

London Region Good Practice Network: Report of Best Practice and Next Steps

Thursday 13th August 2020

Summary

Our Approach and Key Themes

Local government through Covid-19 is experiencing a new paradigm for our services where we have been called at a national and local level to step beyond the traditional boundaries of our services and utilise our experience and skills to convene partners and engage citizens in different ways. As the London Good Practice Network we came together as Councils delivering place-based responses to this pandemic, wanting to engage and demonstrate to Government as a focal point for funding and capacity to respond to new and emerging challenges. This report is for national, regional and local partners to understand our work to date, what we have learnt and delivered and how we plan to continue our collaboration. It is also a request for continued collaboration with Government, with communities and with local authorities to deliver the best coordinated response to a changing and challenging ongoing pandemic.

As a Good Practice Network our key objectives within this initial phase have been:

- To reduce the risk of the spread of Covid-19 virus in our communities;
- To ensure that those who may contract Covid-19 are able to access testing, advice and support rapidly;
- To reduce the social, personal, economic harm associated with individual, family or community isolation measures;
- To design and deploy services and learning rapidly in response to the national Test and Trace programme and to share best practice within our sub-region, across London and nationally; and
- To build long-term structures for collaboration within our communities around the issues of test and trace and around London.

This pandemic is a tragedy, and will scar families and communities for a generation. No one in our society will have been untouched - from those who have been sick, been bereaved, cared for those who are very ill, or experienced the anxiety of a prolonged lockdown. As four Boroughs with significant social diversity and economic inequality, our focus through test and trace has been to design systems and services that are rooted in the lived experience of our citizens, that recognises the variation in their experience and their vulnerability, their changed and changing needs, and which values the relationships and trust we have and have built through this crisis.

Vulnerability to Covid-19 and to the economic upheaval it has created is unequal. People with long-term health conditions, the low-paid and precariously employed, people living in overcrowded conditions, people whose work cannot be done from home. Councils in collaboration with our communities have made it easier for these people to stay safe, easier for them to feed their families, easier for their children to access education whilst schools are closed, easier for them to access regular and decent income. Whilst the initial challenges of meeting urgent need during lockdown have reduced, we must value the learning we have gathered about need in our communities (emergent, intermittent, chronic) and use it both to make change in the long-term but also to reduce the risk of Covid-19 vulnerability now. Our belief as the London Good Practice network is that giving people the structures and support to make testing, sharing appropriate contact information and isolating as needed the easiest and most accessible choices, is the most effective way to prevent and manage outbreaks now and in the future.

As Council's seeking to lead place-based responses to this pandemic we are clear about the value of integrated responses – across the public and private sectors, with citizens – that is agile to a changing landscape. The pandemic has shone a light on both the strengths of local government and community response in a time of crisis (often strongly connected to the traditions of mutualism, solidarity and co-operativism), but also some of the weaknesses (sharing information and resources across the public sector, a reliance on good relationships more than strong partnerships). As the Good Practice Network we have sought to both build on the strong existing foundations for partnership working in our Boroughs and across our Network and across London to learn, share and deploy at pace. We have sought together a deep and broad understanding of need and capacity in our communities so that we can ensure that we are putting our resources and interventions in the right place to make the most impact.

Our key thematic areas of learning outlined in this report are therefore:

- **Communications with Communities** – recognising the critical role of local government in disseminating timely and effective information about how people can protect themselves, and how this information can be shared within communities particularly where English is not a first language;
- **Drawing in Capacity at a Local and Regional Level** – the development of best practice and Local Outbreak Plans and approaches to drawing in wider resources into a whole system response, also approaches to collaborating at a Borough, sub-regional and national level;
- **Building Trust and Wraparound Support** – designing services that build trust and enable people to make the best and safest choices.

Summaries of our work are included as these three thematic areas, with specific case studies included in the Appendices.

Local government has a unique ability to sit at the centre of this convergence of care, not as a leader, but as trusted, accountable partner. We can support innovation, and grassroots-led activity that can connect into people lives in safe and boundaried ways. Safe innovation in an emergency requires someone to hold the space, and to understand the scope of activities, responsibilities and resources available to the collective. Local government is better placed than anyone else to do that.

Local Authority Leadership

Local authorities in London are well placed to support a safe and acceptable re-opening of our city, supported by test and trace activity – an approach done with our communities (not to them) in a way that is sensitive to disproportionate risk and community anxiety, that has the reach into vulnerable communities and our capacity to meet need whether it is complex or intermittent. We have the relationships to build trust around a national system locally, and to plan for managing coronavirus in our communities in the long-term in a way that protects our citizens and our local economy. We have the experience in drawing together resources from across health, care, public health and communities into a whole system response to a complex challenge.

As part of the London Good Practice Network, our reflections on the key roles of local authorities locally, regionally and nationally have been:

- **Efficacy** – national data brought to the local level allows us to gather insight when combined with the information we hold about our communities. Informative and timely local

information from national Government allows us to meet need more effectively and give people the support required to enable them to self-isolate quickly and safely. Localised approaches minimise waste and enable us to make use of local civic and community capacity and put money into local economies

- **Resources and capacity** – existing contact tracing and public / environmental health capacity in our Councils that can be combined with social work and other relational services to ensure that advice and information is communicated effectively – particularly to vulnerable people and in complex settings. Our relationships into communities and both their needs and resources enable us to bring a federated response to a single but nuanced view of need in our community – a single purpose but a collaborative response.
- **Building trust and alleviating anxiety** – we have the relationships and networks in communities (that may be at higher risk due to inequality and disproportionality) to have a dialogue. There is a risk around a lack of public trust undermining the use of the national system and engagement with testing and tracing at all levels – we can broker these discussions, answer questions, combat misinformation, establish clear boundaries around the use of data with our communities. We also have the institutional relationships with schools, hostels, businesses to have a dialogue about responsive local lockdowns. We welcome the dialogue we have had with Government about the appropriate powers and role of local government in enforcement at a local level, but fundamentally we believe that government should value is our desire to have early discussions, prevent and intervene early, build trust and de-escalate.
- **Long-term planning** – we are not implementing services for the short term but the long-term – we have redeployed staff and public sector capacity to meet the new needs of our communities and we recognise that will include the need for testing and tracing capacity now and in the medium term – Councils are best placed to embed a stable and effective local testing and tracing system that will support the management of Covid-19 over the medium and long term.
- **Collaboration** – the London Region network is showing how collaboration across local authorities can contribute to the development of best practice at pace – within our four boroughs we are collaborating with a range of health, care and other public sector partners – underneath the headlines of four Boroughs is a complex ecosystem of collaborative and cooperative practice that is necessary to the development of an efficient local test and trace service – only local Councils can deliver that kind of complex, nuanced local and sub-regional partnership working.

Our asks of Government

We believe another way in which the Good Practice Network, and our four Boroughs working collaboratively as part of this national network, has provided value is in constructive challenge and feedback to Government. There is often a desire to centralise during an emergency response, to draw decision-making and resources toward a central executive function in an effort to clarify responsibility and to make efficient decisions. We believe this pandemic has shown that the most effective activity to address need and manage risk in response to Covid-19 has been local – whether it be local authorities delivering food and personal protective equipment (PPE) to where it is most needed, supporting those shielding and getting thousands of people experiencing homelessness into long-term accommodation, or the mutual aid and community groups that have sprung up. We are providing an effective local response to a national and global crisis, and will continue to advocate and challenge for the resources, capacity and support we need to do this.

Our first ask is that Government provide effective support to local authorities to enable localised lockdowns. Whilst the intention of local authorities and the work of the Good Practice Network is to prevent and manage infection spread such that localised lockdowns are not needed, we believe that in order to build trust in test and trace being a comprehensive and coherent system, a funded localised lockdown offer is needed – that should include:

- Localised and flexible furlough for those businesses within the “redline” of a lockdown that cannot operate;
- Additional resources for schools required to send pupils and students back home including support for effective home and remote learning and support for vulnerable or at risk children;
- Funding for rapid deployment of food and medicine delivery; and
- Funding for additional accommodation for those needing to self-isolate in unsuitable accommodation, away from vulnerable relatives, who are experiencing domestic violence or who are experiencing homelessness.

We would also ask Government for a continuing mandate and support for cross-Borough and national collaboration around local authority test and trace. In London we have been working throughout the pandemic with and through the Strategic Coordination Group (SCG) and the associated sub-regions, with Public Health England and with our local and sub-regional health commissioning partners. We believe there is still work to do to collaborate to create an effective local, regional and national test and trace system that supports citizens, communities and the country at all levels. We believe there is still value in ongoing resource and support being put into active collaboration between Government, Good Practice Network boroughs and associated partners and we would ask for continued support in doing so.

Our learning as a Good Practice Network has been grounded in trust being the clearest and strongest asset that local and national government have in seeking to change behaviour and create an effective test and trace system. Our citizens must trust they can access support when they need it, that they will not be stigmatised for identifying symptoms or testing positive, that testing positive will not cause them to lose their jobs, that testing positive will not result in harm to their families if they follow proper advice, that any information they give to agencies, Councils or the Government will only be used for a test and trace purpose, that they will receive the care they need if they fall ill, that they and their families will be able to access food, medicine and education if they have to isolate. Fundamentally our citizens must trust that at the heart of every decision we make is their short and long term wellbeing and that of their communities. Our asks of Government in seeking to build trust with our communities are:

- A clear set of guidelines and principles around the use of data in test and trace – a set of suggestions for these are included in our Data Charter included as Appendix 2;
- Clarity about when, how and who will take decisions about the implementation of localised lockdown or social distancing requirements and how these will be communicated;
- Clarity about how localised lockdown and social distancing regulations will be enforced including acknowledgement of concerns about disproportionate policing of black, Asian and minority ethnic communities.

In the longer term, Covid-19 has demonstrated the devastating impact of health inequalities in our communities, and there will be real and lasting trauma amongst communities that have been disproportionately impacted by this virus, both in infections and deaths. We believe there is a need to continue to consider the funding and support for the wider health and care system that centres preventative and long-term interventions. There should also be trauma-informed support for front-

line staff who have managed this crisis, and mental health support for those who have cared for, lost and are grieving those who have died, and those who have spent lock-down in prolonged periods of isolation or anxiety. Local government has the capacity and networks to ensure that we do not just recover, but renew our social settlements as a result of this crisis, and that we ensure that those who have borne the biggest burden through this pandemic are recognised by ensuring that our systems and services seek to avoid a crisis of this magnitude in the future.

Introduction

On 28 May 2020 the Government announced the start of the national NHS Test and Trace programme, aiming to ensure that people with Covid-19 symptoms can get tested, and if they have the virus the system can trace and notify the people that they have had close contact with. Test and trace is a vital step, following a reduction in infections, in preventing an increase in the number of people contracting Covid-19 and avoiding the reintroduction of stricter social distancing and control measures.

Alongside managing the impact of Covid-19 on the vulnerable and in our communities, local authorities have a central role in distributing information to citizens and businesses about how to stay safe and access advice and testing should they need it. We also have critical relationships into communities to enable the harnessing the wider mutual aid and voluntary resources that have been such an important part of the initial response to the lockdown.

A national Good Practice Network of eleven Councils, led by the Chief Executive of Leeds City Council Tom Riordan – has been stood up to rapidly test and collate feedback, but also to ensure that the voice of local authorities is represented at the heart of the national programme. Four London Boroughs, working as a collaborative consortium, stepped forward at the end of May 2020 to be part of this national network. The four London Boroughs of Barnet, Camden, Hackney and Newham, operating as a collaborative London Good Practice Network, have been working with the other ten national areas to design, test and share test and trace good practice at pace. We joined the national Good Practice Network because we believe that test and trace is a critical part of enabling our communities to be safe in the long-term, and that local government has a critical role in building local systems that work for our communities, and that our relationships of trust and our networks of insight can help build better services.

The London Region Good Practice Network builds on the work led by the London Borough of Newham and their Chief Executive Althea Loderick working on behalf of the London Strategic Coordinating Group (SCG) on designing localised testing and tracing.

The core purpose of the London Region Good Practice Network has been to:

- Identify and share best practices between the Good Practice Network and other councils;
- Identify issues that may limit the effectiveness of local response;
- Innovate to develop better approaches to address most critical issues; and
- Support all councils to develop robust Outbreak plans in June.

In order to facilitate this activity, the four Boroughs have been meeting weekly, with the Leaders and Mayors, Chief Executives and Directors of Public Health sharing learning, distributing weekly updates to London Leaders, Mayors and Chief Executives, and representing issues and learning to the National Local Outbreak Advisory Board and Tom Riordan in his national role. The London Region Good Practice network has worked collaboratively with the London Strategic Coordination Group and the London Convenor Dame Moira Gibb.

