine programme in England that includes the live data of the vaccine event.

The data from NIMS can be viewed through Foundry, which is the NHS front facing platform for the data. The government uses Foundry for the published daily and weekly reporting. Applications can be made to view the Foundry dashboard with access to the data limited to the level at which the user requires the data, whether this is local (borough), regional or national level. Local Authority Directors of Public Health (DsPH) are able to request access for themselves and for two other named individuals. Foundry data also feed into the COVID-19 situational awareness Explorer system, which is shared with DsPH and their teams.

Data from NIMS also flow through NHS Digital into the various GP patient record systems, and from there, through into Integrated Care System (ICS) population health management platforms/reporting tools such as Discovery or Healtheintent. In addition to these platforms/tools being available to NHS organisations within each ICS, some local borough teams and DsPH may also have access to these platforms and their analytical outputs (for their respective borough/ICS).

COVID-19 Vaccination data

The Flow of Data



COVID-19 Vaccination data

Data Systems

NIMS

- The National Immunisation Management System
- The system of record for the NHS COVID-19 vaccine programme in England
- Rapidly developed to capture vaccine data to inform the 2020/21 flu immunisation programme and underpin a COVID vaccine programme.
- This is the system that includes the live data of the vaccine event from NIVs and Pinnacle: to enable identification of priority groups, to send invitations to book appointments, to manage and monitor the programme progress.
- It records both number vaccinated against those who have been invited by letter
- Not intended to showcase the data. It is a live data feed so can not be reconciled back to reports



Foundry

- The Vaccination data viewing platform for the NHS
- A front facing platform to view the data from NIMS- taken from a fixed point in time.
- The platform that the government uses for the published daily and weekly reporting
- Gives an operational overview of vaccination delivery models and the number of vaccinations given
- Can apply to view the data: minimum licenses given- and access restricted to the level required (e.g., national, regional or local level data depending on who has applied for the licence)



COVID-19 Situational Awareness Explorer

- Foundry data feeds into the COVID-19 situational awareness Explorer system.
- This is the data provided to DsPH by PHE on behalf of NHSE/I to support the delivery of their statutory functions relating to outbreak management and immunisation



Our use of data

Data Integration

The presence of reliable, informative and timely data helps to understand the local spread of Covid-19 and to identify any communities or settings that are affected. Monitoring and acting on this data is crucial in protecting residents from the virus. The sections below summarise how data will be received, monitored, stored and managed.

Surveillance and monitoring data

Having good, reliable and timely surveillance data is necessary to understand the local spread of Covid-19, including any communities and geographical areas affected. This data also helps to respond to queries and aid in forming responses to local concerns around the spread of the virus.

The Assistant Director of Public Health with the lead for Health Intelligence have lead responsibility for receiving and monitoring surveillance data. NHS test and trace data received from the London Coronavirus Response Cell (LCRC) and the Joint Biosecurity Centre (JBC) are saved in a secure network. Where demographic data are available a profile of cases by age, gender and ethnicity are completed periodically to monitor population groups or communities impacted. The Public Health Intelligence team provide regular reports that utilise available sources of information through PHE PowerBI, NHS Dashboards, and ONS Mortality figures.

The team has used this data and other nationally available datasets to develop a risk stratification of communities, identifying those communities at highest risk of poor outcomes and inequalities. These analyses have informed the development and targeting of initiatives to improve outcomes for these communities.

Data Integration

Data for management of complex outbreaks

The lead for Intelligence and the lead for Health Protection receive notifications of any complex outbreaks as and when they arise.

All information on these complex outbreaks – including the relevant setting, details of contacts, cases and any actions taken – is held on a secure system in a systematic way that makes information retrievable. In addition, this information will be shared with teams and services as necessary to manage these complex outbreaks effectively.

Data requirements to support cases and contacts identified as vulnerable

Details of any cases or contacts identified as vulnerable and needing support for the 10 days of isolation is received and held in a secure system in a systematic way that makes the information retrievable.

