Health and Wellbeing Board Agenda

Date: **Tuesday 23 March 2021**

Time: **10.00 am**

Venue: **Online Meeting - Virtual**

Membership (Quorum 5)

Chair:	**Councillor Graham Henson**
Board Members:	
Councillor Ghazanfar Ali	**Harrow Council**
Sheik Auladin	**Clinical Commissioning Group**
Councillor Simon Brown	**Harrow Council**
Councillor Janet Mote	**Harrow Council**
Marie Pate	**Healthwatch Harrow**
Councillor Christine Robson	**Harrow Council**
Dr Muhammad Shahzad	**Harrow Clinical Commissioning Group**
Dr Genevieve Small (VC)	**Chair, Harrow Clinical Commissioning Group**
1 Vacancy	**Harrow Clinical Commissioning Group**
Reserve Members	
Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Councillor Krishna Suresh	Harrow Council
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Inspector Edward Baildon, Harrow & Brent Police
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
John Higgins, Representative of the Voluntary and Community Sector
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer
Tel: 07761 405966 E-mail: mwimanji.chellah@harrow.gov.uk

Scan this code for the electronic agenda:

Useful Information

Meeting details

This meeting is open to the press and public and can be viewed on www.harrow.gov.uk/virtualmeeting

Filming / recording of meetings

Please note that proceedings at this meeting may be recorded or filmed. If you choose to attend, you will be deemed to have consented to being recorded and/or filmed.

The recording will be made available on the Council website following the meeting.

Agenda publication date: Tuesday 16 March 2021

7. **Integrated Care System [Consultation and Progress Report]** (Pages 1 - 9)

8. **Adult Social Care Budget [2021/2022]** (Pages 10 - 18)

9. **Covid-19 Update - Infection Rates, Vaccination Plan, Local Outbreak Plan and Test and Trace** (Pages 19 - 122)

10. **Healthwatch Harrow - GP and Dental Service Access Report** (Pages 123 - 164)

Harrow Integrated Care Partnership

Next steps on integrating care

Consultation and progress on future development of Integrated Care Systems in England

18th March 2021

Harrow Council LONDON

NHS Harrow Clinical Commissioning Group

Harrow Community Action

NHS London North West University Healthcare NHS Trust

St Luke's Hospice

NHS Central London Community Healthcare NHS Trust

HarrowHealth CIC

NHS Central and North West London NHS Foundation Trust

‘Next steps to building strong and effective integrated care systems across England’: Principles

Integrating Care published by NHS England in November 2020 invited discussion on the next steps in the development of Integrated Care Systems in England.

It reflects a number of principles which are strongly supported by and reflected in arrangements in NW London and Harrow ICP including:

- **Stronger partnerships at a place level** between the NHS, local government and the voluntary and community sector (p2).
- **A focus on improving population health and tackling inequalities** (p4) including a “Triple Aim” duty for all NHS providers (p11).
- **The central role for primary care** in providing joined-up care (p2).
- **The role of mutual aid** development of relationships and support during the pandemic (p4) and opportunities to pool funding (p31).
- **The importance of data sharing and digital** alongside a culture of collaboration and agile collective decision-making (p5).
- **The importance of local government and place** (p6-7) in the planning, design and delivery of care (p13).
- **The principle of subsidiarity** – the system taking responsibility only for things where there is a clear need to work on a larger footprint, as agreed with local places (p13).

The document invited feedback by 8th January 2021.

Whilst proposed legislative changes are unlikely before April 2022 and subject to parliamentary approval, the document sets out an NHS direction of travel including requests for submission of ICS development plans by April 2021 and implementation plans by September 2021.

‘Next steps to building strong and effective integrated care systems across England’: Harrow ICP Feedback

Whilst welcoming these aspects of the proposals, discussions have highlighted the importance of clarity in relation to each area:

- **There is general support for the overall direction of the document but some nervousness across our ICP** around the proposals and the extent to which they reflect the complexity of truly integrating care at a system, place and Primary Care Network level.
- **The success of Harrow as an ICP, as mirrored in experiences in other areas of the country in developing integrated care “on-the-ground”, has been based on the commitment of local leaders** from across council, CCG, acute, community, primary care, mental health, voluntary and community sector and patient / service user representatives; and the strength and the depth of the relationships which have been developed as a result.
- **There is a need to ensure that legislative change has at its core the further development of such relationships and local accountability,** and does nothing in perception or reality that could create new barriers to effective joint working at a local level.
- **Specifically, there is a need to ensure that in promoting the principle of subsidiarity, there is clarity around the role and influence of place, primary care and the voluntary and community sector in the future governance of integrated care systems** which in areas such as London cover multiple, independent, local authorities and a huge and diverse range of PCNs and VCSEs.
- **Mutual aid has been a key component of our pandemic response:** there is a need to understand how the establishment of the ICS as a statutory organisation and the parallel development of formal provider collaboratives will help support mutuality, as oppose to simply centralising planning and accountability. Specifically, local trusts have highlighted that co-terminosity with ICSs may not be the best driver for collaboration at scale.
- **Finally in addressing inequality there is a need to ensure that the distribution of resources across an ICS footprint is considered** in relation to how future plans and funding will be developed, governed and assured at a local level.

Department of Health & Social Care White Paper
'Integration and innovation: working together to improve health and social care for all'

- DHSC White Paper **published February 2021.**
- **Builds on the 'NHS Long Term Plan' (January 2019) and NHS England's consultation on integrated care (November 2020).**
- **Proposes that new arrangements should begin to be implemented in 2022.**
- **Includes a greater role for Integrated Care Systems in helping different parts of the NHS in joining up better** and in becoming statutorily accountable for overall system performance, focussed around the 'Triple Aim'.
- **Within this, the proposals suggest a 'dynamic partnership' between the NHS and local government with a focus on population health, using collective resources to improve the health of local areas:** preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience.
- **There will be increased accountability from NHS England to the Department of Health & Social Care** replacing the NHS's annual mandate with the flexibility to change the mandate in-year; and with new powers for the Secretary of State, for example to intervene at any point in reconfiguration processes.
- **There is a commitment to the 'Primacy of Place' in the joining-up of services to support people to live well** and accompanying flexibility around local arrangements, to be based 'frequently' around local authority boundaries.
- **There are further measures to establish an independent Health Services Safety Investigations Body** and remove the statutory basis for local education training boards.
- **Further proposals on Adult Social Care, Mental Health and Public Health to be brought forward** later in the year including an enhanced assurance framework for social care.

Integrated Care Systems (ICSs) will become statutory bodies.

e.g. NW London Integrated Care System		e.g. Harrow Integrated Care Partnership
ICS NHS Body responsible for the day to day running of the ICS.	**ICS Health & Care Partnership** with health, social care, public health and other partners.	**Place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
Merging of functions of STPs/ICSs with functions of a CCG to bring together strategic planning and allocation of resources.	**Supporting integration and developing a plan to address a system's health, public health and social care needs.**	**Joining up of services to support people to live well, arranging care around people, prevention and supporting people with multiple health & care needs.**
• **Developing a plan to meet the health needs of the population** within their defined geography. • **Developing a capital plan for the NHS providers** within their health geography. • **Securing the provision of health services** to meet the needs of the system population.	• **Improving population health.** • **Tackling inequalities.** • **Potential forum for NHS and Local Authority partners** to agree co-ordinated action and alignment of funding on key issues.	• ***Frequently, place level commissioning within an integrated care system will align geographically*** *to a local authority boundary.* • **The Better Care Fund (BCF) plan will provide a tool** for agreeing priorities.
• **A statutory duty to meet the system financial objectives which require financial balance to be delivered.**	• **The NHS and local authorities will be given a duty to collaborate with each other.**	• **ICS legislation will complement and reinvigorate place-based structures for integration** such as Health & Wellbeing Boards, the Better Care Fund and pooled budget arrangements.
• **The ICS NHS body will have a unitary board directly accountable for NHS spend and performance**. • **The Chief Executive will be the Accounting Officer for NHS money** allocated to the NHS ICS Body. • **The board will include a chair, the CEO, and representatives from NHS trusts, general practice, and local authorities** and others determined locally e.g. community health services (CHS) trusts and Mental Health Trusts, and non-executives. • **ICSs will also need to ensure they have appropriate clinical advice** when making decisions. • **NHSE will publish further guidance on how Boards should be constituted**, including how chairs and representatives should be appointed.	• **Members of the ICS Health and Care Partnership could be drawn from a number of sources including Health and Wellbeing Boards within the system, partner organisations with an interest in health and care** (including Healthwatch, voluntary and independent sector partners and social care providers), and organisations with a wider interest in local priorities (such as housing providers). • **The intention is to specify that an ICS should set up a Partnership and invite participants, but we do not intend to specify membership or detail functions for the ICS Health and Care Partnership** – local areas can appoint members and delegate functions to it as they think appropriate.	• **Place-based arrangements between local authorities, the NHS and between providers of health and care services should be left to local organisations to arrange.** 'We expect local areas to develop models to best meet their local circumstances.' • **NHS England and other bodies expected to provide support and guidance**, building on the insights already gained from the early wave ICSs. • **The statutory ICS will also work to support places** within its boundaries to integrate services and improve outcomes. • **NHSE to work with ICS NHS bodies on different models** for place-based arrangements.

'Together referred to as the ICS'

'Place'

'Joined up care for everyone in England'

The 'triple aim': better health and wellbeing for everyone; better quality of health services for all individuals; sustainable use of NHS resources.

New statutory duties

Membership

- **Defined ICS NHS Body** optional additional members.
- **Health & Care Partnership** determined by each system.
- **Place-based working** defined locally.
- **Clinical advice** to be incorporated in decision-making.

'We will implement NHS England's recommendations to remove barriers to integration through joint committees, collaborative commissioning approaches and joint appointments, as well as their recommendation to preserve and strengthen the right to patient choice within systems.'

- **The powers to remove commissioning of NHS and public health services** from the scope of Public Contracts Regulations 2015, including repealing Section 75 of the Health & Social Care Act 2012 and Procurement, Patient Choice & Competition Regulations 2013.
- **The NHS should be free to make decisions on how it organises itself** without the involvement of the Competition and Markets Authority (CMA).
- **Removes NHS Improvement's specific competition functions** and its general duty to prevent anti-competitive behaviour.
- **Where procurement processes can add value they will continue** but that will be a decision that the NHS will be able to make for itself.
- **For social care, a new legal power to make payments directly to social care providers** to remove barriers in making future payments to the sector.
- **A new standalone legal basis for the Better Care Fund** and a legal framework for a 'Discharge to Assess' model.
- **Place level commissioning will 'frequently' align geographically** to a local authority boundary.
- **The ICS will have to work closely with local Health and Wellbeing Boards (HWB)** as 'place-based' planners. The ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies that are being produced at HWB level and vice-versa.
- **This will be further supported by other measures** including improvements in data sharing and enshrining a 'triple aim' for NHS organisations to support better health and wellbeing, quality of health services, and sustainable use of resources.

'There are, then, 2 forms of integration which will be underpinned by the legislation: integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.'

Department for Health & Social Care

Ensure the Secretary of State for Health and Social Care has appropriate intervention powers with respect to relevant functions of NHS England

NHS England

Giving NHS England the ability to joint commission its direct commissioning functions with one or more ICS Board: allowing services to be arranged for their combined populations; to delegate or transfer the commissioning of certain specialised services to ICSs, singly or jointly; and allowing ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a 'double-delegation'.

Measures that will enable ICSs to apply to the Secretary of State to create a new trust for example for the purposes of providing integrated care.

Increasing the ease with which providers and commissioners could establish joint working arrangements and support the effective implementation of integrated care (including establishing joint ICS provider committees).

Allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

ICS NHS Body

NHS Trusts

- **NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies** with their functions and duties broadly as they are in the current legislation.
- **NHS providers within the ICS will retain their current organisational financial statutory duties.** The ICS NHS Body will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain.

A reserve power to set a capital spending limit on Foundation Trusts.

A new duty to have regard to the system financial objectives so both providers and ICS NHS Bodies are mutually invested in achieving financial control at system level.

'A statutory ICS will be formed in each ICS area. These will be made up of a statutory ICS NHS body and a separate statutory ICS Health and Care Partnership, bringing together the NHS, local Government and partners – for example, community health providers.'

NHS England

NHS England and other bodies are expected to provide support and guidance, building on the insights already gained from the early wave ICSs.

Health & Wellbeing Board

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy which both HWBs and ICSs will have to have regard to.

ICS NHS Body

The ICS NHS Body will be allowed to delegate significantly to place level and to provider collaboratives.

ICS Health & Care Partnership

The statutory ICS will work to support places within its boundaries to integrate services and improve outcomes.

Place-Based Partnership

Place-based arrangements between local authorities, the NHS and providers of health and care services.

Provider Collaboratives

ICSs will want to think about how they can align their allocation functions with Place for example through joint committees, though this is being left to local determination.

Primary Care Networks

Joint committees including primary care networks, GP practices, community health providers, local authorities or the voluntary sector, enabled by a greater range of delegation options for section 7A public health services and the ability for delegation for example via section 75 partnership arrangements.

Joint appointments of executive directors will be used to foster joint decision making, enhance local leadership and improve the delivery of integrated care.

Next steps for Harrow

- **Further formal guidance is expected in relation to the proposals in the White Paper** including from NHS England.
- **Final proposals are unlikely until the Bill has been published** and the legislation passes through all parliamentary stages.
- **Even once the proposals are finalised there is likely to be significant flexibility** in relation to local place-based arrangements.
- **The overall direction of travel is consistent** with developments in NW London and nationally.
- **The role of the Health & Wellbeing Board, NHS Foundation Trusts, and arrangements such as the Better Care Fund are broadly preserved** even whilst many of the changes introduced in the last major Health & Social Care Act (2012) are amended.
- **It is therefore critical that partners in Harrow continue to build local structures and responses** to the immediate and future needs of the local population, and the priorities in areas such as health inequalities both highlighted and, in many cases exacerbated, by the pandemic.
- **Further proposals are promised on Adult Social Care, Mental Health and Public Health** later this year.

Adult Services Budget 2021-22

Health & Wellbeing Board

23rd March 2021

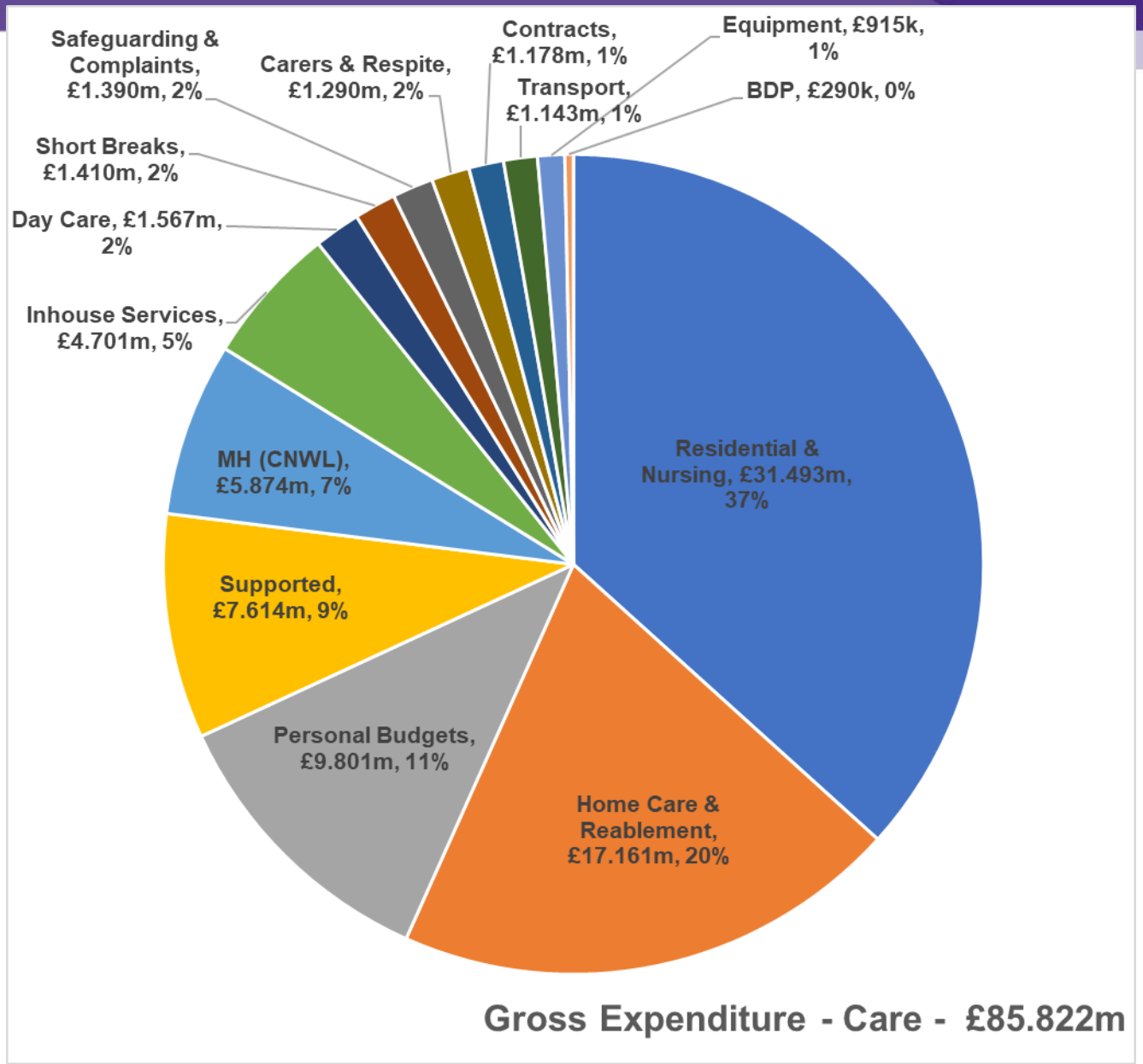
Strategic Context

- Pre pandemic, local Government financially challenged
- Councils required to set a balanced budget annually
- Reduced funding against a backdrop of increasing population and increased need for social care services
- Over the period 2013/14 to 2021/22
  - Reduction in revenue support grant of £50.5m (£52.1m reduced to £1.6m in 2021/22)
  - Demand led growth of £77.4m & technical growth of £19.4m
  - Savings of £147.3m to be achieved to deliver a balanced budget
  - 2020/21 required use of reserves to balance the budget
- Net budget requirement to support service delivery just £179m
- Harrow one of the lowest funded councils in London and nationally

Budget 2021-22 & Future Years

- Balanced budget for 2021-22
- Council tax increase proposed at 1.99%
- Full use of social care precept at 3%
- £300m nationally for additional social care funding (£326k for Harrow assumed ongoing)
- £1.55bn nationally to meet additional covid expenditure pressures (£4.6m one-off for Harrow)
- Public Health grant increase by £160k, of which £84k specifically allocated to PrEP
- Budget gap 2022-23 - £24.651m
- Budget gap 2023-24 - £5.098m

Gross Adults Expenditure Budget 2021-22



Adult Social Care Budget 2021-22 - £77.282m

Service Type	£	Service Type	£	Service Type	£
Residential & Nursing	£31,492,724	Assessed Contributions	-£9,486,168	Care Management	£8,991,307
Home Care & Reablement	£17,161,650	BCF / Grants	-£14,712,128	Corporate Costs	£6,666,466
Personal Budgets	£9,801,390				
Supported	£7,613,980				
MH (CNWL)	£5,873,855				
Inhouse Services	£4,701,334				
Day Care	£1,566,720				
Short Breaks	£1,409,850				
Safeguarding & Complaints	£1,390,036				
Carers & Respite	£1,285,000				
Contracts	£1,178,275				
Transport	£1,143,464				
Equipment	£914,700				
BDP	£290,000				
Gross Expenditure - Care	**£85,822,978**	**Gross Income**	**-£24,198,296**	**Other Costs**	**£15,657,773**

Total Adults Budget 2021-22 - £77,282,455

Current Activity (Feb 2021)

- **3,064** citizens currently supported by the Council across all groups and settings including;
  - 611 citizens in receipt of residential and nursing care
  - 134 citizens in supported accommodation settings
  - 1,273 citizens receiving domiciliary care services
  - 622 citizens arranging their own care using a direct payment
  - 438 citizens under the age of 65 in receipt of mental health services managed by CNWL on behalf of the Council

- **511** carers supported by the Council (including CNWL) in the year to date

NB: some citizens may receive more than one service hence the breakdown by setting reflects a total of 3,078

Social Care 2021-22

- Adult social care forecast placement growth of £6.239m after
  - £300k commissioning savings
  - £200k increased income from updating charging policy
- Pressure on Council finances resulted in reduced growth of £4.318m being funded on an ongoing basis, includes provision for provider inflation of £1.046m
- The balance of the forecast growth of £1.921m to be funded by reserves on a one-off basis if required in 2021-22
- Should the full social care pressures of £6.239m materialise, the ongoing budget funding of £1.921m will need to be identified by the Council for 2022-23 onwards and / or require Adult social care to deliver savings at this level
- Better Care Funding at 2020-21 level of £6.436m, expected to increase by 5.3% in line with NHS Long Term Settlement Plan

Risks 2021-22

- **Social care narrative** - fluid and challenging, post covid operating model uncertain and potential of increased demand from those in the community who have resisted social care support over the last year as a result of fear of infection from care providers
- **Hospital discharges** – higher levels than evidenced pre covid, further increases likely once elective surgeries resumed
- **Lifetime costs** – higher cost of care of discharges adding increased cost
- **Provider impact** – market affected significantly by pandemic, now being required to work differently moving forward, higher inflationary requests anticipated
- **Social work practice** – supported with additional funding during pandemic, however ongoing community support and potential increasing requirement for Care Act assessments post covid is unfunded

Risks 2021-22

- **Citizen expectation** – during the pandemic the lines between NHS services and chargeable social care services were blurred. Likely increased level of challenge for assessed contributions towards care which could affect assumed income
- **Service specific areas** ie; mental health, domestic abuse already seeing increased assessed care support needs.
- **NWL** - initial observations post pandemic across have identified service inequalities arising from the historic financially challenged health & care economy locally in Harrow

The North West London
health and care partnership

NWL Vaccination Programme

Harrow Borough based plan

26th February 2021

Vaccination coverage in cohorts 1-9

Cohort	Current Harrow position	NWL average
Care home residents	89.7%	90.6%
Residential care workers	70.9%	68.1%
Social care staff	54.3%	53.4%
80 years and over	87.5%	83.5%
75-79 years	93.5%	88.2%
70 – 74 years	89.8%	87.3%
CEV	87.5%	83.5%
65 – 69 years	88.2%	84.2%
LD register	65.5%	54.2%
Qcovid	77.7%	70.2%
DWP Carers	62.1%	55.3%
Under 65 years with UHC	72.2%	64.1%
60 – 64 years	83.3%	84%
55-59 years	75.7%	78.5%
50 – 54 years	67%	62.2%

Vaccination coverage in cohorts 1-9

Key actions to move to target coverage rates

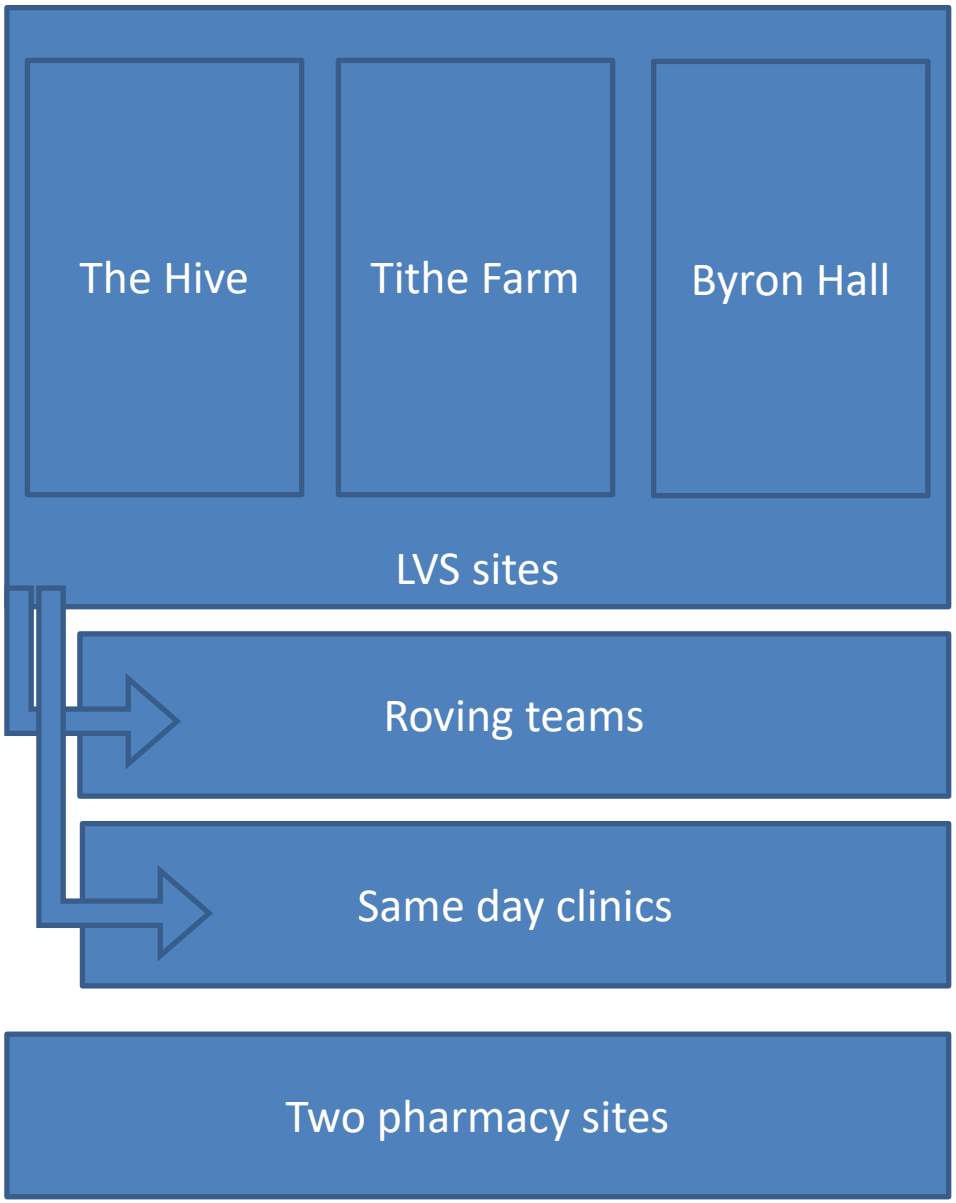
- Ongoing partnership activity with our local authority to address low vaccination uptake amongst specific groups in our community.
- Targeted action at individual Practice level. Each Practice to be provided with a list of patients outstanding, in cohorts 1-4 initially for active follow up where there has not been an active decline of the vaccine. Individual intervention to lead to one of the following outcomes:
  - Book into a vaccination centre (with transport arranged where needed). Priority booking given for those patients in cohorts 1-4
  - Same day clinics to be arranged for this cohort group with PCN / Practice
  - Home visit for vaccine arranged by roving team
- Rearrangement with care homes to confirm if there are new residents requiring vaccination
- Process to be replicated with cohorts 5-9

Vaccination coverage in cohorts 1-9

Current inequalities in vaccination uptake

- Whilst our overall uptake of vaccination to date has been high, these large percentage mask inequalities in uptake that we seeing amongst our population.
- Our WSIC dashboard shows take-up as high amongst White and Asian or Asian British populations (85-90%), uptake upmost Black or Black British population is 57%, and Mixed ethnicity is 72%.
- Detailed analysis amongst our CEV population provided details of the number of patients who have actively declined the vaccines are disproportionality high in our Black and Black British population, mixed population and those with ethnicity not recorded.
- Joint action across the Local Authority, local Practices and CCG is being take to understand the concerns about vaccination amongst these population, through engagement with community leaders, faith groups and promotion of vaccination through trusted local clinicians.
- We will seek to continue to strengthen our position over the coming months.