This report is seeking to provide a summary of London Region activity during the initial phase of the national Good Practice Network programme. This includes both collaborative and individual Borough best practice. This report also outlines issues, proposals and asks we would make as part of the next phase of the development of test and trace programmes. This report is for circulation to the wider Good Practice Network, to other local authorities, partners and stakeholders.

The Focus of our Work and Next Steps

The aim of the London Good Practice Network has been to develop a better understanding of the issues preventing Londoners' from feeling safe and able to engage with NHS Test and Trace so that we could identify possible solutions. Working as part of the national Good Practice Network we were asked to focus and bring forward work at pace in key areas including communications, diverse communities, those at particular risk of contracting the virus (high-risk communities), data integration and assurance and advice for vulnerable settings (with a particular focus on transport hubs).

We also contributed in collaboration with other Good Practice Networks around the country to other key thematic areas. Best practice in our key areas is included as part of the thematic summaries below and the Appendices attached to the report. The Council has also worked closely with other Good Practice Networks around the country to advocate for a stronger local authority role in:

Testing

The four London Good Practice Networks have worked closely as part of the deployment of mobile testing units locally, the creation of walk-in and hyper-local testing sites in our boroughs. Given the varied (both urban and suburban) nature of our Boroughs there is a need for a range of testing options to enable people to readily access support. Our learning has been that people will readily access testing when they are symptomatic if it is visible, convenient and accessible to them and managed or sponsored by organisations that they trust. Pilots by Newham of testing sites run with voluntary and community groups, in Hackney with faith groups and organisations, have shown that devolving operational control of testing has value in reaching into communities that might otherwise not know how to, or not feel comfortable, accessing Covid-19 testing. Responding to localised outbreaks and being able to quickly deploy testing capacity into communities is an important function of preventing spread and controlling outbreaks. We have welcomed Government being open to an ongoing dialogue about control of testing capacity coming to a sub-regional and localised level and this is a conversation we intend to continue.

Tracing data and insight

We believe that there is a critical role for data transparency and accountability for test and trace in order to build public trust. We also believe that there is a critical role for local government access to data both to direct resources, but also for localised analysis and insight. Alongside Public Health population health and epidemiology expertise, local authorities also benefit from Public Health data analysis capacity and having access to timely testing, tracing and settings data enables Councils to understand, prevent, plan and deploy resources in the most effective way. We are in an ongoing dialogue with Government about the appropriate data for local authorities to have to both enable trust and effective service delivery. We have seen an increasing amount of data flowing to local authorities and we hope to continue a productive collaborative approach with Government and the Joint Biosecurity Centre about local, regional and national data access.

This report seeks to provide a summary of the discussions, research, insights and learnings that we've developed as the London Good Practice Network. Since the first meeting of London Good Practice Network was convened on 3 June 2020 we have made significant progress in some areas. However, it is important to note that at the time of writing (July 2020), the work continues as we seek to respond to emerging future challenges including:

- Localised outbreaks and a changing national picture of local responses building on the learning of the Good Practice Networks;

- The end of the national furlough scheme supporting businesses and employees at the end of October - this is likely to result in increased job losses, financial precarity or employment precarity that may impact people's ability to self-isolate;
- A changing pattern of vulnerability and access to support, as those asked to shield because of vulnerability are allowed to leave their homes, and more people are asked to return to normal patterns and places of work; and
- The anticipated re-opening of schools to a larger group of pupils and students in September.

The work we have done to date provides the London Good Practice Network with the structures to collaborate and respond to new challenges, and to share best practice rapidly, and we are committed to continuing these relationships beyond this initial phase of the national learning and sharing programme as we learn more from local and behavioural insights.

Key Theme - Building a Local Communications Plan

Effectively communicating public health advice and guidance will be vital in preventing the spread of infection. This involves continuing to promote prevention messaging, symptoms, what to do if you develop symptoms, how to get a test and what to do if you need support to self-isolate. However, a key part of getting this right is building a full picture of what barriers might prevent residents from engaging with NHS Test and Trace and other advice.

Building our evidence base

When NHS Test and Trace was launched, a pan-London communications group was stood up to find out more information about the barriers preventing Londoners' feeling safe and able to use it. The research was split into three themes and was led by the London Good Practice Network boroughs, London Councils and the Greater London Authority. The themes were:

1. Deprivation and digital exclusion
2. Diversity
3. An audit of communications channels at borough and London level

Together we built an evidence base that we've used to inform this communications strategy which details how we will make sure all communities across Camden and the rest of London can access, and feel reassured and safe, to use NHS Test and Trace. In some communities, this will mean developing hyper-local and/or bespoke communications approaches for our vulnerable and diverse communities.

You can find a summary of the key findings in the appendix at the end of this document but in brief, this research has helped us build a clearer picture of where we're at now and what we need to change moving forward.

1. The impact of coronavirus on our Black, Asian and other ethnic communities

- Coronavirus has disproportionately affected our Black, Asian and other ethnic communities
- A high number of residents in our Black, Asian and other ethnic communities are frontline workers so are at higher risk of getting it
- Coronavirus survival rates appear to be lower among our Black, Asian and minority ethnic communities
- Coronavirus is widening existing inequalities and increasing the prevalence of mental health conditions among our Black, Asian and minority ethnic communities
- In London, the average Pakistani or Bangladeshi household is larger with 3.9 people versus 2.3 in white and mixed households
- Black, Asian and minority ethnic households are more likely to be overcrowded: 16% do not have enough bedrooms compared to 6% of white households

2. Digital exclusion

- 7% of Londoners – the equivalent of approx. 628,000 people - haven't accessed the internet within the past 3 months. Lacking basic digital skills and not being able to afford it are the two biggest reasons why
- 5% of Londoners – the equivalent of approx. 450,000 people – don't have access to a smartphone

- Lower income households are less likely to have the internet at home and less likely to have basic digital skills
- Organisations who work with low-income communities and Black, Asian and minority ethnic Londoners are more likely to report digital exclusion as an issue
- Other organisations who've raised digital exclusion as having a negative impact on their service users include: those working in the educational space, with young people, refugees and migrants, and disabled people

3. Londoners' views on NHS Test and Trace

- 1 in 4 Londoners wouldn't use a contact tracing app – and concern about privacy is by far the biggest reason
- 46% of Londoners don't know how to get a test
- Londoners from Black, Asian and minority ethnic backgrounds and those over 65 least likely to know how to get a test
- 35% know little or nothing about NHS Test and Trace

(Source: YouGov for the GLA)

Keep London Safe focus groups in the London Good Practice Network boroughs

In addition to the above work streams, we also worked with other boroughs across London to develop a pan-London communications called Keep London Safe. While you can read more about this in the communications section, we rapidly tested the first iteration of the campaign messaging and visuals. This was carried out via focus groups with representative groups of residents in Barnet, Camden, Hackney and Newham. You can read the full insight report in the appendix but in brief, the focus groups told us that:

1. **Residents are asking for a clear call-to-action** – when asked about the messaging, the general consensus was that Londoners are being bombarded with so many messages from the media, social media and central government but they don't know what action to take
2. **There is a low awareness of how to get a test, of NHS Test and Trace and of 119**
3. **Londoners' have reiterated their worries about engaging with NHS Test and Trace** – reasons include being worried about how their data will be used and being deported
4. **Residents want to know what support is available to help them self-isolate** - When asked what would prevent them from self-isolating, two thirds of residents asked what support is available – and having food delivered was flagged as important

What does our research tell us?

These findings have reiterated the urgent need to continue to support all of our communities to understand and be able to follow the latest public health advice. With so few Londoners' knowing how to get a test or understanding what NHS Test and Trace is, we need to rapidly increase understanding and awareness of it through our communications strategy.

Residents have also expressed their concerns about being able to self-isolate for a variety of reasons – from what their employer might say to how they will home-school their children. It is also vital that everyone feels safe and able to self-isolate – regardless of their situation – so that we can prevent

further spread of coronavirus. Being clear about what our wraparound offer of support is so that our residents and businesses know that help is available will be really important, but the government will need to support us to support our communities.

Linked to this is the disproportionate impact coronavirus has had on our Black, Asian and other ethnic communities and making sure that our wraparound offer of support will prevent inequalities getting wider. For example, Bangladeshi and Somali residents are more likely to live in overcrowded conditions with several generations living together. If one person develops symptoms, our wraparound offer of support will need to ensure that they can self-isolate safely to reduce the risk of them passing it on to family members.

Our communications approach: safe, informed, reassured, inspired

When the government first launched NHS Test and Trace, we successfully made the case for a London-wide communications campaign because as local councils, we are best placed to communicate deep into our communities. We also have the relationships we need to have open and honest conversations with our residents to find out what they want and need to feel safe and able to use NHS Test and Trace, and are best-placed to build trust in it.

As such, we’ve worked in collaboration with other London boroughs to develop Keep London Safe – a campaign to raise awareness and understanding of NHS Test and Trace among all of our communities. By doing this, we will help to prevent further spread of coronavirus, to help communities and Londoners stay safe, and to save lives.

The campaign is intended to work at London-wide level, borough level and hyper-local level. All assets can be adapted by boroughs and will target specific areas and communities that are harder to reach and less likely to engage with NHS Test and Trace.

The campaign is informed by the evidence we gathered from the diversity, deprivation and digital exclusion work streams, as well as from an audit of our communications channels.

We launched the first phase of the campaign while we were finishing off focus groups to test out the campaign messages with our residents because we knew that many Londoners didn’t know how to get a test so it was vital that we raised awareness of it.

Informed	Reassured	Safe	Inspired
<ul style="list-style-type: none"> ○ How does it work? ○ How to get a test? ○ How to keep safe? 	Supporting residents to self-isolate – e.g. food security, education, employment	How will personal information be kept safe and used ethically and responsibly?	A positive campaign to keep Londoners and all our communities safe

Overview of campaign and how it will reach into communities

By developing messages and an overarching narrative, we can support all Londoners to feel informed, safe and reassured to engage with NHS Test and Trace. Communicating the same consistent messaging – and a single point of truth - across London will also avoid confusion among our communities and reinforce that NHS Test and Trace will play a key role in keeping Londoners safe.

In order to reach all of our vulnerable and diverse communities, our Keep London Safe campaign we will also:

- Provide practical, shareable and accessible resources that can be used and adapted by all London boroughs
- Update the community languages toolkit so that community and faith leaders can help us share key messages with their communities via the most impactful channels – e.g. hyper-local WhatsApp groups
- Share key messages and collateral in different languages

In addition to the above, our communities will continue to play a vital role in making sure our messages reach deep into our communities. We will support and encourage them to do this by:

- Share key messages with our VCS organisations and ask for their support in disseminating it
- Letters to all residents and businesses
- Asking residents who are already engaged in our work – e.g. community researchers, youth MPs – to share key messages via their networks
- Provide infographic-led, accessible comms for different places in printed form or to print and display – e.g. local shops / business, community centres, libraries, places of worship
- Share content and key messages with councillors to share with their own networks

As part of the development of the communications campaign we took an in depth look at London's diverse communities, bringing together community knowledge and engagement expertise from the boroughs to map out harder to reach communities, cultural considerations, and areas of need/vulnerability. As part of this we explored the voluntary and community sector, and faith groups, as key communications and engagement channels. The approach to understanding and engaging our diverse communities included:

- Created a mapping template shared across the 32 boroughs to collate the information to ensure consistency of information gathering and mapped out those communities and/or groups that might not engage with the national communications campaign around NHS Test & Trace.
- Looked at **cultural and community sensitivities/ barriers**, that we need to take into account as part of the regional pan London campaign; this included:
 - Language and literacy barriers: 3 of the top 5 non-English languages spoken in London (**Polish Bengali and Gujarati**) are also in the 5 languages spoken by those who don't speak English or don't speak English well at home (Note - census data is 9 years out of date and doesn't capture recent migration data - e.g. Romanians/ Bulgarians and Recent data shows that Romanians are now the largest non-Uk nationality in London - likely impact at next census 2021)
 - Explored concerns around data integrity and distrust. For example lack of trust in Government in how the data will be used, how long held for etc. (e.g. *Young Black Men, Orthodox Jewish Community*)
 - **Digital divide issues** - Lack of digital **awareness/ exclusion/ and poverty - credit/data, internet access**, or digital literacy required for access
 - Poor living conditions: overcrowding conditions/ multi-generational households - makes adherence to the messaging around isolating difficult

- Less well-established new communities - with limited integration into civic society means public health messages may not get to them e.g. Romanian community in Harrow.

We have gathered a repository of pan London umbrella organisations with links to key communities in appendix 5.

