

Open Agenda



Health and Wellbeing Board

Thursday 4 February 2021
3.00 pm

This will be a virtual meeting. A meeting link will be circulated in advance.

Supplemental Agenda No. 1

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Contact

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Date: 1 February 2021

Item No. 7	Classification: Open	Date: 4 February 2021	Meeting Name: Health and Wellbeing Board
Report title:		COVID-19 UPDATE Update on Southwark Council's Outbreak Prevention and Control Plan, January 2021	
Ward(s) or groups affected:		All	
From:		Jin Lim, Director of Public Health (acting) Kirsten Watters, Deputy Director of Public Health (interim)	

RECOMMENDATIONS

1. To receive and note the update from the Outbreak Prevention and Control Executive on the actions taken to prevent, identify and control the novel coronavirus pandemic in Southwark, implementing Southwark's Outbreak Prevention and Control Plan (Appendix 1).
2. To consider and note the Southwark vaccination framework and local approach being taken to address vaccine hesitancy and to ensure good uptake across all our communities (Appendix 2) and the associated vaccine communications and engagement action plan (Appendix 3).
3. To agree to establish a member and officer board across the Council and CCG to provide strategic oversight for the development and delivery of the local vaccination framework and associated delivery plan.
4. That the board be established as a sub group of the Health and Wellbeing Board chaired by the Cabinet Member for Public Health and Community Safety reporting back progress as part of the Outbreak Prevention and Control Plan.

BACKGROUND INFORMATION

5. Southwark Council published its Outbreak Prevention and Control Plan (OPCP) on 30 June 2020. In that document, the governance of Southwark's OPCP is established as being firstly Outbreak Prevention and Control Executive (OPCE) and ultimately both the Health and Wellbeing Board and Cabinet. This report to the Health and Wellbeing Board is the fourth update in reporting subsequent activity and progress relating to the OPCP.

6. Since the previous update presented to the Health and Wellbeing Board on 21 December 2020 both the epidemic itself and the local response have evolved.
7. Winter 2020/21 has seen a further wave of infection with extremely high levels of community transmission spreading across London and South East England from early December through to January 2021. In Southwark (like the rest of London) the latest wave of infection peaked in the first week of January 2021. Since then, the detected level of infection has sharply declined. However, the prevailing rate remains very high (compared to 2020) and NHS acute services remain under extraordinary levels of strain:
 - Southwark had 1,589 confirmed cases in the week up to 20 January
 - Across London, 10 boroughs still have incidence rates above 600 per 100,000 with all London boroughs having rates above 250 per 100,000

[Source: Southwark Covid19 Monitoring report 25th Jan]

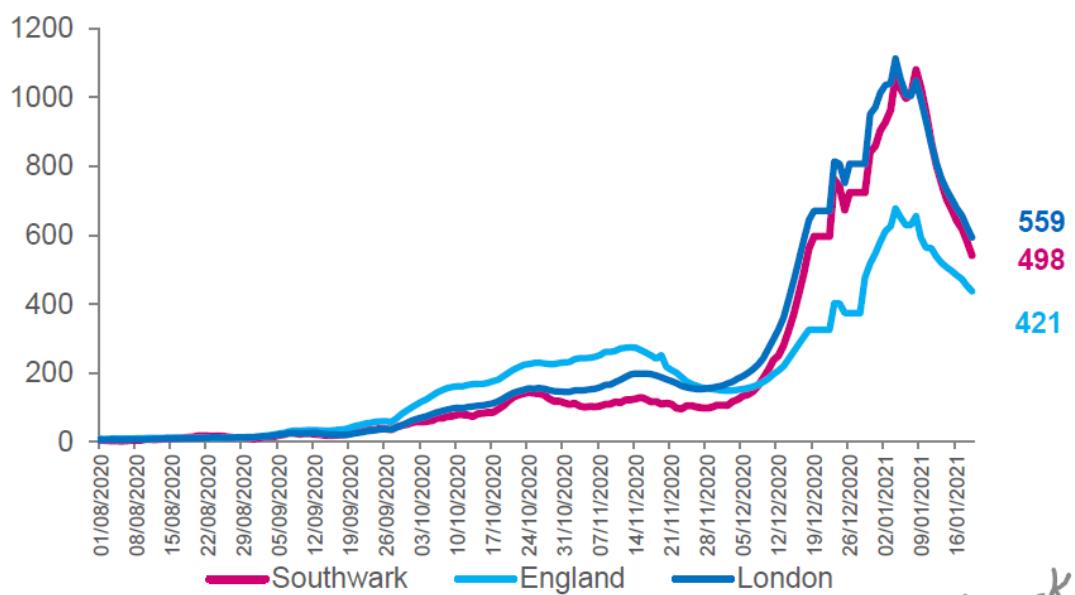


Figure 1 Weekly incidence rate per 100,000 Data to 22nd January
Source: Southwark Covid19 Monitoring report 25th Jan

8. Identification of the mutated “Kent” variant of concern (VOC, B117) now explains the acceleration of spread observed prior to Christmas 2020. The emergence of this variant has meant that established containment approaches prior to the winter have proven broadly insufficient. While the “Kent” variant appears to be susceptible to the current vaccine regimens, it remains possible that some of the internationally-reported variants may present more significant challenges to current vaccines.

PREVENT STRAND

Communications

9. Since the new national lockdown was announced at the start of 2021, the council has publicised the new restrictions and core safety messaging to residents through all of our channels, including:
 - Letter to all residents;
 - Resident electronic newsletter;
 - Social media;
 - Staff communications;
 - Updated web pages on both symptomatic & asymptomatic testing;
 - New signage and outdoor advertising, particularly in busy areas like parks, playgrounds and markets;
 - Sharing key messaging with key partners including VCS, faith groups and TRAs; and
 - Special edition of Southwark Life to be delivered to every home in the borough from 30 January 2021.
10. The council is developing a comprehensive COVID-19 vaccination communications and engagement strategy with the objective of encouraging all residents to take up the vaccine when it is offered to them. The council is working with the NHS South East London (SEL) Clinical Commissioning Group (CCG) and partners from across South East London to properly understand the many reasons for hesitancy in some parts of our communities. Work is underway to address these issues through trusted voices including community leaders and healthcare professionals. There is ongoing work to establish improved NHS data flows on take-up of vaccine invitations to help refine our plans over the coming months.
11. Work is underway across Southwark and South East London to address vaccine hesitancy and inequalities in accessing the vaccination. Many resources have been developed to ensure the SEL CCG and council provide culturally appropriate information to different groups who may have concerns about the vaccine, and particularly for engagement with BAME communities. Webinars and briefings have been held, for Councillors, MPs, voluntary groups, faith leaders, care home staff and TRAs, and work has started to ensure processes are in place for those initially declining the vaccine.

12. Appendix 2 sets out our broader approach to vaccination, highlighting the key areas of work taking place to address vaccine hesitancy and to ensure good take up across all communities. Appendix 3 provides more detail on the communication and community engagement work.
13. The council continues to promote the three symptomatic testing sites in the borough, and has implemented a communications plan for the new asymptomatic site at the Damilola Taylor Centre in Peckham, including both borough-wide communications focused on people who have to leave home to go to work, and messages targeted at local employers including construction firms and supermarkets.

Community Health Ambassadors

14. There are currently 116 local residents who have expressed an interest in the Community Health Ambassadors Network and 53 who have completed the induction training and are now registered as Ambassadors in our Southwark network.
15. Ambassadors receive regular updates on COVID-19 prevention and guidance through a weekly newsletter, online ambassador network meetings and the network's WhatsApp group, as well as having access to an online catalogue of COVID-19 resources on different topics and in different languages.
16. Ambassadors have signed up from across all areas of the borough, and have an especially strong presence in the Peckham and Nunhead area. There is a spread of ambassadors across ethnic groups, with 35 (66%) ambassadors identifying themselves from BAME groups. Ongoing recruitment of additional ambassadors is targeted to support priority and underrepresented groups, including the Latin American community.
17. From monthly monitoring reports we can already see that Ambassadors have been sending between 5 and 50 messages each per month, across social media, personal communications, and also using printed information such as posters.

Enforcement

18. The 'prevent' strand of the OPCP has been a key priority for the Council throughout the pandemic. The Authority has been ensuring, through an effective communications strategy, that the public follow government guidelines on social distancing to decrease the impact of local community transmission. At the same time, Council teams have been working with the Police to support a robust approach to local enforcement, including warning and ultimate prosecution of any businesses who continue to operate in breach of government guidance.

19. To safeguard local residents, local authority enforcement officers have taken an active role in enforcing the Coronavirus (Business Restrictions) Regulations throughout their many changes. Regulatory Services are receiving information from Public Health regarding premises where outbreaks are actually, and potentially, occurring. Following the closure of licensed premises, the team is currently focusing on local supermarkets and employers.
20. From the end of March 20 to the end of December 20 officers undertook 7631 business interventions, have served 173 legal orders, including 9 Direction Orders, and awarded 31 businesses with the 'Covid Compliant' accreditation marque. Partnership plans for the disruption of potential gatherings were successful around Halloween/Bonfire Night and on New Year's Eve when 5 Unlicensed Music Events were identified early and stopped by the Police. The Service has also had a very productive partnership arrangement with the Police, Borough Market and the Better Bankside BID to address issues of public overcrowding and street drinking, eating and socialising in SE1.
21. The work of the council's enforcement team has been recognised nationally, with officers speaking at national fora on the lessons learnt from our local enforcement approach.