Current delivery model for vaccination



c.95% of activity through the three LVS sites

Care home and housebound vaccination teams

Limited deployment in Harrow to date: 150 vaccinations delivered through this model

Current delivery volumes unknown

Proposed delivery model from May 2020: overview

Hybrid mass vaccination Centre and LVS site at Byron Hall

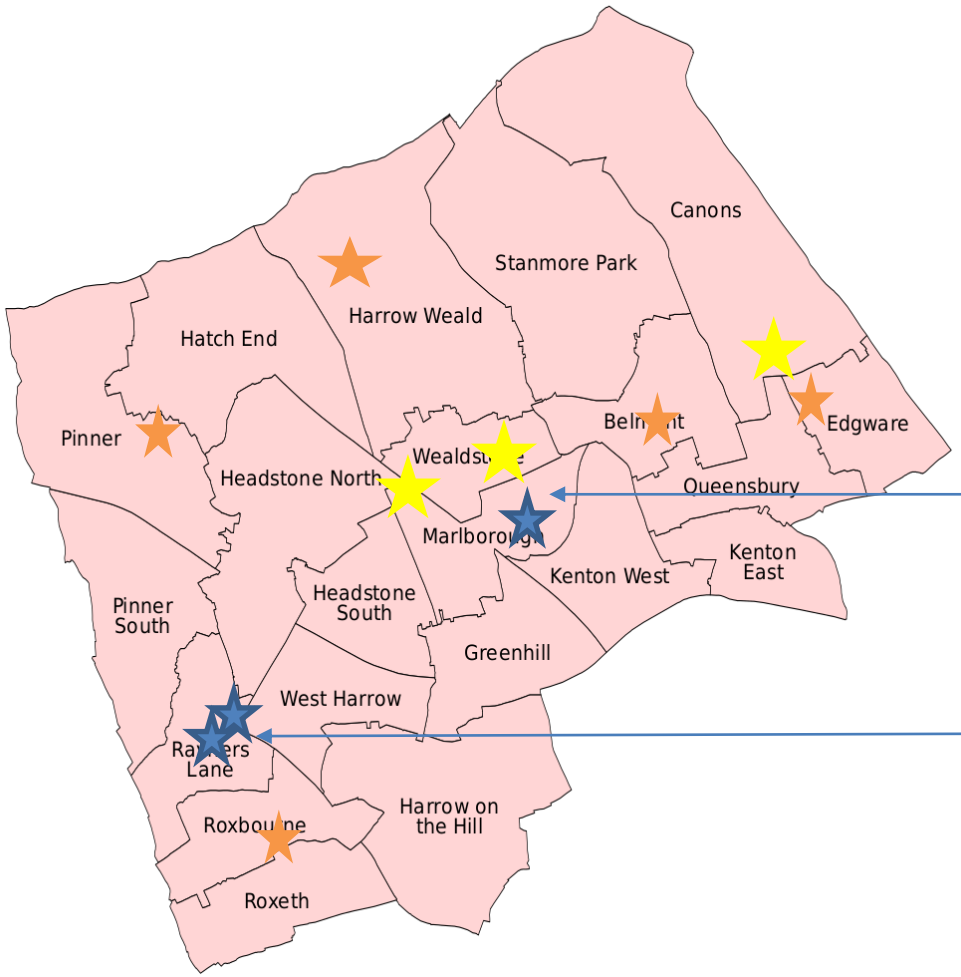
Delivering all second doses (in partnership with roving teams) and 80% of first doses

PCN level satellite clinics (same day clinics) at identified sites in each of the 5 PCNs
(9 % of first dose activity)

Roving teams for housebound patient and additional care home patients
(1% of first dose activity)

Pharmacy sites in Harrow (proposed 5 sites – 3 additional)
(10% of first dose activity)

Proposed delivery model from May 2020: geographical overview



Potential locations for additional pharmacy sites

Potential locations for PCN satellite clinics

Byron Hall

Existing pharmacy sites

Principles driving our proposed delivery model

- Harrow is very proud of their success to date in vaccination uptake and the protection it has provided our local population from COVID-19. Key to this has been close working between the PCN leads, local Practices, CLCH, Local Authority, Harrow Health CIC and the CCG in delivery of the programme.
- Achieving a 60% uptake amongst our population group is relatively straightforward with patients actively responding and taking up vaccination. Achieving 60%-70% requires more work in following up non-responders and moving above 70% is the most challenging, requiring innovation in our delivery models, strong engagement with our communities and one to one conversations between the registered Practice and their patients. In our model going forward, we need to ensure that the strength of this partnership approach is not lost.
- There is wide acknowledgement of the need for General Practice to resume usual services, as well as our clinical leaders within the PCNs to engage with the broader agenda of the development of our local Integrated Care Partnership, and their role as part of the NWL ICS.
- The model we are proposing we believe can meet both objectives. We will consolidate from three sites to one, releasing our workforce back to General Practice and freeing up our clinical leads to engage in broader work programme.
- Operating Byron Hall as a hybrid model enables the partnership engagement to continue and grow, particularly in reaching all of the Harrow community through vaccination.

Harrow Proposed delivery model: detail

Hybrid mass vaccination site

Proposal is that starting from March 2021, a hybrid model is developed at Byron Hall, combining the PCN operations and a mass vaccination site. The site will be operating first and second dose vaccines for the whole of Harrow.

Operationally, the site will operate 4 days a week (Friday – Monday) as a PCN site, delivering all second dose vaccines for Harrow residents, in addition to up to 6,800 (average) first doses per week. The mass vaccination site will operate from Tuesday to Thursday, providing 7,000 vaccines per week. In the event that a Pfizer delivery means that the PCN site needs to deliver second doses on a Tuesday, Wednesday or Thursday, provision of an additional 8 vaccination stations will available (these will be unused at other times). This model will be kept under review, and the number of days each centre is operating will be under regular review, particularly when vaccination moves to the under 50 year old population.

The centre will operate in a partnership model, aligned with the principles of our local ICP and further strengthening this model:

- Clinical leadership provided through the Harrow PCNs and CLCH (for their retrospective operational days)
- Vaccination teams source through the PCN bank, CLCH and the Chelsea and Westminster staff bank
- Strategic support provided through the CCG and Local Authority

The maximum capacity of the site will be 2,400 vaccines per day (16,800 per week) on an 8-8 model, although it could operate until 12pm if needed. One way traffic flow will need to be addressed as capacity increases, in collaboration with our Local Authority. Modelling and phasing of this approach is shown on the following slides.

Harrow population in cohorts 1-9

Cohort	Vaccinations	HARROW COLLABORATIVE PCN	HARROW EAST PCN	HEALTH ALLIANCE PCN	HEALTH-SENSE PCN	SPHERE PCN	Total
All cohorts	Vaccinated	8,697	6,123	10,544	18,571	13,023	56,958
	Not Vaccinated	5,860	3,236	6,351	9,722	7,860	33,029
All cohorts as at 21/02/2021		14,557	9,359	16,895	28,293	20,883	89,987

Harrow Proposed delivery model: phasing

March	April	May	June
Three LVS sites operating in Harrow and second doses commence (capacity for 19,320 vaccinations per week) Mass vaccination site to start to operationalise from mid March increasing capacity by additional 7,000 per week Additional pharmacy sites identified	Three LVS sites operate through April. Just under 50% of this available capacity will for second doses. Mass vaccination centre operating in the hybrid model. A more structured and planned approach taken to Practice satellite clinics, to address areas of low uptake. Total vaccination weekly capacity in Harrow 27,730. Based on averages, 9746 of these will be for second doses – hence 17,000 available for first doses per week.	Tithe Farm and the Hive close on 30th April. All vaccination provision consolidated to Byron Hall with satellite same day clinics operating at PCN level. PCN site operating from Byron Friday – Monday, Mass Vaccination site operating Tuesday – Thursday. Second dose and first dose operating. Average of 10,500 first dose appointments available per week.	Cohorts 1-9 completed. National invitation system becomes operational as we move to patients aged 49 years and under. PCN operation continue at Byron Hall for second doses and to act as a base for satellite clinics to continue to achieve 100% uptake in cohorts 1-9

Joint working with our Local Authority

- The strength of the partnership across health services and the Local Authority has been key to success to date. In taking forward our plan, we will build on this strong foundation to deliver the programme, which is coordinated through our joint operational delivery group.
- Harrow Council play a central role in the vaccination programme in a number of areas, including:
  - Leading the work on vaccination hesitancy and providing strategic advice based on community engagement work to the operational running of the programme. As this work develops we will be ensuring full alignment to Primary Care Networks and our GP community;
  - Communication to our local community through a range of media channels;
  - Incorporating the provision vaccine advice and signposting into the Council's contact centre. This information access point is promoted through our local Practices and Council services. There is option to build clinical resource into this in future, or more specific GP led interventions, if needed – based on a service review;
  - Tactical and logistical support to the vaccination sites in a range of areas including traffic control, Member engagement and estates support. This will continue and grow as service develop further from Byron Hall.

Summary of proposed activity levels from May 2021 for cohorts -1-9

Mode of delivery	Total capacity	Percentage of delivery	TOTAL actual numbers for 1st doses to achieve 1-9 population coverage
Hybrid mass vaccination and PCN site	16,800 per week 10,500 per week for first doses (7,000 of which to be carried out by mass vaccination site)	80% of first doses 95% of second doses	26,400
PCN level satellite sites	As needed	9% of first dose activity (second doses where needed)	2,970
Roving teams	As needed	1% of activity (second doses where needed)	330
Pharmacy sites	Unknown	10% of activity (second doses where needed)	3,300

Note these figures are based on figures at 26/2. Many of these patients will have been vaccinated in advance of this model operating.

Site Plan: The Hive

The Hive															
	1st Dose - wc	**07/12/2020**	**14/12/2020**	**21/12/2020**	**28/12/2020**		**04/01/2021**	**11/01/2021**	**18/01/2021**	**25/01/2021**	**01/02/2021**	**08/02/2021**	**15/02/2021**	**22/02/2021**
1st Dose administered	AZ	0	0	0	0		449	482	772	1,597	2,113	2,452	1,087	0
	Pfizer	0	2,574	423	606		1,059	2,069	2,322	2,268	1,137	1,156	1,167	0
	Total	**0**	**2,574**	**423**	**606**		**1,508**	**2,551**	**3,094**	**3,865**	**3,250**	**3,608**	**2,254**	**0**
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
	2nd Dose - wc	**28/12/2020**	**04/01/2021**	**01/03/2021**	**08/03/2021**	**15/03/2021**	**22/03/2021**	**29/03/2021**	**05/04/2021**	**12/04/2021**	**19/04/2021**	**26/04/2021**	**03/05/2021**	**10/05/2021**
2nd Dose administered	**AZ**	**0**	**0**	**1**	**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Pfizer	**0**	**2,352**	**506**	**7**		**3**	**4**	**6**	**3**	**0**	**0**	**0**	**0**
2nd Doses to deliver	AZ	0	0	0	0		449	482	772	1,597	2,113	2,452	0	0
	Pfizer	0	222	-83	599		1,056	2,065	2,316	2,265	1,137	1,156	0	0
Total		0	222	-83	599		1,505	2,547	3,088	3,862	3,250	3,608	0	0
Weekly Capacity								**6,020**	**6,020**	**6,020**	**6,020**	**6,020**	**0**	**0**
Spare Weekly Capacity								**3,473**	**2,932**	**2,158**	**2,770**	**2,412**	**0**	**0**

The Hive will continue administrating first and second doses until the end of April 2021. Around 40% of their total capacity will still be available for administrating first doses.

Vaccine stock to all be targeted towards roving teams and same day clinics to improve vaccination coverage.

After the end of April, also second dose activity will be undertaken in the consolidated site Byron Hall

Site Plan: Tithe Farm

Tithe Farm														
	1st Dose - wc	**07/12/2020**	**14/12/2020**	**21/12/2020**	**28/12/2020**		**04/01/2021**	**11/01/2021**	**18/01/2021**	**25/01/2021**	**01/02/2021**	**08/02/2021**	**15/02/2021**	**22/02/2021**
1st Dose administered	AZ	0	0	0	0		247	234	1,073	3,203	1,700	2,701	839	0
	Pfizer	0	1	0	0		803	1,341	2,266	0	1,161	1,161	1,155	0
	Total	0	1	0	0		1,050	1,575	3,339	3,203	2,861	3,862	1,994	0
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
	2nd Dose - wc	**28/12/2020**	**04/01/2021**	**01/03/2021**	**08/03/2021**	**15/03/2021**	**22/03/2021**	**29/03/2021**	**05/04/2021**	**12/04/2021**	**19/04/2021**	**26/04/2021**	**03/05/2021**	**10/05/2021**
2nd Dose administered	**AZ**	0	0	0	0		0	0	2	0	0	0	0	**0**
	Pfizer	0	3	3	3		0	4	5	3	0	0	0	**0**
2nd Dose to be delivered	AZ	0	0	0	0		247	234	1,071	3,203	1,700	2,701	0	0
	Pfizer	0	-2	-3	-3		803	1,337	2,261	-3	1,161	1,161	0	0
	Total	0	-2	-3	-3		1,050	1,571	3,332	3,200	2,861	3,862	0	0
Weekly Capacity								**4,900**	**4,900**	**4,900**	**4,900**	**4,900**	**0**	**0**
Spare Weekly Capacity								**3,329**	**1,568**	**1,700**	**2,039**	**1,038**	**0**	**0**

Tithe Farm will continues to provide first and second doses until the end of April 2021.

Around 75% of their capacity will be for administrating second doses, the remaining capacity will be for first doses.

Site Plan: Byron

	1st Dose - wc	07/12/2020	14/12/2020	21/12/2020	28/12/2020		04/01/2021	11/01/2021	18/01/2021	25/01/2021	01/02/2021	08/02/2021	15/02/2021	22/02/2021
1st Dose administered	AZ	0	0	0	0		1	292	1,079	1,683	3,157	1,444	604	0
	Pfizer	0	0	0	0		0	1,146	2,272	1,148	0	1,158	1,155	0
	Total	0	0	0	0		1	1,438	3,351	2,831	3,157	2,602	1,759	0
Days between Dose		21	21	70	70		77	77	77	77	77	77	77	77
	2nd Dose - wc	**28/12/2020**	**04/01/2021**	**01/03/2021**	**08/03/2021**	**15/03/2021**	**22/03/2021**	**29/03/2021**	**05/04/2021**	**12/04/2021**	**19/04/2021**	**26/04/2021**	**03/05/2021**	**10/05/2021**
2nd Doses to deliver	**AZ**	0	0	0	0		1	292	1,078	1,682	3,157	1,444	**2,530**	0
	Pfizer	0	0	-5	-2		-6	1,146	2,259	1,143	0	1,158	**3,477**	0
	Total	0	0	-5	-2		-5	1,438	3,337	2,825	3,157	2,602	6,007	0
Weekly Capacity PCN site (at 4 days per week)								**9,600**	**9,600**	**9,600**	**9,600**	**9,600**	**9,600**	**9,600**
Weekly Capacity mass vacs site (at 3 days per week)								**7,200**	**7,200**	**7,200**	**7,200**	**7,200**	**7,200**	**7,200**
Spare Weekly Capacity after second doses given								**15,362**	**13,463**	**13,975**	**13,643**	**14,198**	**10,793**	**16,800**
At PCN site								**8,162**	**6,263**	**6,775**	**6,443**	**6,998**	**3,593**	**9,600**
At Mass Vaccs site								**7,200**	**7,200**	**7,200**	**7,200**	**7,200**	**7,200**	**7,200**

Assuming The Hive closes at the end of April - 381 AZ and 737 Pfizer patients will be redirected to Byron Hall on Week Commencing 3rd May.
Assumes mass vaccination sute operational from 29/3

Daily capacity at Byron Hall is currently 1,200 appointments as a PCN site only. This will be extended to 2,400 per day through the additional vaccination stations. This will extend provision to 9,600 vaccines per week.

The above modelling is completed on this basis on the mass vaccination centre operating 3 days per week and PCN site operating 4 days per week – at the same levels of daily capacity. Figures are based on the Hive and Tithe Farm closing and all second doses being delivered from Byron from the first week of May.

Delivery risks

- There is agreement between parties for the proposed operational model at Byron Hall. Operational detail is currently being worked through.
- The additional pharmacy sites to be secured to ensure good geographical access for the Harrow population.
- We need to ensure that pharmacy sites become part of our local partnership arrangements so that all modes of delivery in Harrow are focused on vaccination for our entire population, not just the low hanging fruit.

Ensuring equity of uptake (1)

Comprehensive borough plan in development and being implemented concurrently. Key elements include:

- **Use of Robust Links with Communities and Local Knowledge** – The early phase of the Covid-19 pandemic and the engagement work carried out by the council has further strengthened strong community links with numerous target groups in the borough. Future vaccine-related community engagement is well-placed to use these intensified links to ensure that key messages are transmitted in community languages, through the appropriate channels specific to the needs of each community group.
- **Targeted approach –**community engagement work highly targeted, reaching the most vulnerable groups as a priority, including those with language barriers. This will ensure that resources are used optimally, delivering the greatest public health impact. Communities that have less economic and social vulnerability and have higher resilience and inbuilt capacity (social capital), frees up the council to work with them through universal communications to produce the same outcomes as some of the more vulnerable groups. The use of Covid related funds from sources like MHCLG could be used to deliver targeted work with at risk BAME community groups in the form of a Covid-19 Awareness Fund. This will leverage community infrastructure, use existing trusted networks, and allow multiple projects with numerous community groups to progress efficiently.

Ensuring equity of uptake (2)

- **Combating vaccine hesitancy -** It is undoubted that the key thrust of the community engagement in this phase should be around combating the misinformation and distrust that is prevalent in relation to the Covid-19 vaccines. As studies from the World Bank have shown in relation to the Ebola vaccine, “knowledge does not equal trust”.. Combating this will involve specialised work which can address the issues raised by newer research and polling showing higher rates of vaccine hesitancy among Black and Asian groups.
- **Identifying and creating local advocacy -** The involvement of leaders from local communities, trusted professionals, community members etc is critical to producing trust and community buy-in. An important strand of this work will be to work with faith communities to debunk some of the myths such as the products used in Covid vaccines containing substances like porcine gelatine, as is common in some flu vaccinations.
- **Vaccine Webinar followed by intensive engagement –**Because of the urgency of reaching out to community groups, Harrow has organised a large-scale Covid-19 vaccine webinar to reach out to as many members of the community as possible in the first instance. From this, the council will be commencing subsequent targeted work with communities that have higher linguistic and socio-economic needs.

Harrow Local Outbreak Management Plan (LOMP) for COVID-19

Harrow Outbreak Control Board

March 2021

COVID-19 Introduction & Background:

This plan forms part of a suite of council and multi-agency plans that underpin the emergency preparedness, response and recovery (EPRR) arrangements. The council have updated key emergency plans with COVID considerations, to support managing an outbreak of COVID-19 within LB Harrow. It provides guidance for the Local Authority, in collaboration with multi-agency partners and the community to respond effectively to outbreaks of novel Coronavirus and variants that may arise within the borough. This plan is a live document and will be reviewed and revised by considering emerging Government policy, National & Regional guidance and best practice.

As outlined by London Resilience Group at the beginning of the pandemic, Coronaviruses are common globally and COVID-19 was identified as a new strain in Wuhan City China. It is an acute infectious viral illness that typically presents with symptoms such as fever, cough and potential progression to pneumonia causing shortness of breath. SARS-CoV-2 can cause more serious symptoms in people with weakened immune systems, the elderly and those with long term conditions and/or who are identified as clinically extremely vulnerable.

The Department of Health & Social Care published a Policy Paper outlining the Government Coronavirus Action Plan on 3rd March 2020, which outlined the planning principles in preparing for, and responding to a serious disease outbreak. The Government also published their COVID-19 Recovery Strategy on 11th May 2020 and the DHSC COVID-19 contain framework: a guide for local decision-makers (which was updated on 29th December 2020).

https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk

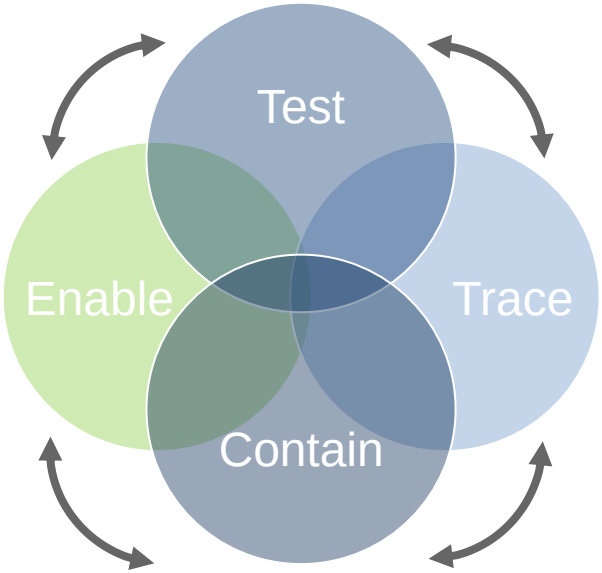
https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy

https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

Note: The information contained in this document is correct at time of release but please note the rapidly changing position across these areas

The National Plan

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



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

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

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

Aims and Objectives

The aim of our Local Outbreak Management Plan is to describe the continued whole system approach to managing outbreaks of COVID-19.