Identifying the Right Channels

We worked to identify 'owned' channels of communications across the boroughs, including borough newsletters, social media channels, door to door distribution runs, e-newsletters, and providing a gaps analysis. Additionally we explored Pan London channels for messaging via the GLA and other partners and also mapped out those channels against diversity workstream findings. The gap analysis showed us the following:

- That there are gaps in consistent, translated materials therefore there is an opportunity to create suite of translated materials and assets that can be shared across boroughs, in the identified languages with top line messaging.
- Use of community media varies by borough and it also appears to blur borough boundaries. There is an opportunity to create a pan London approach to ethnic media that boroughs can share use to disseminate messaging. This would involving sharing assets and costs to target advertisements and information on a wider range of media sites and in print.
- Availability of out of home advertising (e.g. billboards) shows major gaps across London. As part of the London Good Practice Network we have taken action to approach TfL, GLA and NHS to share sites to increase awareness of test and trace, our core messaging as well as general public health messaging, and we have engaged major media buyers (JCDecaux, Global) to contribute at a discounted rate, sites in Boroughs that don't own their own infrastructure (e.g. Camden owns bus stop advertising however this is not mirrored across London).

Key Theme 2 - Drawing in Capacity at a Local and Regional Level

The National Contact Tracing Service has a number of tiers, broadly defined as below:

- Tier 3 – national contact tracing call handlers based within a national call handling centre providing generalist phone based advice;
- Tier 2 – an increased cohort of contact tracing specialists providing phone-based advice on more complex cases;
- Tier 1b – a regionalised network providing local contact tracing, settings management and advice and interventions relating to complex cohorts;
- Tier 1a – a national coordinating function leading on policy, data science and quality assurance.

The role of local authorities is largely within Tier 1b, with the four Good Practice Network Boroughs having involvement in Tier 1a as part of the participation in the national Test and Trace Network.

The role of local authorities in Tier 1b can be divided as follows:

- Localised advice and information on:
 - what to do to reduce the risk of getting coronavirus and preventing the spread of infection – e.g. via social distancing, hand-washing and wearing a face covering
 - A reminder of the symptoms to be aware of
 - What to do if residents develop symptoms, including:
 - How to access support to self-isolate – e.g. if you're worried about being able to access food or home-school your children
 - How to get tested if you develop symptoms
- Identifying and supporting at risk and complex groups (e.g. people experiencing homelessness);
- Complex settings including hostels, care homes, schools, transport hubs;
- Wraparound support to ensure adherence to self-isolation measures;
- Long-term impact management including within specific groups and cohorts affected but also more broadly within communities who may experience localised outbreaks or lockdown measures (including tackling cohesion and stigmatisation issues).

All of this work draws in the existing experience and capacity of local authorities. Public health teams are experts at dealing with outbreaks of infectious diseases and their integration with Council services provide a strong and integrated approach to communicating key advice and managing outbreaks. All four Good Practice Network Boroughs have been working as part of the Outbreak Control Good Practice Network to share early Local Outbreak Control Plans and best practice, with involvement from a wider group of London Directors of Public Health, with the Board being co-Chaired by Camden and Islington DPH Julie Billett, and a representative from Public Health England. Local Outbreak Control Plans will outline how Councils will seek to prevent and manage instances of Covid-19 infection in the Borough, working closely with local partners. This will involve the deployment of testing and contract tracing capacity to identify, understand and manage outbreaks, but will also involve wider activity including community engagement and outreach to vulnerable communities, data insight and analysis to predict/understand outbreaks of Covid-19, and identification of resources. The Plans will outline the Council's approach to managing risk for vulnerable groups (e.g. people experiencing homelessness, the shielding group), but also settings vulnerable to localised outbreaks (e.g. schools, care homes, transport hubs).

A summary of the collaborative structures utilised by the Good Practice Network in gathering, sharing and disseminating best practice and collaborating during this initial phase and the development of Local Outbreak Control Plans is included below as Figure 1.

The London Good Practice Network, working with London Councils in mid-July 2020 held a desktop scenario planning exercise to support Leaders preparedness as boroughs move into the next phase of the pandemic response. The session brought together Leaders, Mayors and Cabinet members, Chief Executives, Directors of Public Health and Communications Directors to consider some of the challenges associated with a local outbreak, including – the roles and responsibilities of local leaders in instigating mitigation measures; effective community engagement; and wider political engagement. At the session it was agreed across the London region that Local Authorities need to strike a balance around when to communicate widely with regards to a local outbreak and ensure that existing channels are utilised to share messages (e.g. GP text messages, school newsletters, ward members etc.). Politicians agreed that a localised outbreak is Business as Usual for Directors of Public Health however keeping channels of communication open between politicians and across the London region were important. The Good Practice Network is also sharing materials to enable local authorities to conduct their own desktop scenario activities at a local level, and with their Local Outbreak Engagement Boards.

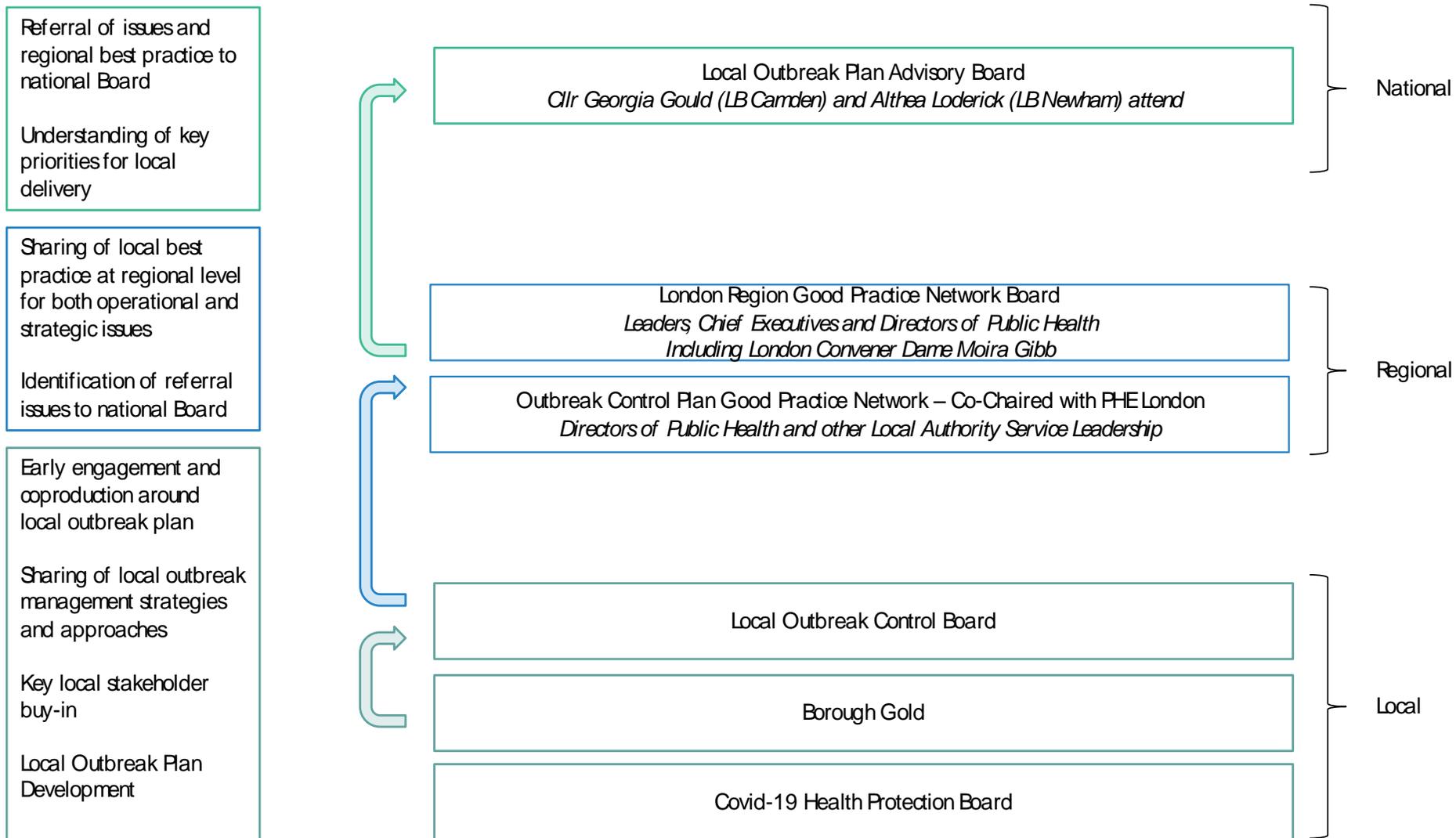


FIGURE 1 - LONDON COLLABORATIVE STRUCTURES

Local Outbreak Engagement Boards

Local authorities were asked as part of the development of Local Outbreak Control Plans to establish Local Outbreak Engagement Boards (LOEB) is to provide collaborative structures for dialogue with communities and stakeholders and be consulted on the development of Borough Local Outbreak Plans. The Boards were expected to engage in the finalisation of Local Outbreak Control Plans. The Boards are expected bring together health and care, local authority, business and community stakeholders to provide expertise and capacity to Council's development and implementation of a long-term plan to manage Covid-19 in our community, drawing in their insight, insight and relationships to build public trust and ensure that our Outbreak Control Plan reflects the needs and priorities of our citizens.

The model for Local Outbreak Engagement Boards was not mandated by Government however the key functions in relation to testing and tracing programmes were identified to be:

- **Governance and mandate** – senior Council and partner leadership represented to enable actioning of guidance and advice
- **Partner insight** – providing a forum for gathering insight and ideas from key community, business and public sector partners
- **Community legitimacy** – convening a sufficiently representative and networked group to confer legitimacy on key decisions
- **Issue escalation** – opportunity for the community to feedback and escalate issues to Council leadership around response to local outbreaks
- **Flexibility** – to respond to key emerging local issues and needed engagement and consultation in both meeting regularity, agendas and decision-making

Across the four Boroughs there have been differing approaches to the structure of the Local Outbreak Engagement Board. Some of the options available to local authorities and utilised within the Good Practice Network include:

- **Cabinet Sub-Group** – strong democratic legitimacy and mandate from Cabinet – may be some inflexibility and formality associated with a Cabinet sub-group but wide mandate to draw in additional members from range of partners and groups and strong decision-making capacity;
- **Health and Wellbeing Board Sub-Group** – strong representation from key Cabinet members but focused on health relationships – maintains a public health focus for the programme of work and draws in health and care partners into an existing integrated structure – would have more flexibility in commencement / closure of the committee in response to the needs of the test, track and trace programme
- **Borough Resilience Forum** – a strong existing collaborative partnership bringing together Police, health, community stakeholders and others with a wider “emergency” and cohesion focus -
- **New Committee** – would need a single member decision by Leader to establish – would have own mandate and terms of reference – widest flexibility in terms of membership – may create expectation around longevity of Committee that is not reflected in ongoing need for oversight and engagement around the issue – would provide a level of status and visibility for the work within the local authority

A summary diagram of approaches and invitee groups is included in Figure 2 below.