Greenwich has an established operating model for the management of the Clinically Extremely Vulnerable and adopts a systematic approach to contacting residents to establish details of any support that they require.

Intelligence is shared with Social Care for adults and children to ensure that lead professionals are actively involved in making contact with residents the council already works with.

Other residents can be contacted through Live Well Community Hub, to discuss the impact on them and their household of self-isolation as a result of test and trace. These services will work with residents and will make connections out to other partner organisations as necessary.

Waste water surveillance data

The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

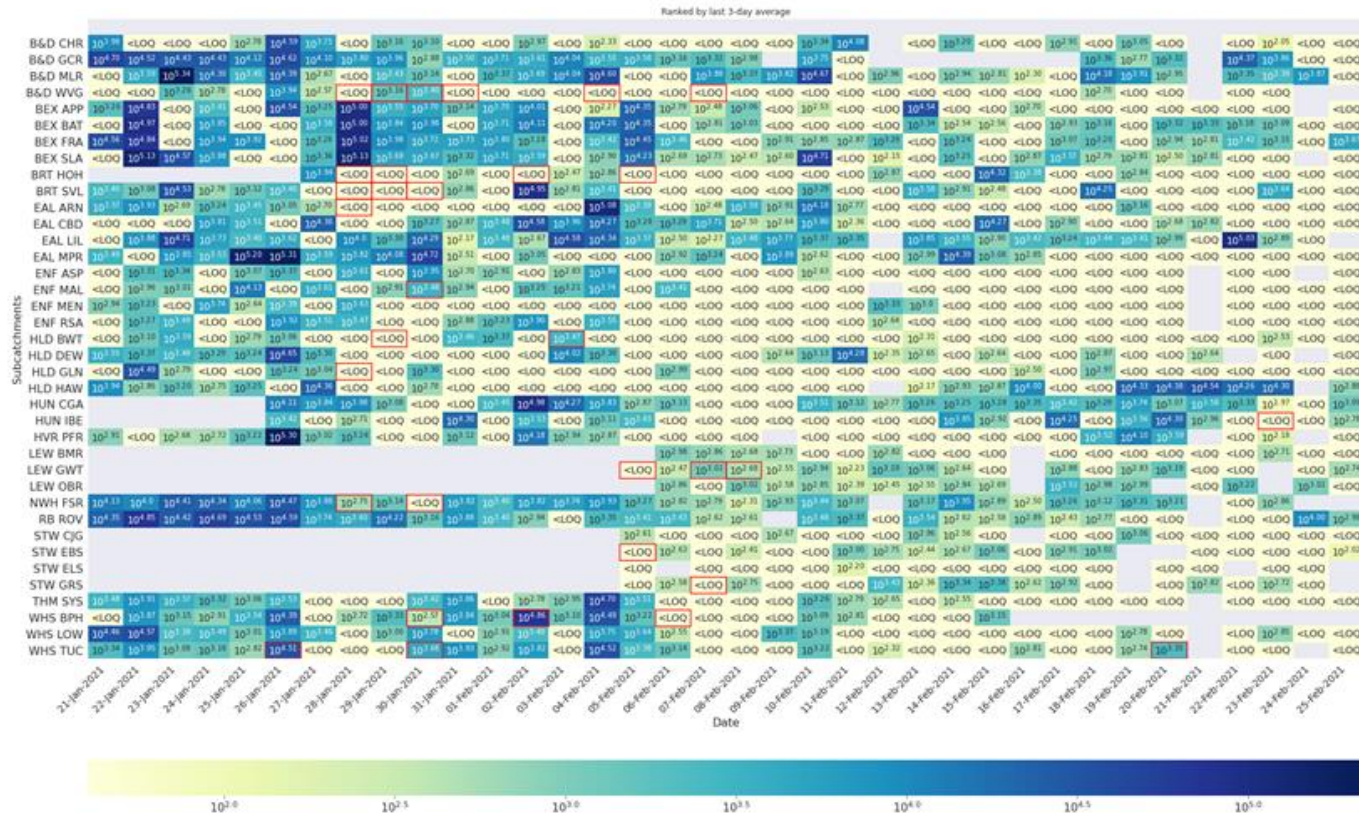
Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population. The size of the catchment areas of the sampling sites vary, and this needs to be borne in mind when interpreting results. An example of the outputs are shown on the following slides and include