The Aims & Objectives are:

- To continue to apply what we know about the extent of the pandemic in Harrow
- To identify prevention opportunities and support safer sectors (High Risk Settings; Health, Education, Care homes, Domiciliary Care, Early Years, Housing, Transport, Business including Retail, Leisure & Hospitality)
- To ensure good communication and engagement between partners and with the local communities of Harrow, reinforcing the ongoing importance and requirement of Non-Pharmaceutical Interventions (NPIs) alongside testing and vaccination uptake
- To build on existing plans to manage outbreaks in specific settings, support enhanced contact tracing and optimise community testing within the borough.
- To consider the impact on local communities and continue to support community resilience, including those who may be vulnerable, underserved or requiring support during self-isolation and/or those 'living with COVID' (COVID secure)
- To identify actions needed to address surge capacity including any required response to any Variants of Concern (VOC's)
- To link with the mass vaccination programme for COVID-19
- To ensure continued data integration, surveillance, monitoring, information sharing and good practice.
- To ensure compliance, enforcement and clear governance on each aspect of response and recovery
- To ensure that our updated local outbreak management plan is in place and fit for purpose, as we move into the next phases of response and recovery, taking into account the Reasonable Worst Case Scenario (RWC) and borough multi-agency resources, capability and business continuity measures (which are not exhaustive).

The plan has been developed with input from the Harrow Health Protection Board. It is signed off by the Health Protection Board and completed on 8th March 2021

This Plan is iterative and will be regularly updated, as further evidence emerges.

Guiding Principles

The Harrow Local Outbreak Management Plan (LOMP), continues to be guided by the principles and legislative framework specified in the document below and signed by Association of Directors of Public Health, Faculty of Public Health, Public Health England, Local Government Association, Solace and UK Chief Environmental Officers Group.

There are four principles for the design and operationalisation of LOMP arrangements, including local contact tracing. There are stated below:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

Further details are specified in the attached document

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

In line with existing national pandemic planning guidance this plan is:

- Flexibly constructed to deal with a wide range of possibilities
- Based around an integrated, multi-sector approach
- Built on effective service and business continuity arrangements
- Responsive to local challenges and needs, and
- Supported by strong local and national leadership measures.

Ref: UK Influenza Pandemic Preparedness Strategy (2011)

Assumptions

- We are on the exit path from the Pandemic Phase but it won't be plain sailing
- The virus is still circulating and we will enter an Endemic Phase but it won't be smooth
- The key priority is to suppress the virus as much as possible for the foreseeable future
- The next few months will be turbulent and volatile in terms of virus transmission, and we may see pauses in steps to exit. We need to be ready for this in terms of public trust, confidence and the epidemiological strategies to respond
- We will be living and working in a covid-endemic environment and we need multiple strategies to manage during this time (see section below)
- Variants and Recombinations of SARS-CoV-2 will continue to cause outbreaks and will require vaccine renewal on at least an annual basis

Definitions:

Pandemic: A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people"

Endemic: "the constant presence of a disease or infectious agent within a given geographic area or population group"

Outline of the 7-point plan

The Local Outbreak Control Plan remains centred on the original 7-point plan (2020)

1. **Care Homes and Schools**
   Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)

2. **High Risk Workplaces, Communities and Locations**
   Prevent and manage outbreaks in other high-risk locations, workplaces and communities

3. **Mobile Testing Units & Local Testing approaches**
   Deploy local testing capacity optimally

4. **Contact Tracing in Complex Settings**
   Deliver contact tracing for complex settings and cohorts

5. **Data Integration**
   Access to the right local data to enable the other 6 themes and prevent outbreaks

6. **Vulnerable People**
   Support vulnerable people and ensure services meet the needs of diverse communities

7. **Local Boards** (including Communication & Engagement)
   Take local actions to contain outbreaks and communicate with the general public

LOMP Themes

Within the 7-point Plan, the council have expanded the LOMP, to ensure it is focused on current key themes listed opposite.

These themes and our approaches are subject to amendment, due to the rapidly changing situation.

Core aspects of borough response & recovery include approaches to support:

- Community testing
- Self-Isolation
- Contact tracing & enhanced contact tracing
- Action on enduring transmission
- Responding to Variants of Concern (VOCs)
- Interface with borough vaccination roll-out
- Non-Pharmaceutical Interventions (NPIs)
- 'Living with COVID' (COVID secure)
- Addressing inequalities
- Inclusion health

<u>Current Key Themes:</u>

- High-risk settings, Care homes, bedded care, domiciliary care, supported living, hospitality, hospitals and education
- Vulnerable and underserved communities including BAME communities and homeless people (Find & Treat)
- Compliance & Enforcement
- Local Contact Tracing Partnerships
- Communications & Engagement: Keep London Safe
- Community Resilience
- Monitoring & Surveillance
- Data Integration & Information Sharing
- Governance & Roles/Responsibilities
- Capacity & Resources

1. Specific Settings such as Schools and Care Homes

Action cards provide information for each setting detailing the prevention tasks, as well as multi-agency response measures for a single case, a complex case or multiple cases in the setting.

- Schools
- Residential and Care Homes
- High-Risk Settings
- Early Years
- Supported living
- Tertiary education
- Domiciliary care
- Hospitality venues
- Healthcare venues
- Housing/Homeless

2. Communications & Engagement i

- General community communications
  - The council has ensured that robust, factual and up-to-date communications have been centric in supporting our Harrow response throughout the year to provide the latest guidance, knowledge, information and services. This will continue as we move forward, to reinforce Government messaging, whilst raising awareness, inspiring confidence and underpinning community cohesion .
  - National Comms/Guidance, Test & Trace & Keep London Safe programme
  - Council webpage
  - Regular Twitter/ Facebook posts
  - Regular promotion of testing sites and dates (including Mobile Testing Units) and vaccination centre information.

- London Communications programme
  - Keep London Safe
  - Keep Harrow Safe
  - Keep “your community” safe
- Specific Community
  - London COVID-19 Comms group is multilingual and the council are continuing to work with Region and other Local Authorities to ensure there are no gaps in centrally produced information, with regards to language requirements within Harrow
  - The Doctors of the World produce factsheets in over 30 community languages https://www.doctorsoftheworld.org.uk/
  - We have created area specific videos with partners.

KEEP LONDON SAFE

Communications & Engagement ii

Communication and engagement with Harrow's diverse communities remain a mainstay of preventing and managing local outbreaks. The main emphasis of the communications and engagement arms have been to:

1. Relay and reinforce national messages from the government, NHS/Public Health England (PHE), as well as from the GLA (Keep London Safe programme)

2. Increase awareness of NHS Test and Trace, and inspire confidence in the contact tracing programme among Harrow's communities

3. Increase understanding of local testing arrangements, address mistrust and increase take-up of the Covid-19 vaccination programme, including within culturally and linguistically diverse groups.

4. Identify risks through insight generated by data and targeted engagement with communities, and address them through tailored and nuanced messaging, while creating trusted local advocates.

Real clinicians feature in adverts to promote vaccine uptake across London

Communications & Engagement iii

The Public Health, Community Cohesion and Communications teams continue to work closely on a range of ongoing actions that amplify reach into communities and create local advocacy:

1. Monthly large-scale webinars targeting residents and community organisations, and delivering local updates on the Covid-19 situation and the vaccination rollout.

2. Targeted engagement meetings with community groups from segments of the population that have been disproportionately affected by Covid-19, as well as those experiencing higher degrees of vaccine hesitancy.

3. The co-production and targeted distribution of a range of multilingual communications material on Covid-19 safety, NHS Test and Trace, Rapid Lateral Flow Testing sites, and Vaccination Uptake, featuring trusted local leaders and medical professionals.

4. Work with Voluntary Action Harrow to fund a range of local community organisations for ‘Harrow Covid-19 Awareness Fund’ projects that will engage at risk-communities on Covid-19 messaging and vaccination take up. The grants totaling £225K is funded by MHCLG via a successful Harrow Council bid.

Communications & Engagement iv

Further pipelines of work currently being planned include:

a) The co-production of an engagement programme with Black leaders from a range of community groups and faith organisations to reach out to Black, African and Caribbean residents to continue to address Covid-19 health (and wider) inequity and vaccination take-up.

b) The setting up of a network of 'Covid-19 Volunteers' to relay Covid-19 messaging as well as vaccination related information to friends, families and neighbours.

Harrow Council website encompasses a dedicated COVID-19 communications platform, providing detailed information for residents including:

- The latest Government guidelines
- Latest service updates
- How to book a Rapid COVID Test or PCR Test
- Current COVID statistics within Harrow
- Information for Clinically Extremely Vulnerable (CEV) residents who are shielding
- Reporting facility for breaches in COVID restrictions
- Support guidance and services for residents
- Support guidance and services for businesses
- Public Health & Testing information

The above can be accessed at: https://www.harrow.gov.uk/coronavirus-covid-19

3. Understanding our Community

- Harrow's population is diverse with over 60% of the local population being from a BAME background. The local communities have been affected significantly by COVID-19 with Harrow having some of the highest rates in the country of both COVID-19 cases and deaths .
- Because COVID-19 affects older people with complex health conditions, care homes have been particularly affected. This is the similar to the pattern seen nationally and internationally.
- People from BAME communities have also been disproportionally affected.
- Data is received from PHE which identifies information including post code and age of positive cases. We use mapping of cases to identify any local outbreaks or concerns.
- This data has been expanded to provide further data (non-identifiable) on cases to allow more in-depth analysis
- We have undertaken an assessment of the needs of the communities in terms of the test and trace.
- We have an established process to discuss the concerns of local communities. We successfully engaged the Somali community as our pilot last year and have built upon continued community engagement in all areas, over the course of the pandemic response.

Community Engagement

- We will continue to keep the local population updated about COVID-19 through our various media channels, focusing on ongoing community engagement and resilience.

- We have an engagement programme with minority communities to understand and address their concerns and to create local champions who can spread the messages within their communities.

- We have established regular engagement sessions with the Director of Public Health and her team. These include local voluntary & Charity sector, local community groups, Special school head teachers, school heads and governors, care/ residential homes, and other social care providers and with our own staff across the health and social care partnership.

- Language is a barrier to accessing many services. However, we are supporting the communities and have developed a number of local bespoke resources, using tailored imagery and assets from the London-wide COVID-19 communications group which have been exceptionally helpful .

Testing Strategy

Aim and Purpose of testing

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

Pillar 1 (NHS Settings):
PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR, LAMP & quicker testing)

Pillar 2 (Mass Population/Community):
Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing

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

Adapted from ADPH LOMP Pan London Approaches V4.0 05/03/2021

Testing & Logistics

It is important to identify positive cases in Harrow as soon as possible, to control the spread of the virus. This is challenging, as the illness is contagious before symptoms appear and certain people may be asymptomatic.

Therefore, the role of testing within the borough remains vital as we move into the next phases of local pandemic response and recovery.

Symptomatic Testing Sites

The criteria the council used to assess the logistics for the set-up of symptomatic test sites in the borough were to:

- Ensure sufficient high-quality hard-standing to accommodate temporary testing building and other associated temporary buildings/portacabins
- Ensure location had vehicular access for deliveries and construction
- Ensure sufficient available parking in the vicinity for staff and visitors
- Assess areas identified in relation to areas of high rates of COVID-19 infection with consideration for easy access to achieve some degree of borough-wide coverage
- Consider impact on local residents, community groups and businesses, particularly in terms of not causing a nuisance, negative effects on road networks or increased risk of transmission
- Other required accommodation works such as additional parking restrictions
- Seeking advice of local ward members

Testing during Lockdown & Beyond

Harrow COUNCIL LONDON

Increasing asymptomatic testing will play a vital role in enabling the route out of lockdown towards recovery and 'Living with COVID' within the borough. Lateral Flow Device (LFD) Testing will become part of our regular daily routine in Harrow to:

- Identify the 1 in 3 people with COVID who have no symptoms
- Provide quick results (30 mins), to allow people to test routinely
- Allow accessibility via schools, employers and community test sites for ease of accessibility
- To allow for regular checks to ensure repeat negative results (and to isolate in the event of a positive result)

A negative test result does not override any of the latest government guidance to isolate and get a PCR test if anyone has symptoms. Nor does it negate the need to follow Hands Face Space guidance:

School staff, pupil household & support bubble regular rapid LFD testing

- From 8th March: Within first 14 days back at school, all Secondary, FE students & staff tested 3 times at school or college and once at home
- Primary staff given 2 x rapid tests each week to do at home
- From 15th March: Secondary staff & students given 2 x rapid tests each week to do at home
- As schools reopen: Twice weekly testing for parents, carers & support bubbles
- Parents & carers get tested at: workplace, local testing site or collection of home testing kit or new online order service.

There will be continued PCR testing for those with symptoms and as a confirmation of results of positive home LFD testing

Ref: NHS Test & Trace – Lockdown and beyond, scaling up asymptomatic testing (21February 2021)

3.1 Testing Capacity: Symptomatic testing

Free Polymerase Chain Reaction (PCR) Testing for those with Coronavirus Symptoms

LB Harrow residents are eligible to book a test for COVID if:

- they are having COVID symptoms: fever and/or new and continuous cough and/or loss of or change to sense of taste or smell
- They are an 'essential worker' who is not having symptoms
- They have been asked by NHS Test & Trace or Harrow Council to have a test

How to book

- Tests can be booked via: National Testing Sites (or Home Test Kits) – via the online government portal or telephoning 119.
- To book a slot at a local testing site, or to order a home testing kit, residents must apply via the government portal. Alternatively, residents may call 119.
- Harrow locations are Harrow Weald Recreation Ground, Northolt Road Community Centre Testing Site (opposite South Harrow Police Station), Kenton Recreation Ground and the MTU at the Civic Centre

Further information can be accessed at: https://www.harrow.gov.uk/coronavirus-covid-19/coronavirus-covid-19-testing-harrow-residents .

The latest updates regarding testing within the London Borough of Harrow can be found at: https://www.harrow.gov.uk/coronavirus

3.2 Testing Capacity: Asymptomatic testing

Rapid COVID Testing - Lateral Flow Testing (LFT):

To help locate infected residents and break the chain of infection, LB Harrow have introduced Rapid COVID testing for people who are not showing any symptoms of COVID. Rapid COVID testing, also known as a Lateral Flow Test (LFT) gives a positive or negative COVID result in approximately 30-40 minutes.

Rapid COVID testing is available on set dates at the following sites:

- St Anns Shopping Centre: St Anns Shopping Centre, Harrow, HA1 1AT.
- The Civic Centre (Buildings 5 & 6): Civic Centre, Station Rd, Harrow HA1 2XY
- Harrow Arts Centre: Uxbridge Rd, Hatch End, HA5 4EA.
- The Beacon Centre Scott Crescent, Harrow, HA2 0TY
- The Shree Swaminarayan Temple: Wood Lane, London HA7 4LF

The council want to test as many local people as possible which is why locations have been opened in Harrow where residents can be tested for COVID. Rapid COVID tests are available for people who:

  - have no symptoms of COVID
  - are aged 12 and above (as at 31 August 2021)

- Further information including dates can be accessed at: https://www.harrow.gov.uk/CORONAVIRUS-COVID-19/BOOK-COVID-TEST

Testing in Specialist Settings

Testing in Specialist Settings (including special schools)

Guidance for leaders and others involved in the mass testing programme has been published for:

- special academies
- maintained special schools
- alternative provision (AP) academies, including hospital schools
- registered independent AP, including hospital schools
- pupil referral units (PRUs)
- specialist further education (FE) colleges
- non-maintained special schools (NMSS)
- independent special schools
- local authorities
- clinical commissioning groups
- community health staff working with children and young people with special educational needs and disabilities (SEND)

The information supplements the guidance in the Testing handbook for schools and colleges, recognising that there are distinct issues for settings in the special school, specialist college and AP sectors. It is part of guidance and resources for schools and colleges to support preparations for coronavirus (COVID-19) testing in education settings.

The Government has published separate guidance on Mass asymptomatic testing in schools and colleges that covers other aspects of the testing programme, for example, the daily testing of close contacts following a child or young person returning a positive test.

https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings

How Our Testing Strategy is Developing

Aim

- Assist in breaking chain of transmission
- Reduce levels of infection and support the Government's roadmap for gradual lifting of restrictions

Objectives

- To ensure we have sufficient testing capacity in the borough to match our testing ambition
- To ensure we are maximising uptake of testing capacity, particularly among the target cohort of key workers
- Consider the criteria for the location of the testing sites and rapid response team
- Ensure link to PCR and surge testing
- Ensure link to test and trace in support of self-isolation

Plan

- Shift from high volume mass testing sites by decommissioning booths and having fewer large testing sites to be able to open up more, smaller, localised provision with sufficient flexibility for surge testing and on-going role for testing, post-lockdown
- Fixed sites x5
- Mobile unit x1
- Rapid response – Covid Marshalls
- Community Pharmacy involvement
- Link to Community engagement plan and community champions

Adapted Summary from LB Harrow Community Testing Strategy Review, 8th February 2021

Timeline from Mass to Local Testing

Aim: To break chain of transmission & reduce levels of infection supporting gradual lifting of restrictions

Dec 2020 to Early Jan 2021 → **Early January 2021** → **Mid-February 2021**

•**Aim**: Test the whole Community
•**Ambition**: 212,000 tests in 6 weeks

Phased plan:
i) Before Christmas:
One mass testing fixed site in town centre to support retail and hospitality businesses,
SEN schools' pilot,
1x small site for council key workers and mobile trailer.
ii) After Christmas
Four additional fixed sites. Response unit and ambulance
iii) 11th Jan – Six weeks period starts

•**Aim**: More focused testing
•**Ambition**: 112,000 tests in 6 weeks

What changed:
•Schools to run their own testing,
•Schools closed 5th Jan
•Lockdown 6th Jan
•DHSC new focus on testing key workers and those unable to work from home

Action:
• Focused comms and engagement and Covid Marshall Team
• Reduced number of booths open on a day-to-day basis, review of costs

•**Aim**: local testing
•**Ambition**: 70,000 tests in 12 weeks (average 6,000/week)

What changed:
•Most businesses and many other large organisations to get LFT direct from Government
•Costs to be recovered for PPE
•Turnover
•Need to consider surge capacity for post lockdown
•Permanently closing booths in the larger sites
•SLA to be confirmed with community pharmacies

Adapted Summary from LB Harrow Community Testing Strategy Review, 8th February 2021

Testing Key Cohorts

Institutional Testing Channel (These cohorts of people are vital for running country and cannot work from home)

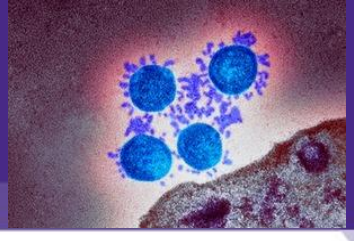
- NHS and Primary Care
- Social care (care homes and domiciliary care)
- Education (schools/University)
- Private and businesses 250+ employees
- Food industry, energy sector, manufacturing, life sciences, water, waste and vets, hauliers, major supermarkets
- Large public sector
- Transport for London (TFL)
- DVLA
- Network rail
- Met police
- Fire Service
- Prison staff
- Looking at introducing courts
- Border force
- Civil service

Community Testing Channel (Priorities within these cohorts to focus on hard-to-reach groups at higher risk of infection)

- Self-employed and sole traders
- Education and childcare not covered by schools
- Public sector – our own staff and others until they have their own schemes up and running
- Charities and Voluntary Sector
- Local SME's <50 employees, delivering key services
- General Public (hard to reach groups at higher risk of infection)

Adapted Summary from LB Harrow Community Testing Strategy Review, 8th February 2021

Variants of Concern (VOCs)



Viruses naturally mutate over time and during the early response to COVID-19 pandemic a genome sequencing capability was established in the UK to monitor changes in the genome of the SARS-CoV-2 virus. Over time, changes in the genetic code of the virus cause variations which can be transmissable and sometimes this may lead to viral behavioural change. Whilst most changes are not concerning, some Viruses under Investigation (VUIs), lead the Government to consider certain mutations as 'Variants of Concern' (VOCs).

Coronavirus is a large family of viruses and there are now multiple variants of the virus causing COVID-19 to circulate globally. Some variants appear to spread more easily and quickly than others, which may lead to more cases that in turn, may put more strain on healthcare resources, leading to more hospitalisation and potentially more deaths.

PHE are continually studying variants quickly to help control spread and understand the behaviour of new variants with the aim of establishing: transmissability, severity, detectability, response to pharmaceutical interventions and the effectiveness of current COVID-19 licensed vaccines against new VOCs.

Differences between a Variant of Concern and a Variant Under Investigation

According to Public Health England, SARS-CoV-2 variants, if considered to have concerning epidemiological, immunological or pathogenic properties, are raised for formal investigation. At this point they are designated Variant Under Investigation (VUI) with a year, month, and number. Following a risk assessment with the relevant expert committee, they may be designated Variant of Concern (VOC)

Further information is available at: https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-cases-data

Responding to VOCs

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

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

Determining Public Health Action- range of approaches						
Whole Genome Sequencing	Increase Symptomatic PCR Testing	Targeted Surge Asymptomatic PCR testing	Rapid & Enhanced Contact Tracing	Support for isolation	NPIs	Monitoring & Evaluation

<u>Local Communications & Engagement in response to VOC outbreak:</u>

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

Adapted from ADPH LOMP Pan London Approaches V.4.0 05/03/2021

4. Surge Plans

- Director of Public Health and Consultant in Public Health will be the main contact point for PHE for notification of any VOCs and will lead the Incident Management Team.
- Incident management team will include PHE/LCRC and DHSC testing leads in addition to council departments involved.
- Enhanced contact tracing will accompany any surge testing for VOCs. If necessary additional staff will be brought into the call centre to facilitate this.
- Environmental Health Officers' (EHOs) and COVID Marshalls will support the investigations and surge testing as necessary.
- Escalation points for surge capacity/large outbreak planning have been developed and agreed, including recovery process.
- Mutual aid plans are developed by PHE LCRC and LAs
- Discussions between BRFs and LRF/SCG continue to take place to agree escalation points/mutual aid mechanisms

Surge testing for variants of concern

In the event of an identified case of a Variant of Concern, and in accordance with surge management plans Harrow council will :

- Establish an incident management team meeting with colleagues from PHE and DHSC testing team to agree approach and the area to be tested
- Engage with local communities including Community & Faith groups as necessary
- Align communication to the National campaign
- Utilise 3rd party (No 8) to carry out door to door test drops and collection services
- Optimise testing capacity
- Initiate mobilisation of Mobile Testing Unit (MTU) facility and/or repurpose Lateral Flow Testing (LFT) site within the designated area
- Distribute and collect home testing kits across the identified area/population group
- Support and/or adapt testing to target hard-to-reach groups where possible
- Develop SOP and ensure best practice
- Ensure ward Councillors and political leaders are aware of the surge testing.

4. Contact Tracing

- Contact tracing is a long-standing core public health intervention measure to stop spread of infectious disease. It is used to identify those who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of Covid-19).
- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread.
- Anyone who has tested positive for COVID-19 is contacted by NHS Test and Trace and are asked to self-isolate. They are also asked to identify any people they have in close contact within the days before they became symptomatic. Close contact is defined as being within 1 metre for 5 minutes or within 2 metres for longer than 15 minutes within 2m distance). These contacts would be advised to self-isolate too.
- Tier 3 – call handlers for communicating with contacts of cases.
- Tier 2 – NHS Health Professionals will contact all Covid-19 confirmed cases who do not respond to electronic request within 8 hours. The team will escalate to Tier 1 if more complex or meets certain criteria. After a further 24 hours, these will be referred for local contact tracing
- Local Tier 2 – The LB Harrow Contact Tracing Team is comprised of call handlers supported by specialist staff who have undertaken extensive training and provide the local contact tracing service. The team is able to deploy locally **Enhanced Contact Tracing** in partnership with HPT and provide risky venue alerts when/if required. The team has strong links with the LCRC and partner organisations to support the process
- Tier 1 – PHE Regional Centre (PHE LCRC) – All outbreaks in specific settings (schools, prisons, health centres, care homes) plus other complex outbreaks and all cases of variants of concern.

Identifying and Responding to Common Exposures

The council receive referrals and gather data including Common Exposure Reports, which are downloaded and shared with LB Harrow Environmental Health Officers, who along with our COVID Marshalls are pivotal in supporting the local Contact Tracing service.