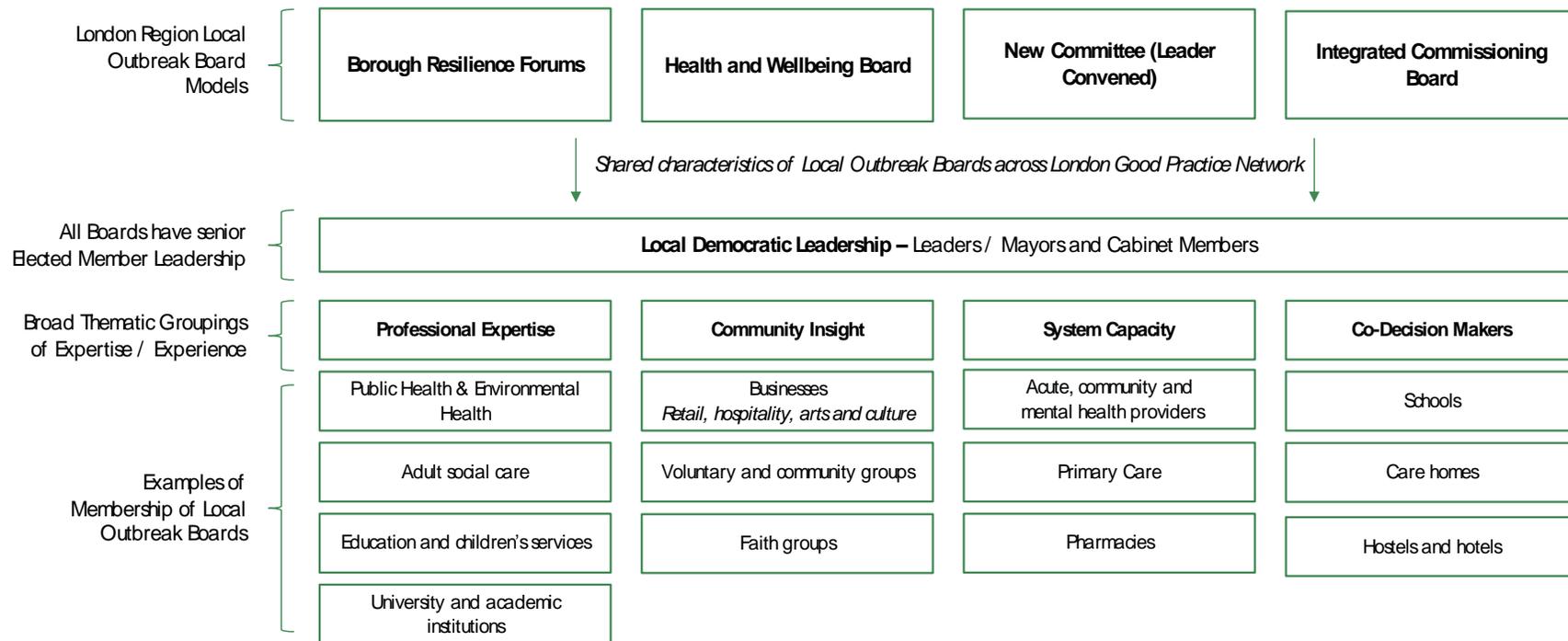


FIGURE 2 LOCAL OUTBREAK ENGAGEMENT BOARD STRUCTURES

Summary of Best Practice from Local Outbreak Control Plans

As part of the Good Practice Network our four boroughs shared good practice throughout the development of our Local Outbreak Plans, specific examples of this good practice from each borough is highlighted below – some of these are expanded upon in the Appendices:

Barnet

- Development of best practice guidance for sharing with local authorities on preventing and managing outbreaks in care settings and in places of worship (see case study in appendix 1)
- Collaboration groups with key local stakeholders – first schools workshop held with over 70 people. The next workshop was/will be (TBC) with faith communities
- Worked with GPs through the Health and Wellbeing Board to risk assess and quality assure outbreak plans with schools and other key settings
- Developed action cards for specific settings including care homes and places of worship (these can be [here](#))
- Worked with local University to develop Covid prevention/Covid secure site as well as acknowledging that 75% of local students are from BAME communities and therefore encouraging university to promote wider wellbeing aspects e.g. an online wellbeing fair for freshers week

Case Study: Barnet's faith communities (full details in appendix 1)

In May Barnet Council's community engagement and communications teams, worked in conjunction with Middlesex University and multifaith leaders, to produce a short video explaining the importance of social distancing and highlighting the generous response to the COVID-19 pandemic by our local faith community (available [here](#)). The video featured faith leaders from across Barnet, was shared by faith groups and received positive feedback. Later in lockdown, as places of worship reopened Barnet Council worked with Barnet Multifaith Forum to feed into our local outbreak plan and produce local guidance. At the start of July Barnet Council hosted a Health and Wellbeing Board (via webinar) for faith leaders, which was well attended, and we have produced specific documents to support faith groups in response to questions raised at this event. We are also developing a COVID-19 health coaches scheme, which will be rolled out initially in faith communities.

Barnet Council has worked with specific faiths to support their communities during COVID, especially around faith festivals. Ahead of Ramadan Barnet Council worked with a local imam to produce a video advising on social distancing, including using a Qur'anic references to support self-isolation. Our mayor Cllr Caroline Stock also made a video ahead of Pesach promoting social distancing (available [here](#)). Our community engagement and communication teams are working with public health and faith communities to promote faith specific messaging where appropriate. For example, in response to concerns about COVID-19 risk in specific communities we are working to deliver community engagement that is culturally appropriate to support these groups. Additionally, Barnet Council are developing faith specific videos with local faith leaders promoting COVID messaging.

Camden

- Developed a “Beacon” system seeking to have a single view of household need to support self-isolation, but enabling a federated response of support across partners
- Development of Data Charter (see appendix 2)
- Hosted a workshop on Transport Hubs with two key considerations around the effective prevention measures within and outside a transport hub. A practical checklist was developed and is attached at Appendix 3.
- Development of guidance to be shared with all parents, children and staff in our schools and agreed that every school will develop plans ready for September that outline remote working procedures and other outbreak control actions and measures should these need to be drawn on.

Hackney

- Alongside Camden, led the development of local and London test and trace campaign, conducting local focus groups to understand key issues / concerns and priorities – working with community and voluntary partners to translate key communications
- Working with Joint Biosecurity Board and PHE London to develop data dashboard with London and Borough level data
- Development of standard operating procedures for schools and early years settings
- In response to an outbreak in the Stamford Hill area which has a large Jewish community they rapidly implemented a targeted communications campaign (see appendix 3), including :
 - a letter from the Mayor & DPH to the Rabbinate, with an emphasis on safe worship and social distancing
 - another letter from the Mayor, DPH & Director of Education to headteachers of schools in the area
 - a leaflet drop to each home, with a localised version of the "Keep London Safe" campaign
 - a message to each general practice serving the area
 - Text messages from the GPs to all their registered patients with mobile phones
 - articles and ads in the local Jewish newspaper
 - Engaging the few social media influencers in the community

Newham

- Have over 300 community champions, and growing, who are sharing information and talking to their community, friends and family. Newham has a dedicated website which now has all of the information that has gone out to the champions to date. www.newham.gov.uk/covidhealthchampions. The materials are being translated into Bengali, Hindi, Urdu, Gujarati, Punjabi, Chinese, Mandarin, Cantonese, Lithuanian, Portuguese, French, Tamil, Polish and Romanian. They hold drop-in sessions twice a week and information sessions for new champions once a week and send emails, and WhatsApp’s approx. every three days and will be adding text as a method of communication to this shortly.

- New hyper-local testing sites opened with VCS with service design prototypes able to be shared on “supported access” testing services (see appendix 4)
- Development of plans for cross-Borough outbreaks and frameworks for information sharing and collaboration
- Hosted a workshop with Bradford, Oldham and Brent to discuss best practice for engaging with Black, Asian and Minority Ethnic Communities (notes from this workshop are attached at Appendix 4)
- Several webinars have been held with leaders and other representatives from faith settings. This has given them the opportunity to ask questions about their particular site and relevant to their specific faith.

Case Study: Hackney, Supporting vulnerable residents

From the outset of pandemic, Hackney Council identified concerns and risks in our community, arising from the way that Covid 19 would impact on our everyday lives and the knock economic and social impacts arising from measures put in place to control to spread of infection. We built a picture of the types of residents we expected to be or become vulnerable and of their support needs so we can get the right support to them. This has evolved into a full and evolving Community Impact Assessment. The scope of our support went beyond shielders to also support a wider group who were self-isolating, those with complex needs and those in financial difficulty.

We took action early to set up volunteering hub, helped build connections between mutual aid groups and formal community organisations, unrestricted our grant funding of the sector so they were better able to support residents and accelerated plans for a new network of organisations supporting those in food poverty - the Hackney Food Justice Alliance. Through this partnership approach we were able to secure 24 weeks' worth of donations from Investment Bank Investec, a regular supply of food surplus and have just secured an £80k bid from DEFRA.

As well as supporting organisations to offer help in communities, we set up a single point of contact phone line and form and triaged needs for the most complex cases. We set up a food parcels offer and worked with the volunteering hub to offer additional help with emergency food, non-food essentials and prescription collections. This service is providing:

- Deliveries of food to people who are unable to access food from other sources
- Delivery of prescriptions
- Introduction for befriending to help tackle loneliness and isolation
- Referral to specialist support such as social care and mental health support

By early July we had deployed 600 staff and distributed 14,000 parcels.

There are specific religious barriers that might have prevented the Orthodox Jewish Community from finding out about coronavirus with not all households online or accessing national media. We therefore set up a dedicated helpline in the community. The strictly Orthodox Jewish community also faces very specific barriers to accessing government support for shielding residents, because of the way food needs to be stored to be in line with kosher requirements. We have worked with partners from the Orthodox Jewish community to set up a kosher food hub run by Bikur Cholim, with support from the Council which distributed 100 parcels between April and July.

Theme 3 – Providing Wraparound Support

Local Authority Powers

Local authorities have only limited powers to enforce local or national social distancing and lockdown regulations. As a result of the Health Protection (Coronavirus Restrictions) (England) (No 3) Regulations 2020 which grant Councils new powers to respond to a serious and imminent threat to public health and to prevent Covid-19 transmission in its area, Councils now have increased powers in relation to specific premises, events and some outdoor public places but must evidence that:

1. **A serious and imminent threat to public health** in the local authority's area
2. The Direction is **necessary** to prevent, protect against, control or provide a public health response to the incidence or spread of coronavirus infection in the local authority's area
3. That the prohibitions, requirements or restrictions imposed by the Direction are a **proportionate** means of achieving that purpose.

The Regulations came into force on 18 July 2020 and are supported by statutory guidance, which the local authority must have regard to. They continue until the 17 January 2021 and Councils must inform the Secretary of State of the use of one of these directions as soon as is practicable.

Enforcement of requirements made under these powers are reliant on the issuance of a prohibition notice by a local authority designated officer (e.g. where a premises instructed to close refuses to do so). The Council is reliant on Police enforcement to remove individuals from places (e.g. prohibited events) or to forcibly close premises. A designated Council officer can issue a fixed penalty notice for contravention of a regulation which constitutes an offense.

Managing Covid-19 in our Communities

We do not believe that “hard” enforcement is an effective approach to managing the virus in the medium or long term. We must prevent and manage Covid-19 in our communities as a shared endeavour between the Government and communities. This is about supporting our residents to do the right thing to keep their communities safe – and we know our partners and volunteers are ready to help us provide this support, as they have already provided a huge response so far. People have given up a huge amount to comply – not attended funerals, missed births and birthdays, not attended the hospital sickbed of loved ones, foregone education and work and countless opportunities to be with family and friends. Our citizens want to contribute to a local and national effort to manage this crisis.

In order for test and trace to work, and for people to be happy to isolate, we need three things:

1. clear information for people showing them how to get a test and what to do if they test positive [this is our communications work as outlined above]
2. residents to trust the system and that their data will be safe with Government
3. residents to know they can access help and support to get them through a localised lockdown. Councils are here to provide that support – providing we have the continued financial support from Government.

Data Charter

The data charter outlines the core principles of data collection, sharing and analysis for local government to participate in local testing, tracing and containment of complex outbreaks of Covid-19

under the national test, track and trace system. A summary of the core principles are (see appendix 2 for full data charter):

1. **Building public trust from the outset** – the use of data must be preceded by a sustained and focused approach to building public trust, and communicating the purpose and contribution of data collection to tackling the challenge of coronavirus.
2. **Local Government as a Trusted Partner** – Council’s should be regarded as an equal partner in managing and using test, track and trace data – we have local public health and environmental health specialists who routinely manage outbreaks of infectious diseases, including epidemiological analysis, as well as local democratic oversight structures and trusted networks within local communities.
3. **Local Government as a Source of Insight and Intelligence** – local government should be resourced and encouraged to undertake its own analysis to understand local community risk and vulnerability and there need to be mechanisms to send this intelligence back to other parts of the track and trace system which require this contextual information to support their work.
4. **Valuing the Whole System** – the information governance and data flows need to be set up so that enable whole system working for the benefit of residents and patients and do not hinder effective local collaboration between Councils, care services, GP practices and NHS providers in the furtherance of the core purpose of tackling Covid-19.

We have found that the data charter has served as a good sense check for the work we are doing with our communities and the London region GPN has continuously held themselves to account when setting up test and tracing initiatives.

Case Study: Newham GP testing

Some Newham residents may struggle to access services through the usual pathways for multiple reasons including: language barriers, mistrust of the system, or lack of access to technology. Therefore, in Newham there is a GP Wraparound Testing Service which has been developed in collaboration with primary care and Barts NHS Trust.

The GP Wraparound Testing Service provides testing for residents who are unlikely to be able to engage with the national testing system by providing a home testing kit. Residents are sent a home testing kit by the Home Monitoring Service (HMS) which is tested at Barts lab.

The HMS contacts the resident, supporting and talking them through the process to ensure they are able to self-administer the test, they understand how they will receive their results and to refer them to the COVID-19 helpline if they need practical help to self-isolate (like food, prescriptions, finance). During the conversation they explain that if the patient receives a positive result they will be contacted by the Track and Trace programme, encouraging residents to proactively compile a list of close contacts and reminding them of possible memory triggers. If residents are reluctant to share their contacts’ details with the national system they are provided with information about how the data will be used, and it is suggested that they reach out to their contacts themselves.