Other prevention work

22. Eighteen VCS COVID-19 prevention small grants applications were reviewed at the end of December 2020.
23. Seven successful projects have been selected for a grant award and pending a few further clarifications, will be announced shortly. A major focus of the small grants has been on addressing vaccine myth busting.

IDENTIFY STRAND (INCORPORATING INTELLIGENCE)

24. Across London there are indications that levels of infection are beginning to stabilise, evidenced through NHS Test & Trace data and community infection surveys. While this is a positive development, it remains the case that levels of infection remain high, and significantly above rates seen in the autumn and early winter.
25. Of concern is the continued pressure within the NHS, with bed occupancy within both general & acute and critical care continuing to increase across London and within our local hospitals. Although bed occupancy in London appears to be on a downward trajectory pressure within the system remains significant.
26. Test positivity remains very high with approximately a quarter of those testing returning a positive result.

27. The development of testing capacity and infrastructure continues at pace with the introduction of the new rapid lateral flow device (LFD) tests for asymptomatic forming an increasing proportion of all testing undertaken. For symptomatic, in addition to the Mobile Testing Unit (MTU) at Burgess Park and the Local Test Site (LTS) at Peckham Pulse, a further LTS is now operational in the south of the borough at Bel Air Park.
28. Mass rapid asymptomatic testing using LFDs has now been introduced in Southwark to identify those at risk of unwittingly spreading the virus. The Department of Health and Social Care (DHSC) estimate that 1 in 3 people with COVID-19 are asymptomatic. Southwark's Housing & Modernisation team have provided the necessary capacity to underpin the short-notice roll-out of mass testing which has seen the appointment of Trojan as provider.
29. The first community testing site opened on 18 January 2021 at the Damilola Taylor Centre, Peckham, targeting key workers and those unable to work from home. In its first week of operation, the centre has provided 2692 tests, with 20 (0.7%) tests returning a positive result.
30. There are plans to open another mass community testing site in the near future however, we need to balance geographical accessibility with local demand. To complement these larger community testing sites, we are planning to offer a small number of tests through a network of high street pharmacies and other appropriate work settings, opening incrementally. On a national level, there are plans for employers of 250+ staff to offer at-work testing to complement the existing national programmes for NHS staff, care home staff and visitors, domiciliary carers, universities and schools.
31. Appendix 4 sets out diagrammatically an overview of our approach to developing lateral flow rapid testing in Southwark.
32. Test and Trace Southwark (TTS) has been impacted by the extremely high levels of community transmission that have driven a very substantial rise of referrals to local contact tracing. Referral volumes on some days have exceeded 200 cases. A process of prioritization based on vulnerability has been taken forward to mitigate the impact of these additional pressures.
33. Additional capacity for TTS continues to be developed with an increasing cadre of customer service officers (from the Southwark Council call centre) forming the majority of telephone handling capacity.
34. The proportion of cases being successfully followed has remained above the 80% threshold overall for Southwark, although declines are noted in the first two weeks of January due to volume-driven pressure. Work is underway to recover the position back to pre-January levels. The switch back to seven-day service (as of 9 January 2021) will also support this recovery.

35. Home visiting for residents not responding to contact tracing telephone calls began in late December 2020. Analysis is underway to quantify impact.

CONTROL STRAND (INCORPORATING VACCINATION)

36. The Acute Response Team (ART) has operated since February 2020, with a seven-day consultant-led service operating 0900-1700hrs every day. The publichealth@southwark.gov.uk is a monitored group inbox that serves as the single point of contact to all coronavirus-related enquiries. The team meets every weekday at 1600hrs to manage situations and respond to enquiries from across Southwark Council and organisations across the borough.
37. The volume of enquiries has continued to rise to over the month with queries largely emanating from schools, universities, hostels and supported living environments. Despite schools being ‘closed’, much of the physical infrastructure continues as key worker and vulnerable children continue to attend.
38. The ART continues to provide support internally too for the council. The team is working closely with the Health and Safety team and HR departments to support safe working practices within the organisation. Within this package of work, a monthly briefing is provided to trade unions updating them on the pandemic and the health protection response.
39. The NHS-led vaccination programme has begun in Southwark with local delivery via the Acute Trusts and both Primary Care Networks (PCNs). Roll-out of the programme started in December 2020 and those in the first four JCVI priority groups will be offered vaccination by the 15 February 2021. All staff and residents in CQC older peoples’ residential homes have now been offered the vaccine and this is now being rolled out to other residential settings.
40. It is important to note that the vaccination programme is intended to prevent severe disease and is not designed to prevent transmission. The extent to which vaccination will prevent on-going transmission remains unclear and scientists are awaiting real-world data.
41. Appendix 2 describes the strategic framework and approach that we are taking and to tackle vaccine hesitancy and to ensure good uptake across all our communities. The framework sets 6 aims:
 - i. Residents understand the risks that COVID-19 poses to themselves, their families and their community.
 - ii. Residents have confidence that the vaccine is safe and effective.
 - iii. Being vaccinated is made as easy as possible for all residents.

- iv. Communities and residents feel empowered by engagement approaches and lead on and have participation in shaping communications about the vaccine.
 - v. Information gaps are filled and misinformation is corrected in an accessible way to all communities.
 - vi. The programme reduces inequalities in vaccine coverage.
42. Key barriers are identified which will be addressed through our action plans and include:
- Population barriers;
 - Lack of trust;
 - Safety concerns and impact on other conditions;
 - Lack of accurate information about the vaccine (from trusted sources and community voices);
 - Belief that vaccination is another form of state control; and
 - Lack of understanding of who is at risk.
43. A member and officer board across the Council and CCG will have strategic oversight for the development and delivery of the local vaccination framework and associated delivery plan. It is proposed that this board will be established as a sub group of the Health and Wellbeing Board chaired by the Cabinet Member for Public Health and Community Safety and will report back progress as part of the Outbreak Prevention and Control Plan.

OUTLOOK

44. We do not expect the need for continued OPCP operations to relent before summer 2021. Even with at-scale vaccine roll-out by summer 2021, continued sporadic outbreaks of disease will likely continue into the winter of next year and possibly beyond. It remains unclear from national government what resourcing will be made available for local public health response beyond April 2021.

Community impact statement

45. The OPCP involves close collaboration with a range of VCS partners and explicitly recognises the differential impacts of the pandemic on different groups. An evaluation strategy is in development to anticipate the risks for different communities, and ensure that differential impacts are characterized and mitigated where possible.
46. Specific work as outlined in the vaccine strategic framework sets out our approach to addresses inequalities in vaccine uptake.

Resource implications

47. In the same way that the pandemic has created new resource pressures across the public sector, the work driven by the OPCP has created unprecedented staffing and financial pressures across Public Health, Regulatory Services, Communities and Communications. Additional resource has been made available to these teams using the funding announced by Government to support the implementation of the local Outbreak Prevention Control Plans. There is uncertainty as to what funding will be available in the new financial year.
48. Ensuring the health and wellbeing of staff who have committed above and beyond their duties for more than 9 months is a priority. A sustainable approach that safeguards health and wellbeing is essential as we project the pandemic response into 2021 and beyond.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Outbreak Prevention Control Plan	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=6771&Ver=4		
Covid 19 and the impact on health inequalities	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=365&MId=6771&Ver=4		

APPENDICES

No.	Title
Appendix 1	Update report from the Outbreak Prevention Control Executive
Appendix 2	Vaccine strategy
Appendix 3	Vaccine communications and community engagement action plan
Appendix 4	Lateral flow test delivery overview

AUDIT TRAIL

Lead Officer	Caroline Bruce, Strategic Director of Environment and Leisure	
Report Author	Richard Pinder, Consultant in Public Health Medicine	
Version	Final	
Dated	01 February 2021	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		1 February 2021

COVID-19 OPCE Report

Outbreak Prevention and Control Executive

1

Outbreak Prevention and Control Plan

Southwark Public Health Division

21st January 2021

PUBLICATION INFORMATION

Report title:	COVID-19: OPCE Report
Status:	Public
Prepared by:	K Rawlings
Contributors:	L Colledge; G Hogan; D Edwards; R J Pinder; A Burns; L Brutus; K Rawlings; C Williamson;
Approved by:	J Lim
Suggested citation:	COVID-19: OPCE Report. Southwark Council: London. 2021.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	21 st January 2021

This OPCE report gives a brief summary of key information on COVID-19 in Southwark

BACKGROUND

Coronaviruses are common globally and have been known to cause infection to humans. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China.

- Typical symptoms include fever and cough, and may progress to severe pneumonia with breathing difficulties.
- Symptoms are mild in most people, but a number of groups are classed as 'extremely vulnerable' to coronavirus, including:
 - Solid organ transplant patients
 - Those with certain cancers
 - Those with severe respiratory conditions
 - Those on immunosuppression therapies
 - Those with rare health conditions that increase the risk of infection

This report gives key information on the COVID-19 impact in Southwark, and the local response.