1. A graph of daily *SARS-CoV-2 RNA concentrations detected in each sampling sites*. – key considerations include – trend and level of detection. A one-off high reading can be misleading due to sampling problems, but consistent trends in change and when comparing to other areas should alert to higher levels.
2. A map of change in RNA concentrations and size of catchment area. – the JBC also reports level of detection in a map as well as change in detection. Here – the location of the sampling sites and the size of catchment area can be seen, and compared to the graph to understand where the changes are occurring.

Currently there is pilot work to use waste water samples to support surge testing for detection and control of VOC, through genomic sequencing of waste water samples – but this is work in progress, focusing on Bristol.

Waste water surveillance

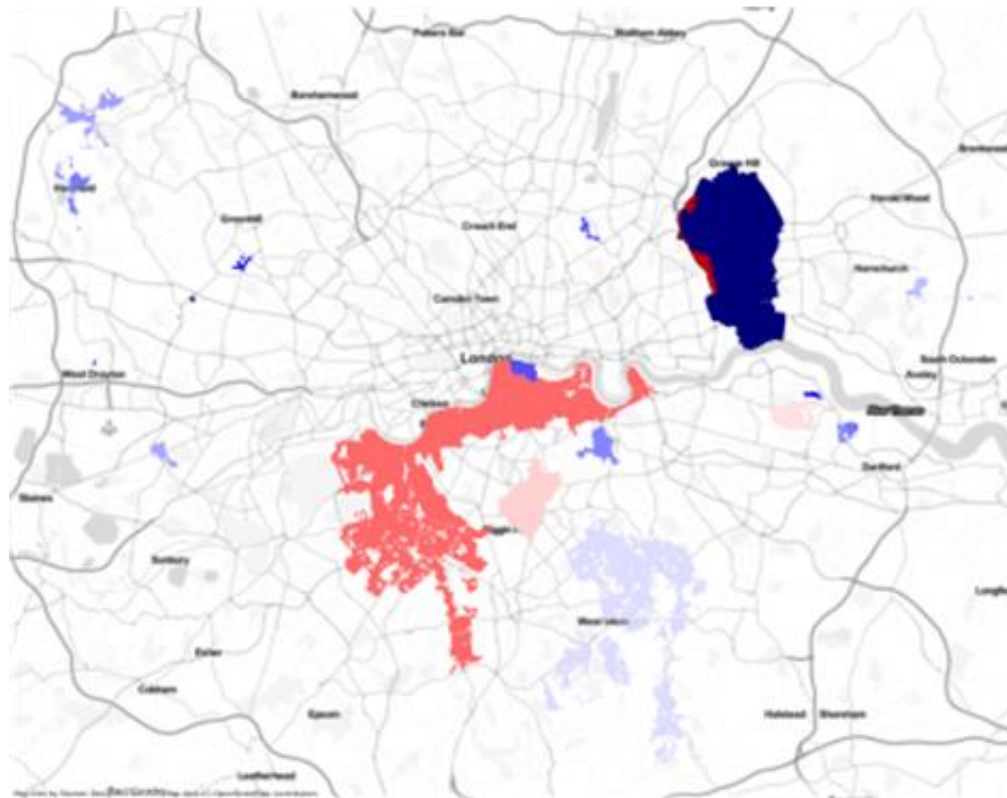
A example of a graph showing of daily SARS-CoV-2 RNA concentrations detected in each sampling sites. Red boxes outline sample estimates that may have been affected by rainwater