- Common exposure reports are developed from ‘backward’ contact tracing information (the period 3 to 7 days before symptoms or being tested), and show:
- places, events and activities visited/engaged in by cases during the period where they mostly likely acquired the infection
- specific locations where cases may have acquired their infection, and which may justify further public health investigation
- ‘Common exposures’ provide intelligence about specific locations where transmission may have occurred and the role of specific sectors
- Common exposure reports are used by EHOs to identify premises of interest, to ensure risk assessments etc are in place and to make sure they are COVID-19 secure, as well as carry out spot checks. The biggest issue from these to date has been around lack of mask wearing by customers (and some staff)

4. Contact Tracing in Complex Settings

For each of the complex settings action cards have been developed to assist with the prevention and management of an outbreak, with setting specific challenges in mind

Workplaces	Food manufacturing premises	Places of Worship
Healthcare settings	Homeless and hostels	Community clusters
Transport related	HMOs	Multigenerational households
Hospitality	Education	Care homes

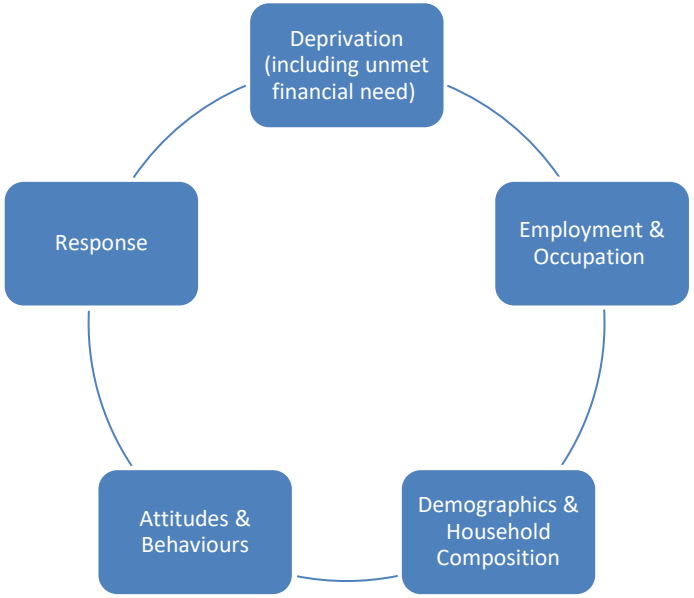
Enduring Transmission

In some places transmission has remained stubbornly high and above the national average for long periods of time, sometimes resulting in restrictions remaining in place, or being re-implemented shortly after they were relaxed.

Methodology identified a broad spectrum of factors that may be potentially contributing to the transmission of COVID-19. When looking at Enduring Transmission, we are differentiating between key events that might drive transmission (or its reduction), such as national lockdowns, return of schools/universities and those factors that have a continued impact. This includes both features of an area (e.g. demographic features) as well as practice, policy and response. It has been found that there is no single cause for ensuring COVID-19 transmission and many factors may be at play and are likely to contribute such as deprivation, employment, housing etc.

Key Factors & next steps include:

- Ongoing analysis
- Engaging and sharing information
- Consideration of measures such as self-isolation in terms of compliance and payments
- Continued preparation and strengthening of local response, in line with capacity and resources



Adapted from NHS Test & Trace Phase 1 Briefing Pack V1.1

Sector Risks

- A number of risks have been identified by the CEOs and DsPH in North West London
  - Clarity of decision-making responsibilities between central and local government
  - The risks of lack of support for social isolation – payment systems are difficult and off putting to those most in need and despite the support payments there are concerns about employment security.
  - Funding: Continuation of infection control funding is needed to ensure that care homes and domiciliary care additional expenses are covered
  - Equality and pockets of enduring transmission – which links in with the risk of social isolation
  - The lack of clarity over the purpose of surge testing for VOCs – and the impact that this has on the ability to progress on recovery
  - National and London wide events such as elections, religious festivals (Ramadan, Passover and Easter) present issues over large gatherings risking transmission events
  - North West London has several specific challenges due to large venues and the presence of Heathrow Airport and of parliament in the sector. Major public events such as Notting Hill Carnival and the London Marathon, the opening of Wembley stadium (and other exhibition/concert venues including earls Court and Olympia) to large events, anti-government and other demonstrations. This influx of visitors and the use of the extensive public transport in the sector run the risk of local outbreaks and spread from endemic areas.

Local Risk Examples

Area	Service	Risks
Care Homes and Schools	Care Homes, Assisted Living, shared accommodation and supported care at home. Nurseries, Childminders, Primary, Secondary, Special and Colleges.	Any further outbreaks in residential settings would case significant health and housing needs to enable groups of people to self isolate for 14 days. Failure in third party organisations applying all advice from local authorities and central government.
High Risk Work Places, Communities & Locations	Faith & Religious groups, Plants/Factory settings (such as Meat factories), Local businesses including hospitality, distribution centres, Homeless Shelters, HMOs, Hostels, Migrant workers and illegal/unregistered businesses.	Outbreaks in local businesses or factory settings such as Meat factories or distribution centres where staff work in close proximity together. Homes of Multiple occupancy or Hostel outbreaks could be due to failures in social distancing and shared living arrangements by private landlords.
Mobile Testing Units and Local Testing approaches	Multi agency response and service provision working with NHS Test and Trace.	Demand on services maybe overwhelmed and therefore, capacity/delivery of services hindered.
Contact Tracing Capacity & Mutual Aid	Working with multiple organisations to get a coordinated approach on contact tracing.	Lack of data on outbreaks could impact in response times and coordination of services respond.
Data Integration	Coordination of patient data working closely with other organisations.	Lack of data on outbreaks could impact in response times and coordination of services respond.
Vulnerable People	Vulnerable people such as those on the Shielded List, Adult Social Care, Children in or supported by social care, mental health and learning disabilities. Travellers, Young people, Homeless people, BAME, Minority speakers and language barriers.	Lack of PPE available for essential services where home visits are still required. Insufficient housing for outbreak in vulnerable groups. Communication failures leading to outbreak in hard to reach groups or communication breakdown to BAME or minority speaking groups.
Local Boards	Working closely with PHE and LCRC	Breakdown in communications between various organisations and groups could result in roles and responsibilities being misunderstood.

Legislation, Compliance & Enforcement

At present, there are limited powers given directly to Local Authorities to impose Lockdowns on the population level. Most powers under the Health and Social Care Act 2012 and the amended Public Health (Control of Disease) Act 1984 and associated regulations, give statutory responsibilities to Director of Public Health to plan and oversee outbreak control and management or detain individual cases that pose infectious risk to the general population, via designated 'Proper Officer', who is appointed by PHE London.

Schedule 22 of the Coronavirus Act 2020 provides further powers relating to events, gatherings and premises. For the purposes of preventing, protecting against, delaying or otherwise controlling the incidence or transmission of coronavirus or facilitating the most appropriate health care response, events or gatherings can be restricted or other requirements imposed and premises can be closed.

Schedule 21 of the Coronavirus Act provides extensive powers to public health officials (PHE''s Proper Officer, police and immigration officers) that exist for the period that the Secretary of State has declared that: coronavirus constitutes a serious and imminent threat to public health in England, and that the powers conferred by the Schedule will be an effective means of delaying or preventing significant further transmission of coronavirus. *This is currently not passed on to Local Authorities.

5. Data Integration - GDPR

- The Secretary of State issued notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

- These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information.

- The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

- For these reasons, agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

- Local data sharing agreements have been developed.

Surveillance i

Overall surveillance

Incidence, Prevalence and Testing data

- Daily monitoring of rates and numbers of Covid-19 positive cases within the borough and identification of P1 and P2 caseload and clusters within the borough. This is presented in the COVID-19 Dashboard from various PHE reports that we receive
- Weekly and a rolling 7-day average of cases reported in a weekly report to identify trends and hotspots of the virus within the borough through monitoring of this by location (ward), age, gender and ethnicity
- A weekly analysis of testing numbers and rates, to identify trends and hotspots
- A weekly analysis of testing numbers and rates, to identify trends and hotspots
- Weekly geographical mapping of numbers and rates to identify hotspots and trends within the borough completed by our BI and GIS team
- Weekly geographical mapping of numbers and rates for uptake of testing , to identify trends and where uptake is low completed by our BI and GIS teams
- Further deep dives have been undertaken of both the first and second wave of the pandemic and used for briefings in Incident Management Meetings

Surveillance ii

Vaccination data

- Currently, vaccination data is still being developed by PHE and we are carrying out weekly geographical analysis of uptake
- Vaccination data has been analysed by age and ethnicity and confidence intervals have been used to see how similar the uptake within certain populations are similar to their proportions within the borough, however there are limitations to this as we are using population projections based on census 2011 data, and this as a result of COVID-19 will be an overestimate of our underlaying population
- North West London Health and Care partnership produce a weekly vaccination report for all the 8 boroughs which uses GP registration data and is currently being used to monitor vaccination uptake

Reporting & Intel

All the reporting of above is available at across borough level so comparisons can be made, however for the more detailed reporting of within borough trends and hotspots we only have Harrow level data and analysis available, hence it would be useful to understand what is occurring on our borders and hence it may be useful to share intel, but there are regular North West London Director of Public Health sector meetings held, where this is also discussed

Waste-Water Analysis

We are currently in the process of analysing waste-water analysis, in supplement to the above

Dashboards & Data Sets

The surveillance and monitoring data feeds into the regular Harrow Council COVID-19 Dashboard which is produced weekly providing an overview of the current situation. This information includes the number of Test & Trace cases, Test & Trace contacts, Incidence rate (all ages), incidence rate in those aged 60 and over per (100,000 population) within the past 7 days and PCR Testing & Positivity rates (per 100,000 population). We also produce graphs indicating trends in case rates and comprehensive situational awareness reports.

In addition, regular Harrow Gold dataset reporting and Community Hub COVID-19 Activity data provides status reports on symptomatic & asymptomatic testing, vaccinations, enforcement and communications as well as Test & Trace data and information on business grant payments, housing/accommodation, Clinically Vulnerable Individual contact, Adult and Children's Social Care and food/other support

This information amongst other data underpins situational awareness to inform the borough pandemic response and recovery measures.

Local Partnership Engagement Teams

The Local Partnership Engagement Teams provide support to Local Authorities via:

- Regular Communications/Touchpoints
- System Development
- Training Content
- Policy Updates
- Outbreak taskforce details
- Enhanced contact tracing
- Regional tracing initiatives

Local Contact Tracing Partnerships

Summary of the New Process Flow

- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority.
- LA & Tier 2 escalation process remains in place
- This process commenced on the 1st March 2021

Adapted summary from ADPH LOMP Pan London Approaches V.4.0 05/03/2021

6 Vulnerable People, Diverse & Underserved Communities i

- COVID-19 has brought some unprecedented challenges to the local authority and the health and care partnership, as well as to our local population.

- The council recognises the importance of supporting our vulnerable, diverse and underserved communities and has ensured continued engagement and communications to raise awareness of borough services, during response and recovery

- The council has contacted over 25,385 Clinically Extremely Vulnerable (CEV) people in the borough as of March 2021, ensuring that they are supported and have what they need to assist them throughout the pandemic.

- The Help Harrow Portal is available for anyone that has been affected by COVID-19 needing support. The community response has been enormous with hubs providing food, helping with shopping, picking up prescriptions and provision of social and emotional support, such as virtual befriending, and bereavement support. We recognise that people are being asked to isolate as a result of the test and trace system. Our current offer is available to them.

- We are also working with local employers to encourage them to continue to support and employ any staff who have to isolate as a result of contact of someone with COVID-19.

6 Vulnerable People, Diverse & Underserved Communities ii

- People with learning disabilities and/or mental health problems are one of the vulnerable groups that are of concern. The council and NHS in Harrow has arranged for testing of the residents living in residential care and the staff who work there. This will ensure that we have identified anyone with the virus reduce transmission.

- Throughout the pandemic, the council has been proactively identifying rough sleepers and other homeless people. They have been found temporary accommodation and more secure accommodation. This route can also be used for people who cannot self-isolate .

- Our BAME community groups are working closely with the council to identify any continuing issues of concern within the community. They are using social media to identify myths and misinformation whilst providing factual, accurate, evidence-based information and myth-busting advice.

- Specific areas of focus for supporting our vulnerable and underserved communities include accessibility to testing, raising cultural awareness, providing targeted communications and interventions including targeted support to community groups such as webinars for communities of black heritage, Tamil & Somali, support for residents experiencing homelessness as well as those with disabilities and residents identified as Clinically Extremely Vulnerable (CEV), who have been advised to shield.

COVID-Safe Housing Services

Harrow COUNCIL LONDON

Rough Sleepers

Rough sleepers are being placed into self-contained emergency accommodation and are therefore able to self-isolate

Homeless Accommodation

All families and a large proportion of single homeless people are placed in self-contained accommodation and therefore able to self-isolate. Most B&B accommodation utilised by the council is now running at reduced capacity in order to be COVID-safe.

Shared Accommodation

Consists of a small proportion of the council's temporary accommodation portfolio with 69 (6%) of residents currently in such accommodation. The council would move anybody at risk into self-contained emergency accommodation.

Multi-Generational Dwellings

In relation to MG Dwellings, the council does not use such premises for temporary accommodation. However, if a resident living in private rented sector accommodation is at risk, we would look at moving them into self-contained emergency accommodation.

Self-Isolation

- Support for those in Self-Isolation includes targeted communications to raise awareness
- Tackling employers who are found to be unsupportive of the self-isolation process
- Practical and wrap-around support to enable people to comply with self-isolation
- Test & Trace Support Payments. If residents meet the qualifying criteria set by DHSC they are signposted to the council's website https://www.harrow.gov.uk/coronavirus-covid-19/test-trace-support-payment
- Those applying for support payments are verified by the council and if successful, they are awarded £500.00
- Discretionary support payments can also be applied for those experiencing financial hardship due to loss of income due to self-isolation
- The benefits team also process Hardship applications. These are not COVID-19 specific but are often from people impacted by Coronavirus and potentially self-isolating
- Residents can contact the council COVID line and request food parcels including hot meals. Details of the household and their dietary requirements are taken and delivery is arranged
- LB Harrow also make referrals to Help Harrow, for food parcel deliveries
- Welfare support to residents includes bereavement services, self-isolation payment information and call back facility for residents to have someone to talk to.
- Last but not least, LB Harrow liaise with our voluntary groups who provide support should residents require assistance with medication etc. https://www.harrow.gov.uk/coronavirus-covid-19/help-support

Vaccination i

- The COVID-19 vaccination programme being rolled out across Harrow is based on the nationally decided priority groups in line with the Joint Committee of Vaccination & Immunisations (JCVI) advice.

- Th JCVI advises that the first priorities for the COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. Secondary priorities include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.

- Details of the LB Harrow Vaccination Centres are provided on the council website https://www.harrow.gov.uk/coronavirus-covid-19/covid-vaccinations

- The deployment of vaccines offers the opportunity to manage the epidemic locally, whilst we gradually lift many of the restrictions which currently apply.

- Measures are being taken via our Director of Public Health, Public Health Team, Communications Team and multi-agency partner organisations to Harrow residents, raising awareness of the importance of vaccination whilst continuing to improve uptake locally.

- The Harrow Health Protection Board meets regularly and discusses local progress with regards to the vaccination programme.

Vaccination ii

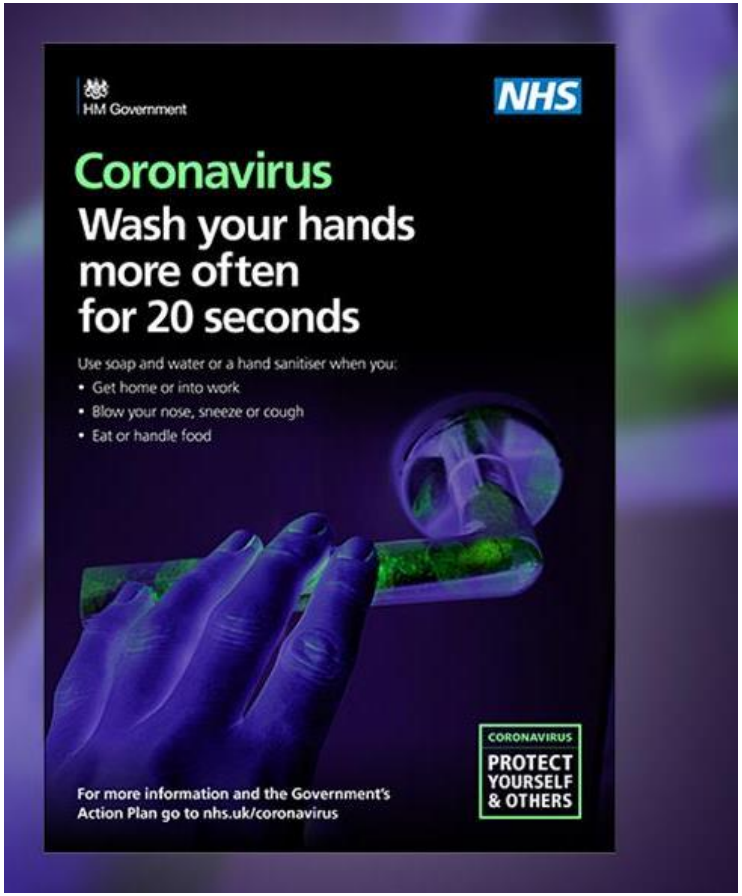
The London borough of Harrow is continuing to work proactively to reduce inequalities by identifying and addressing barriers to access and uptake of vaccination. Multi-agency partners have been working together to raise awareness of the programme and ensure residents have all the information they need to proceed with their vaccination when invited to do so.

The council COVID vaccination webpage provides details regarding:

- NHS guidance and Government advice
- Booking service guidance (how it works)
- Eligibility criteria
- Priority groups
- Vaccination centres
- Easy-read leaflets and posters
- FAQ's and Myth Busters about vaccination

This information can be accessed at: https://www.harrow.gov.uk/vaccinations

Non-Pharmaceutical Interventions



The continued role of Non-Pharmaceutical Interventions (NPIs) is essential to underpin infection control within the community during the next phases of response and recovery. NPIs are actions that can be taken to reduce community transmission and continue to slow the spread of Coronavirus in Harrow.

Types of NPIs range from simple interventions such as regularly washing hands, wearing a face coverings, keeping space to restrictions such as bans on household mixing (apart from support bubbles), working from home, online teaching, closures of non-essential retail and businesses such as hospitality, in accordance with Government guidance.

As the vaccination roll-out continues at pace, the importance of ongoing adherence to specific NPIs is being communicated by our Director of Public Health & the Communications Team now that we are entering the Government's 4 Step Roadmap for Easing Lockdown, announced on 22nd February 2021

COVID-19 Contain Framework i

The DHSC COVID-19 Contain Framework: A Guide for Local Decision-Makers was last updated in December 2020 and sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.

Local governance of COVID-19 outbreak plans builds on existing practice. As outlined in the Framework, the COVID-19 Health Protection Board provides public health leadership and infection control expertise, linked to the PHE regional lead, NHS, environmental health and other key partners. The DPH is responsible for the local outbreak plan and the local gold (Strategic Coordination Group) provide resource coordination, and link to NHS Test and Trace.

The council Chief Executive is responsible for the deployment of resources and liaison with the LRF (for example, for mutual aid), and with Whitehall via Regional Support and Assurance teams.

COVID-19 Contain Framework ii

Ongoing monitoring both locally and nationally is critical to help prevent, identify and contain outbreaks. Local DPH teams and PHE will have good situational awareness and are best placed to monitor and identify potential issues in their area. Local authorities will also be able to draw on information and resources provided by the Joint Biosecurity Centre (JBC) and PHE, established to provide analytical support and advice on outbreak control measures. An increasing number of dashboards are available locally, and to the public, so that data and insight can inform actions.

Responsibilities outlined within the framework

- Director of Public Health: statutory duty for local outbreaks
- Gold group: local strategic coordination group at a UTLA level, usually chaired by council chief executive
- Health protection teams: local teams providing support to health professionals including local disease surveillance.
- Joint Biosecurity Centre: the JBC has 2 main roles – to provide an analytical function with real-time analysis about infection outbreaks and to advise on how the government should respond to spread of infections
- K-Hub – LGA Knowledge Hub: online sharing community
- Local Outbreak Control Board (or equivalent): local leader-led governance responsible for political and public leadership including stakeholder engagement
- Local outbreak plan: UTLA's plan to deal with local outbreaks
- NHS Test and Trace: service established to track and help prevent the spread of COVID-19 in England
- Regional support and assurance teams: act as a link between local and central government; in cases of an outbreak will provide an additional resource
- SOLACE: members' network for local government and public sector professionals
- Strategic Coordination Group or Gold (SCG): meeting to respond to major incidents, can be at an LRF level or a local authority level, responsible for resource deployment, coordination and direction with partners
- Upper tier local authority (UTLA): for example unitary metropolitan and county councils; responsible for leading local outbreak planning

Ref: COVID-19 Contain Framework: A Guide for Local Decision-Makers, Department of Health & Social Care (Updated 29/12/2020)

Local Roles & Responsibilities

Place Based Leadership

Local

LA Chief Executive, in partnership with Director of Public Health (DPH) and PHE HPT to:

- Sign off the Outbreak Management Plan led by the DPH
- Bring in wider statutory duties of the Local Authority (e.g. DASS, DCS, CEHO) and multi-agency intelligence as needed
- Hold the Member-Led Covid-19 Engagement Board *(or other chosen local structure)*

Public Health Leadership

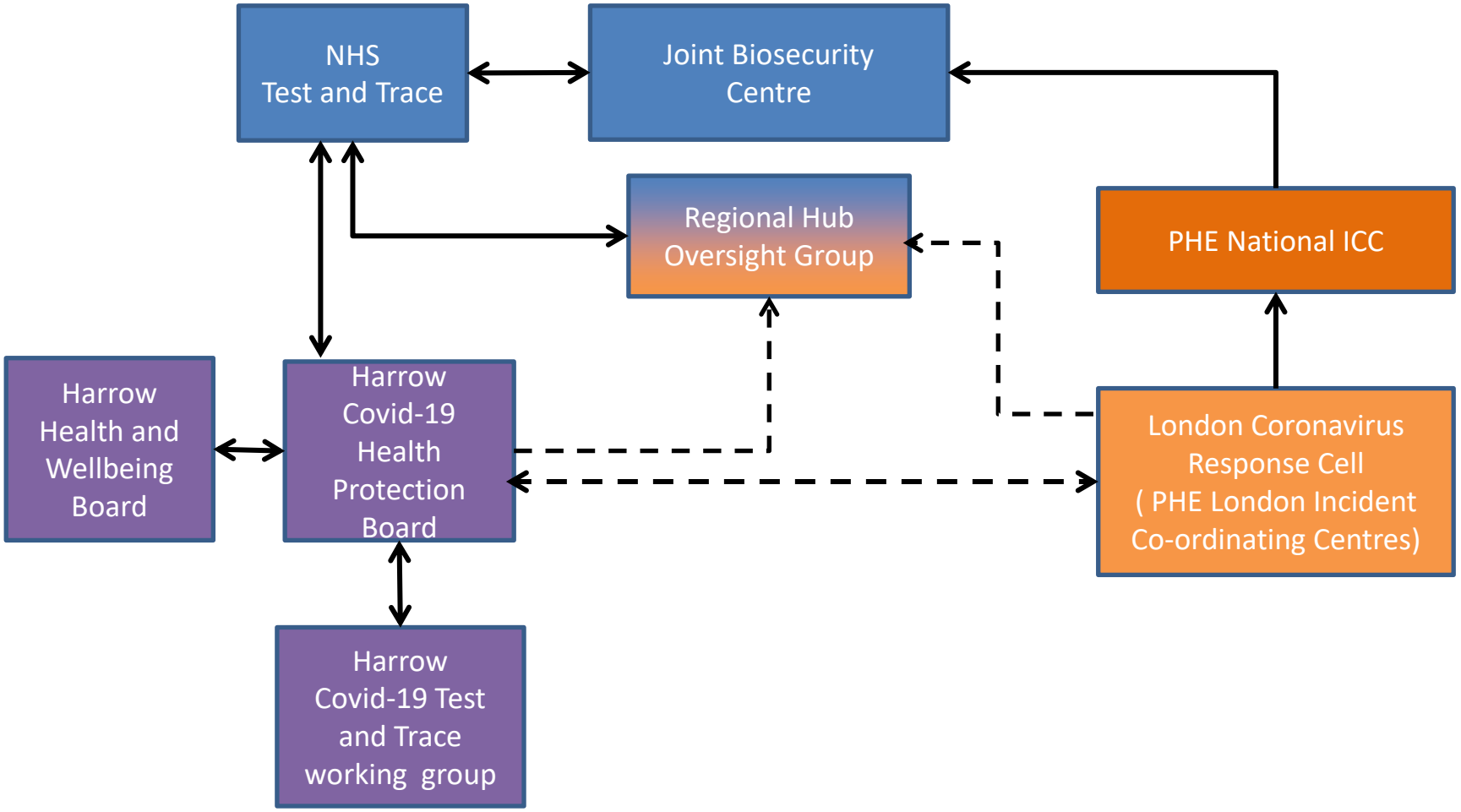
Local

Director of Public Health to:

- Produce and update the Outbreak Management Plan and engage partners
- Review the data on testing, contact tracing and vaccine uptake
- Manage specific outbreaks through the outbreak management teams including rapid deployment of testing with the PHE HPT
- Provide local intelligence to and from LA and PHE to inform tracing activity
- Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place)
- Ensure links to LRF/SCG & BRF

Governance

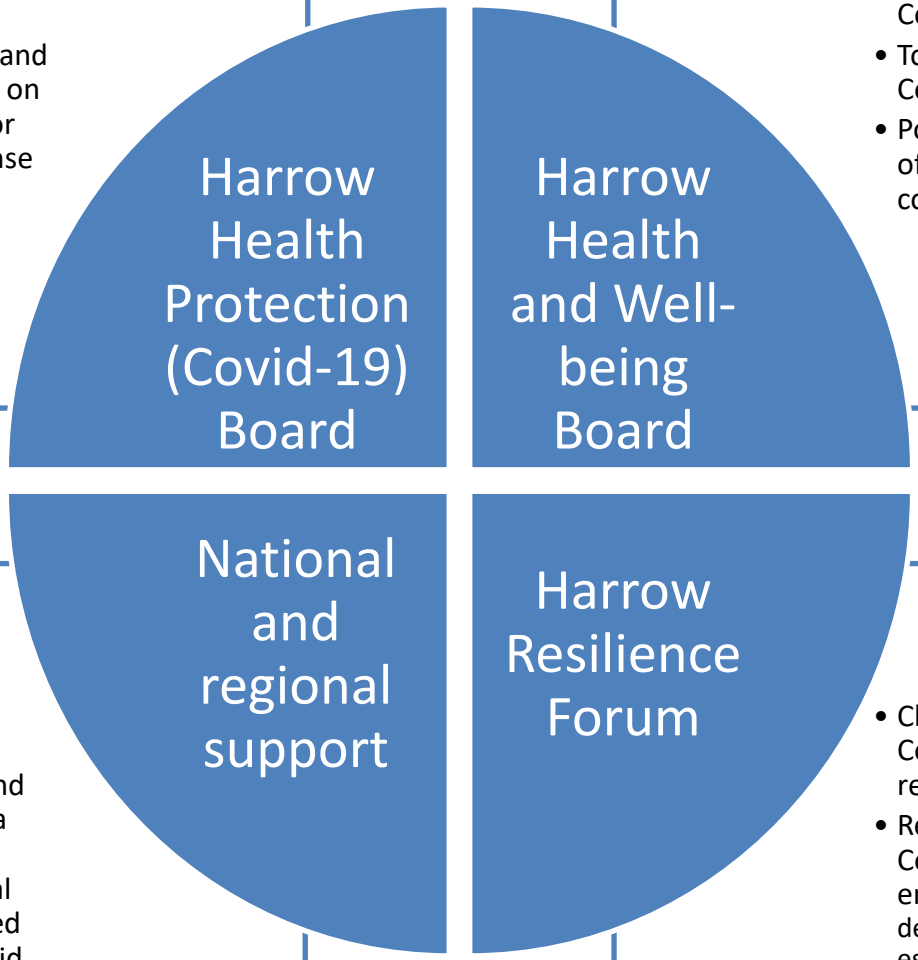
The diagram shows the governance structure for Test and Trace and Outbreak management. It highlights the complexity of the system and the wide number of agencies involved.