Reference

1. DHSC and PHE (2020) Coronavirus: latest information and advice. Available from: www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Southwark and London COVID-19 case rates fell by over one-fifth in the week to 12 Jan, but remain high

HEADLINE FIGURES

12,620

Pillar 2 community tests in the week to 15 January

23.0%

Individuals testing positive in week to 12 January

2,564

New COVID-19 cases in week to 12 January

18,076

Total COVID-19 cases as at 15 January

283

Total COVID-19 related deaths as at 8 January

Figure 1: Confirmed daily cases in Southwark

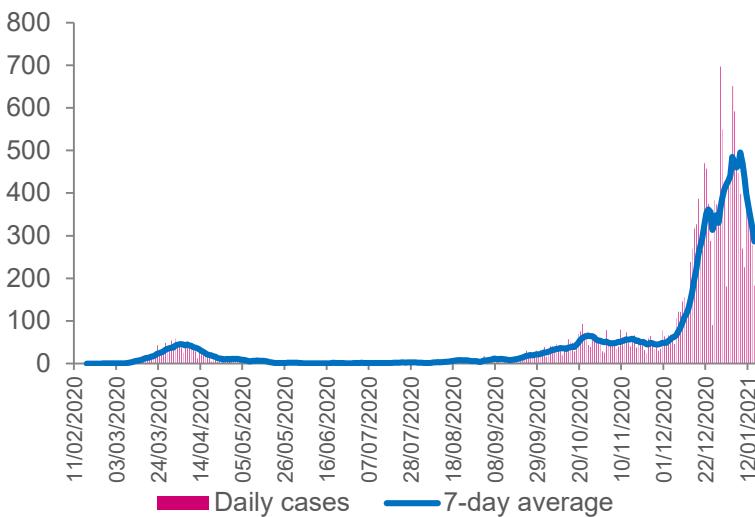
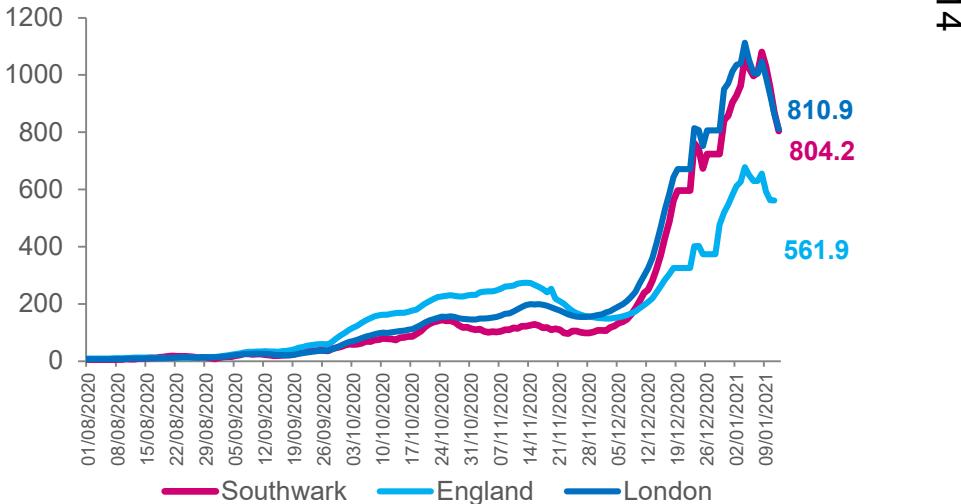


Figure 2: Weekly incidence rate per 100,000 population



References

1. PHE. London Situation Awareness Report. Data to 12 Jan.
2. PHE. London Daily Centre Report. Data to 15 Jan.
3. PHE. Power BI Covid-19 Situation Awareness Explorer. Data to 15 Jan.
4. ONS. Deaths registered in England and Wales, provisional: week ending 1 Jan plus week ending 8 Jan.

The OPCE Report is structured around the three key strands, and supporting workstreams, of the OPCP

OUTBREAK PREVENTION & CONTROL PLAN

The OPCP is structured around three main strands (Prevent, Identify and Control) and the three cross-cutting workstreams.

AIM: Mitigate the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.

ENGAGEMENT & COMMUNICATIONS

PREVENT

Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability

IDENTIFY

Collate and interpret data to ensure that cases, clusters and outbreaks of disease are promptly identified and those affected appropriately supported

CONTROL

Manage outbreaks by providing health protection advice and the institution of control measures (for individuals and communities) so as to prevent onward transmission

INTELLIGENCE , EVIDENCE & EPIDEMIOLOGY

TRAINING & CAPACITY BUILDING

References

1. Southwark's Outbreak Prevention and Control Plan (OPCP), ([link](#))

Summary of key developments and next steps in Prevent workstream over the last 7 days

PREVENT – GENERAL COMMUNICATIONS

Workstream Activities / Updates

General

- Focus on the mass testing and pushing messages through our regular channels, plus some paid for social media.
- Signed off some new banners for playgrounds to enforce the hands, face, space messaging and they should be out by next week.

Internally

- Staff have been updated on lockdown restrictions and we have continued to promote mental health and wellbeing support and webinars via the Source and Yammer.
- Healthy Lifestyle session due to be held on 19th Jan
- Staff have been told about mass testing available to all front-line workers

Looking ahead

- Working on a special edition of Southwark Life to cover all things COVID including vaccines, lockdown rules, how to stay healthy and the community support alliance. This should start hitting doorsteps at the end of the month.

Author(s): Ginette Hogan, Public Health; Kim Hooper, Comms

Summary of key developments and next steps in Prevent workstream over the last 7 days

PREVENT – TARGETED COMMUNICATIONS & ENGAGEMENT

Workstream Activities / Updates

Businesses

- The Business FAQs and key messages have been published on the Council website.
- Weekly comms to over 6500 businesses on effective prevention and available business support.
- Ongoing grant support to businesses via LRSG and ARG

VCS Covid-19 Prevention Grants.

- 18 VCS COVID prevention small grants applications were reviewed and clarification has been provided by the 7 shortlisted organisations. Further clarification is needed in a few cases and we expect to be able to confirm the successful project in the next week.

Community Health Ambassadors

- 111 sign-ups to date.
- 64 Ambassadors have received Induction training with weekly further sessions scheduled in Jan and fortnightly in Feb.
- The second Ambassador's Zoom catch up meeting is scheduled for 20th Jan and will focus on the vaccination roll-out. The CCG are supporting
- Emails and Whatsapp messages continue to be sent to Ambassadors to respond to questions and update them on any new information, including mass testing.

Universities/Young people

- Continuing close partnership working with schools, HE and FE institutions.

Looking ahead

- Ambassador training scheduled in Jan and further recruitment drive planned
- Regular updating of messages to account for any changes in restrictions. whilst maintaining non-changing messages (mask, handwashing, etc.).

Author(s): Ginette Hogan, Public Health / Danny Edwards, Local Economy Team

Summary of key developments and next steps in Identify workstream since the last OPCE

IDENTIFY

Test and Trace Southwark (TTS)

In the fourteen days between 5 January and 18 January inclusive, 1286 cases were referred to Test and Trace Southwark for local contact tracing. Of these:

- 225 were contacted successfully;
- 560 were not reachable, due to maximum attempts being made (276), refusal to cooperate (29), not enough information to contact the cases (87). Over 100 cases were failed on 4/1/2021 due to the need to deprioritise older cases.
- 174 cases were flagged as inappropriate for the LSCT team to follow-up, because they were already contacted by the national system (64), did not consent prior to referral to TTS (58), the case was older than 10 days (20) or for another reason (32).
- 319 cases were sent back to NHS Test and Trace for follow-up due to limited local capacity.
- 8 remained open for further follow-up the next day.

Workstream Activities / Updates

- The high levels of transmission observed in early January 2021 has given rise to extreme capacity pressures on local contact tracing with as many as 200 cases referred to the local team on some days. With transmission numbers down over the last week, the volume of referrals is approaching more sustainable levels but capacity remains stretched.
- Home visiting for contact tracing purposes is temporarily paused as the risk-benefit is reviewed, however welfare checks continue with the identification of vulnerable persons.
- Work is underway to deploy the online form / questionnaire that will enable residents to self-complete contact tracing.
- TTS returned to seven day operation on Saturday 9 January 2021.

Looking ahead

- The implications of the new local testing system (using lateral flow / rapid tests) is being investigated as there is now an expectation that those testing positive (in the absence of a confirmatory laboratory test) will be traced.