Barking & Dagenham CHR Barking Choats Rd GCR Barking Gascoigne Rd MLR Barking Mallards Rd WVG Barking Waverley Gdns ♦ **Bexley** APP Appold Street SPS BAT Battle Road SPS FRA Fraser Road SPS SLA Slade Green SPS ♦ **Brent** HOH Harrow on the Hill SVL South Vale ♦ **Ealing** ARN Arnold Road CBD Canberra Drive LIL Lilliput MPR Makepeace Road ♦ **Enfield** ASP Enfield Aspen Way MAL Enfield Maltby Drive MEN Enfield Menon Drive RSA Enfield Royal Small Arms STR Enfield Streamside Close ♦ **Havering** PFR Havering Park Farm Rd ♦ **Hillingdon** BWT Batchworth DEW Dews Farm GLN Glencoe Rd HAW Hawthorne Cres. ♦ **Hounslow** CGA Cygnet Avenue IBE Ivybridge Estate ♦ **Lewisham** GWT Greenwich Terminal BMR Brookmill Road OBR Old Bromley Road HGL Heather Green Lane ♦ **Newham** FSR Newham Folkstone Rd ♦ **Southwark** CJG Christopher Jones Garden GRS Grange Road Sewer EBS Effra Branch Sewer ELS Earl Sewer ♦ **Redbridge** ROV Redbridge Roding Valley ♦ **Tower Hamlet** SYS Tower Hamlet Selby St ♦ **Walthamstow** TUC Walthamstow Tudor Court BPH Walthamstow Black Path LOW Walthamstow Low Hall SNR Walthamstow Sinnott Rd ♦

Waste water surveillance

A example map showing the change in SARS-CoV-2 RNA concentration and the size of catchment area





Communications and engagement

Community Engagement & Communication

To protect all of our communities an effective, locally tailored communication and engagement strategy is vital to the successful implementation of the Test and Trace and vaccination programmes in Greenwich. Our priorities for communication with the wider public and our higher risk and vulnerable communities are to:

- Raise awareness and generate community understanding
- Promote the government's communication messages via existing channels
- Use the collateral and materials being developed 'Keep London Safe' to communicate in concert with other London authorities, amplifying the key messages
- Engage with partners across the community and voluntary sector, the faith community and other agencies the spread the message
- Use insight work to identify and respond in targeted ways to those at high risk and communities who have greater barriers to accessing information and services
- Commission additional insight gathering activities as required (surveys, forums, workshops etc)
- Develop local digital outreach and digital inclusion programmes
- Regular engagement and sharing of best practice amongst local authorities linking with the London and national Good Practice Networks (GPNs) and the London Communications Group for Test and Trace.
- The following slides describe the London wide comms strategies being developed through London comms directors

Communications and engagement

- Communicating effectively with our communities is key to the success of the NHS Test and Trace programme
- In Greenwich, we are using the Health and Wellbeing Board as the key strategic partnership group to lead and oversee our communications with the public
- The Board is chaired by the Leader of the Council and
 - has four additional elected members
 - leaders from our local NHS organisations
 - the Police
 - the community and voluntary sector
 - Healthwatch Greenwich
 - The Directors of Adult Social Care, Children's Services and Public Health

Communications and engagement cont...

- A multiple partnership Communications Group has been established consisting of LA comms and PH officers, Comms leads from Acute Trusts and SEL CCG, Health watch, Metro/Gavs, Chamber of Commerce, University of Greenwich and CACT. This group, meets twice weekly and agrees and disseminates consistent public facing messages. Partners also amplify each others organisations messages ensuring wider reach.
- Public facing campaigns with creative visuals, have been developed using local 'Covid hero's' from both the community and local health professionals. These local faces have been used on a wide range of collateral and social media and targeted paid social media advertising.
- Campaigns have focused on Get tested, mask wearing and Get vaccinated.
- Each issue of 'Greenwich Info ' has front and back pages highlighting key messages and has a dedicated page reserved for Covid related stories and information. This is delivered to 100,000 households and is also available online.
- A suite of videos have been produced featuring local influencers, such as faith leaders, community leaders, community champions and health professionals, which have been widely shared.
- A large scale campaign on Mass Testing will commence on 15th March, letters will be sent to every households inviting them to 'Get tested' at sites that will be established during March and April.