Local Governance Arrangements

Harrow COUNCIL LONDON

- Chaired by DPH with membership form local partners
- Responsible for the production and maintenance of the OCP, action on prevention of COVID-19, and for the action to be taken in response to an outbreak



- Chaired by the Leader of the Council
- To received reports from the C-19 Control Board
- Political and partnership oversight of strategic response and communication with the public

- Supported at a national level by Government Departments, including national PHE team, and Joint Biosecurity Centre and at a regional level by London Coronavirus Response Cell, Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)

- Chaired by Chief Executive of Council with all first line responders in attendance
- Responsible for determining Council's overall response to emergency planning, including deployment of local resources and escalate need for mutual aid, if needed.

The Harrow Health Protection Board (HPB) Key areas of leadership going forward:

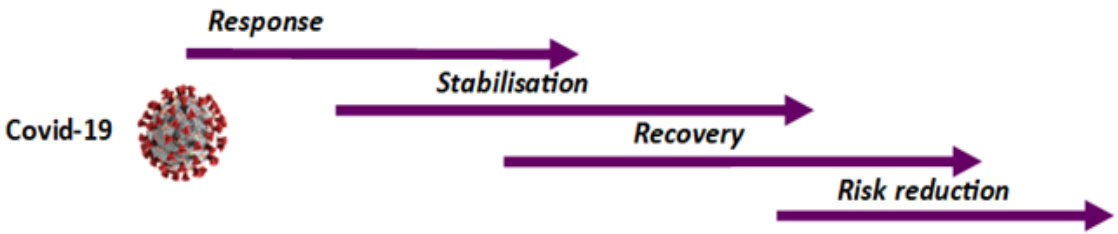
The Harrow Health Protection Board consists of multi-agency membership and meets monthly (or by exception). The Board will continue to take responsiblity for the production and maintenance of the LOMP, action on prevention of COVID-19, and for the action to be taken in response to further outbreak. The Board will also focus on recovery, management of ensuring transmission and 'Living with Covid', as we move through the next phases of pandemic.

Key aspects of this process will involve monitoring the following over the coming months:

- Test/Trace & isolate performance
- Positivity (indicator of transmission)
- The R Rate (indicator of transmission)
- Vaccine uptake
- High Risk Setting epidemiology
- Clear protocols for opening the economy and everyday life
- Schools' epidemiology and safety
- Economy & workspaces
- Health & Social Care
- Hospitality, retail and housing
- Vulnerable & underserved communities including CEV individuals
- Monitoring, Surveillance & Data
- Communications
- Enforcement & legislation
- Governance

Adapted from 'Living with Covid: Strategic Approach to Exiting the Pandemic Phase of SARS-CoV-2'; J. McManus; Herts HPB; V2.0, 28/02/21

Recovery i



LB Harrow Covid-19 Stabilisation & Recovery Note
M Shaw, LB Harrow EPRR (2020)

In line with the Government's Plan to Rebuild: The UK Government's COVID-19 Recovery Strategy (May 2020), the overarching aims of Harrow council are to assist in shaping local recovery, dependent upon capacity and resources. Key aspects for consideration include:

- Reversing the pattern of rising unemployment and lost economic growth caused by the economic scarring of COVID-19
- Support our community, including those most impacted by the virus
- Provide opportunities for young people
- Narrow social, economic and health inequalities
- Deliver a cleaner, greener Harrow

Further National & Regional recovery guidance can be found at: https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy

Recovery ii

Local reflections on recovery and return to Business as Usual (BAU) include, but are not limited to:

- The continued development of planning for the reopening of social and economic life within the borough.
- Business Continuity Planning including workforce planning, resources and capacity.
- Impacts on council staff and the resumption of more BAU activities.
- A strategic approach to supporting local business recovery
- Monitoring of the continuing financial impacts of the council's COVID-19 response and recovery
- Continued monitoring and surveillance
- Continued risk assessment and mitigation
- Forward planning, training and exercising for potential escalation to deal with future waves and surge management within Harrow
- Planning for the management of enduring transmission within the community and continued support for vulnerable residents and those severely impacted by the pandemic.
- Support requirements from National & Regional Teams including LCRC & NHS Test & Trace

Recovery iii

Additional Critical Success Factors to support Recovery:

- Mental Health Services
- Drugs & Alcohol and Sexual Health Services
- Children's Services (0-19)
- NHS & Social Care Services
- Education
- Employment
- Housing
- Public Services
- Public Health strategies
- Multi-agency partnership working and borough resilience
- Population knowledge and co-operation
- Cross-boundary working
- Businesses embracing COVID safely for the medium term

Adapted from 'Living with Covid: Strategic Approach to Exiting the Pandemic Phase of SARS-CoV-2';
J. McManus; Herts HPB; V2.0, 28/02/21

4-Step Roadmap for Lifting Restrictions

The route back to a new normality:

The Government has announced that restrictions will begin to lift in England from 8th March 2021 which we are hopeful will lead to a route back to a more normal life. There are 4 conditions to the easing of lockdown measures:

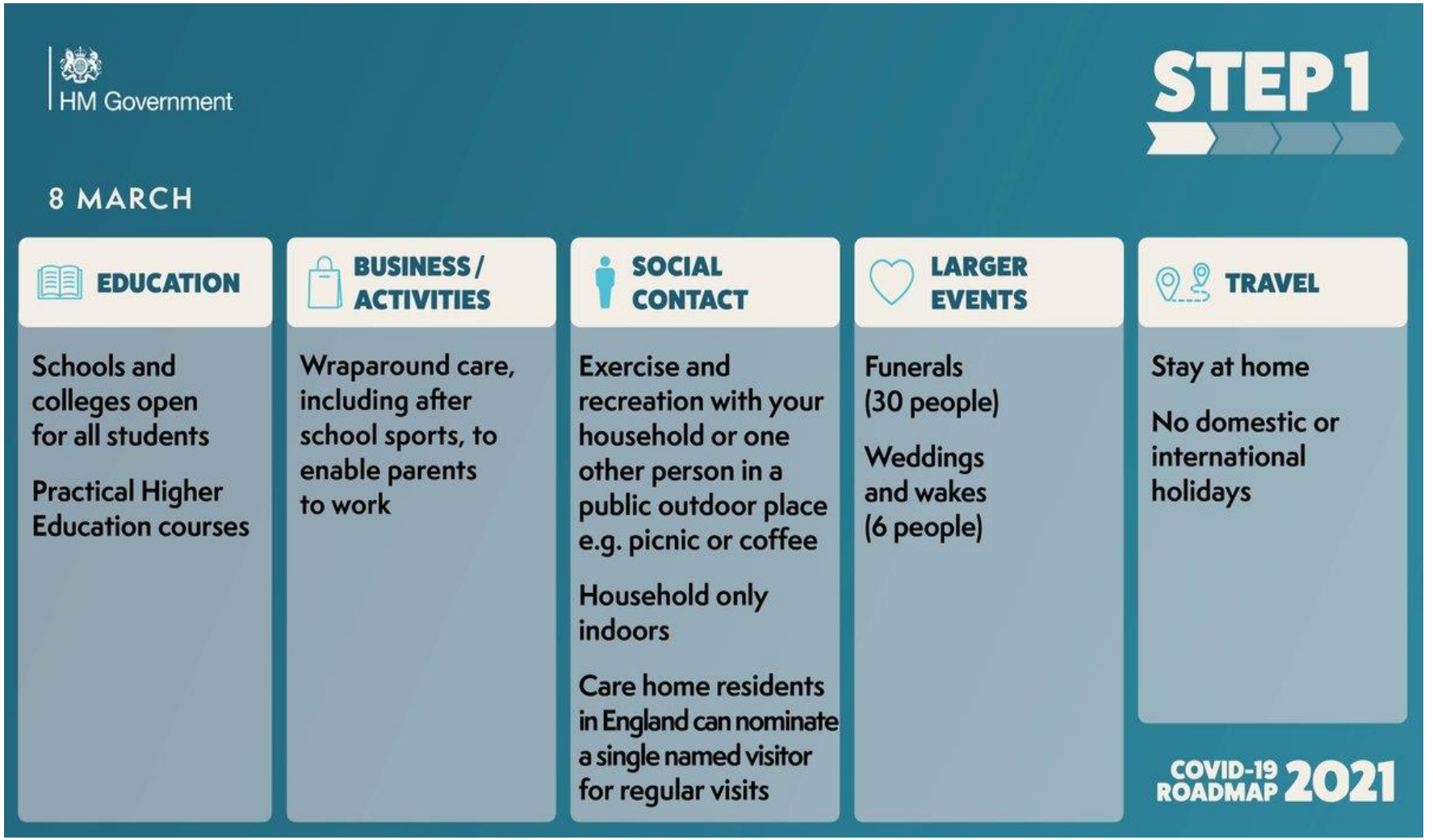
- Continuation of successful vaccine deployment
- Evidence shows that vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- Infection rates do not risk a surge in hospitalisations, thereby putting unsustainable pressure on the NHS
- The assessment of risks is not changed by Variants of Concern (VOCs)

Forward view:

Once restrictions have been lifted, the council will provide information on the continuation of the recovery process and what this all means for Harrow residents, as well as any changes to services we deliver going forward.

Full details of the Roadmap can be found in the following guidance: COVID-19 Response – Spring 2021 Summary published 22/02/2021 GOV.UK website

Step 1:


HM Government
STEP 1
8 MARCH
EDUCATION
Schools and colleges open for all students
Practical Higher Education courses
BUSINESS / ACTIVITIES
Wraparound care, including after school sports, to enable parents to work
SOCIAL CONTACT
Exercise and recreation with your household or one other person in a public outdoor place e.g. picnic or coffee
Household only indoors
Care home residents in England can nominate a single named visitor for regular visits
LARGER EVENTS
Funerals (30 people)
Weddings and wakes (6 people)
TRAVEL
Stay at home
No domestic or international holidays
COVID-19 ROADMAP 2021

Step 2

HM Government

STEP 2

NO EARLIER THAN 12 APRIL
At least 5 weeks after Step 1

BUSINESS / ACTIVITIES

- **All retail**
- **Personal care**
- **Libraries and community centres**
- **Most outdoor attractions**
- **Indoor leisure inc. gyms** (individual or household use only)
- **Self-contained accommodation**
- **All children's activities**
- **Outdoor hospitality**
- **Indoor parent and child groups** (up to 15 people, excluding under 5s)

LARGER EVENTS

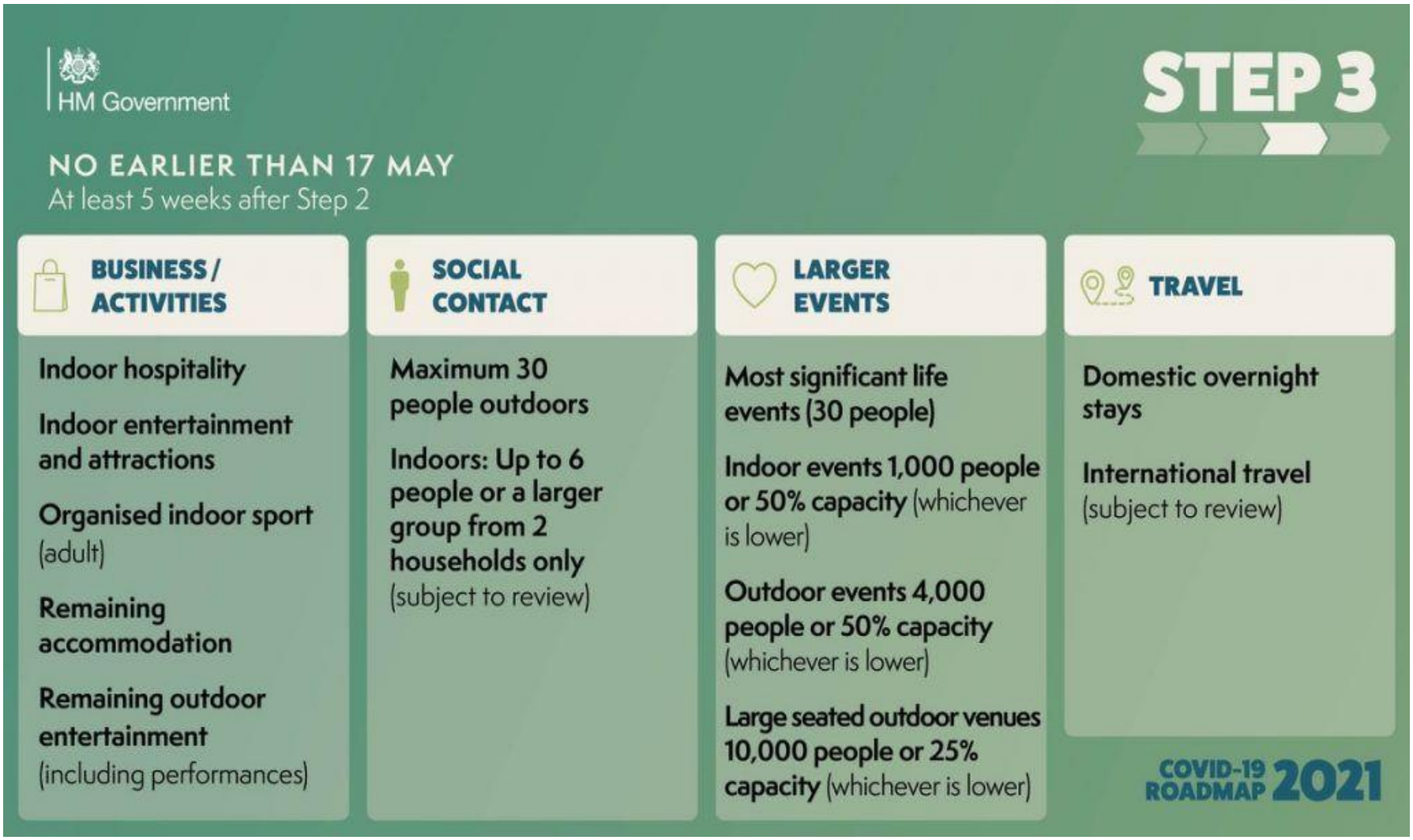
- **Funerals (30 people)**
- **Weddings, wakes, receptions (15 people)**
- **Event pilots**

TRAVEL

- **Domestic overnight stays** (household only)
- **No international holidays**

COVID-19 ROADMAP 2021

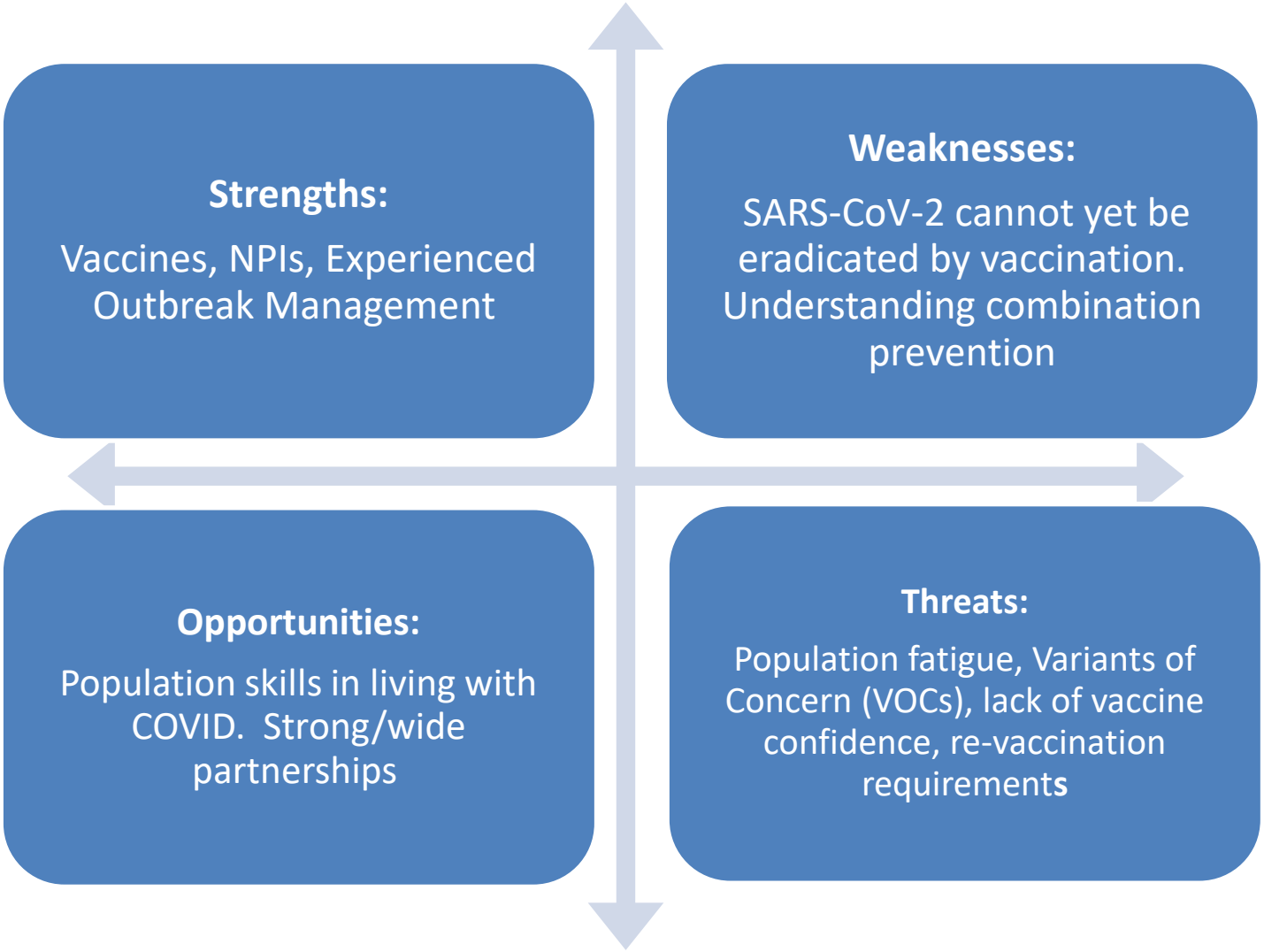
Step 3


HM Government
STEP 3
NO EARLIER THAN 17 MAY
At least 5 weeks after Step 2
BUSINESS / ACTIVITIES
Indoor hospitality
Indoor entertainment and attractions
Organised indoor sport (adult)
Remaining accommodation
Remaining outdoor entertainment (including performances)
SOCIAL CONTACT
Maximum 30 people outdoors
Indoors: Up to 6 people or a larger group from 2 households only (subject to review)
LARGER EVENTS
Most significant life events (30 people)
Indoor events 1,000 people or 50% capacity (whichever is lower)
Outdoor events 4,000 people or 50% capacity (whichever is lower)
Large seated outdoor venues 10,000 people or 25% capacity (whichever is lower)
TRAVEL
Domestic overnight stays
International travel (subject to review)
COVID-19 ROADMAP 2021

Step 4


HM Government
STEP 4
NO EARLIER THAN 21 JUNE
At least 5 weeks after Step 3
BUSINESS / ACTIVITIES
Remaining businesses, including nightclubs (subject to review)
SOCIAL CONTACT
No legal limit (subject to review)
LARGER EVENTS
No legal limit on life events (subject to review)
Larger events (subject to review)
TRAVEL
Domestic overnight stays (subject to review)
International travel (subject to review)
COVID-19 ROADMAP 2021

COVID Strategic Environment for 2021



Adapted from a SWOT diagram by Jim McManus, 2021

Moving Towards a Sustainable Exit from Pandemic

Harrow COUNCIL LONDON

Living Safely with COVID-19

It is likely we will have to live alongside COVID-19 and its variants for some time to come, however the aim is that we can live safely alongside any circulating virus without the need for severe lock-down restrictions, as we move towards through the next phases of pandemic by:

- Reducing transmission to the stage where we can exit lockdown
- Choosing a well-articulated, gradual 'opening up'
- Continuing monitoring, modelling, surveillance and adjustment
- Continuing improvements in and adjustments to vaccines and treatments

We will need to continue to reduce transmission within the community and suppress the virus and its variants, whilst enabling and sustaining the reopening of sectors within the borough.

When considering NPIs, it is extremely important that we continue to take sensible precautions such as good hand hygiene, wearing face coverings, practicing social distancing and undertaking regular testing, to avoid any return to more severe restrictions in the future.

Ref: Living Safely with COVID – Moving toward a strategy for sustainable exit from pandemic: Guidance for Directors of Public Health; ADPH; February 2021

The Ability to Live Alongside COVID

- Reduction of risk within a COVID environment, for individuals, employers, high risk settings, workplaces, educational, health and care home settings etc. (Community Engagement)
- Easy accessibility for testing within the borough
- Continued Self-isolation support
- Measures to manage enduring transmission
- Promotion of a 'can do' approach to enhance motivation as we move forward, based on the embedded culture of community safety and resilience
- Continued surveillance & monitoring
- Supportive system for the community including cross-boundary working & engagement
- Continued prevention including vital Pharmaceutical and Non-Pharmaceutical Interventions (NPIs) involving vaccines, testing, hand hygiene, face coverings, maintaining social distancing measures, self-isolation & contact tracing/enhanced contact tracing
- Compliance and enforcement
- Events planning
- Continued clear and refreshed communications that dovetail with National and Regional Comms, to support the people of Harrow to understand the skills they will need to live with COVID now and in the future
- Easy, Attractive, Socially Desirable and Timely (EAST)
- Focus on proactive risk assessment & management and understanding of 'risk budgets'. Articulation of council key strategies to reduce risk through the next phases of response and recovery.
- Testing/Exercising & evaluation of learning outcomes and opportunities presented by COVID-19, to assess positive impact and local response effectiveness as part of the Emergency Preparedness, Response & Recovery and Business Continuity planning cycles.
- Ensuring we continue to support equity, equality and diversity

Equality, Diversity & Inclusion

Following the release of the Public Health England (PHE) report on disproportionate impact of COVID-19 in June 2020, particularly amongst Black, Asian and minority ethnic communities, London Directors of Public Health have responded with health and care partners at Local, Sub-Regional & Regional levels.