Author(s): Richard Pinder, Consultant in Public Health. Angela Burns, Public Health Programme Officer

Summary of key developments and next steps in Identify workstream over the last 14 days

IDENTIFY

Rapid (LFT) testing

(1) MASS TESTING UPDATE

- www.southwark.gov.uk/covidtest
- National programme of local authority mass rapid testing – started in Tier 4 but across all LAs now.
- During national lockdown - aimed at all key workers / people who can't work from home (not reached by any other national schemes). Encouraging repeat testing.
- Southwark: Council programme team supported by PH. Contract aims for ambitious 117k tests over 6-7 weeks. Trojan awarded contract. Rapid mobilisation – On site / Bespoke bookings system / Comms - Big push to reach local employers with key workers using all our partnership connections.
- **Damilola Taylor Centre (DTC)** – First mass testing site in Southwark went live on Mon 18 Jan. Started small with 3 (of possible 20) booths in operation. Latest data will be available on day.

(2) HIGH STREET PHARMACIES

- Led by PH. Aiming to develop a network of 10 pharmacies to broaden the offer for key workers across the borough
- Starting with 2 pharmacies from w/c 18/1/21 + 4 pharmacies within 4 weeks later + full 10 network within 6-8 weeks

(3) SCHOOLS

- Led by DfE nationally & Schools Team in Southwark. Secondary school testing – Currently available for staff. Primary Schools are due to start testing shortly.
- Special (primary and secondary) schools: Staff testing in line with mainstream offer. Pan-London discussion re students with AGPs.

Workstream Activities / Updates

- Existing national schemes operating to varying levels: Universities, Schools (as above), Care home: Visitors + Tier 4 daily tests where a positive case to supplement twice weekly PCR tests / Domiciliary care

Looking ahead

- Decision on 2nd mass testing site at Southwark Park: Decision to be made by Wednesday 20th – for a 25th go-live
- New national schemes planned: 'Blue light' emergency workers / TfL /Large businesses (>250 employees) / Prisons



Summary of key developments and next steps in Control workstream over the last 7 days

CONTROL

Workstream Activities / Updates

Between the **12th January & 18th January**, there were **32 open outbreaks¹** being managed by the Acute Response Team:

- 3 in an Early Years Settings
- 2 in Schools
- 16 in Care Homes
- 8 in Workplaces
- 1 in a Primary Accommodation Provider
- 2 in Transport Hubs

In the same time period there were **8 clusters²** reported:

- 1 in an Early Years Setting
- 1 in School
- 1 in a Higher Education Setting
- 2 in Hostels / Supported Living Settings
- 1 in a Home Care setting
- 1 in a Student Halls of Residence
- 1 in a Workplace

There were also **42 single cases** reported.

All received support and advice from Southwark Council's Public Health Team. Where appropriate, situations were escalated to the LCRC.

Looking ahead

- Close monitoring of local incidence rates and location occurs daily to allow early action to be taken.

Author(s): Kate Rawlings, Public Health Programme Officer.

Reference

1. An outbreak is defined as two or more confirmed cases of COVID-19 at a named location with a proven epidemiological link.
2. A cluster is defined as two or more confirmed cases of COVID-19 at a named location where there is no evidence of an epidemiological link.

Summary of key developments and next steps in the Intelligence workstream

INTELLIGENCE, EVIDENCE & EPIDEMIOLOGY

Workstream Activities / Updates

- The daily monitoring report is now well established and is reviewed by the Public Health Acute hub each afternoon. Weekly updates are also provided to senior officers.
- Work is continuing to establish a framework for the monitoring and evaluation of the Outbreak Prevention & Control Plan and local contact tracing.
- A process has been established to review local confirmed cases against key high risk and vulnerable locations within the borough e.g. student halls of residents. This is monitored daily, and cases flagged with our Acute Response Team for follow up when they occur.
- The team are working with colleagues in Environmental Health regarding identifying sites of common exposure for confirmed cases. Updates are provided on a weekly basis.

Looking ahead

- The team will be reviewing the initial Rapid Impact Assessment in light of the evolving nature of the pandemic. Additional intelligence relevant to Southwark that may be useful to our local response will be incorporated as appropriate.
- Work is underway to establish data flows and monitoring for COVID-19 vaccination across South East London.

Author(s): Chris Williamson, Head of Public Health intelligence

**Find out more at
southwark.gov.uk/publichealth**

Southwark Public Health Division

COVID-19 Vaccination Strategy

Supporting the vaccination programme in Southwark

DRAFT

23

Health Protection Team

Southwark Public Health Division

January 2021

GATEWAY INFORMATION

Report title: COVID-19 Vaccination Strategy. Supporting the vaccination programme in Southwark

Status: DRAFT

Prepared by: Sarah Robinson, Kirsten Watters

Contributors: Jean Young, SEL CCG

Approved by:

Suggested citation:

Contact details: publichealth@southwark.gov.uk

This strategy provides a framework for supporting the NHS-led vaccination programme in Southwark

WE HAVE FIVE PRIORITY WORKSTREAMS

Our framework of action to support the NHS-led COVID vaccination programme in Southwark fits within the existing Southwark Immunisation Strategy, which outlines our vision and plans to improve coverage of vaccination programmes across the life course to protect population health and reduce inequalities. It will focus on five main areas for action:

- Reducing inequalities of access
- Community engagement and communications to address vaccine hesitancy
- Data and intelligence
- Vaccine programme delivery, call and recall
- Training, staff development and guidance

Our aim is to ensure residents can access the vaccine and feel empowered to make informed choices

WE HAVE SIX KEY AIMS

1. Residents understand the risks that COVID-19 poses to themselves, their families and their community.
2. Residents have confidence that the vaccine is safe and effective.
3. Being vaccinated is made as easy as possible for all residents.
4. Communities and residents feel empowered by engagement approaches and lead on and have participation in shaping communications about the vaccine.
5. Information gaps are filled and misinformation is corrected in an accessible way to all communities working with trusted community voices.
6. The programme reduces inequalities in vaccine coverage, particularly BAME and protected characteristics inequalities.

There are many factors that may affect uptake and barriers that we want to address

FACTORS AFFECTING UPTAKE

There are many potential factors affecting uptake and barriers that we want to take action to address.

Population barriers	<ul style="list-style-type: none">▪ High mobility in and out of London and between boroughs▪ High numbers of temporarily housed families▪ Individuals not registered with a GP
Lack of trust	<ul style="list-style-type: none">▪ Distrust of pharmaceutical companies▪ Distrust of vaccines in general▪ Distrust of speed of production▪ Whether the vaccine trials been open and transparent with test subjects
Safety concerns and impact on other conditions	<ul style="list-style-type: none">▪ Concern about unknown side effects▪ Impacts on other conditions such as cancer, sickle cell, COPD, asthma
Lack of accurate information about the vaccine (from trusted sources & community leaders)	<ul style="list-style-type: none">▪ Confusion about the vaccine, how it works and how long immunity will last▪ Is one vaccine better than the other▪ Protection from one dose and whether it prevents transmission▪ Virus mutations - will these make the vaccine ineffective▪ Concern about ingredients
Belief that vaccination is another form of control	<ul style="list-style-type: none">▪ Conspiracy theories about using vaccination as a form of state control▪ Compulsion and feeling forced to have the vaccine or risk removal of individual freedoms▪ Fear of performance measures from frontline staff who chose not to have the vaccine
Lack of understanding of who is at risk	<ul style="list-style-type: none">▪ Perception of not being at risk themselves

We will take action to address inequalities of access

WORKSTREAM 1: REDUCING INEQUALITIES OF ACCESS

We will address the needs of people who may be disadvantaged or suffer inequality of access to immunisation. This includes a wide range of under-served population groups in Southwark potentially less able to access immunisations, such as the homeless population, the travelling community, undocumented populations and those in insecure employment

We will:

1. Understand the prevalence, location of underserved groups in the community and how they access services.
2. Remove logistical barriers to access for those with disability or language barriers.
3. Develop and provide targeted information and interventions to under-served groups.
4. Develop peer-led approaches where people with lived experience (for example, people who have been homeless, or who are from particular BAME or cultural backgrounds) feed into our approach and are working alongside their own communities.
5. Work in partnership with local organisations (for example, drug and alcohol services) and voluntary sector groups working with under-served populations (such as carers, undocumented population or people who are homeless).