Wraparound Support

We have worked together to understand what a wraparound offer could look like if an outbreak occurred that required more localised ‘lockdowns’.

Local business:

We recognise that local businesses will require different levels of support depending on whether we are working with them to prevent an outbreak, to deal with a small scale outbreak or being on the cusp of going into a local lockdown. As such we have grouped our early thoughts in terms of wraparound support into these scenarios. It is worth noting that Camden will be holding a focus group with local businesses on 24th July to discuss these early thoughts and learn more about what they might need from us.

i) Prevention

Health & Safety:

- Regular two-way dialogue with business representative groups to share intelligence
- Frontline Presence team providing in-person support for businesses to operate safely
- Business toolkit issued with advice and guidance and contact details for further support
- Frequent business e-newsletter with targeted support and guidance
- Council sourcing of appropriate public health, business and cleaning / social distancing guidance (translated into relevant languages)

Staff wellbeing:

- Dedicated comms and PH / EH liaison
- Facilitation of clear advice and support to staff about health risks and actions required (incl letter templates and FAQs)

Finance & sustainability:

- Signposting to London Growth Hub Covid-19 advisors
- Dedicated Covid-19 business webpages to direct businesses to government support
- Call-line for business tenants to discuss rent-related concerns, with flexibility where appropriate
- 3-day online resilience training course for local businesses
- ‘Supporting High Streets’ programme of work, to enable safe re-opening
- Changes to licensing and to the public realm to facilitate the use of outside spaces so that businesses can safely increase their capacity

ii) Prevention “Plus”

Health & Safety:

- Risk based Environmental Health approach – dedicated resource from w/c 27 July
- Focus on high risk workplaces/environments– direct engagement with businesses to provide advice and guidance
- Targeted engagement with BAME community businesses (best practice advice, risk mitigation methods, comms in community languages etc)
- Possible use of citizen science methodology to inform preventative actions and engagement activity

- Focussed engagement on businesses customer tracing methods to support early intervention

Staff wellbeing:

- Clear advice and support to staff about the health risks and preventative measure - dedicated advice line (PH/EH)
- Clear advice and support to staff and employers in relation to employment rights where self-isolation is required - sign posting to benefits
- Engagement with landlords/social landlord to provide advice and engagement for those living in higher risk accommodations settings such as HMOs

Finance & sustainability:

- Partnership approach towards the procurement of PPE (partnership with BID's, federation of small businesses etc)
- Focussed engagement with businesses on robust resilience plans to ensure business continuity plans as far as possible

iii) Pre-Lockdown

Health & Safety:

- Local testing advice and facilities provided where high numbers need testing (Mobile Testing Units)
- Contact tracing service provided to help guide staff through bespoke process to identify contacts
- Deep cleaning support for affected premises

Staff wellbeing:

- Dedicated support line for affected businesses
- Availability of template letters and signposting to advice for staff

Finance & sustainability:

- Local furlough offer?
- Reduced or deferred fees and costs from LA where feasible and appropriate
- Facilitation of mutual support among businesses, for example to sell on perishable stock

Education

i) Prevention

Health & Safety including staff and community wellbeing:

- Regular review of risk assessment informing next steps
- Support for development of school risk assessments working with health improvement, health and safety and HR.
- School leaders share intelligence

- Ongoing support to all headteachers and schools teams for any queries that they might have in relation to Public health through phone and email 24/7
- Schools packs that include test and trace information and FAQs as they are updated to help schools understand the guidance as relevant to them.

Communications and sustainability:

- Regular updates of the guidance relevant to schools with summaries of the key papers- shared via the daily Camden Learning emails
- The Public Health update on the latest cases and deaths within the borough.
- Public Health communications for all schools including:
- Letters to parents and carers of children in primary school from Public Health (translated to Bengali, Somali, Turkish and Arabic)
- Posters for schools and early years to remind children to stay away from school if they have symptoms (translated to Bengali, Somali, Turkish and Arabic)

ii) Prevent Plus

Health & Safety including staff and community wellbeing:

- Ongoing regular review of risk assessment informing next steps and responding to PH data.
- Focus on high risk school environments and communities including direct engagement and support with schools to provide advice and guidance
- Targeted engagement with the BAME school community (best practice , advice , risk assessments and comms in community languages)
- School leaders share intelligence (ongoing)
- Targeted support to those headteachers and schools teams for any queries that they might have in relation to Public health through phone and email 24/7
- Focussed engagement on school community tracing methods to support early intervention and targeted action.

Communications and sustainability:

- Regular and clear advice to all staff about risks, preventative measures and latest guidance including the dedicated advice line from PH.
- Clear advice and support from HR in relation to self isolation and shielding.
- LBC partnership approach to procurement of PPE and cleaning products where appropriate.
- Focussed engagement and energy in supporting FSM food parcels and vouchers where appropriate.

iii) Pre-Lockdown

Health & Safety including staff and community wellbeing:

- Local testing advice and facilities provided where high numbers need testing (Mobile Testing Units)
- Contact tracing service provided to help guide staff through bespoke process to identify contacts
- Ongoing deep cleaning support for all affected schools

- Dedicated support line from PH for affected staff.

Communications and sustainability:

- Facilitation of mutual support among schools including flexibility of use of staff, sharing PPE, flexibility of premises and support for vulnerable children.
- Outlining to parents and carers expectations and timetable for remote learning implemented the agreed and accepted standards.
- Following, interpreting and implementing guidance from the DfE.

Case Study: Camden, Children returning to primary school translated (see addendum for full example in English)

NHS

**Caruurta Ku Noqonaya
Dugsiga Hoose**

Macluumaadka Caafimaadka ee loogu talagalay
waalidiinta iyo Daryeelayaasha



Buug-yarahaan waxaa soo saaray Camden iyo Islington Waaxda Caafimaadka Dadweynaha
14 July 2020
Waaxda caafimaadka Dadweynaha/bulshada waxay ku hayaan
ilmaamahaan dib u eegis joogto ah.
Qaybo la tarjumay ayaa la heli karaa.

SOMALI

 **Camden**

NHS

**İlkokula Dönecek
Olan Çocuklar**

Veliler ve bakıcılar için sağlık bilgisi



This leaflet was produced by Camden and Islington Department of Public Health
14 July 2020
Public Health are keeping this guidance under constant review.

TURKISH

 **Camden**

NHS

عودة الأطفال إلى المدارس الابتدائية

معلومات صحية لأولياء الأمور ومقدمي الرعاية



تم إصدار هذه النشرة من قبل بلدي كامدن و إسلنتون، وزارة الصحة العام. 14 July 2020
تبقى الصحة العامة على هذا التوجيه قيد المراجعة المستمرة. تتوفر الإصدارات المترجمة

ARABIC

 **Camden**

NHS

যে সব শিশুরা প্রাইমারি স্কুলে ফিরছে

পিতামাতা এবং অভিভাবকদের জন্য স্বাস্থ্য সম্পর্কিত তথ্যাবলি



এই লিফলেটটি কামদন এবং ইয়লিংটন স্বাস্থ্য বিভাগ দ্বারা প্রস্তুত করা হয়েছিল
14 July 2020
জনস্বাস্থ্য বিভাগ ক্রমাগত এই নির্দেশনাটিকে পর্যালোচনার অধীনে রাখছে
এর অনুবাদকৃত সংস্করণ মেল

BANGLA

 **Camden**

Care Homes

Wellbeing:

- Development of podcasts to support providers to follow good practices and promote wellbeing
- Peer support WhatsApp group for registered managers
- Mental health/psychological support for staff
- Free parking for key workers
- Access for smaller homes to council employee wellbeing programme
- Free counselling sessions for frontline staff
- Promoting the dedicated app for adult social care called “CARE”

Finance:

- Financial support for providers by paying care staff full pay for 14 days for Covid-19 related sickness or self-isolation. LA and CCG also provided additional financial or in kind support
- In anticipation of an outbreak securing a block contract of beds from existing providers, to implement the discharge pathway and to provide a level of financial stability for the

Safety:

- Direct ‘hand holding’ support with the testing, tracing and isolation of patients in the event of an outbreak via a SPOC where homes may telephone for immediate support
- Dedicated infection control nurses and primary care service to include all older people’s care homes
- Review the design and layout of each care home, recognising the environment is critical to the management of an outbreak

The wraparound offer explores what the optimum package would look like for citizens, organisations and businesses, to ensure that they remain safe and financially resilient. However we recognise that Local Government will not have the capacity and resource to deliver this solely and therefore it is important that we ask central government to consider supporting us to provide the full support.

Case study: Newham, BAME engagement & Supporting Diverse Communities

This is a summary of a conversation between the Chief Executives and Directors of Public Health from Bradford, Oldham, Brent and Newham on the 16th June to reflect the best practice relating to supporting and enabling diverse communities including those from Black, Asian and other Ethnic Minority (BAME) backgrounds particularly as it relates to the national test and trace programme. The full case study is in appendix 4.

Tailored and localised supportive approach to settings including schools and care homes:

- Across all four localities proactive and supportive work with care homes has had a positive impact. This has included whole home testing, getting PPE early in the pandemic, and providing local training particularly relating to infection control. All four LAs reported strong partnership working between adult social care, primary care and public health as it relates to care home settings. Bradford reflected that for them the care home work has been largely in support of white communities, whereas more localised and different approaches have been needed to support South Asian elders who are more likely to live at home in multi-generational households.
- In Oldham and Brent there have been daily support calls to care homes.
- In Newham an independent advisory group including Public Health has been set up to review the risk assessments from schools.
- In Newham and Brent specific guidance and accompanying webinars have been set up to talk directly with representatives from different settings giving them an opportunity to share their concerns and get their questions answered directly.
- In Newham a proactive case finding testing approach has been piloted in schools with 500 tests of children and teachers who have been at schools throughout lockdown.

Close working with places of worship and faith groups:

- In Bradford, Oldham and Brent significant work has been undertaken in collaboration with Mosques and faith leaders. This has included offering risk assessments to mosques in advance of them opening, guidance for faith settings and a webinar in Newham, and exploring the use of mobile testing capacity in Oldham.
- The group noted that the current policy that places of worship can open for private prayer is much more relevant to Christian faiths than other faiths and many of the faith leaders in their LAs have a number of concerns.

Case study: Newham, BAME engagement & Supporting Diverse Communities (continued)

Wrap around support building on existing relationships

- All four LAs have developed wrap around support approaches. In Brent this is through their community hubs, in Newham through supported access prototypes which are being developed with the VCS and in Oldham, it is via partnership 'stitch' teams aligned with the primary care footprint bringing together holistic partnership support. The purpose of these approaches are to really engage with the household, to understand the complexity of issues that may arise and to help put support in place which will not only help with the requirement to self-isolate for 14 days but also tackle some more systemic challenges that the household may be facing (e.g. debt, homelessness, GP registration). The hyper local testing site in Brent includes a referral system. Of the 119 people who have been tested to date, 29 have been referred in for council or other support services.

Augmenting national testing with localised targeted capacity

- In Brent, Newham and Oldham, local walk up testing capacity has been put in place.
- In Brent this is targeted in Harlesden where there has been significant local impact with particular outreach and engagement relating to the street homeless population and sex workers. Brent pushed to flex the Deloitte national model. This was agreed and has resulted in relatively high use.
- In Oldham mobile testing units have been focused on engaging specific population groups, many of whom are more likely to be from BAME communities including taxi drivers.

Robust approach to data:

- In Bradford a COVID-19 scientific advisory group has been set up which undertakes both analysis, but also primary qualitative and quantitative research.
- In Newham a live data dashboard has been developed.

Infographics and simple targeted communications

- All four LAs have developed more nuanced and targeted approaches to communications which have included the use of community champions, grassroots message sharing via WhatsApp and other localised online groups. Messaging has included infographics and related to myth-busting (e.g. if you are admitted to hospital you are likely to die) as well as simplifying national messages in local languages.

Appendix 1: Barnet

Barnet's Multi-Faith Community

Barnet has a strong multi-faith forum that has good links throughout the faith communities in the borough. This has facilitated Barnet Council undertaking multi-faith based engagement and messaging as part of the borough's COVID response, with more specific engagement with particular faith groups in response to religious festivals, feedback from faith groups, or concerns about COVID-19 in these communities.

Barnet's COVID-19 Community Response programme is managed and delivered through a partnership of Barnet Council officers, voluntary and community sector organisations, and NHS North Central London CCG. On March 22nd 2020 a survey of local faith communities was launched to inform the local COVID response and to understand specific concerns from faith groups. To further ensure representation of faith groups, from the 8th April the borough's response was informed by the Community and Faith Steering Group, which meets weekly.