Community Hub, safety measures & Community Champions



Need support?

The Royal Greenwich Community Hub is here for you.

Accessing food
Finances
Mental health and wellbeing
Housing
Employment
Self-isolating

0800 470 4831 | royalgreenwich.gov.uk/communityhub

ROYAL borough of GREENWICH

Royal Greenwich Community Champions Initiative



Three simple actions can make all the difference

We recognise with the rules changing it can be confusing, but we can all think:

HANDS. FACE. SPACE.

These three simple actions can help protect one another so please:

-  wash your hands regularly and for at least 20 seconds.
-  wear a face covering (over your nose and mouth) in enclosed spaces, especially where social distancing may be difficult and where you will come into contact with people you do not normally meet.
-  stay 2 metres apart where possible, or 1 metre with extra precautions in place.

Dr Mohammed Tamim wears a face covering to keep you safe.
Wear a face covering. Keep Greenwich safe.

ROYAL borough of GREENWICH

Get Tested, Get Vaccinated and Video

Get your free, rapid COVID-19 test now

Results in 30 minutes



Around 1 in 3 people who have the virus don't have any symptoms and could be spreading it without knowing it. If you are a critical worker or can't work from home we recommend you get tested twice a week.

Book a test
royalgreenwich.gov.uk/rapidtest

ROYAL borough of GREENWICH



g Greenwich Info
9 - 22 March 2021 Issue 118

Get vaccinated. Get tested.

FORTNIGHTLY COUNCIL INFORMATION • JOBS • HOMES • CULTURE

- 5 Kick start your career in sport
- 6 Celebrating Royal Greenwich women!
- 13 Council meetings
- 14 Job opportunities

inside



Oversight, Governance, Resources and Risks

Oversight and governance

- By outbreak establishing clear and appropriate governance for our local control activities Greenwich actively engages local stakeholders and communities, while supporting our public health experts and local leaders to act swiftly and effectively in the interests of the community when needed
- In terms of structures, the key bodies related to this OCP are:
 - Operationally, the COVID19 Health Protection Board, Chaired by the DPH
 - Political and partnership oversight – the Greenwich Health and Wellbeing Board, chaired by the Leader of the Council; The leader, deputy leader and health cabinet members have been standing members of council Gold
- In addition, the activities related to outbreak prevention and control operate through emergency response Gold, Silver and Bronze command and control structures for all public agencies within the Borough and linking through to London and sub-regional emergency response arrangements
- Through the first and second waves, health and care partners have additional Gold, Silver and Bronze arrangement collaboratively, including with neighbouring boroughs where NHS trusts are in common. The Borough Director of the CCG has been a standing member of council Gold.

Legal context for outbreak management

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups* to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.
- The COVID-19 Contain Framework sets out national and local partners will work together to prevent and contain outbreaks (Dec 2020)
- The table below sets out what this legal context means for local outbreak management and who is able to act to implement the powers conferred:

<https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Resources

- The Greenwich Outbreak Management response is resourced through a combination of:
 - Government funding (the Test and Trace Grant, Contain Framework Fund, Care Home IPC grant, CEV funding)
 - The repurposing of existing service infrastructure, such as the Live Well Greenwich social prescribing service being used to provide the Community Hub service
 - The redeployment of council staff, such as the redeployment of public health commissioning and health improvement staff to support the COVID-19 response; and the use of the Contact Centre staff to support Contact Tracing activity
 - The extensive use of volunteers within a range of programmes, including the Community Hub, the Vaccination Programme and Project Hope – providing support to hospital staff at the height of the second wave
 - Donations from the public and private organisations, such as to support the Hub and Project Hope through funding, food and other gifts