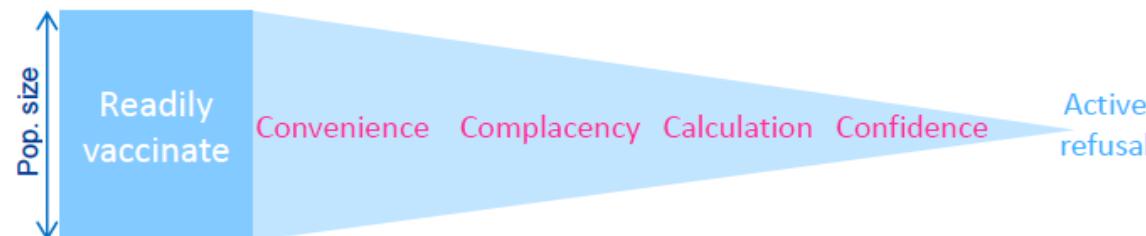
We will engage with our community to provide culturally appropriate information to address vaccine hesitancy

WORKSTREAM 2: COMMUNITY ENGAGEMENT & COMMUNICATIONS TO ADDRESS VACCINE HESITANCY

The vaccine hesitant can be divided into 4 main categories:

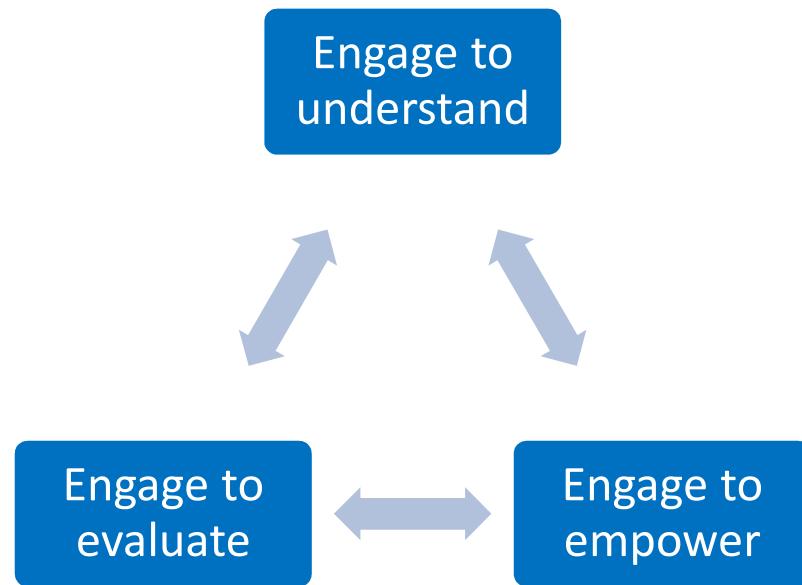
- **The unconcerned** consider immunisation a low priority and see no real perceived risk of vaccine-preventable diseases.
- **The underserved** have limited or difficult access to services, related to social exclusion, poverty and, in the case of more integrated and affluent populations, factors related to convenience (convenience)
- **The hesitant** have concerns about perceived safety issues and are unsure about needs, procedures, and timings for immunising.
- **The active resisters** have personal, cultural, or religious beliefs which discourage them from vaccinating.

(Fournet et al. 2018)



We will engage with our community to provide culturally appropriate information to address vaccine hesitancy

PRINCIPLES OF COMMUNITY ENGAGEMENT FOR VACCINE HESITANCY



We will:

1. Engage with communities to understand their needs, values, and beliefs, and identify trusted sources of information.
2. Empower communities to co-produce culturally competent materials and resources with key communities influencers.
3. Engage with communities to evaluate if communication strategies are effective, adapting as needed.

We will work with our partners to improve data quality and data sharing

WORKSTREAM 3: DATA AND INTELLIGENCE

An understanding of the flow of information through the system that captures data on the vaccination programme is key to knowing what is happening, how to intervene and whether interventions are successful.

We will:

1. Develop local reporting and monitoring partnerships regarding COVID-19 vaccination, to ensure the Council, NHS and partners have access to accurate and timely information and monitor local coverage data and make recommendations for action.
2. Work with NHS partners improve the collection and sharing of data on COVID-19 vaccination, particularly in relation to equality monitoring and ethnicity.
3. Collaborate with partners to establish local intelligence and evidence regarding vaccine hesitancy in Southwark.
4. Provide assurance to the Director of Public Health of local immunisation programme quality.

We will work closely with the NHS to embed good practice in the vaccination programme delivery

WORKSTREAM 4: VACCINATION PROGRAMME DELIVERY

It is important to embed good practice in the vaccination programme:

- Systematic multicomponent call/recall (including call, text messages, letters and email).
- Tailoring invitations for immunisation and reminders when someone does not attend appointments.
- Improving access to immunisation services by extending clinic times and evening and weekend services in primary care and pharmacy.
- Targeted strategic work with practices with lower than average coverage.
- Ensuring patients know how to access immunisation services.
- Providing multiple opportunities and routes for eligible people to have their vaccinations.
- Proactive call / recall to underserved communities.
- Commissioners raising awareness among providers about financial remuneration linked to vaccination.

Optimising service delivery and call/recall key components in improving coverage and reducing inequalities

VACCINATION PROGRAMME DELIVERY

We will:

1. Identify a number of sites across the borough which deliver access for our populations in line with the vaccine requirements and staff capacity.
2. Provide vaccine centres which will provide enough capacity to vaccinate the populations against local and national targets.
3. Work closely with GP practices to enable all eligible registered patients to be identified and called/recalled into the vaccine centres at the right time.
4. Identify patient groups who may not be registered e.g. homeless, asylum seekers and ensure vaccination
5. Develop and distribute a recommended call/recall structure which identifies underserved patients and patients who may have vaccine hesitancy
6. Identification and vaccination of patients who can't or won't attend a vaccination centre in a place of comfort e.g. housebound, accommodation, homeless, asylum seekers & undocumented migrants
7. Enable frontline eligible staff to access the vaccination through the SEL CCG process.

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We will develop guidance and train our frontline staff to enable them to understand and address hesitancy

WORKSTREAM 5: TRAINING, STAFF DEVELOPMENT AND GUIDANCE

Our frontline staff are important influencers in their daily contact with residents, clients and colleagues. They need to have access to concise, accurate information to enable them to make decisions about their own vaccine as well as making the most of opportunities for raising awareness.

We will:

1. Ensure all staff involved in immunisation services are appropriately trained around the knowledge and communications skills needed to handle challenging questions
2. Ensure health professionals who deliver vaccinations have received training that complies national minimum standards for immunisation training.
3. Assign dedicated staff to increase immunisation awareness and uptake.
4. Train peers to vaccinate their co-workers.
5. Make every contact count (MECC) – making the most of opportunities for raising awareness and offering vaccination.
6. Through our Public Health Acute Response Team (ART), we will continue to provide a reactive service to staff and settings who have enquiries about the vaccine and other COVID related health protection enquiries

It is important that we support frontline staff to have skilled, culturally competent discussions



Readily accept vaccination	Vaccine hesitant	Active refusal
<p>Offer positive encouragement: <i>"That is great!"</i></p> <p>Administer the vaccine</p> <p>Explain when next appointment is</p>	<p>A conversation guided by the MOTIVATIONAL INTERVIEWING method</p> <p>Collaborative patient centered conversation with specific objective which follows 5 clear steps:</p> <ol style="list-style-type: none">1) Open ended question2) Reflect and respond3) Affirm benefits, validate concerns4) Deeper exploration using ask, confirm, verify framework5) Summarise and determine action	<p>Do not dismiss from the clinic</p> <ul style="list-style-type: none">• Not a debate - focus on their concerns• Leave space discussion• Offer to refer to other health professionals or community leader who can discuss further• Explain their responsibilities if not accepting vaccination, e.g. not protected and to watch for signs and symptoms of diseases in the community. <p>Do not say:</p> <ul style="list-style-type: none">- "<i>Vaccines are good for you. You must get them.</i>" (Directive)- "<i>You are wrong. Research supports vaccines.</i>" (Argumentative)

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

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Southwark Covid-19 vaccination programme - communications and engagement strategy (01/02/21)

Key roles

Lead spokesperson: Cllr Kieron Williams, Leader

Supporting spokespeople: Cllr Evelyn Akoto, Cabinet Member for Community Safety and Public Health; and Jin Lim, Director of Public Health

Chief officers: Eleanor Kelly, Chief Executive/Caroline Bruce, Strategic Director, Environment, Leisure and Public Health

Lead officer: Louise Neilan, Head of External Affairs

Supporting officers: Kirsten Watters, Justin Ashworth, Jess Leech, Rosie Dalton-Lucas, Scott Compton, Ella Rogers

Background

In December 2020, the national rollout of the first Covid-19 vaccine began. The vaccine, in its various forms, is hoped to be the key to ending the pandemic and returning to more normality in the coming year.

South east London, because of its two flagship hospital trusts, was one of the first parts of the country to start administering the vaccine and has since administered approximately 50,000 vaccines to local people based on national prioritisation. These start with the oldest age groups, the most vulnerable, and some health and social care staff.

Polling suggests that the majority of those offered the vaccine will accept it, and the confirmed numbers of vaccines administered suggest this is happening. However, polls also show considerable levels of concern and hesitancy about the vaccine, particular among Black people and those from other ethnic minorities. These concerns are complex, vary by ethnicity, and in many cases predate Covid and are deep-rooted in communities.

If having the vaccine is the best long-term strategy for us to protect ourselves, our families and our communities from Covid-19, it is incumbent upon all public bodies with responsibility for health to encourage take-up across all our communities, particularly in the context of the disproportionate impact that the virus has had on residents from ethnic minorities.

This strategy sets out how the council, working with neighbouring boroughs and local health partners, will work with communities to answer their questions, address their concerns, and ensure as many residents as possible are protected from this deadly virus. It is one strand of Southwark Council's vaccination strategy in support of the borough's delivery of the vaccine.

Research and insight

In summary

- Polling suggests that support for having the vaccine is already high amongst the general population and is trending upwards.