Barnet's Community COVID Response programme accommodated religious dietary requirements within our resident food packages. Throughout lockdown, our Essential Supplies Hub worked with faith based food banks and supported them with supplies. Foodbanks were given specific items suitable for any dietary requirements they advised were necessary (for example Kosher or Halal).

In May Barnet Council's community engagement and communications teams, worked in conjunction with Middlesex University and multifaith leaders, to produce a short video explaining the importance of social distancing and highlighting the generous response to the COVID-19 pandemic by our local faith community (available [here](#)). The video featured faith leaders from across Barnet, was shared by faith groups and received positive feedback. Later in lockdown, as places of worship reopened Barnet Council worked with Barnet Multifaith Forum to feed into our local outbreak plan and produce local guidance. At the start of July Barnet Council hosted a Health and Wellbeing Board (via webinar) for faith leaders, which was well attended, and we have produced specific documents to support faith groups in response to questions raised at this event. We are also developing a COVID-19 health coaches scheme, which will be rolled out initially in faith communities.

Barnet Council has worked with specific faiths to support their communities during COVID, especially around faith festivals. Ahead of Ramadan Barnet Council worked with a local imam to produce a video advising on social distancing, including using a Qur'anic references to support self-isolation. Our mayor Cllr Caroline Stock also made a video ahead of Pesach promoting social distancing (available [here](#)). Our community engagement and communication teams are working with public health and faith communities to promote faith specific messaging where appropriate. For example, in response to concerns about COVID-19 risk in specific communities we are working to deliver community engagement that is culturally appropriate to support these groups. Additionally, Barnet Council are developing faith specific videos with local faith leaders promoting COVID messaging.

On reflection Barnet has engaged well with its multi-faith community, but as we work with communities to prevent and manage local clusters, we need to ensure that we can support specific (sometimes harder to reach) communities quickly and effectively.

Appendix 2: Camden

A comprehensive Public Health offer to schools and early years in Camden

The Public Health team has been working closely with council and health partners on a public health offer to support schools and early years settings in Camden through lockdown and the phased reopening. This has included supporting them to navigate the continually updated government advice, answering questions and reassuring staff and families. The aim has been to give settings the confidence to open safely for as many children as possible whilst mitigating potential risks. This recognises that for most people, and especially children, the effects of the virus will be mild and therefore this risk must be balanced against the impact of missing school on the mental, emotional, social and educational development of children, widening inequalities in educational attainment, the mental health impacts on the family as a whole, alongside any safeguarding concerns including rising rates of domestic violence during lockdown.

The offer for schools and early years has included:

- A series of webinars for headteachers and early years providers to support settings as new guidance is published and outlining key considerations
- The team have committed to answer all Public Health questions from local schools and early years settings collating key issues into a series of FAQs for collective learning
- Letters to school and early years staff from Public Health to offer reassurance
- Posters for schools and nurseries in different languages to remind families to stay home if family members have symptoms
- Test and trace resource pack relevant to school and early years settings
- In response to local concerns about national evidence and its relevance to Camden a series of evidence and data papers were prepared including:
 - A paper on the effect of coronavirus on children, the role of schools in viral spread and a summary of international practice around school reopening
 - A response to the Independent SAGE paper with a local assessment to outline why Camden schools were still able to reopen from 1st June
 - Weekly slide packs to alert the deaths and cases of COVID-19 in the local borough compared with London and England, highlighting that any advice from the Public Health Team was based on the latest current, local rates.
- A regular public health bulletin was disseminated to stakeholders and partners outlining the key relevant guidance updates for schools and early years. This included summaries of the important papers, national communications, alerts and good practice.

As well as the information for schools, there has also been a focus on supporting families. A booklet has been produced for parents and carers to help them understand the government guidance around school reopening which has been made available in English, Bengali, Somali, Arabic and Turkish (*translated by Manor Gardens Centre*). In September there is a plan to launch further material around the re-opening of schools and early years settings, including staying away when unwell, how to get tested and reminders on immunisations.

Public Health have been running a series of webinars and training for school nursing and health visiting teams to help them support individual families to talk through risk of coronavirus and any concerns or questions that they have about returning to school (for example, if they are from a Black, Asian or Minority Ethnic group with additional concerns or there are grandparents or vulnerable family

members at home). The aim is to work with the school nurses to reduce inequalities around school attendance and all the printed material directs families to them. The original sessions have been successful and there has been a request for similar training to be offered more widely to health and education professionals to have these conversations with families.

Data from schools has highlighted that Black, Asian and minority ethnic groups (BAME) across both councils have had particularly low attendance, therefore, there has a specific focus on BAME cohorts with translation support through our VCS organisations. In response to this, the Public Health team are also planning a series of focus groups and conversations with parents/parent champions from communities with some of the lowest school attendances. The aim is to understand families concerns about returning to school and their experiences during coronavirus in order to respond most effectively to their needs, link them with the school nurses for support, and to help the school nurses understand their concerns. This work is one element of the wider work developed in Camden to support our BAME communities through COVID.

Another group thought to have concerns about returning to school are those families with children who have been shielding and as well as the school nurse support the plan is to offer a webinar session for families that includes presentations and questions from a wide range of health and education professionals to reassure them about the safety of returning to school.

Data charter

The data charter sets out clear terms under which citizen data will be collected, used and held. These are outlined below.

These principles are premised on the understanding that local government is expected to participate in local testing, tracing and containment of complex outbreaks of Covid-19, and in recognition of that we are seeking to set out some core principles under which we would seek to participate in a national test, track and trace system around the issue of data collection, sharing and analysis:

1. **Building public trust from the outset** – the use of data must be preceded by a sustained and focused approach to building public trust, and communicating the purpose and contribution of data collection to tackling the challenge of coronavirus. Building public trust must be a core design principle of any system or service designed. Some key principles for building trust include:
 - a. **Minimisation** – only data should be collected that is adequate, relevant and limited in relation to the purpose – we must aim to collect only as much data as is necessary for the task of managing local outbreaks
 - b. **Transparency** – the use of and access to data relating to Covid-19 testing, tracking and tracing must be transparent to those contributing their personal information and those accessing it
 - c. **Control** – procedures are required to permit citizens to exercise their rights of access to their data and to understand how and who it is used by
 - d. **Time** – the length of time that data is stored, and its purpose and use over this period must be clear – data must be deleted as soon as it is no longer relevant to the purpose for which it was given and collected
 - e. **Accountability** - ensuring clear lines of access to and control of data, that privacy by design is embedded into the systems utilised, and that appropriate assessments are undertaken such as Data Protection Impact Assessments and Equality Impact Assessment

Our expectation to support the building of public trust and transparency is that there is a data protection impact assessment (DPIA) undertaken as part of the test, track and trace service which sets out how data will be used in line with GDPR principles and the protection of patient confidentiality. It needs to describe the role of all partners (including controllership arrangements), so that people can understand how their data will be used and by whom and the governance processes around this. It also needs to be made publicly available (with the exception of cyber-security arrangements etc.) so that this is all transparent.

2. **Local Government as a Trusted Partner** – Council’s should be regarded as an equal partner in managing and using test, track and trace data – we have local public health and environmental health specialists who routinely manage outbreaks of infectious diseases, including epidemiological analysis, as well as local democratic oversight structures and trusted networks within local communities. Our asks around trusted partner status are:
 - a. We should have full access to the data we need to do our roles within this partnership, as other partners (e.g. private companies) do for their roles;
 - b. We should have clarity on flow and regularity of data that we will be receiving – what will be available to us and when – so that we can be clear about what we are going to need to do with it and that it is sufficient to meet local needs.
 - c. Councils should be given appropriate and timely access to the data needed to enable them to identify and manage local outbreaks, which includes access to case management systems as appropriate to facilitate efficient, joined-up working across multiple partners
3. **Local Government as a Source of Insight and Intelligence** – local government should be resourced and encouraged to undertake its own analysis to understand local community risk and vulnerability and there need to be mechanisms to send this intelligence back to other parts of the track and trace system which require this contextual information to support their work.
4. **Valuing the Whole System** – the information governance and data flows need to be set up so that enable whole system working for the benefit of residents and patients and do not hinder effective local collaboration between Councils, care services, GP practices and NHS providers in the furtherance of the core purpose of tackling Covid-19.

LA Transport Hub Checklist

Local Authority Outbreak Control Plans & transport hubs – practical checklist

Background - where this work has come from:

All upper tier local authorities are producing COVID-19 local outbreak control plans by the end of June 2020. These documents will then be developed further in the coming months according to local learning & practice.

11 Good Practice Councils across England are sharing their learning and resources around different scenarios/settings to inform development of these outbreak control plans. Good practice considerations relating to transport hubs can specifically inform the “high risk places, locations and communities” theme to be covered in any area’s outbreak control plan. Camden has been identified

as the lead on transport hubs for this learning & sharing approach, on behalf of other London local authorities.

1. How this checklist has been developed:

- 8th June - initial meeting between Public Health, Transport for London (TfL) & Greater London Assembly (GLA)
- 9th June - discussion paper produced – three core considerations identified
- 11th June – first virtual workstream meeting - representatives from 9 Local Authorities, the GLA, TfL, the Public Health England (PHE) London Coronavirus Response Cell, and the Association of Directors of Public Health (London) - definitions, scope, key principles and value of developing a practical checklist agreed
- 25th June – second virtual workstream meeting – draft checklist reviewed & approved, subject to minor changes. Additional representation at the second meeting by the Rail Delivery Group, Boston Consulting Group (supporting Tom Riordan’s central “Contain” team), and the Ministry of Housing, Communities & Central Government.
- 26th June – checklist completed and ready for wider circulation

2. What do we mean by a transport hub?

It was agreed at the workstream meetings that a ‘transport hub’ is a physical space that involves high volumes of individuals (travellers and staff), and/or significant interchange – whether between different modes of transport or different routes / lines. It was also agreed that small business outlets located in transport hubs should be included within transport hub considerations.

3. Five key principles underpinning the checklist – agreed at 11th June meeting

- There is a strong role for transport hubs in introducing and reinforcing measures that will prevent and reduce transmission of COVID-19
- Local authorities can engage and communicate with their residents, communities and businesses to help reduce risk of transmission linked to using these hubs. This will build on central Government guidance, amplified by public transport providers, around using public transport for essential journeys where there is no alternative. It includes promoting active transport to avoid the need to enter a transport hub.
- Transport hubs have a clear role as a workplace in protecting employees from infection (there may be several organisations offering separate guidance within each setting, a potential challenge for consistency)
- Business continuity planning will be very important to enable transport systems to remain operational for communities, while managing the impact of potential spread of infection
- A potential or confirmed outbreak is more likely to be identified among employees working at transport hubs (transport employees or business outlet employees) than among passengers/customers – ***a key question has been how could a transport hub related outbreak be identified through current and future data sources*** – this does not seem possible from current sources of information.

4. Purpose of the checklist

The checklist has been developed to enable local authorities and partners to consider key risks, issues and opportunities across four themes relating to transport hubs. The checklist will help consideration of what may be needed to assure local partners that sufficient planning, action and communication has been taken collectively to address the role of transport hubs within local COVID outbreak control plans.

5. Useful links/further sources of information

The **Transport for London (TfL)** webpage is a good source of information in one place <https://tfl.gov.uk/campaign/coronavirus> . The webpages outline how TfL is responding to the coronavirus pandemic. It includes preventative measures, such as guidance on face coverings and hand hygiene, as well as advice to avoid peak hours and the busiest stations and lines. The webpage also links to the **Streetspace for London** pages that summarise measures across London to facilitate walking and cycling, and provide help with journey planning <https://tfl.gov.uk/travel-information/improvements-and-projects/streetspace-for-london>.

The full checklist is included as a separate addendum.

Beacon

Camden built a service to provide support to people who were most vulnerable to Covid 19 with essentials like food and medical supplies in a fast and efficient way. We recognised that people's needs go beyond these basic needs, and so took into consideration other support people need (e.g. mental health support, help with domestic violence) and tasking the right service, organisation or community group to provide this support.

Our service design is guided by some key principles:

-Help those that need it most: this means going beyond the definition of vulnerability as given by central government (more on this in later slides), and focusing our resources on those that can't support themselves.

-Help people to help themselves: whilst many people are vulnerable in this context, many also have the means or desire to help themselves. We will be there to give people the helping hand they need, whilst respecting their own resourcefulness, resilience and personal sources of support.

-A single and shared view of our response: in a complex and emerging picture, it is imperative that we have a single view of need and response activity required by the range of support providers who will need to come together. This will be achieved by using our **Beacon Platform** to capture need, create tasks, and document support provision.