Examples of work that Local Authorities have implemented following PHE's 7 recommendations include:

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

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

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

Further PHE information regarding the disparities in the risk and outcomes of COVID-19 can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Inclusion Health

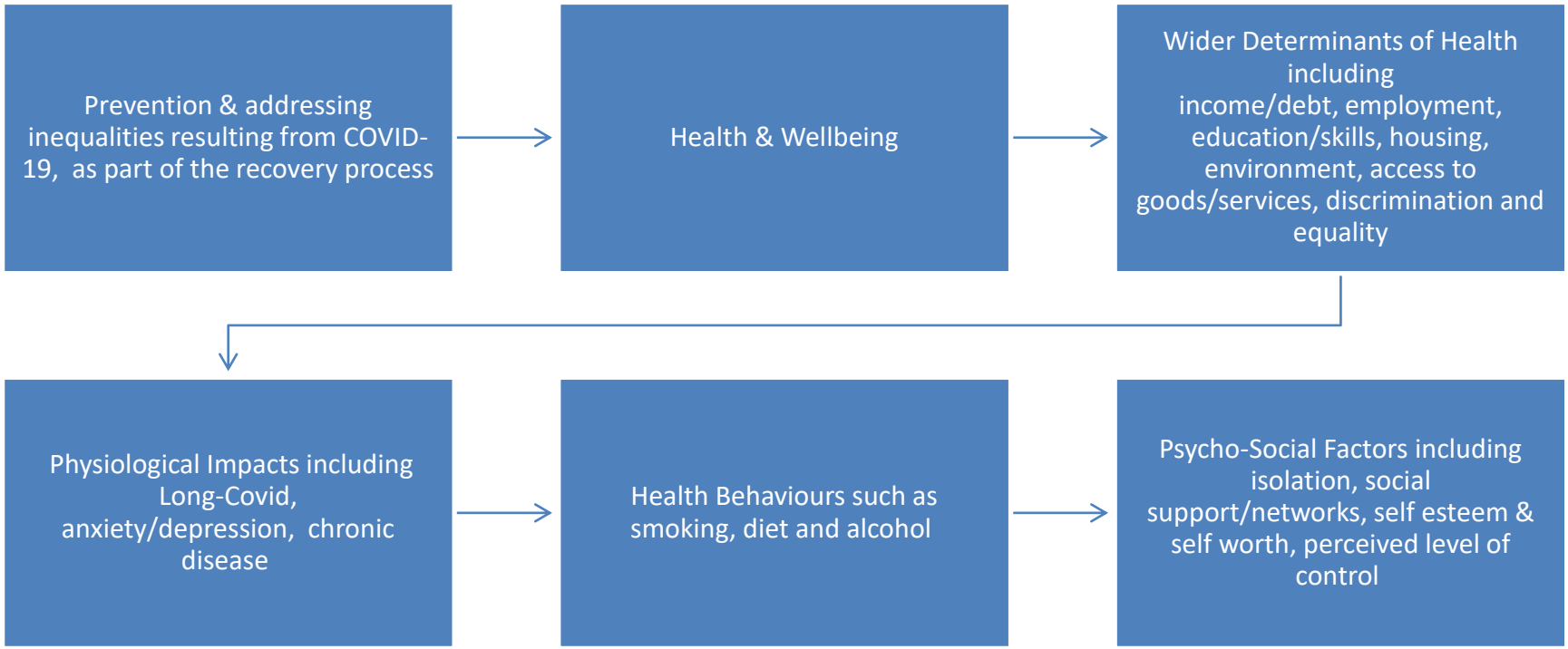
London COVID-19 Find and Treat Service (F&T)

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

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the London Coronavirus Response Cell (LCRC).
- **Variants of concern (VOC):** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support**: Provision of training for testing and contact tracing for key local staff (e.g., nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high-risk locations (e.g., prioritised based on size, shared facilities etc.) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination**: Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)
- The amount of training and sentinel screening undertaken will vary depending on the quantity of reactive outreach work (the focus since December has been entirely on outreach testing, and outbreak support).
- Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to asylum hotels in London (funded until end March 2021).
- We are currently working through the future delivery model needed (beyond 25th June 2021 when current funding ends) in anticipation of continuing infections and potentially outbreaks, particularly as vaccination uptake in this group is challenging.
- We will continue to collaborate with local authorities across London to understand and address the ongoing needs for these populations.

Adapted from ADPH LOMP Pan London Approaches V4.0 05/03/2021

Prevention & Addressing Inequalities Resulting from COVID-19 Pandemic



Modified Diagram – Adapted from Prof. Chris Bentley

Community Resilience

Our approach to working with communities

Harrow council and our partners are extremely proud of the role our communities have played in facing the challenges of COVID-19 pandemic and how they have responded to local needs during these unprecedented times.

Community cohesion and resilience is vital as we move out of pandemic phases, towards recovery and 'Living with COVID' and the council is focused on continued community engagement, listening to how people want the community to change and what part the community want to play in planning and developing our future.

Key insights & aspects into forward planning and action will include:

- The role of Health & Social Care in recovery during and beyond COVID-19
- Assessing what may be required locally (e.g. bereavement, mental health, children & young people, vulnerable people, business etc.,) and supporting where possible, in line with available resources and capacity
- Continued borough communication and engagement
- Understanding which community groups should be prioritised, in terms of available support
- Continued coordination of planning, response & recovery in accordance with guidance
- Ensuring widespread medium & long-term community engagement, beyond the crisis to further embed community resilience in Harrow
- Ensuring our pandemic planning, response & recovery is Precautionary, Proportionate and Flexible in line with current and emerging national and regional guidance

KEEP GOING HARROW – TOGETHER WE CAN MAKE IT HAPPEN

This plan is a live document which will continue to be updated and amended when new guidance or new evidence emerges.

This version was published in March 2021

Any comments or clarifications please contact publichealth@harrow.gov.uk

Legislation, Guidance & Policy

Harrow Council is a Category 1 Responder under the Civil Contingencies Act (2004) and adheres to the roles and responsibilities set out in legislation, guidance, policies and publications. The UK Government Primary & Secondary Coronavirus legislation can be accessed at:

https://www.legislation.gov.uk/coronavirus

Further useful Legislation, Regulations & Guidance (this list is not exhaustive)

- *HM Government Our Plan to Rebuild: The UK Government's COVID-19 Recovery Strategy May 2020*
- *Health Protection (Coronavirus) Regulations 2020*
- *Coronavirus Act 2020*
- *Public Health (Control of Disease) Act 1984*
- *Department of Health & Social Care Coronavirus Action Plan: A Guide to what you can expect across the UK March 2020*
- *Department of Health & Social Care COVID-19 Framework: A Guide for Local Decision-Makers (updated 29th December 2020)*
- *London Resilience Novel Coronavirus Response Framework V.1.0 February 2020 (Interim)*
- *House of Commons Briefing Paper: Testing for COVID-19 May 2020*
- *London Resilience Partnership Pandemic Influenza Framework V.7.0 May 2018*
- *NHS England Operating Framework for Managing the Response to Pandemic Influenza December 2017*
- *Department of Health UK Influenza Pandemic Preparedness Strategy November 2011*

https://www.gov.uk/coronavirus

https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

COVID-19 Update 22/3/2021

Carole Furlong
Director of Public Health

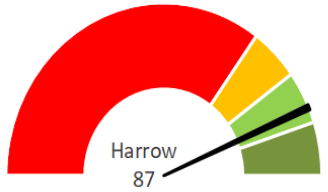
Latest data

- The current rate is 59.7 cases per 100,000 people in Harrow. For the past 2 weeks the rate had been a broadly plateaued picture albeit at high level.. Harrow's rate is currently the fourth highest in London (behind Hillingdon, Hounslow and Ealing) and in the highest third of local authorities in England
- The positivity rate is a good indicator of rates of sustained community transmission. This has been falling consistently over the past 6 weeks.
- The vast majority of the new cases in Harrow remain due to the new UK variant.
- The interim data suggests that rates will continue to plateau or fall slightly in the coming week.
- The impact of all school children returning to the classroom shows a small increase but with the introduction of lateral flow testing for school staff and pupils in secondary and further education, is being contained before it can spread within the school.

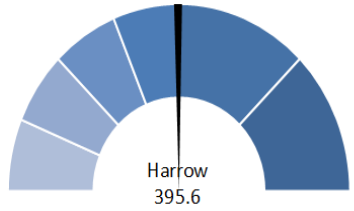
Harrow COVID 19 Dashboard
report date: 21/03/2021
Data from March 10 2021 to March 16 2021

Confirmed Positive Cases in 7 days to 14/03/2021	150
% Change in past 7 days	-12%
Interim positive cases in 7 days to 21/3/2021	121
Confirmed Positive Cases in 7 days in 60+ age group to 14/03/2021	13
% Change in past 7 days	-23%

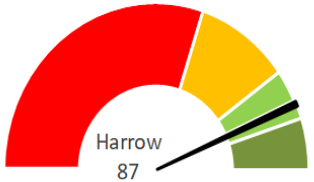
Test and Trace Cases (cumulative) % Complete



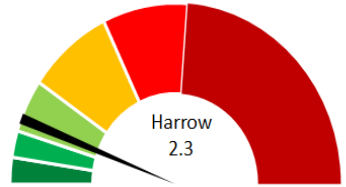
PCR Testing rate per 100,000



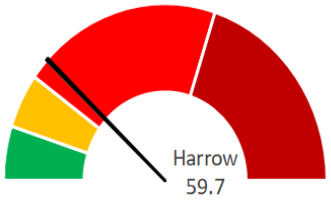
Test and Trace Contacts (cumulative) % Complete



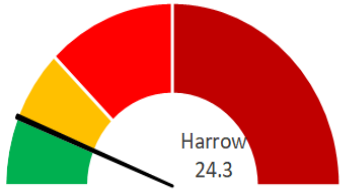
PCR Test Positivity rate



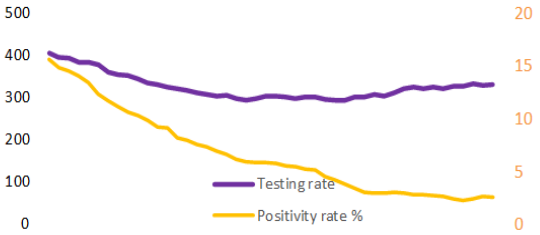
Incidence rate (all ages) in past 7 days per 100,000



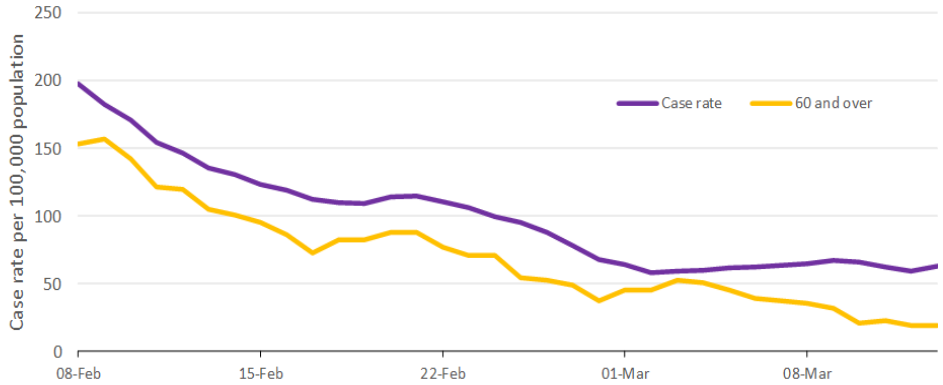
Incidence - 7 days in 60 and over per 100,000



Trends in PCR testing rates and test positivity



Trends in case rates per 100,000

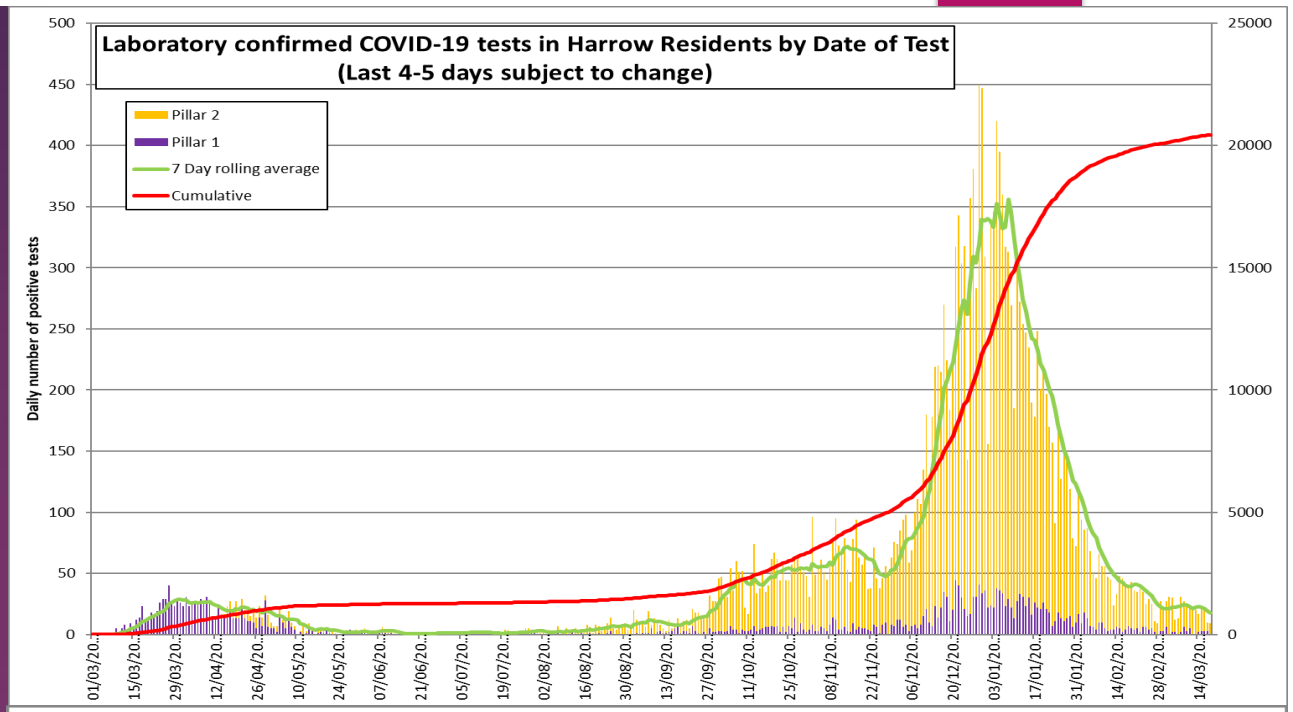


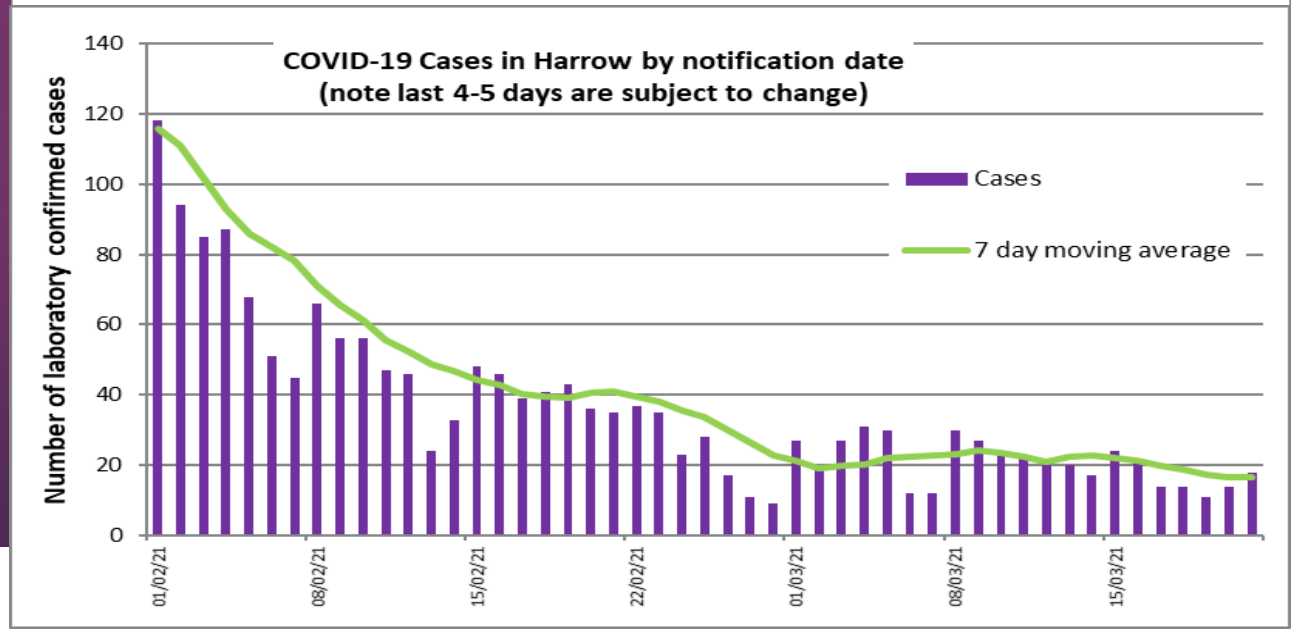
Although rates in most age groups are decreasing, in particular in the older age groups that have been vaccinated, the rate of covid in Harrow has plateaued . The driver behind this is an increase in cases in 18-24 year olds. The rates have more than doubled since the end of February in this group. There has also been a small increase in cases in secondary school age (13-17) young people which is now decreasing again.

Testing rates have increased in past 7 days to 395.6/100,000 due to the surge testing. The positivity rate for PCR testing has decreased to 2.3% indicating lower levels of community transmission.

Covid -19 Cases

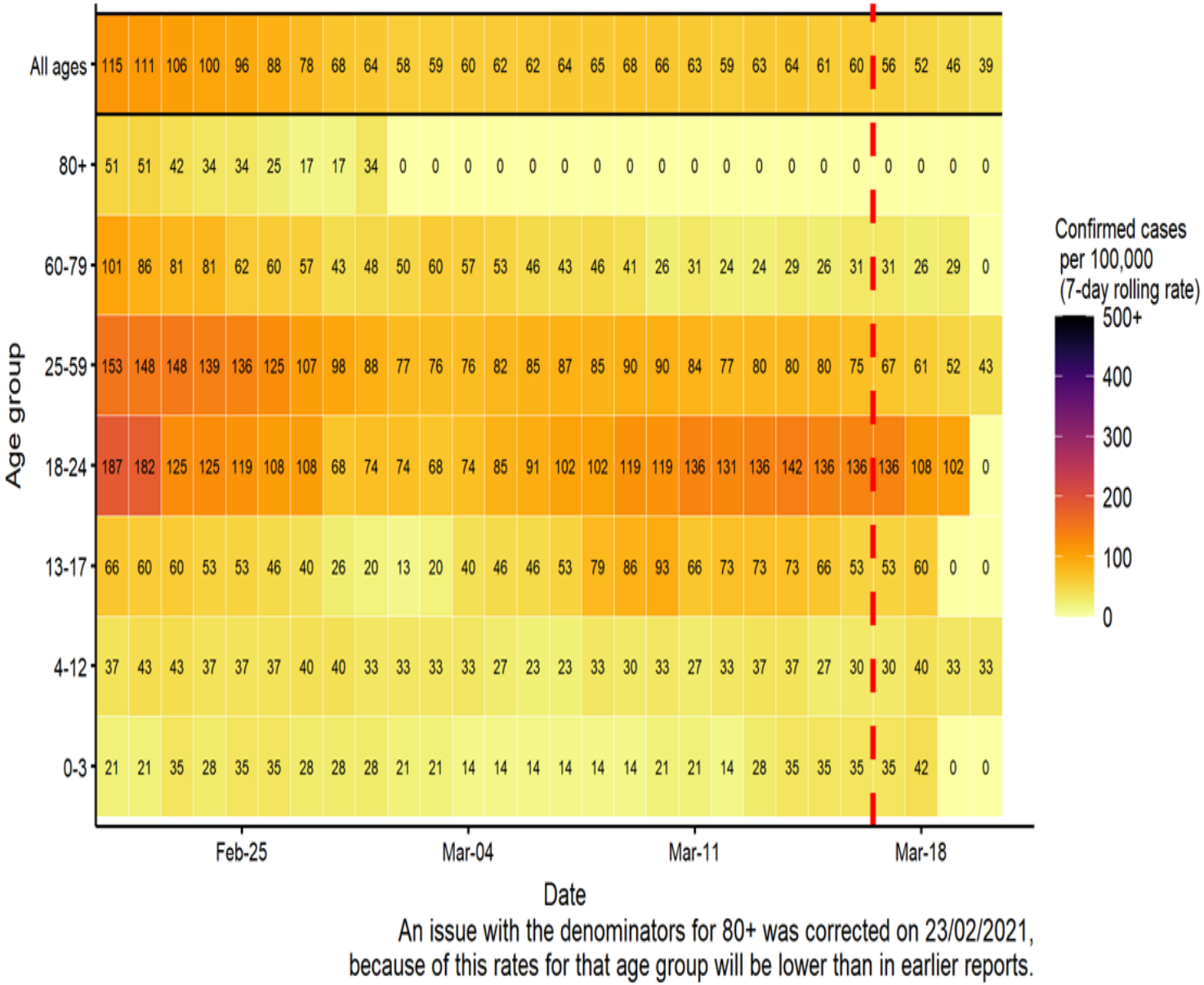
- The two graphs show the pandemic over time. The upper graph shows all of the cases since last March and the lower one is a close up of the past 6 weeks.
- We currently have 18 new cases per day on average, (ranging from 11 to 24 in the past week).
- As the number of cases has plateaued at a high level, we all still need to be vigilant and follow the guidelines even if we have been vaccinated - Hands, face space, and stay at home unless you are going out to do your daily exercise, going to supermarket or an essential worker who cannot work from home.
- As 1 in 3 people with Covid have no symptoms, it is important that we make regular lateral flow testing part of our weekly regime. All parents and members of a childcare bubble should have a test twice per week as should anyone else that has a job that they cannot do from home.





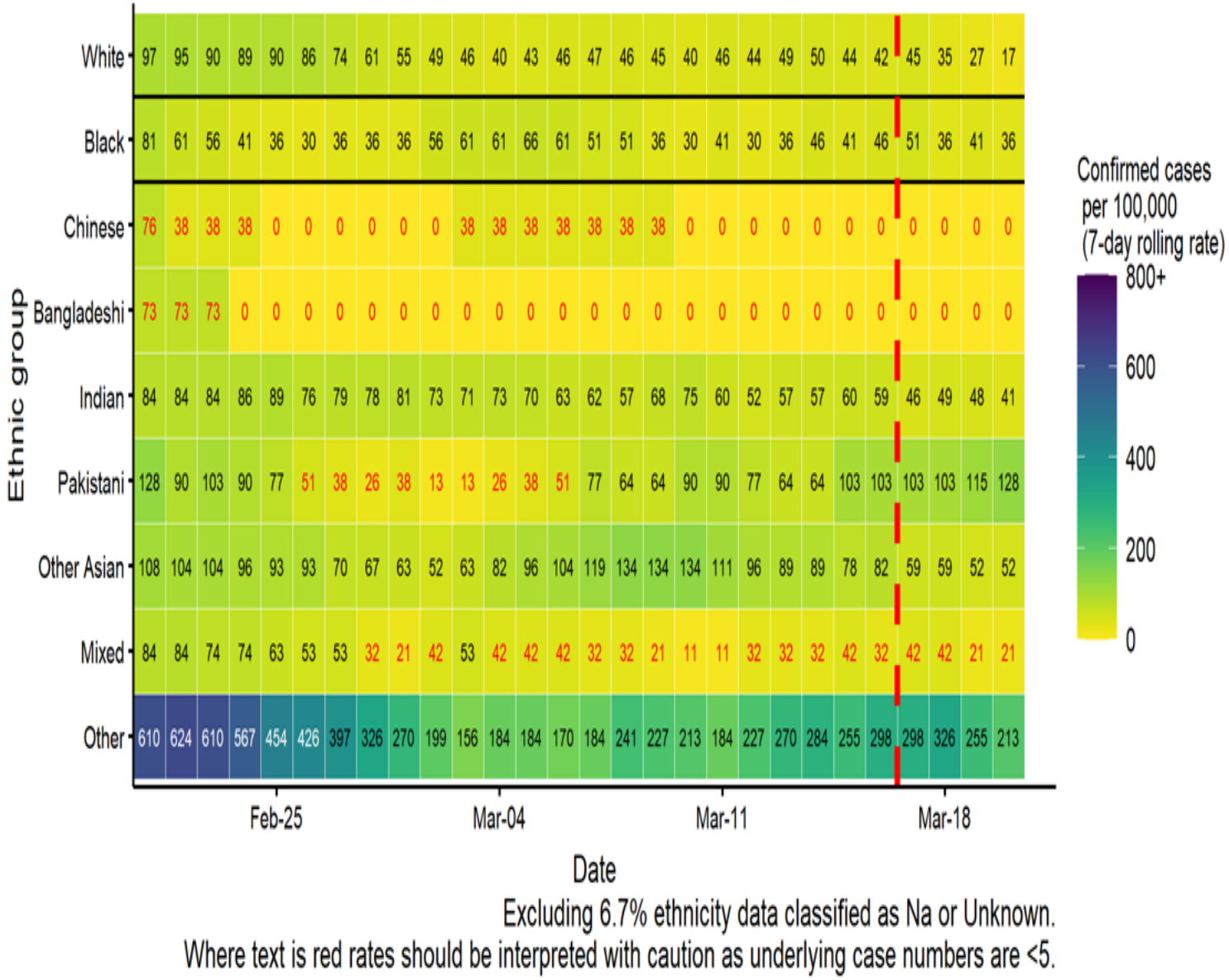
Cases by Age

- This heatmap shows the rate of infection is different age groups over the past month. The darkest colors show the highest rates and the yellows, the lowest rates. This map now includes the interim data for the latest 4 days (marked by the red dotted line) which is subject to change
- There has been only one case in the over 70s in the past week and none in the over 80 age group – a likely impact of the high rates of vaccination in this age group and those who provide care for them.
- The driver behind the slowing decrease in COVID rates across the borough is an increase in cases in 18-24 year olds – whichis more than double the borough average. This pattern is also seen across the rest of London. There has also been a small increase in cases in secondary school age (13-17) young people.
- Rates in younger children continue to be low.