- However, a significant proportion of people are hesitant and have concerns about vaccinations, whilst a small minority are anti-vaccines in general.
- One poll from December found that 43% of BAME respondents were unlikely to accept a vaccine – but were also likely to change their minds if they received more information from their GP or a health professional.
- Early intelligence suggests low takeup of the vaccine among social care professionals.
- One study concluded that emphasising collective over personal responsibility is key to overcoming vaccine hesitancy, and that public messaging may benefit from highlighting the ‘prosocial’ benefits of a COVID-19 vaccine and the positive contributions of the NHS.
- The three vaccines approved for use in the UK have met strict standards of safety, quality and effectiveness. They have been tested on tens of thousands of people from ethnically diverse backgrounds in several countries globally. The UK has some of the highest safety standards in the world.
- Recent vaccine comms focus groups carried out by Hackney Council suggest doctors and health professionals are more trusted than politicians, and photos of people getting the vaccine are more appealing than graphics

Opinion polling and research data

Office for National Statistics, Opinions and Lifestyle survey, 22 Dec – 3 Jan 2021
(3,756 participants)

- 85% of adults reported they would be either very likely or fairly likely to have the vaccine if offered. This is an increase from 78% over the period 10 to 13 December 2020. However, in London it was lower, at 80%.
- Amongst the crucial 70+ age group, 97% would be very or fairly likely to have the vaccine, and 90% of 50-69 year olds.
- 7% of adults reported that they are very or fairly unlikely to have the COVID-19 vaccine if offered. Among those, the most commonly reported reasons why were: **feeling worried about the side effects** (51%), **feeling worried about the long-term effects on their health** (51%), and **wanting to wait to see how well the vaccine works** (47%).
- The other key reasons were: **I do not think it will be safe** (38%), **I do not feel the coronavirus is a personal risk** (16%), **I am worried about the effect on an existing health condition** (14%), and **I am against vaccines in general** (6%).¹

Greater London Authority poll (internal only), 11-17 Dec 2020
(1,127 participants)

- 22% of Londoners say that they would be unlikely to take a vaccine if offered one on the NHS, including 13% who would be very unlikely to do so. This is down from 25% the previous month.

- 66% say they would be likely to take the vaccine, up 4% since November. Likelihood to get a vaccine decreases rapidly the younger you are.
- Higher social grade Londoners say they are more likely to get a vaccine, 72% to 56% of lower social grades.
- 75% of white Londoners say they would take a vaccine, but only 41% of Black Londoners and 45% of Indian, Pakistani and Bangladeshi Londoners would do so. Black Londoners are the least likely to want a vaccine.
- Of the 22% of Londoners who are unlikely to get a vaccine, the biggest reasons for not getting a vaccine are broadly similar to last month.
 - **a lack of trust in a specific vaccine (49%)**
 - **wanting to let others take the vaccine first (36%)**
 - **generally not thinking the vaccine will be safe (37%)**

Royal Society of Public Health poll, 4-6 Dec 2020

- 76% of the UK public said they would take a COVID-19 vaccine if advised to do so by their GP or health professional, with just 8% stating they would be very unlikely to do so.
- However, only 57% of BAME respondents said they were likely to accept a COVID-19 vaccine, compared to 79% of white respondents. Confidence was lowest among Asian respondents – at only 55%, whilst it was 58% amongst Black respondents.
- **Encouragingly, 35% of BAME respondents said they would likely change their minds and get the vaccine if given more information by their GP or other health professional on its effectiveness**, 32% would do so if they got more information on side effects, ingredients (32%) and how it works (30%).
- A similar proportion would change their mind and get the vaccine if it was required in order to go to work (34% of BAME respondents compared to 24% of White respondents), and if it was required in order to travel abroad (36%).
- The polling also revealed significantly more hesitancy among lower income groups, with just 70% of lowest earners likely to say yes to the jab compared to 84% of highest earners. Men (80%) were also likelier to get the vaccine than women (73%).
- On a regional level, 14% of Londoners reported they are “very unlikely” to get the vaccine – the highest proportion in the UK.²

Key concerns and myths

Southwark CCG has gathered insights and intelligence into the concerns driving vaccine hesitancy locally:

- Distrust over the speed of production.
- Concern over side effects – cancer and other serious health problems.
- Historic distrust of big pharma – especially Pfizer, with previous trials in Africa with bad results and researchers misleading test subjects.
- Concern over the effect on long-term conditions– sickle cell; COPD and other lung disease conditions.
- Concern around whether one vaccine is better than the other.
- People feeling prepared to wait out the virus and that it will run its course.
- Concern that virus mutations will make the vaccine ineffective.
- Confusion over how often will we need a vaccine and how long will it last.
- Individuals feeling forced to have it otherwise their freedoms will be removed.

One Afro-Caribbean community lead advised that parents went for their vaccine because their GP wrote to them requesting they did. It was felt that these communities may therefore be more likely to listen to a local voice of authority such as a doctor or religious leader. However, we also know that in some parts of our community, the NHS is not seen as a trusted voice, so a variety of approaches and spokespeople will be needed.

The CCG also identified a need for clarity over the number of injections, whether the vaccination needs to be annual and how long immunity lasts for, and whether the vaccine prevents transmission.

Motivators:

- Belief in vaccinations and trust that they work
- Wanting to get life back to normal and see family & friends
- Belief that having a vaccine is the right thing to do
- Hope – being at risk and wanting to feel safe
- Ease of getting the vaccine

Barriers:

- Lack of trust and confidence: concern about unknown side effects; distrust of pharmaceutical companies and authority; distrust of vaccines in general
- Lack of information from trusted sources
- Perception of not being at risk
- Belief that vaccination is another form of control
- Lack of understanding of who is at risk and whether people are guinea pigs
- Concern about ingredients

False claims and misinformation

There have been reports in the media that “*anti-vaccination messages have been specifically targeted*” at some ethnic and religious communities, particularly through WhatsApp.³

Further research

We have commissioned further research with Lambeth council to dig deeper into the views and concerns of local people about the vaccine. This will help us to hone our messaging and adapt our strategy based on what we learn. The research will seek the views of 1,000 local people from the two boroughs and we should have the findings by mid-March.

Objectives

The NHS has been tasked with ‘offering’ every resident in target age groups the vaccine. Collectively the council, local NHS partners and councils across London want to ensure that local people:

1. Understand the risks that COVID-19 poses to themselves, their families and their community
2. Know the plan for the vaccine rollout and what to expect
3. Feel confident in their decision about taking the vaccine, based on facts and official information
4. Are able to discuss their concerns about the vaccine with trusted experts
5. Feel supported to take the vaccine by local partners, and by their communities

If we are successful we will achieve our overall objective which is:

- To encourage confidence in the vaccine and therefore ensure high uptake among all our communities, to help protect all our residents from COVID-19.

Strategy

As the insight above shows, there are two quite distinct groups we need to talk to about the vaccine:

1. Those who are keen to get their vaccine, need basic information about how, when and where, and may be impatient
2. Those who are reluctant because of genuine concerns

Group 1 will be mainly communicated with by their GP/CCG or hospital trust. The council can amplify key messages about waiting to be contacted, why some groups are being prioritised, what to expect, and where to go should mass vaccination sites open in Southwark, but the council is unlikely to be lead this communications. We will amplify these messages through our channels, not least because it may help to normalise the process and encourage more hesitant residents to join those who have already had it. With that in mind we will want to use case studies of this group getting their vaccines.

Group 2, who are the main focus on this strategy, will be communicated with both by health colleagues and the council, often indirectly via community leaders and local groups. This aspect of the strategy is far more complex and will require a range of messaging to both address specific concerns, and encourage a more general confidence in the vaccine. We will use a comprehensive mix of communications and

engagement methods, that we have used successfully and adapted and expanded throughout the pandemic, to reach all our different communities, creating spaces and opportunities for local people to discuss their concerns and have their questions answered.

Key to this will be using case studies and spokespeople from the first group to help normalise the process and reassure all residents that this a safe thing to do, that many thousands of local people have already done.

Key messages

We will develop three complementary sets of key messages as part of this campaign, which can be adapted for different age groups over time.

1. The first will address the specific concerns about the vaccine that we know are circulating in our communities with clear factual information on issues like speed of development, ingredients, the pharmaceutical industry, impact on specific groups, and other issues as they emerge. These messages will be at the core of our engagement work.
2. The second will attempt to normalise the vaccine by talking about how many local people have had it, and use pictures and videos of people from a range of backgrounds and ethnic groups taking the vaccine (staff and residents.)
3. The third will focus on the personal benefits to local people of taking up the vaccine, as research shows this is a key motivator. Under the banner 'I'm looking forward to...' we will use real case studies in our communications, of local people telling us what they're looking forward to as a result of taking the vaccine and the country starting to recover. Initially we imagine this will focus on things like seeing friends and family, going on holiday, not worrying about getting sick. We will need to be clear in the messaging that the vaccine doesn't immediately release you from the current restrictions, but giving people hope should encourage better take up. We can adapt this for younger audiences as the rollout moves to younger groups with messages such as 'I'm looking forward to Glastonbury 2022'

Target demographics/audiences

The operational communications about the vaccine will be focused at all our residents, helping them to understand the prioritisation and process.