-Bring together a community response: we can't do this alone. We will build an operating model that brings

-Safe and pragmatic: the safety of our residents and our staff is paramount. We will use the tools and ways of working that can ensure this, which might be

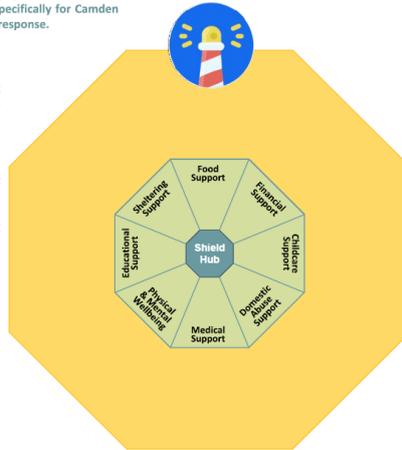
The Beacon Platform

The Beacon platform is a multi-agency product that creates a single, unified view of all requests and needs that have come into the council and the voluntary sector to enable a more effective and efficient response. We've been developing it specifically for Camden to create a system that can underpin and enable the most efficient response.

By capturing outbound and inbound requests for support in Beacon, we will create a single view of all requests which we can then triage across all partners accordingly. This service is the platform that enables the response across all areas - from food delivery to matching volunteer activities and beyond. And eventually, this can scale across London to achieve greater effectiveness.

Our product will support:

- The most vulnerable, by more effectively marshalling the right resources, at the right time, to get them the help they need as soon as possible
- Councils, by simplifying their response and connecting to VCS partner organisations
- VCS organisations by simplifying their response



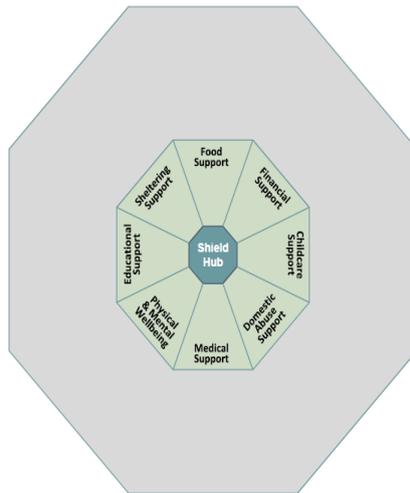
Watch the Beacon video, [here](http://www.beacon.support) (www.beacon.support)



Connecting into Camden's Volunteers & VCS Activity

Integrated within the Beacon platform is a 'Task Management' tool that is used to allocate 'tasks' that form part of the delivery of a support service, either via parts of Camden Council, through VCS Partners as well as through Volunteers.

- Residents across Camden are turning to the Council and voluntary and community sector organisations (VCS) for support during the COVID19 response.
- Residents are flooding call centres, councillors' inboxes and online services with urgent needs, and the volume and nature of these requests changes with each additional government announcement
- The Council and VCS are under unprecedented strain to meet this demand, and the scope of this challenge touches every member of the public and with frequently changing requirements from the central government, the demand and needs are in constant flux
- Hundreds of thousands of volunteers have signed up to help - but at the moment, even the VCS partners are overwhelmed with volunteer capacity



- To respond to this, we are integrating a tool for all help request responses across Camden and VCS organisations that want to partner
- The goal is to make sure that the needs can be better distributed across organizations who have the specialisms and infrastructure to support and over time, connect those needs to the right individual volunteers
- In example, if an individual requires food support because they are unable to afford / access food, depending on their situation, they may be able to receive support from a VCS Partner such as Age UK or the Trussell Trust, vs direct support from the council

Appendix 3: Hackney Stamford Hill case study

Hackney's suburb of Stamford Hill is home to Europe's largest Charedi Orthodox Jewish population, estimated to be nearly 30,000 people living in the North East of the borough, with an additional 3,000 Charedi households over the border in Haringey. Charedi communities live a highly communal and religiously observant life, having no access to television or mainstream media, and very limited digital access. It is not always easy to engage with them on public health messaging, and it was clear in the early stages of the pandemic that Charedi communities in Israel and New York were being hit hard by Covid. Hackney Council and its health partners moved fast to establish a highly effective partnership with the community, focusing on healthcare, communications and engagement, and humanitarian assistance. This was crucial in those early weeks as the community moved into one of its most important annual festivals, the Passover holidays, in which communal worship and intergenerational family celebrations are widely observed.

The partnership forged in early lockdown has continued to strengthen and grow. This allowed the Council to respond rapidly in the past week when infection data began to indicate small numbers of linked household clusters of Covid. We immediately activated a communications programme, including leaflets into 20,000 homes in Hackney and Haringey, advertising and editorial in community media, texts from local GPs practices, and a short film featuring the community ambulance service Hatzola to be shared on local WhatsApp networks. Although the numbers are still small, we know that there is a low level of awareness of testing in the community. This week we have worked with DHSC to deploy an MTU into the community, using a local Jewish school site identified by the BECC. This is likely to lead to a growth in positive cases being identified, and will allow us to work closely with the community to contain the spread.

City and Hackney Public Health Intelligence Team is developing a data dashboard that will play an important role in helping to identify these highly localised clusters at an early stage. The data management software used to build the dashboard will allow for timely data refresh and a range of analyses including but not limited to trends over time, recent trends, geospatial as well as analyses by such characteristics like age and sex. Once more detailed data becomes available, inequality analyses looking at differences in testing uptake, and case detection, as well as contact tracing outcomes by ethnicity and occupation will be performed. The results from these analyses will help to inform local action and set strategic priorities around service delivery. Any detection of significant emerging trends will enable us to shape a rapid community response.

Supporting vulnerable residents case study

From the outset of pandemic, Hackney Council identified concerns and risks in our community, arising from the way that Covid 19 would impact on our everyday lives and the knock economic and social impacts arising from measures put in place to control to spread of infection. We built a picture of the types of residents we expected to be or become vulnerable and of their support needs so we can get the right support to them. This has evolved into a full and evolving Community Impact Assessment. The scope of our support went beyond shielders to also support a wider group who were self-isolating, those with complex needs and those in financial difficulty.

We took action early to set up volunteering hub, helped build connections between mutual aid groups and formal community organisations, unrestricted our grant funding of the sector so they were better able to support residents and accelerated plans for a new network of organisations supporting those in food poverty - the Hackney Food Justice Alliance. Through this partnership approach we were able to secure 24 weeks' worth of donations from Investment Bank Investec, a regular supply of food surplus and have just secured an £80k bid from DEFRA.

As well as supporting organisations to offer help in communities, we set up a single point of contact phone line and form and triaged needs for the most complex cases. We set up a food parcels offer and worked with the volunteering hub to offer additional help with emergency food, non-food essentials and prescription collections. This service is providing:

- Deliveries of food to people who are unable to access food from other sources
- Delivery of prescriptions
- Introduction for befriending to help tackle loneliness and isolation
- Referral to specialist support such as social care and mental health support

By early July we had deployed 600 staff and distributed 14,000 parcels.

There are specific religious barriers that might have prevented the Orthodox Jewish Community from finding out about coronavirus with not all households online or accessing national media. We therefore set up a dedicated helpline in the community. The strictly Orthodox Jewish community also faces very specific barriers to accessing government support for shielding residents, because of the way food needs to be stored to be in line with kosher requirements. We have worked with partners from the Orthodox Jewish community to set up a kosher food hub run by Bikur Cholim, with support from the Council which distributed 100 parcels between April and July.

Next steps

- The Council will continue to run the phonenumber which will continue to offer a wide range of advice including helping people access supermarket deliveries and if needed signposting to local help with food
- We have developed a network of community organisations, a Community Partnerships Network involving community navigators as well. Beyond food, the network will provide broader support, drawing on the existing capacity of the voluntary and community sector to offer befriending or advice and digital support.
- We are learning lessons from the first few months and considering equality impacts fully, and seeking to put a partnership that meets a diversity of needs.

Appendix 4: Newham

Local and GP Testing

Walk through site

Over 50% of Newham's residents do not have a private vehicle, and so the council was keen to participate in the Walk Through Testing Site pilot with the Department of Health & Social Care and Deloitte. The goal of the site was to reach those who did not have a car. Very initial discussions began on June 2nd and the Walk Through Testing Site was opened on June 23rd. From the point where the site was confirmed to build and opening was a matter of days.

The location was chosen from a shortlist for three key reasons; (1) that it was far enough away from main transport hubs to reduce travel via public transport when symptomatic, (2) community demographics and (3) proximity to local services. It is located in the rear car park of a healthcare centre in East Ham, and is accessed from a different road to the health centre facility.

The test site is open 8am-8pm, 7 days a week (the same as other national walk through pilots) and has 5 testing bays. With 20 minute appointments, the test site can accommodate 180 appointments per day. Only one appointment is required for each household.

Since opening the test site, bookings have been at 100% most days with an average of 21.8 no shows, and 12.5 walk ups. There has been an increase in walk up tests from an average of 7 between opening and July 9th, to an average of 20.8 since July 10th. Since July 17th 2 hours have been set aside at the test centre for the asymptomatic testing of key professionals (8am-9am and 7pm-8pm). Initial focus of asymptomatic testing has been on pharmacy staff, hairdressers, barbers, and pub and bar staff.

There has been limited public communications about the Walk Through Testing Centre. A letter was distributed to nearby houses to alleviate concerns. It was also mentioned in a short article in the Newham Recorder and in the council's magazine and mayoral daily letter. However, it should be noted that the site benefited from opening at the same time as it became possible to book walk through tests on the national testing portal.

Voluntary Sector Support for Self-Isolators

Working in partnership with Community Links and One Newham, both voluntary sector organisations, Newham created a COVID-19 Helpline which residents can contact to ask questions about testing, test and trace, and isolating. Community Links have experience of making calls to residents to encourage cancer screening uptake among other projects and programmes grounded in Newham's communities. The goal of the Helpline is to encourage people to take part in testing as well as test and trace, while also supporting them to isolate properly. The helpline can both signpost but also help residents to access the support they might need, whether that is financial or food, or relating to mental health or bereavement. The helpline also has access to a small fund which has been set aside to support microgrants to residents who may not be able to self-isolate for financial reasons. The microgrant may pay the equivalent of statutory sick pay for two weeks.

The Helpline call handlers were existing staff at Community Links who have experience in making / taking calls about medical conditions. The helpline has been set up as an eight-week prototype to gather evidence about the sort of skills and capacity which may be needed over the longer term.

The call handlers co-developed a script and recording form to ensure a robust approach to data collection including demographic information, and that the call handlers can gather accurate information. Call handlers can conduct calls in multiple languages if needed to enable more residents to be able access information. Whilst the script and data are important, perhaps even more important is the ability of the call handlers to establish trust and rapport quickly and to address any of the underlying feelings and fears of callers.

The Helpline is currently open 1-7pm, 7 days a week, and can be contacted by phone and email. As part of the prototype the timings are being regularly reviewed to ensure capacity is available at peak times.

Community Links meets with Newham Council staff twice a week to review progress. They also provide anonymised data weekly to identify patterns in the queries coming into the Helpline and therefore update the guidance document and provide feedback to service areas. To date the two key areas of request have related to food, and to advice relating to getting tested prior to overseas travel. There have been very limited requests for help to self-isolate and no requests have needed to be funded by the microgrant.

The Helpline has been promoted via hard copy and digital postcards and business cards (below) which have been distributed through multiple channels including; GP practices, pharmacies, Newham University Hospital, voluntary sector organisations, #HelpNewham food boxes, COVID-19 Health Champions, schools, and Environmental Health Officers. It has also been shared on Newham Council social media and in the residents’ magazine. In addition the business card is included with every test kit provided by the Home Monitoring Service and with every receipt card at the local Walk Through test centre.

Business card:



Postcard:



Good practice network – BAME engagement & Supporting Diverse Communities

This short document is the product of a conversation between the Chief Executives and Directors of Public Health from Bradford, Oldham, Brent and Newham on the 16th June to reflect on the challenges, their learning and best practice relating to supporting and enabling diverse communities including those from Black, Asian and other Ethnic Minority (BAME) backgrounds particularly as it relates to the national test and trace programme. The tools and approaches referenced are being collated to be shared with the national good practice network as part of the BAME and Supporting Diverse Communities workstreams.

1. Our collective assessment of the challenges

Whilst there are of course important differences between the four authorities, Brent, Oldham, Bradford and Newham share some significant challenges in common which have made the impact of COVID-19 (both directly and indirectly in terms of the economic and other consequences) particularly acute.

Through our conversation we identified a number of common demographic features, many of which are correlated with communities from particular cultural and ethnic minority backgrounds, which have informed and shaped our local responses to COVID-19 generally and the test and trace programme.