Cases by Ethnicity

- This graphic shows the rate in each ethnic group over the past month.
- There were either no cases or fewer than 5 cases in most of the smaller ethnic population categories.
- Rates in Black, White, Indian and other Asian ethnic groups are lower than the borough average.
- Rates in the Pakistani ethnic group have increased in the past fortnight.
- The "other" group continues to have the highest rates and is difficult to interpret as it will include many people who fall into the other groups but have been misclassified.

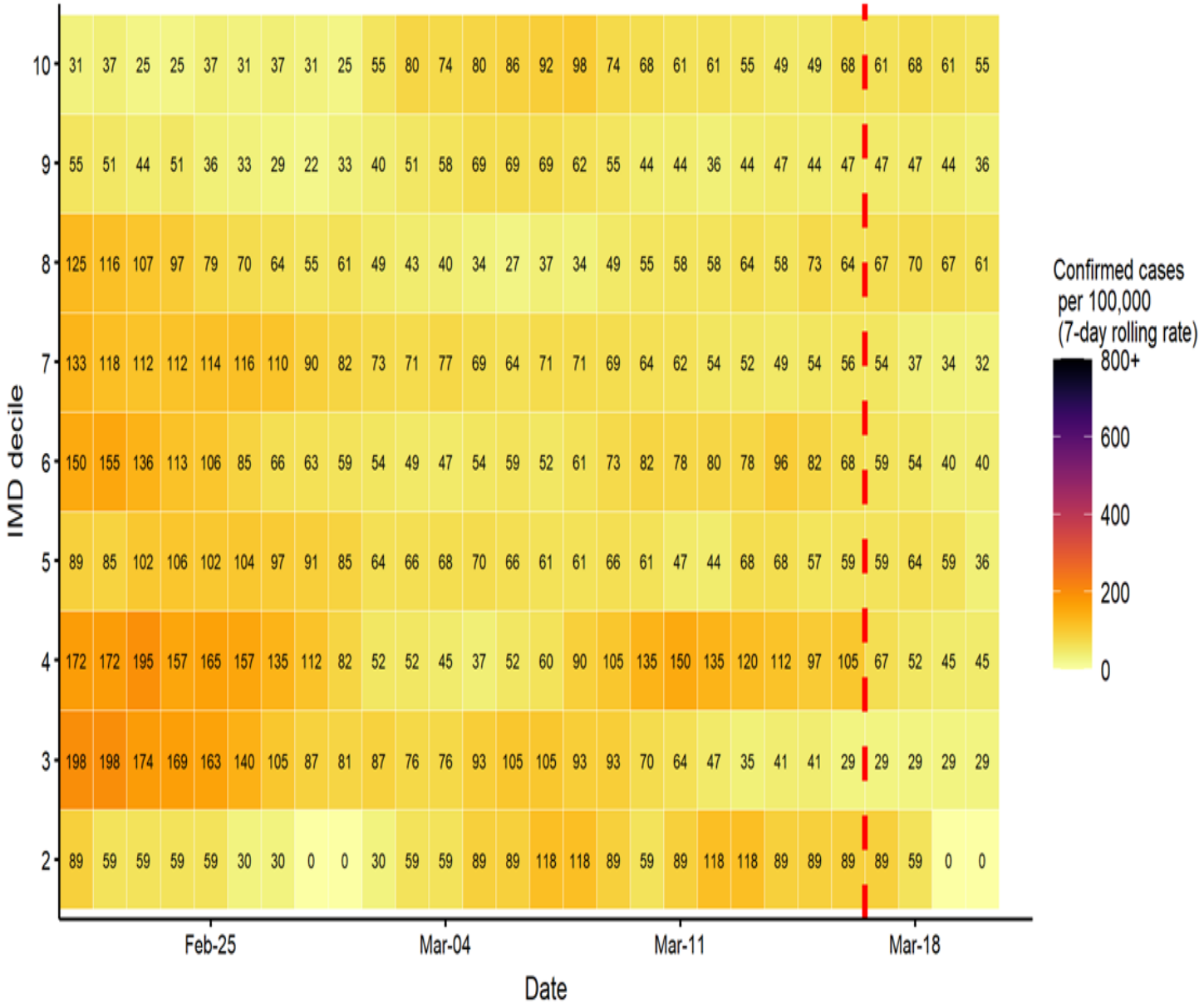


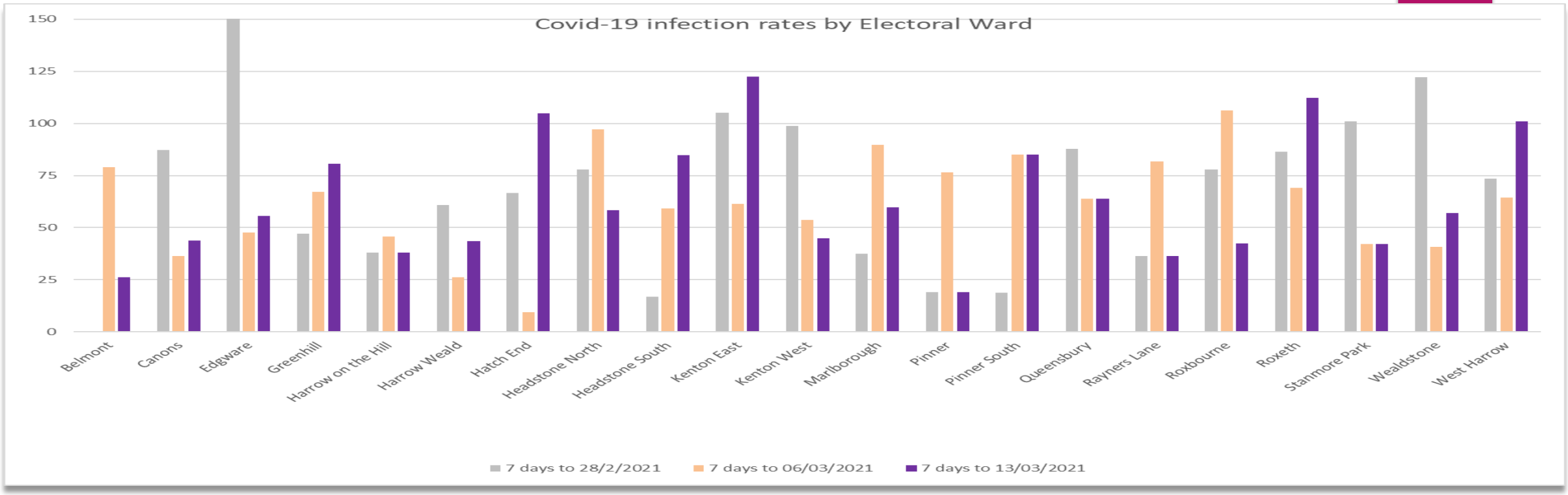
Excluding 6.7% ethnicity data classified as Na or Unknown.
Where text is red rates should be interpreted with caution as underlying case numbers are <5.

Harrow COUNCIL LONDON

Cases by Deprivation

- This heatmap shows rates of infection based on the address of those infected. Areas are grouped into 10 national bands based on the Index of Multiple Deprivation (IMD). Band 1 is the most deprived and band 10 the most affluent. None of the Harrow areas are in the lowest band.
- The heatmap show that there are generally higher rates in the more deprived part of Harrow with the highest rates in most deprived and the groups likely to have low paid work that cannot be done from home.



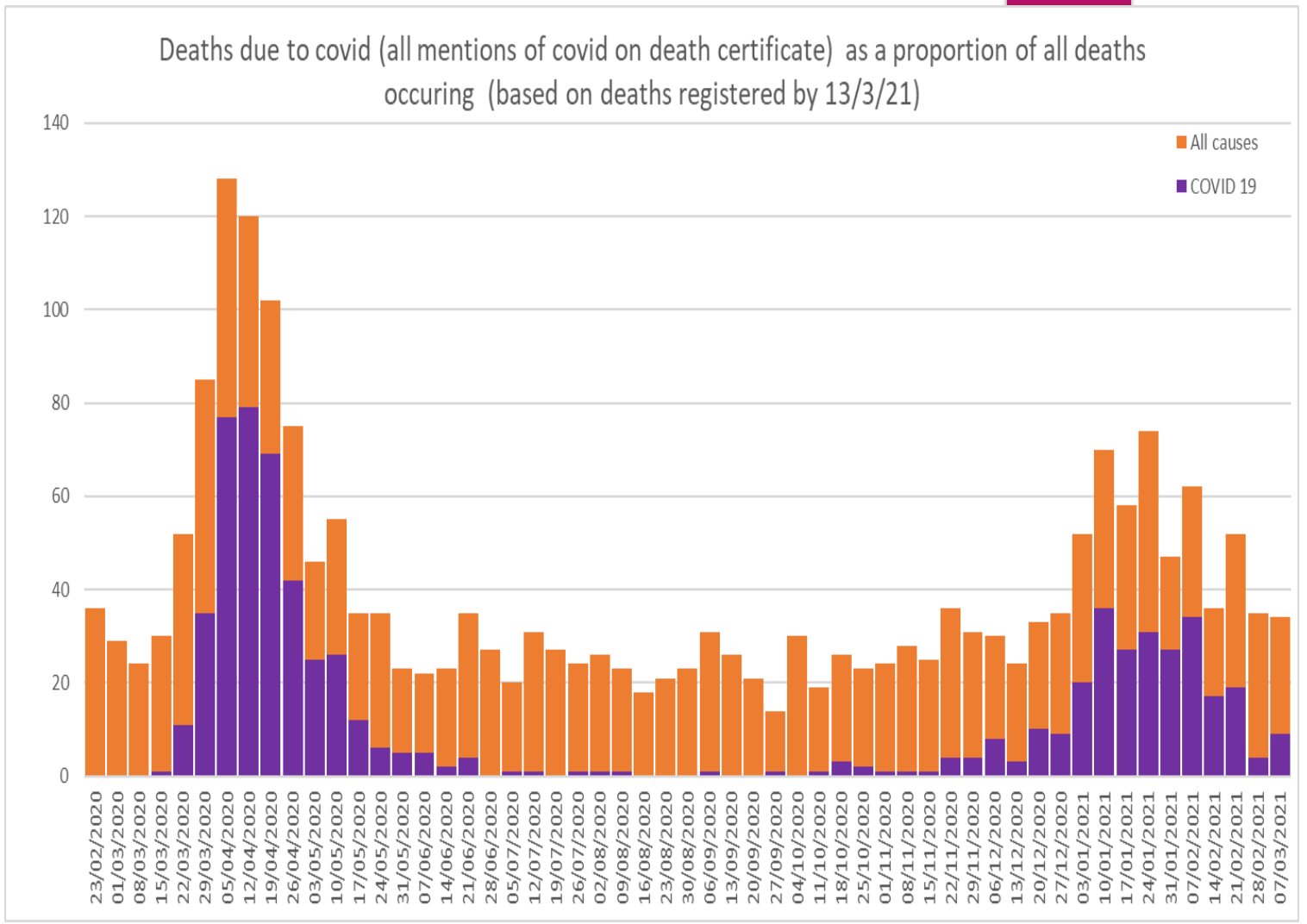


Cases by Geography

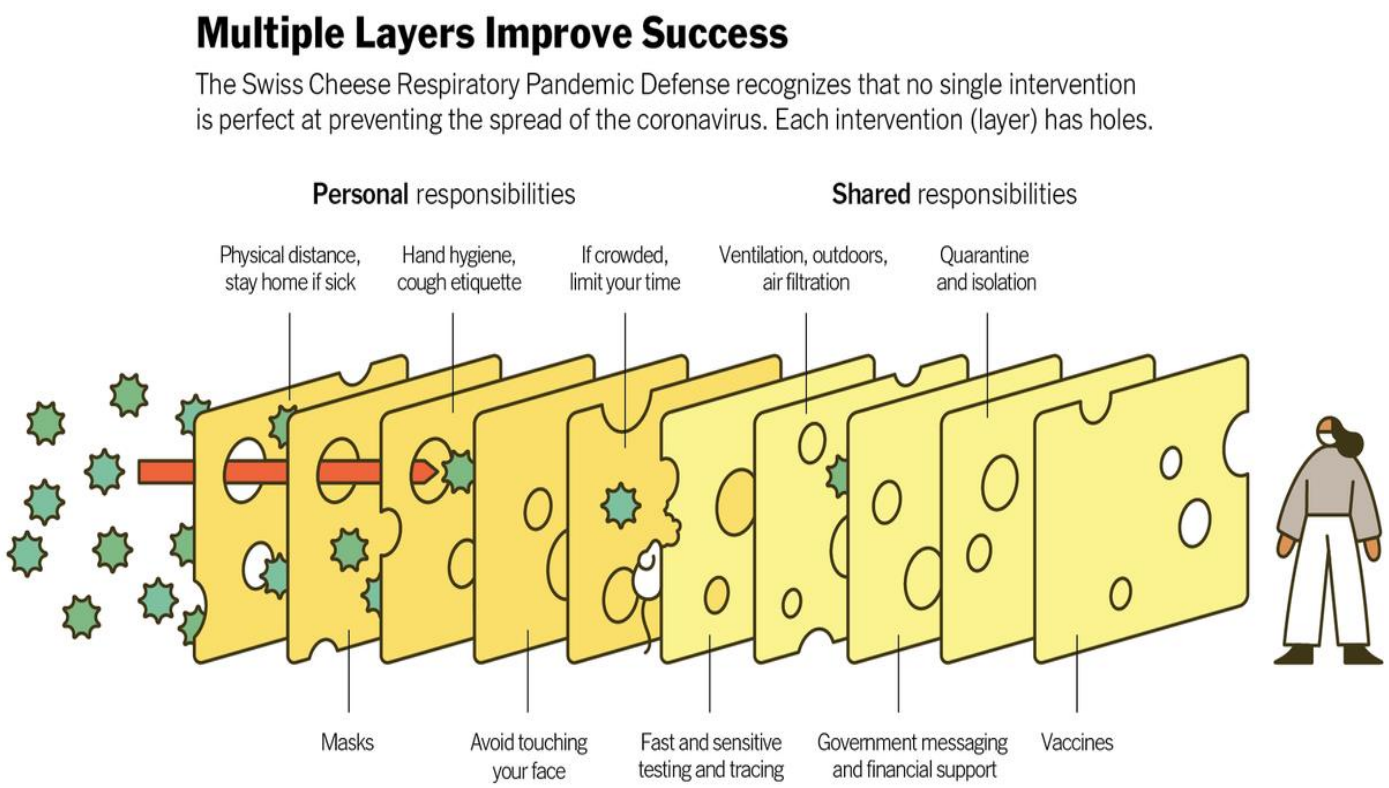
The highest rates in the 7 days to 13/3 2021 were seen in Kenton East, Roxeth and Hatch End. The lowest rates were in Pinner and Belmont.

Deaths from Covid have increased

- The number of deaths from COVID is continuing but appears to be falling.
- We think we have seen the peak of the second wave of deaths from Covid 19 although there are likely to be further deaths in the weeks to come.
- Nationally, the impact of vaccination is being seen on the death rates with fewer deaths in the over 70s.
- The rate of hospital admissions has been decreasing and the need for ventilator beds is easing. However, there are still people who have been in hospital for extended period.



How to stay safe and break the chain of infection – It's everyone's business!



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

Even though we are vaccinating many people, we all still need to follow the guidelines and do what we can to reduce the rate of infection across the borough.

There are lots of things we can all do to reduce our chance of getting or spreading Covid.

Think of them as slices of swiss cheese – no one action or intervention is perfect and all will have holes.

But the more actions we take, the less chance we have of the holes lining up to allow the infection to pass through.

You can break the chain of infection.

Harrow COUNCIL LONDON

GET TESTED

FEEL FINE? BOOK YOUR FREE, FAST COVID-19 TEST NOW AT HARROW.GOV.UK/TEST

Harrow COUNCIL
LONDON

NHS
Test and Trace

Community Testing Programme

- The programme has been extended to end June at least.
- The key message remains get tested twice a week
- There are a number of ways to access asymptomatic testing – the council's testing venues (which will include pharmacists in the coming week); schools or care home based testing; home testing for teachers, care workers and secondary school pupils; workplace testing and home testing kits.

Testing

With symptoms of fever, new persistent cough or loss of teste or smell

Isolate and get tested as soon as your symptoms start

- Civic Centre car park A
- Northolt Rd, South Harrow
- Boxtree Lane, Harrow Weald
- Kenton Rec
- Northwick Park Sports pavilion
- Watling Community Centre, Burnt Oak

- Book online through www.gov.uk or call 119

Without symptoms: all adults in households with children at school, and those who are unable to work from home

Test twice a week – even after you've been vaccinated!

- St Ann's shopping centre, Harrow town centre
- Sri Swaminaryan Temple, Stanmore
- Harrow Art Centre
- Harrow Civic Centre
- Beacon Centre, Rayners Lane
- Pharmacies – to start soon

- Book online at www.harrow.gov.uk/test

Harrow COUNCIL LONDON

Surge Testing

- Two VOCs have been identified in Harrow. They are both the South African variant not associated with travel. Both individuals have isolated and recovered well
- They were picked up through routine national random genomic sequencing. The cases occurred in February and the council were notified about two weeks ago of the first of these cases.
- Our rationale for surveillance testing
  - Areas surrounding case address
  - Workplaces or schools attended (although not applicable to these cases)
  - Areas /premises/events identified though enhanced contact tracing
- Two areas identified for door to door testing in Headstone North and Wealdstone
- People living in areas around Hatch End and Harrow Weald have been asked to attend for testing at Harrow Art Centre.
- A pop-up testing unit will be covering the area of Wealdstone High Street over the weekend.
- In the first three days of testing, over 2,500 tests were returned.

Local Outbreak Management Plan

- Council has developed an updated Local Outbreak Management Plan
- In addition to topics in the previous plan , which largely focused on testing in various settings, the new plan covers inequalities issues in testing and vaccination, enduring transmission, monitoring and surveillance, supporting self isolation, community engagement and communications, enhanced contact tracing and Surge testing for variants of concern.
- The plan also looks forward to the impact of coming out of lockdown and recovery but recognises risks associated with this.
- The plan will be posted on the council website in the coming weeks after it has been through the regional scrutiny.

GP and Dental Service Access in Harrow

A report by Healthwatch Harrow

January 2021

healthwatch Harrow

“I was satisfied when I used the online form for a known condition and the doctor called me back.

However, I need to speak to/see a doctor about a new condition and can’t book an appointment online and can’t get through on the phone.”

Local GP Patient

Contents

This page is intentionally blank.

1. Executive Summary

Healthwatch Harrow has been the residents local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. We remain totally independent and engage with the residents of Harrow and work with various organisations. Our role is to gather intelligence / evidence, to check and challenge service delivery, identify where services need to change and make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers.

Access to General Practice's (GP's) and Dental Services is an issue that we are increasingly hearing about, which resulted in our undertaking further investigation, the findings of which are included in this report. Section 3 provides the details of our methodology. In summary the findings are based on our survey, mystery patient exercise, trend analysis reports and feedback from residents through our outreach.

This last year has been an extremely difficult year for everyone as a result of the pandemic, particularly those people working within the NHS. We fully recognise the hard work that is being undertaken as we write this report. The purpose of our report is to share what Harrow residents are saying to us. There is general awareness of the issues that need to be addressed. This report is written in the spirit of collaborative working, knowing how hard people are working but also recognising that patients have the right to access services and to clearly understand how they can do this.

Due to our limited resources this report is not presented as research, but as a snapshot of our findings, what people are saying to us, particularly those from the Black, Asian and Minority Ethnic (BAME) Communities, which is the area we are commissioned to focus on. We also would like to thank all the residents who engaged in this work and our Healthwatch Volunteers for their dedication, hard work and support.

Key Findings: Themes

100 people completed the survey during November and December 2020. This is a summary of key themes, issues and our recommendations.

GPs

- Just 16% of respondents have found it 'easy' to obtain an appointment, with 43% finding it 'difficult'.
- Of those experiencing problems, over half (58%) cite telephone, and 42% state online related issues. Around half (48%) could not obtain an appointment at their own practice.
- On contact, the telephone is significantly the most popular method (82%).

- While 70% of respondents are comfortable with telephone booking, just 54% are comfortable with telephone consultations.
- While 51% of respondents are comfortable with online booking, just 34% are comfortable with online (video) consultations.
- 64% of respondents are satisfied with services overall.
- Those with Mental Health conditions, Carers, Black, Asian and Minority Ethnic (BAME) respondents and those of working age are disproportionally impacted, in terms of access, confidence across platforms and overall satisfaction.

Dentists

- A third of respondents (33%) have found it 'easy' to obtain an appointment, with a larger number (44%) finding it 'difficult'.
- 27% have experienced difficulty in obtaining an emergency appointment.
- 63% of respondents are registered with an NHS dentist, however some have recently been de-registered or advised to go private.
- On contact, the telephone is by far the most popular method (95%).
- 86% of respondents are satisfied with services overall.
- Those of working age are least satisfied, or able to access services.
- Local dentists reported that Harrow do not have enough Units of Dental Activity, so run out of their allocation for NHS treatment which means they have to offer treatment at private fees.

Equality Check

When compared with White/White British respondents, we find that those from BAME backgrounds are more likely to:

- Find it difficult to obtain a GP appointment.
- Be registered with an NHS dentist.

And less likely to:

- Be satisfied with the outcome of GP or Dental Services.
- Feel confident to use telephone or online services for GP access.
- Struggle to access a dentist with pain or problems.

Key issues and recommendations

In summarising the key issues and recommendations we would like to highlight the general concerns raised do not relate to the quality of care that people receive, the issues that need to be addressed relate to accessing services.

In addition, there are general concerns around what provision is being made for the increase in populatuion in Central Harrow for exampe with the Kodak development,

it is unclear what provision is being made to support these emerging communities, which must present a challenge to the current providers.

Our findings show that even during a pandemic, the impact of people's experiences when they need to access health and social care can have a worrying effect on confidence in the system. This can cause mental anguish.

Feedback varies between different GP practices ranging for example from basic customer service standards seeming to slip at GP practices, telephone receptionists being inflexible and not passing messages on whilst others report getting a great service.

It is important to note that our recommendations are Harrow wide and may not relate to all GP practices. For example, there has been some excellent joint working between Healthwatch Harrow, Ridgeway Surgery, CCG and the Romanian community in producing some key information in Romanian, to enable better understanding and access.

Digital access is a known issue across Harrow, we have not included this as a recommendation as there is already a programme of activity to address. However, it would be prudent to monitor the success of this work.

Key Issues:

- GP Telephone systems and online booking systems are not efficient and do not meet the demands / needs of patients needing to contact the surgery.

- Commissioning of NHS Dental Care is not meeting current demand.

- The Black, Asian and Minority Ethnic (BAME) communities are disproportionately affected in accessing services.

- Accessibility is particularly an issue for those patients with language, mental health and learning disabilities.

Recommendations:

1. CCG to work with the Primary Care Networks and Harrow GP surgeries to put in place improved, quicker and more accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments.

2. NHS England to review the commissioning of NHS Dental Care in Harrow, to ensure commissioning is kept up to date with demand and that the dental contract is fit for purpose. For example, one element is the Units of Dental Activity (UDA'S), as each dental practice is commissioned for a

set number of UDA's and in Harrow this is not meeting the current demand. Please see Healthatch England report for further information:

https://www.healthwatch.co.uk/report/2016-11-23/access-nhs-dental-services-what-people-told-local-healthwatch

3. Primary Care Networks, GP practices and Dental Surgeries to work collaboratively with the Black, Asian and Minority Ethnic (BAME) communities to further understand the issues which are affecting these communities in accessing services e.g. language barriers, lack of digital access etc. and to put a plan of action in place to address these issues.

4. CCG to work with the Primary Care Networks and Harrow GP surgeries to improve accessibility particularly for those patients with language, mental health and learning disabilities.

This report will be shared with all key stakeholders, particularly those who commission the services and with the Harrow Health & Care Executive, Health & Wellbeing Board and the Health & Social Care Scrutiny Sub Committee and NHS England. Healthwatch Harrow will work collaboratively to ensure appropriate action is taken.