Risk Assessment

- The key structures of the Greenwich approach undertake routine risk assessment through using a common framework in their regular meetings
 - Council Gold (currently meeting 3 times a week, but during the height of the second wave met 7 days a week) routinely
 - Scrutinises the progress of key indicators of the pandemic through an epidemiological presentation by the DPH to begin each meeting
 - Assesses the key areas of risk at any one time and orientates the meetings to address the areas of current highest risk
 - The Health Protection Committee
 - Brings together a wide range of system partners who share their own risks and issues to generate a clear partnership overview
 - Takes a standard agenda to its weekly meetings, allowing risks associated with key areas of the response to be tracked
- These meetings are minuted and actions followed-up

Legal Context

Legal Framework	Implication for Outbreak Management	Who can implement?
Public Health (Control of Disease) Act 1984	To prevent the spread of infection or contamination, the Public Health (Control of Disease) Act provides that Justices of the Peace may impose restrictions and requirements on individuals, premises, groups, and objects through orders, known as “Part 2A Orders.”	Environmental Health Officers
Civil Contingencies Act 2004	The Civil Contingencies Act 2004 places two duties on responders to public health crises. The first duty is to warn and inform the public of any likely risks and threats that NHS organizations may address, and of any planned responses to these risks and threats. The second duty is the organization’s response to a crisis.	Emergency Planning
Health and Social Care Act 2012	Regulation 8 imposes a duty on local authorities to provide information and advice to certain persons and bodies within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population, including infectious disease, environmental hazards and extreme weather events.	Director of Public Health
Coronavirus Act 2020	Provide for the detention, isolation and screening of, and other appropriate restrictions to be imposed upon persons who have or may have COVID-19, or who have arrived in England from an area in which the virus is prevalent.	Consultant in Communicable Disease Control (CCDC); Police
COVID-19 Contain Framework	This government framework sets out national and local partners will work with the public at a local level to prevent, contain and manage outbreaks	Local Authorities



Key related plans

Key related plans

- There are a significant number of related plans and standard operation procedures (SOPs) that sit alongside this plan and will be drawn upon as necessary in the event of specific outbreaks.
- These include plans related to the different settings within the Borough, including community, healthcare, domestic and custodial settings; workplaces, educational settings, tourist attractions and entertainment venues.
- We have a specific Testing Strategy
- We have a detailed Vaccination Plan for the Borough
- We have a VOC Management Plan
- For information about or access to these additional plans and SOPs or for any other enquiries about our outbreak management plan, please email: healthprotection@royalgreenwich.gov.uk



Glossary

Glossary

ADPH – Association of Directors of Public Health	PHE – Public Health England
LCRC – London Coronavirus Response Cell	OCP – Outbreak Control Plan
JBC – Joint Biodiversity Centre	RBG – Royal Borough of Greenwich
SPoC – Single Point of Contact	IMT – Incident Management Team
CCG – Clinical Commissioning Group	HMO – Houses of Multiple Occupation
BAME – Black, Asian and Ethnic Minority	SARS – Severe Acute Respiratory Syndrome
DPH – Director of Public Health	GPN – Good Practice Network
Pillar 1 data – testing data from hospital settings	Pillar 2 data – testing data from community settings
VOC – Variant of Concern	ATS – Asymptomatic Testing Site
LTS – Local Testing Site	RTS – Regional Testing Site
MTU – Mobile Testing Unit	IPC – Infection Prevention & Control
CEV – Clinically Extremely Vulnerable	



Acknowledgements

Acknowledgements

- Acknowledgements
 - Input from members of the Greenwich COVID19 Health Protection Board
 - Thanks to London ADPH, PHE (LCRC) and DHSC colleagues for developing and sharing materials
 - Chapter Authors and Contributors:
 - Steve Whiteman
 - Bridget Imeson
 - Fiona Harris
 - David Pinson
 - Jackie Davidson
 - Sally Watkins
 - Jane Connor
 - Wendy Elcome
 - Charlotte Parks
 - Aideen Silke
- Review date: 1st August 2021