It is important to note that whilst many of these factors are correlated with the experiences of people from BAME and other diverse backgrounds that in the main they relate to issues of poverty and social injustice. It is also important to note that these factors are often interdependent and the intersectionality between them is of critical consideration.

The group also noted over the last fortnight that the Black Lives Matter movement, and the delay in publication into the disproportionate impact of COVID-19 on BAME communities has overlaid urgency to this work and further escalated its importance.

The factors identified include:

- Younger than national average age profile with some younger people believing that the illness would not affect them, nor would they affect others;
- Higher than average proportion of people living in multi-generational households
- High levels of overcrowding (both due to multi-generational households) and large numbers of HMOs
- Higher than average proportions of people from BAME backgrounds (with some of our areas characterised by large populations from one or two ethnic minority and cultural backgrounds and others characterised by a larger number of different populations)
- Higher than average levels of illiteracy
- Higher than average English as a second language
- Higher than average levels of poverty and child poverty
- Lower than average access to digital technology
- More children living with adults who are clinically vulnerable
- Higher than average levels of underlying health conditions including diabetes, heart disease, asthma which mean our populations are more medically susceptible to the impact of COVID-19
- Higher than average proportions of residents in insecure work who cannot benefit from the national government schemes around furlough, sick pay etc. including high proportions of residents without any recourse to public funds.

- High proportions of residents with learning disabilities and difficulties
- Instances of recent mass gatherings which are against the government guidelines (e.g. 500 people at funeral/prayers, rave etc.)

2. Our reflections on what has worked

Bradford and Oldham in particular reflected that despite higher than average levels of infection, there has not been a correspondingly high death rate. This is felt to demonstrate the success of localised actions which have been taken alongside supporting the national strategy relating to lockdown, social distancing, test, track and trace. This section provides a brief summary of some of the particular approaches which have felt to have been useful locally which have at their heart the need to listen, build trust and develop localised and tailored responses to compliment national approaches. The examples below highlight the important role of local authorities in the ongoing and next phase of the nation's response to COVID-19:

Tailored and localised supportive approach to settings including schools and care homes:

- Across all four localities proactive and supportive work with care homes has had a positive impact. This has included whole home testing, getting PPE early in the pandemic, and providing local training particularly relating to infection control. All four LAs reported strong partnership working between adult social care, primary care and public health as it relates to care home settings. Bradford reflected that for them the care home work has been largely in support of white communities, whereas more localised and different approaches have been needed to support South Asian elders who are more likely to live at home in multi-generational households.
- In Oldham and Brent there have been daily support calls to care homes.
- In Newham an independent advisory group including Public Health has been set up to review the risk assessments from schools.
- In Newham and Brent specific guidance and accompanying webinars have been set up to talk directly with representatives from different settings giving them an opportunity to share their concerns and get their questions answered directly.
- In Newham a proactive case finding testing approach has been piloted in schools with 500 tests of children and teachers who have been at schools throughout lockdown.

Close working with places of worship and faith groups:

- In Bradford, Oldham and Brent significant work has been undertaken in collaboration with Mosques and faith leaders. This has included offering risk assessments to mosques in advance of them opening, guidance for faith settings and a webinar in Newham, and exploring the use of mobile testing capacity in Oldham.
- The group noted that the current policy that places of worship can open for private prayer is much more relevant to Christian faiths than other faiths and many of the faith leaders in their LAs have a number of concerns.

Wrap around support building on existing relationships

- All four LAs have developed wrap around support approaches. In Brent this is through their community hubs, in Newham through supported access prototypes which are being developed with the VCS and in Oldham, it is via partnership 'stitch' teams aligned with the primary care footprint bringing together holistic partnership support. The purpose of these approaches are to really engage with the household, to understand the complexity of issues

that may arise and to help put support in place which will not only help with the requirement to self-isolate for 14 days but also tackle some more systemic challenges that the household may be facing (e.g. debt, homelessness, GP registration). The hyper local testing site in Brent includes a referral system. Of the 119 people who have been tested to date, 29 have been referred in for council or other support services.

Augmenting national testing with localised targeted capacity

- In Brent, Newham and Oldham, local walk up testing capacity has been put in place.
- In Brent this is targeted in Harlesden where there has been significant local impact with particular outreach and engagement relating to the street homeless population and sex workers. Brent pushed to flex the Deloitte national model. This was agreed and has resulted in relatively high use.
- In Oldham mobile testing units have been focused on engaging specific population groups, many of whom are more likely to be from BAME communities including taxi drivers.

Robust approach to data:

- In Bradford a COVID-19 scientific advisory group has been set up which undertakes both analysis, but also primary qualitative and quantitative research.
- In Newham a live data dashboard has been developed.

Infographics and simple targeted communications

- All four LAs have developed more nuanced and targeted approaches to communications which have included the use of community champions, grassroots message sharing via WhatsApp and other localised online groups. Messaging has included infographics and related to myth-busting (e.g. if you are admitted to hospital you are likely to die) as well as simplifying national messages in local languages.

3. Issues for escalation or further consideration

The group identified the following issues for escalation:

- **Non-symptomatic testing:** The group is supportive of expansion of testing to include non-symptomatic testing and antibody testing which will enable a better understanding of the spread of the disease, including its prevalence in particular BAME communities.
- **Quality ethnicity data:** There is an urgent need for quality ethnicity data to be collected through the national testing portal and all other forms of testing which can then be used in the national tracing programme. At the moment the paucity of data is considered in itself to be a structural inequality which is preventing appropriate mitigating actions from being taken.
- **Timely data sharing:** Timely data sharing with address level details is critical if local authorities are to undertake the function of outbreak management – the role of the Joint Biosecurity Centre remains unclear and requires urgent escalation and resolution. There is also a need to consider what and how local data is shared publically including data relating to ethnicity.
- **Lack of clarity around powers devolved to local authorities:** The group requires urgent clarity relating to any new powers which may be required if LAs are expected to exercise local lockdowns (what these powers might cover, and how they might be exercised). There was some concern that exercising these powers may undermine the trust which LAs have built through the pandemic with their communities.

The group identified the following issues which require further work and development within local authorities:

- **Cohesion:** The group recognised the broader context of Black Lives Matter, alongside the disproportionate impact that COVID-19 has had on BAME groups, and the ethnic and cultural diversity of the four boroughs meant that there were significant potential risks to cohesion if all these issues were not addressed adequately at both a national and local level.
- **Outbreaks which cross borough boundaries:** The group reflected on the need to further develop cross-LA approaches relating to settings which are now opening up and likely to draw in people from across a wider geography, for example destination places of worship and destination shopping centres.
- **Wider economic impacts:** The group was concerned about the potential economic impact generally of COVID-19 in their area. They also raised concerns about the potential risk of employers starting to make employment decisions relating to long term health conditions. For example, employers refusing to employ people with asthma, diabetes or heart conditions as a means of mitigating the risk of COVID-19 to their workforce productivity.

Appendix 5: Communications

Communications assets

Primary tier logo

	<p>Option 1</p> <p>Concept: just showing network connections in the logo and introducing the characters in the materials.</p>
	<p>Option 2</p> <p>Concept: simply showing the idea of people as nodes in a network. In order to tackle the virus, we need to trace the connections in our lives.</p>

Second and third tier logos

The strapline can be adapted from London-wide, to local and finally to hyper-local in order to better speak to communities.

Second tier – borough name

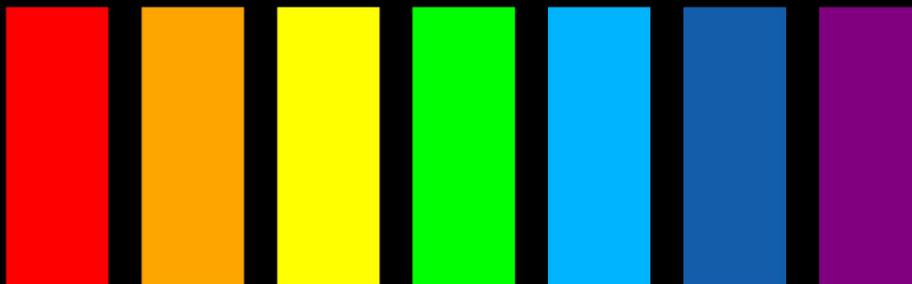


Third tier – place name



Colours

The primary appearance of the campaign will use a black background to boost both recognition and impact.

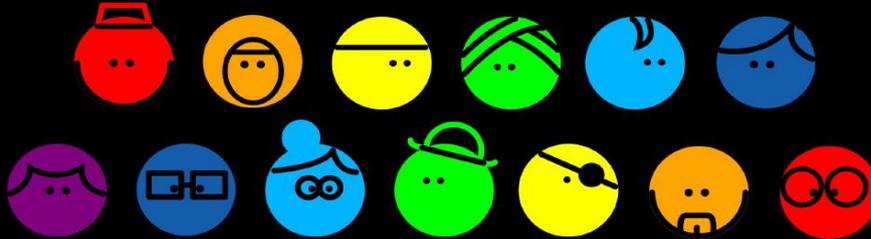


The colour palette uses the colours of the rainbow – the symbol of the COVID-19 crisis.

A rich black is the background colour for many materials.

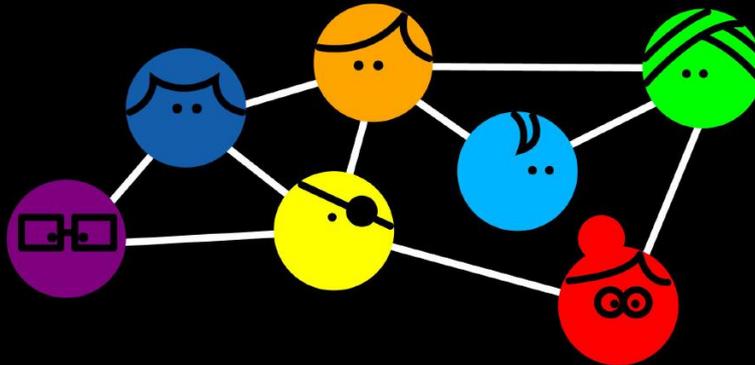
Character designs

Characters are very simple and use the colours of the rainbow, the brand colours. This combined with the limitless uses of a single width lines represents human diversity in all its forms and cultures.



How the characters work visually

The use of circles and lines throughout the campaign signifies human networks and communities, with people as nodes on a network.



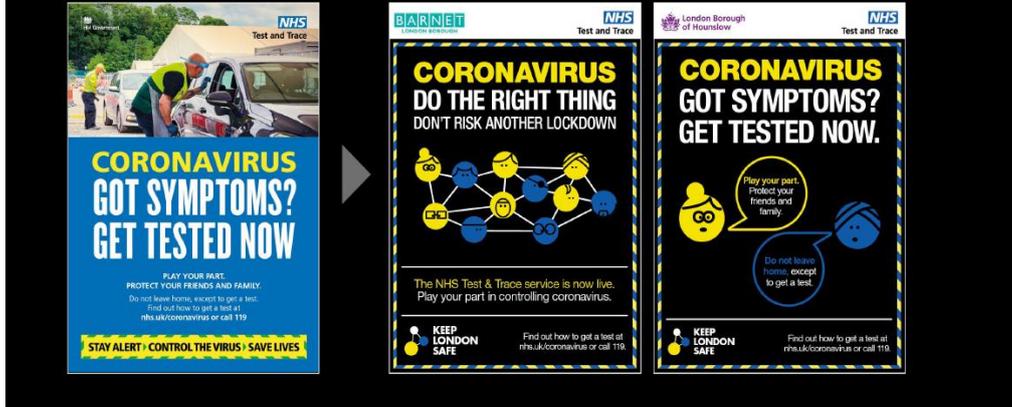
How the characters work - messaging

The characters are simple and easily adaptable enough to work with other graphic elements. Messaging from national to regional right the way down to borough and hyper-local areas can easily be introduced and targeted.



Bringing it all together

Working in partnership with the national brand messaging, whilst adapting the visual style to work with London's diverse population and communities.



Pan London umbrella organisations with links to key communities

- Faith forums for London, a multi-faiths forum that can be helpful in signposting the campaign.
- Pan London **Community Radio stations** - e.g. Nomad Radio (Somali community)
- **Ubele**: main umbrella organisation for African diaspora community organisations
- The Women's Resource Centre - main umbrella organisation for women's organisations in London: <https://www.wrc.org.uk/>
- Engaging with the Deaf community - Royal Society for the Deaf as they run a British Sign Language (BSL) information service and daily BSL chat service for deaf.
- Age UK London - work with over 300 older people's organisations in London to ensure that the voices of older Londoners are heard.
- Pan London Traveller movement, a means of engaging with the London Gypsy and Roma Traveller Community