For our work on vaccine hesitancy, we need to target the demographic groups who we know are most concerned about the vaccine, either through research or through local intelligence from community groups. We will also soon be able to identify which demographic groups are refusing the vaccine, as new data becomes available, and target our communications accordingly.

Audiences

These key local audiences are important to this strategy both as groups whose behaviour we aim to influence, and as allies to help us reach a larger number of local people.

- All residents including those in our vulnerable and diverse communities or those least likely to access public sector communications (eg non-English speakers, our traveller community)
- Anyone who is concerned about the vaccine or is from a community where vaccine hesitancy is more common (some of our main target audiences will therefore be Black and ethnic minority groups, and younger people as the vaccine rolls out to younger age groups)
- Council staff
- Councillors and MPs
- Voluntary and community sector organisations
- Community and faith leaders
- Workforce of local sectors/organisations who can help us raise awareness – e.g. TfL, NHS, Health and Social Care
- Businesses – from small businesses to large organisations
- Trade unions
- Early years settings, schools, universities
- Staff in high-risk settings – e.g. care homes
- Media – including media aimed at specific communities e.g. local BAME media
- Local stakeholders – e.g. SCG comms group, NHS London, Metropolitan Police, universities

Tactics and channels

Communications channels

We will use the following channels to get our message out to those who live and work in the borough:

- We will seek support for our campaign from local media including Southwark News, SE1, South London Press and News Shopper (some good local reach via print, social media and BBC syndication)
- Regional and national media are better read by our residents and NHS London is already achieving daily coverage on vaccinations helping to normalise it and show the number of people who are getting vaccinated. We are working with them on opportunities to tackle hesitancy by showing a range of Londoners from all backgrounds getting vaccinated, and address concerns head on via the media.
- Council enewsletter – goes to 100,000 subscribers, open rate around 30-40%.
- Internal communications - many of our staff are residents, others have direct daily contact with our residents and businesses, and so it will be essential to

engage our staff in this campaign. We will also need a specific work stream to support our social care staff to take up the vaccine.

- Social media – we will use Twitter, Facebook and Instagram to reach our followers with a mix of clear messaging and brief videos from our spokespeople and community leaders (in different languages as appropriate). We will also try to engage local celebrities or influencers to help extend our reach.
- We can use paid for social media marketing to target specific groups in our communities with key messages about the vaccine.
- Schools – we will keep our schools updated with the latest situation, and ask them to share key messages with parents and families through their regular communications
- GP surgeries – we know from research that GPs are key to creating confidence in the vaccine. We will work closely with the CCG to ensure there is a clear strategy to respond to what people are telling us which is that clear factual information from the GP can persuade hesitant residents to have the vaccine.
- Out of home advertising – we will use our InLink units and explore other outdoor advertising options to help promote the vaccine.

Engagement

We will establish a major ‘Let’s talk about the vaccine’ campaign, that gives 1000s of people who are concerned about the vaccine across our borough the opportunity to talk about it with trusted medical professionals and community leaders drawn from the communities who are most worried about it. This work will include:

- Online Facebook live and zoom etc events (including events hosted by faith, community and tenants groups etc)
- Radio shows
- Local news features (where residents can write in with their concerns and get a response, perhaps in partnership with the S. News & SLP etc)

To enable the above we would like to recruit a panel of trusted people to have the public conversations at event and on the radio etc, including BAME medical professionals, and community and faith leaders.

As part of this work we will aim to train 1,000 local people including frontline workers and community leaders so they are able to have informed conversations about the vaccine and point people to trusted sources of advice on it. We will work with existing networks and establish new ones in order to do this.

Throughout the Covid pandemic we have nurtured and expanded our network of community champions, all of whom have been hugely supportive and engaged in helping us reach our many diverse communities with key public health messages. In

addition to our established links with the VCS and faith groups, we have set up a new Community Ambassador programme with over 50 members who help us communicate with a range of communities. We have also valued the reach of our Councillors and Tenant and Resident Association chairs, who have helped us to get our messages out, often with the support of local mutual aid groups. We have also recently commissioned a number of small charities and organisations with reach into specific communities and groups, to help us share our key messages.

We therefore have solid infrastructure in place, and an energised and supportive network of community voices who we will work with to ensure our key messages reach all our communities. It will be important to ensure we provide them with those messages but then ask them to use their own words and voices to speak directly to their communities, as trusted local leaders and voices. We will also ask them for feedback about how the information is being received, and any new concerns so that we can help to address those too.

Evaluation

The responsibility for the vaccine programme sits with the NHS, but keeping our communities safe is the number one priority for the council, working in partnership with the CCG, hospital trusts, and other public sector partners. We will monitor the success of our communications in signposting residents to vaccine information, and work with the community to measure awareness and sentiment. The success of this strategy depends on constant evaluation of our success, by monitoring rates of vaccine takeup and refusal when data is available, and adapting our plans and approach accordingly.

Action plan

Action to date

- 1) A number of briefings have been held or are already planned with key local partners, including community groups, to start sharing information and messages about the vaccine alongside other key Covid information.

Date	Host	Audience
18 Dec 2020	SELCCG	SEL VCS organisations including Southwark partners
10 Jan 2021	Southwark Council	Southwark faith leaders
11 Jan 2021	Southwark Council	Care home staff
14 Jan 2021	Southwark Council	Care home staff
18 Jan 2021	SELCCG	SEL faith leaders (including over 10 Southwark faith leaders)
19 Jan 2021	Community Southwark	Staying connected in lockdown – including sections on testing and covid vaccinations – general public
20 Jan 2021	SELCCG	SEL community champions
20 Jan 2021	Community Southwark	Southwark community champions

25 Jan 2021	SELCCG	SEL VCS organisations including Southwark partners
Late Jan	Southwark Council	Tenant and Resident Associations

- 2) Basic vaccine messages have been shared by all partners on social media, and through council channels.
- 3) The latest Leader's Southwark News column was focused on the vaccine programme.
- 4) Our Community Ambassadors have been sent FAQs and useful information about the vaccines to share with their networks

Next steps

Date (from)	Activity	Message	Audience
Phase 1			
20/01/21	Social media messaging	Start with national messaging re safety	All Southwark followers
	Enewsletter to residents	Update and signposting to more info	100,000+ subscribers
22/01/21	Cllr/MP email briefing	Key messages, ask to share	Potentially all constituents
25/01/21	Message to all staff encouraging takeup when offered	Signposting to key safety and reassurance info	Our staff
25/01/21	Arrange meetings with key Latin American and West African community groups	We want to work with you to reach your communities and answer their questions	Latin American and Spanish speaking, and West African communities in Southwark
29/01/21	Professional photography collecting photos and quotes at our vaccine centres	To be used with our key messages in phase 2	All Southwark residents
01/02/21	Southwark Life	General info	All Southwark residents
	Plan a detailed schedule of engagement events	Addressing key concerns, hearing from residents	All Southwark residents
01/02/21	Email pack for local community groups	Key messages on hesitancy, safety etc	Networks of residents served by VCS/faith groups/TRA chairs
01/02/21	Work on council web content on the vaccine		
02/02/21	Discuss/agree media partnership with local paper		

Southwark Lateral Flow Test (LFT) Working Model

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Southwark Public Health Division
Environment, Leisure & Public Health

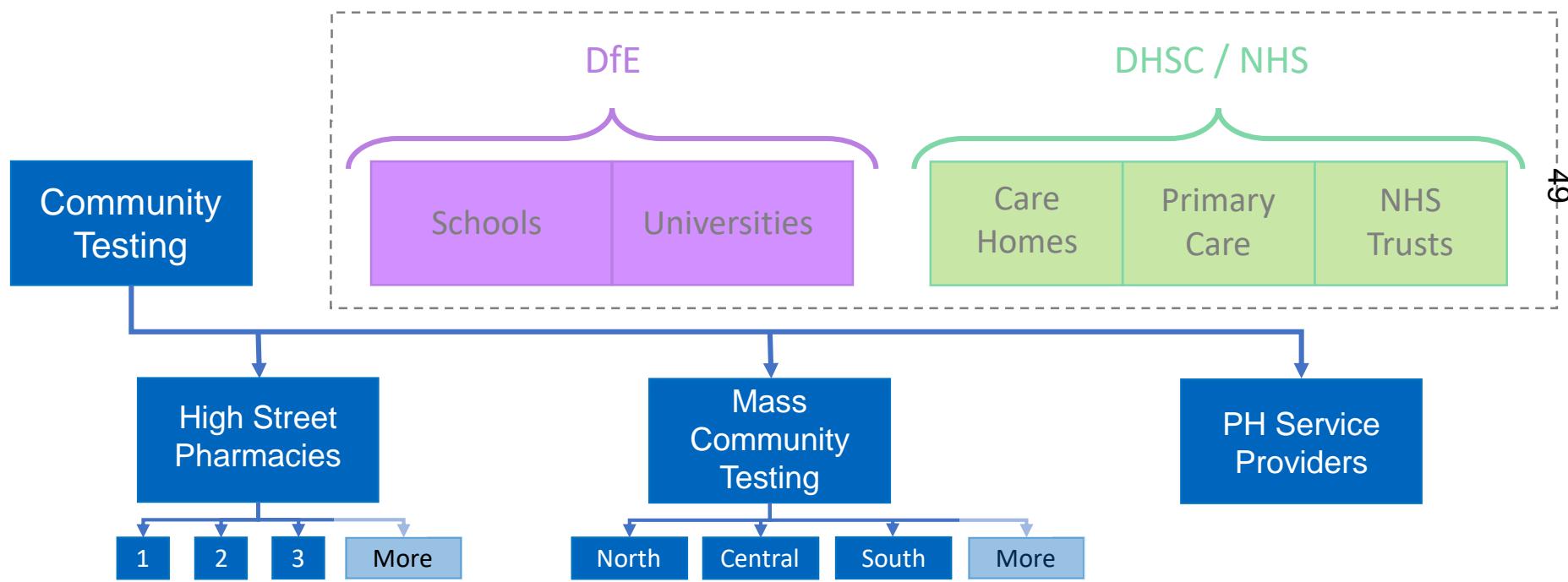
Last updated 23 December 2020

Southwark Lateral Flow Testing Working Model

(As of 29/12/2020)

Target population:

- Locations with higher prevalence/ evidence of infection rates in Southwark.
- Key and essential workers including council staff, teachers, local businesses and retailers
- ‘Hard to persuade’ community groups to engage in testing and where there is evidence of community transmission.
- Contacts of confirmed cases



Enablers

- Communications
- Community engagement
- Bookings
- Local monitoring and rapid evaluation

Partnership Southwark

Recovery Plan - Delivery Update



Working together to improve health and
wellbeing for the people of Southwark

February 2021

OUR
VISION

...to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

Addressing Inequalities

actively listening and responding to partners and residents
in support of Southwark Stands Together and in building broader community engagement

Safeguarding our communities and those who support them

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Start Well

supporting children and young people - “keeping families strong”

Live Well

supporting working age adults with joined up services that tackle the causes of ill-health and promote wellbeing

Age Well

neighbourhood-based networks to keep people as healthy and independent as possible in their home

Care Well

supporting those in care and residential settings for older people and physical disabilities, mental health and learning disabilities

Safeguarding our communities and those who support them

- We are undertaking a coordinated approach to communications and engagement around Covid-19 vaccinations – including collecting intelligence, raising awareness and access, and addressing vaccine hesitancy (of residents and health and care professionals) through targeted and wide-ranging communication and engagement approaches.
- We are part of the coordination and implementation group for the Community Support Alliance to help take forward the recommendations following the September Cabinet Report, with the Partnership Southwark Programme Director helping lead one of the working groups.
- We have regular touchpoints across our partner organisations and key stakeholders to ensure we are keeping abreast of potential issues and gaps in our approach and sharing learning.
- We recognise the need to collate the latest intelligence and data on population need/experience from across the partnership – (particularly within Public Health) so that we are using this to inform our approach for the delivery of the recovery plan and horizon scanning.
- The task and finish group for the mental health and wellbeing strategy refresh will inform key priorities for delivery in each of our recovery plan work streams – recognising that this cross-cuts all of our population-based workstreams.

Start Well: Supporting children and young people – ‘keeping families strong’

- The work-streams for (1) Under 5s; (2) Primary School children; and (3) Secondary school students (11 to 18) are paused during this third national lockdown and focusing on safe and collaborative delivery of services while schools are closed.
- At the last SCYPP meeting, the discussion was about opportunities for collaboration and mutual support for the workforce to support our CYP and families, as well as a presentation from the Guys and St Thomas's Charity about their developing Adolescent Mental Health programme.
- Front line staff are continuing to deliver under challenging circumstances. There is a noted increase in demand for services including child protection plans and mental wellbeing and mental health services.
- For Safeguarding there has been an increase in Child Protection plans during pandemic – 100 more than in March 2020, an increase of a third.
- Domestic violence has increased, as has self-harm in adolescents.
- Lack of visibility is a hidden harm - School nursing team down 25% through redeployment and school closure is a noted hidden harm concern. The ability of health visiting – working on how best to develop an approach support parents who can, in turn, support CYP.
- Essential services have maintained face-face contact during this lockdown and that demonstrates the learning from the first lockdown but this may become less universal as time goes on. Child Protection is often not the most helpful response to a family's needs and there is a potential this will overwhelm the system and reduce opportunities to engage from a position of support rather than censure.
- There is an acknowledged need to plan a response to the emerging mental health demand, that is likely to emerge as pent-up demand for children as they return to school.
- Concerns about attendance of CYP with MH needs at A&E attendance, however, The Nest and the Children Workforce Practitioners have points of self-referral – young people are quite welcoming of that. Lots of children are happy to have remote access as are parents undertaking virtual workshops. Kooth is also available as an on-line offer.
- Education colleagues are supporting remote learning (which must be blended and not screen-time only. They are working in partnership to secure laptops for the digitally excluded. There is also the challenge for some children who live in Southwark and attend school out of borough.

Live Well: Supporting working age adults

- We are progressing work to help improve community mental health services and links with primary care and the voluntary community sector at a neighbourhood level (incl. bid for mental health transformation investment monies co-developed with partners)
- We have invested in a hosted post within Community Southwark to undertake a scoping exercise to inform our refreshed approach to integrated social prescribing and re-establish the Southwark social prescribing network
- We have started to identify the range of initiatives and projects focused on working age adults within our partner organisations with a view to facilitating less fragmentation, enhanced awareness and impact (e.g. PAUSE and multiple disadvantage, Southwark food action alliance, Southwark health inequalities framework, the Healthy population programme, which includes diabetes, screening, healthy weight, and the work outlined above).
- The refresh of the All Age MH strategy will inform the future programme of this cell in relation to the impact of the pandemic on the wellbeing for working age adults in relation to anxiety about catching the virus, grief from bereavement, (fear of) unemployment, worries about debt, inter-generational discord/violence from overcrowding
- It is anticipated that there will be an increase in co-morbidities/complex needs of those that have recovered from Covid, which the Live Well Work stream will coordinate a response to.

Age Well: Supporting our older and frail populations

- Working together to support discharge pathway and Winter/Covid responses, learning from Covid wave one and using operational information to inform joint commissioning. This work is being led at a South East London level and systems are working closely together to share best practice.
- The multi-agency hospital discharge hubs across GSTT and KCH are working efficiently, with daily escalation meetings to senior leaders to facilitate complex discharges in a timely manner.
- As a result of sustained partnership working, Trusted Assessor arrangements are in place with majority of care homes for both the acute hospital discharge teams, this has improved discharge flow and reduced pressures both on care homes and the hospitals.
- Adult Social Care operational and commissioning colleagues are working across Southwark and Lambeth to increase the provision of nursing care beds across South East London and sharing resources as required.
- The Council is working in partnership with a private social care provider to alleviate a highly pressurised Intermediate Care Southwark team through recruiting new workforce and providing additional Reablement hours. Reablement in its truest sense has been suspended due to it operating as a pathway for rapid hospital discharge. When this current wave of the pandemic subsides reablement will need to recalibrate and have a greater focus on the psychological elements of 'long covid' in terms of motivation and mental wellbeing.
- Workshop undertaken in January to review priorities and further develop roadmap and work plan.
- Weekly multi-agency COVID-19 meetings are in place for Care Well/Age Well to manage issues arising and act as an escalation point.
- Leadership cell helping to facilitate mutual aid (e.g. ASC day centre staff helping Primary Care networks at Tessa Jowell vaccination centre.

Care Well: Supporting those in care and residential settings

- Weekly multi-agency COVID-19 meetings are in place for Care Well/ Age Well to manage issues arising and act as an escalation point.
- Links have been established with the Southwark Care Homes Forum, Lambeth Covid Work stream and Neighbourhood and Wellbeing Delivery Alliance, and GSTT Covid Tactical group.
- We have visited all care homes to offer the vaccine.
- As a result of sustained partnership working, Trusted Assessor arrangements are in place with majority of care homes for both the acute hospital discharge teams, this has improved discharge flow and reduced pressures both on care homes and the hospitals.
- The pandemic response and vaccination programme has impacted upon the availability of colleagues within the Care Well Workstream, and progress with LD/MH scoping and development has been slower than expected.
- Within the Southwark council + CCG Joint Commissioning Team - Care and Nursing home work continues with regular meetings with providers, which includes checking any issues they need support with as well as sharing information and discussion. Support has included sessions for care homes with a local GP to improve staff knowledge and uptake of the vaccine. The care and nursing home work programme (which also includes contracts and service development) is overseen by the Nursing Care Programme Board chaired by the Director of commissioning at Southwark council.
- Next steps are to develop a project recovery plan and a refreshed meeting schedule to move the work forward. There will be a focus on:
 - Older persons care homes - looking at data for both acute activity and outpatients, demand and capacity activity, and designing options for aligning community teams to a PCN/Neighbourhood with a named link person.
 - Learning disabilities, mental health and substance misuse residential settings – develop a high level strategy, informed by scoping exercise to determine the number of residents in each population group and setting, and identify priority areas of focus to address residents health, care and support needs.

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NOTE: Amendments/queries to Poonam Patel, Constitutional Team, MSTeams