2. Background

In 2017 Healthwatch Harrow produced a GP Access report to see this, click the following link: Healthwatch Harrow GP Access Report June 2017

In this report the following recommendations were made:

1. Ensure Harrow GP surgeries are able to put in place more improved, quicker and easier accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments.

2. Improve GP accessibility particularly for those patients with language, mental health and learning disabilities.

3. Provide clearly displayed and easy to understand updated information in their surgeries and websites information on translation services, local advocacy services, booking an online appointment, registration and how patients can make a complaint and Healthwatch Harrow information to explain how people can share confidential feedback on their experience, whether good or bad.

4. Create and provide increased public awareness of how to appropriately access and use A&E, Urgent Care, Walk in Centres, NHS 111, 999 information, pharmacy and Harrow Health Help App Now by advertising and providing clear and consistent signposting updated information to patients on GP websites, their out of hours telephone messaging, developing public awareness leaflets and through community outreach awareness workshops to reach all sectors of the Harrow community.

5. Develop and adopt better sharing of good internal standard models of practice and policies at both governance, operational and online levels. Working practices to ensure consistent and good standard of practice around accessibility and recognising that one size does not fit all, and ensure the services are responsive to meet the needs of its different communities of Harrow.

With the onset of lockdown in March 2020 due to Covid 19 there was a shift in how people access their GPs. Feedback from the community prior to Covid 19 showed peoples experiences were varied with some unable to get through to their GP surgeries, since then the level of dissatisfaction has greatly increased, as evidenced through our Trend Analysis Reports.

It is disappointing to see that some of our previous recommendations have not been addressed, please click the following link for our Trend Analysis Report:

GP Patient Experience, 01.01.20 - 31.12.20.

For more of our reports please visit:

https://www.healthwatchharrow.co.uk/insight-and-reports.

There has understandably been a shift in how we access GP Surgeries such as using online platforms for booking appointments and for requesting repeat prescriptions. However, this has exposed the inequalities in Harrow, not all families can afford digital resources. Some patients can only access services by telephone or mail and these are the issues that have been fed back to us.

In addition, we have been increasingly getting more issues raised with us around the difficulties in getting NHS dental appointments, as most dentists had to reduce what was on offer to patients because of the risk of infection and some dentists struggled to find adequate PPE during the first phase of the pandemic.

To gain an insight into the extent of the problem we did some investigative work between November and December to ascertain the extent of these issues, so that we would have evidence to share with stakeholders who influence and commission GP and dental contracts. The findings of this work form this report.

3. Methodology

1. We produced a survey, seeking feedback on GP and Dental access to services, which was shared with all our stakeholders in Harrow. This reached up to 500 people within Harrow by email, through our newsletter and our social media channels. The survey ran for 8 weeks till early January 2021.

2. Our volunteers engaged in a Mystery patient exercise targetted at all 32 GP surgeries in Harrow to identify how easy it was to access the surgery by phone to make an appointment.

3. We held a focus group on dental care held in Quarter 3 which was attended by 20 people. The feedback from this engagement session is included within this report in section 6.

4. We specifically forcussed on the harder to reach BAME communities, who traditionally have not got engaged in our online surveys so we could capture their opinions and share their stories.

5. Through our regular outreach sessions with the Somalian and Romanian communities we engaged to share our survey with their members. This included Harrow College who kept it on their intranet for 6 weeks.

6. We also captured intelligence we have recieved through the direct contact we receive through emails and phone calls from the public.

4. Factors to consider

When working on this report, the following factors influenced the findings:

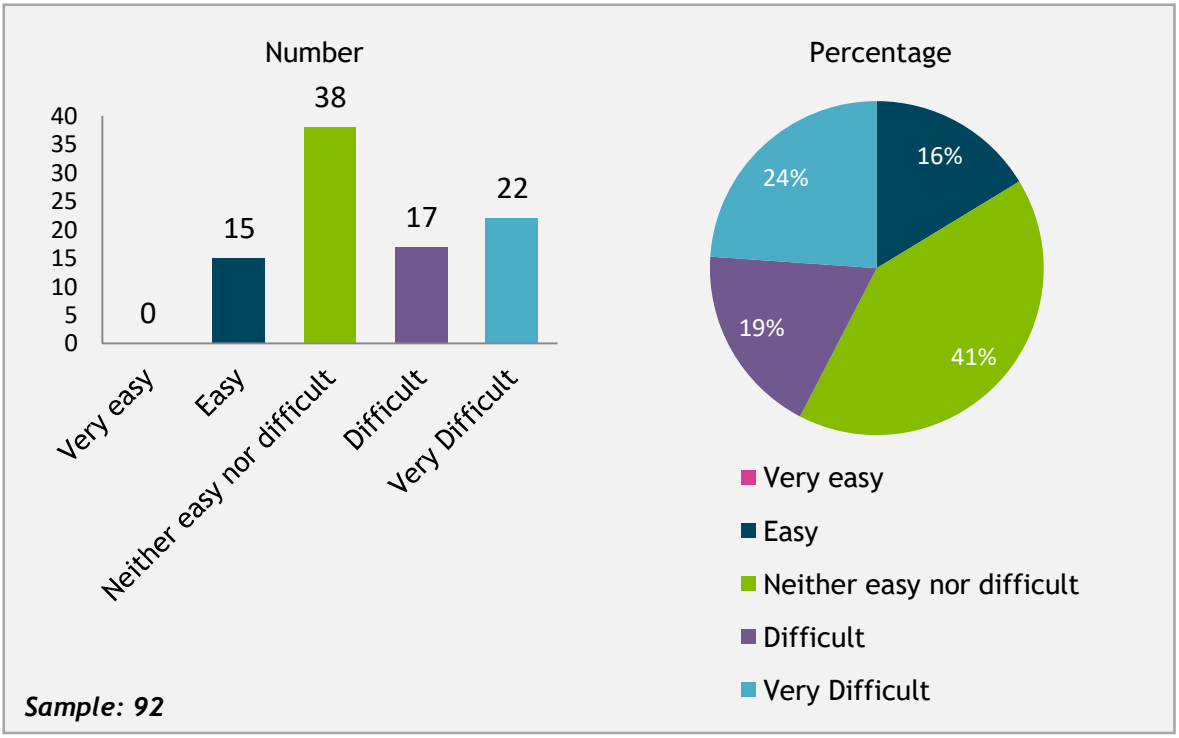
- Face to face sessions could not be held and so the reach of our target audience was limited. Our outreach sessions were accessed through zoom and Microsoft Teams.
- IT literacy meant that some people were unable to feedback and had to rely on others to feedback to us.
- Paper based surveys were discouraged as it was felt during phase 1 of the lockdown that paper could spread the virus.
- Inequalities within the population of Harrow reflected in poverty and IT literacy.

- Diversity of Harrow residents resulted in language barriers and some of the communities were busy supporting the needy and had in some cases also to juggle home schooling.
- The pandemic has meant that everyone is working under pressure and prioritising with limited resources.
- Since GP practices and dentists are private businesses, there is inconsistency in the approach to messaging their patients which impacted on the feedback against specific GP surgeries.

5.GP Services

In this section we evaluate feedback around GP access, including ability to get appointments, contact methods and confidence in their use, and overall satisfaction with the experience. We have also included the findings from our mystery patient exercise.

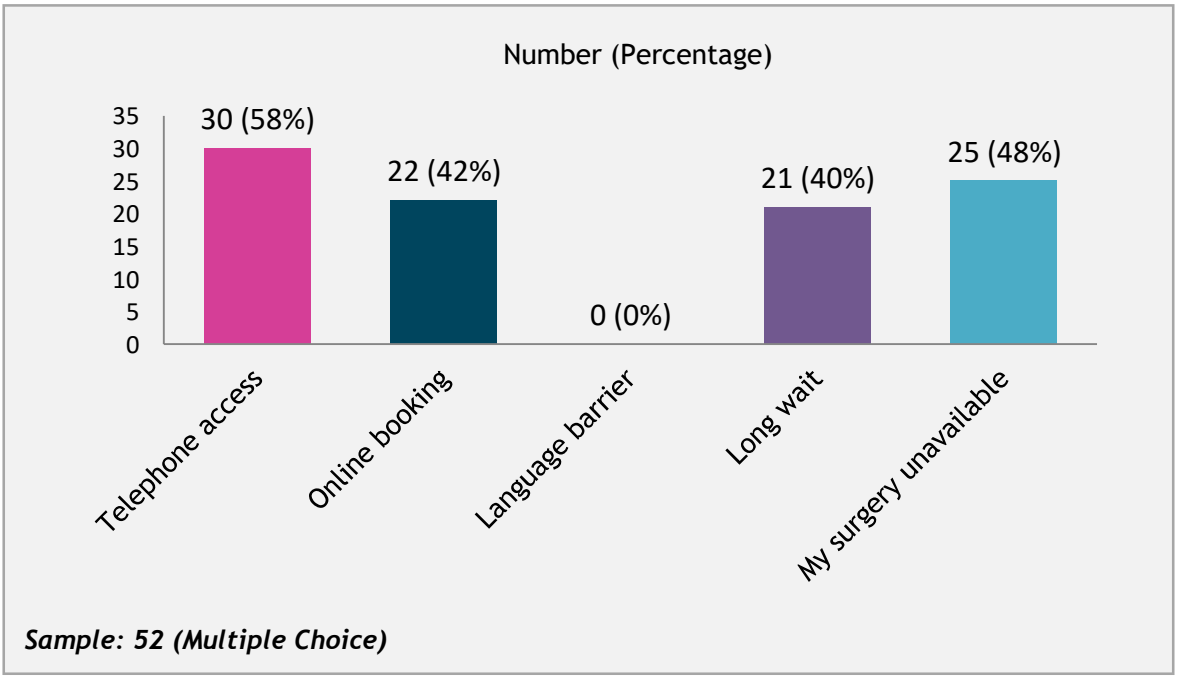
5.1 How easy is it to get an appointment with a GP - since the pandemic (March 2020)?



Sample: 92

43% of respondents have found it either 'difficult or very difficult' to obtain an appointment since the pandemic started in March 2020. While 16% found it easy, it is notable that nobody said the experience was 'very easy'.

5.2 If difficult what was the issue?



Sample: 52 (Multiple Choice)

For those experiencing difficulty with access, over half (58%) cite telephone related issues, while over a third (42%) suggest a problem with online booking.
Around half (48%) said appointments were not available at their practice, and 40% experienced long waiting times. Nobody said language has been an issue.

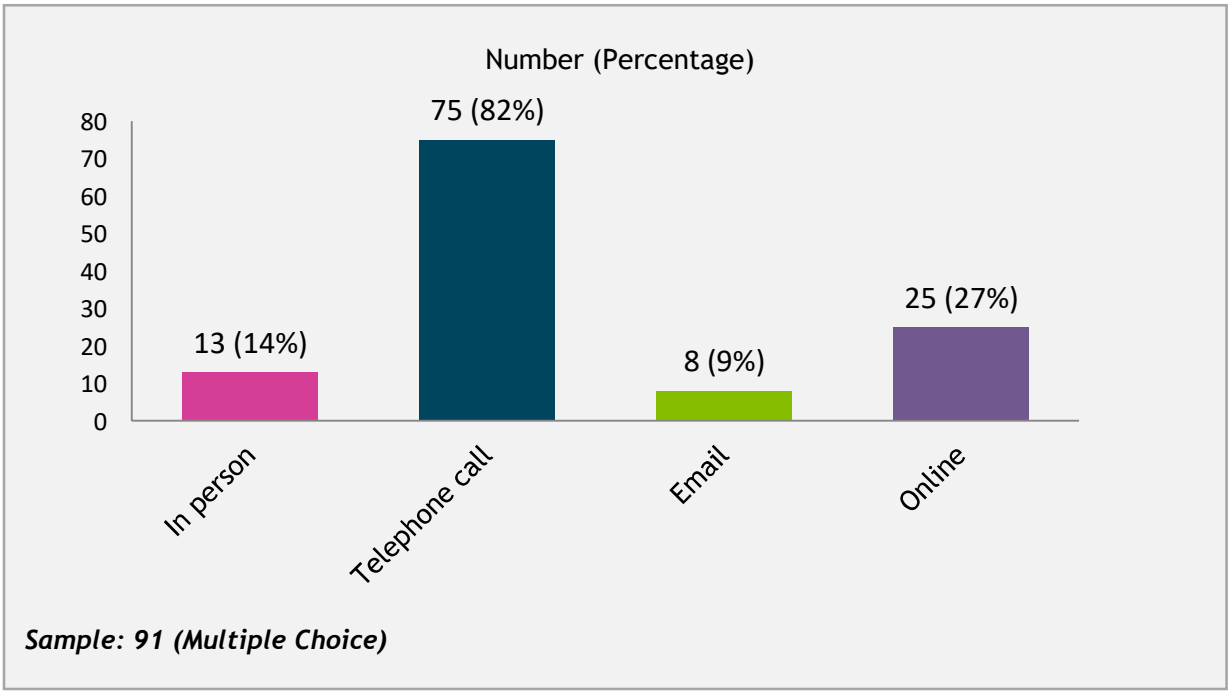
We hear that some patients have experienced difficulty with both the telephone and online systems. It is also reported that online booking does not cover all situations and may be more difficult to use when feeling ill. One person has not been able to access their GP at all in 2020, resulting in difficulties with referrals.

Selected Comments

"I was satisfied when I used the online form for a known condition and the doctor called me back, however I need to speak to/see a doctor about a new condition and can't book an appointment online and can't get through on the phone."

"I had acute stomach pains and continuous vomiting. Phoned my GP practice - recorded message saying go online and fill in loads of forms. Impossible to do when you feel so ill plus the forms did not reflect my symptoms. Phoned again and waited until receptionist answered. Was told that someone would phone me back later that day. Nurse telephoned me and when hearing my symptoms said that I needed to see a doctor (I know, that is why I'm trying to contact you)! Only problem, no appointments. She booked me into the Pinn Medical Centre where I saw a GP who was able to diagnose and prescribe medication. As he was not my GP however, he was unable to refer on for exploratory scans. Said if it got worse, I should go to A&E. As I am shielding this is not a good idea. I have not seen a doctor from my surgery this YEAR. Last time I was also sent to the Pinn Medical Centre. If I could move to that practice I would as mine is shambolic."

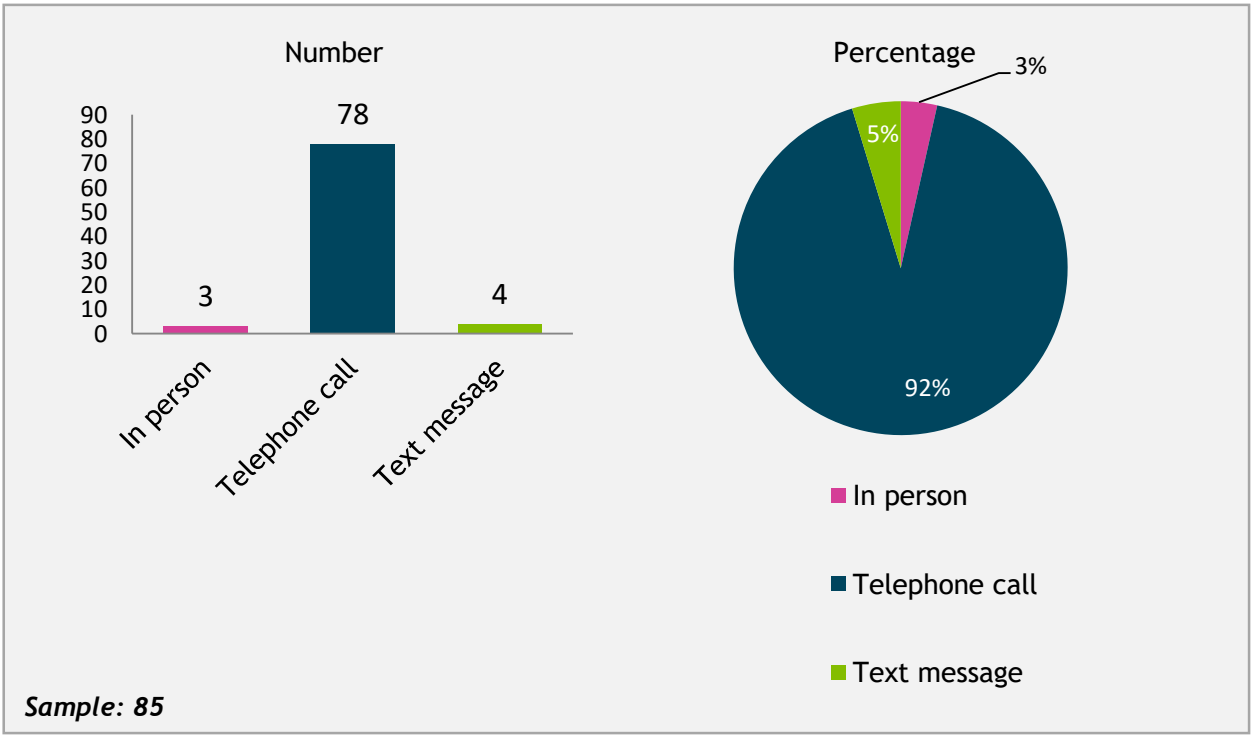
5.3 How did you contact your GP Practice during the pandemic (from March 2020)?



Sample: 91 (Multiple Choice)

At 82%, the telephone is clearly the most popular method of contact.

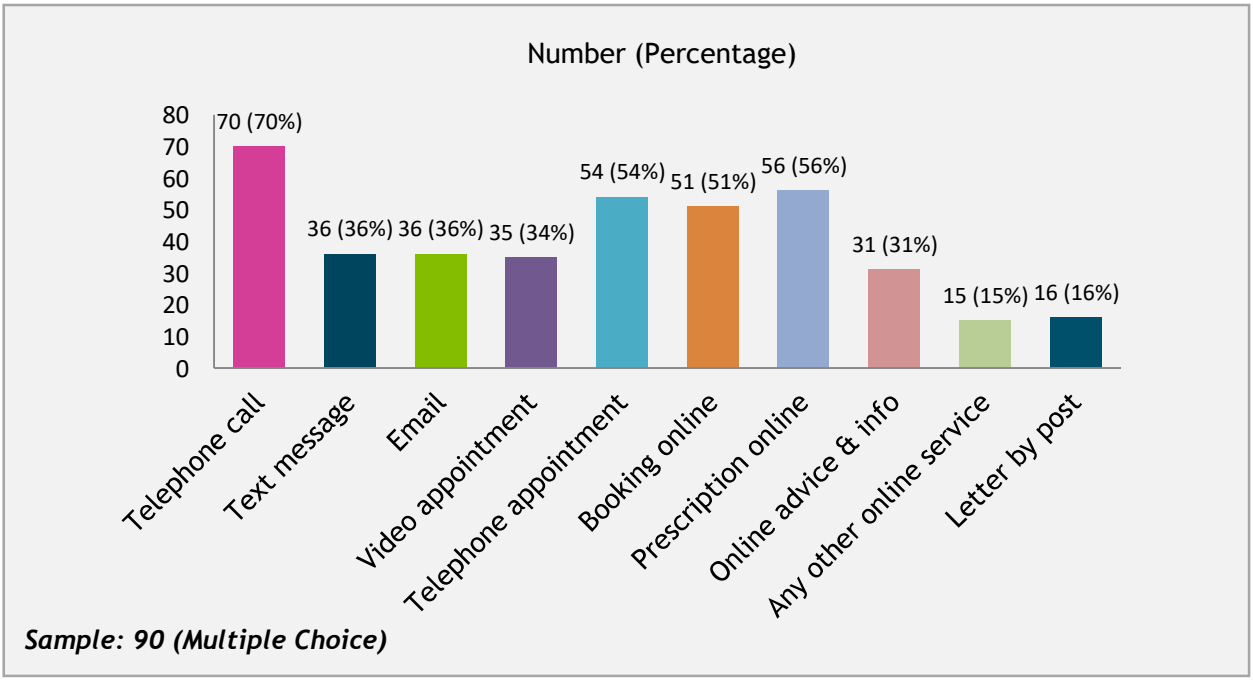
5.4 If the GP contacted, you - how did they do this?



Sample: 85

The vast majority of those contacted by the GP (92%) received a telephone call.

5.5 Do you feel confident accessing services at your GP by the following methods?



Sample: 90 (Multiple Choice)

While 70% of respondents are confident with telephone access generally, a lower proportion (54%) are comfortable with telephone consultations/appointments.

56% of respondents feel comfortable with ordering repeat prescriptions online, and 51% are confident to book their appointments electronically. On other online methods including email, video appointments or access to information and advice, confidence is somewhat lower - generally at the 30% level. It is interesting that just 16% of respondents express confidence in postal letters.

When reviewing feedback, we find that some respondents would prefer a video consultation if the GP does not know them. One person who requested this says it is 'generally not available' at their practice and does not suit all platforms (such as desktop computers).

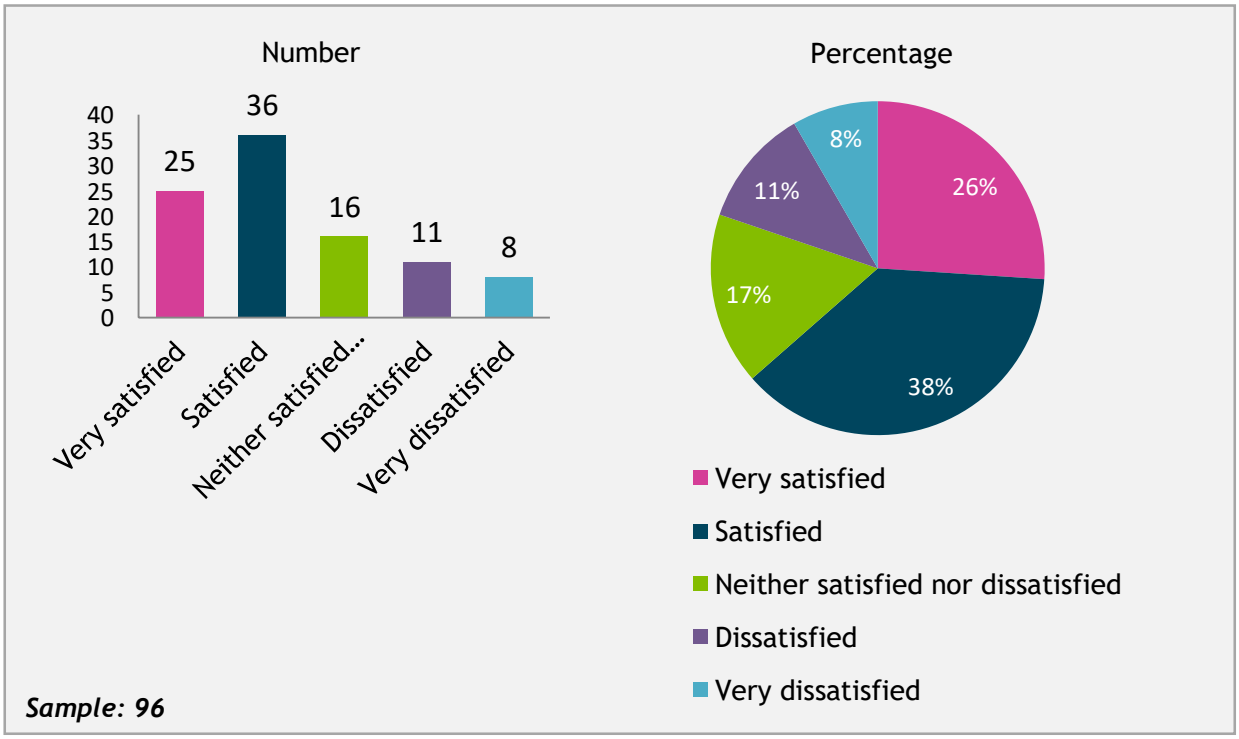
Selected Comments

"Where a face-to-face appointment is not justified in the present circumstances, I think that a video call would feel more personal if I don't already know the particular GP."

"I would like to do video calls with the doctor, but they are generally not available. Last doctor spoken to said they did have a system although she was not familiar with using it and it is only available for smartphones and not desktop PCs, so not possible for us. Reception didn't know any details about the video call system and said it was up to the doctor to arrange."

"Not sure how the online registration system works, too busy to find out - would be good if it could be set up automatically."

5.6 How satisfied were you with the outcome of your contact with the GP practice?



Sample: 96

64% of respondents are either 'satisfied or very satisfied' with the outcome of contact with the GP. Around a fifth (19%) are not satisfied.
We receive accounts of good levels of support, with consultations, prescriptions and referrals accommodated for some patients. Others express frustration at not being able to secure appointments (in one case after four attempts), routine tests or results.

Selected Comments

Positives

"When eventually getting an appointment with the GP I managed to get a personal consultation and additional referrals to clinicians and Northwick Park Hospital."

"The surgery triaged the info I'd entered & then called to say doctor would call. Spoke to GP & prescription sent to pharmacy. Was impressed with the process & happy."

Negatives

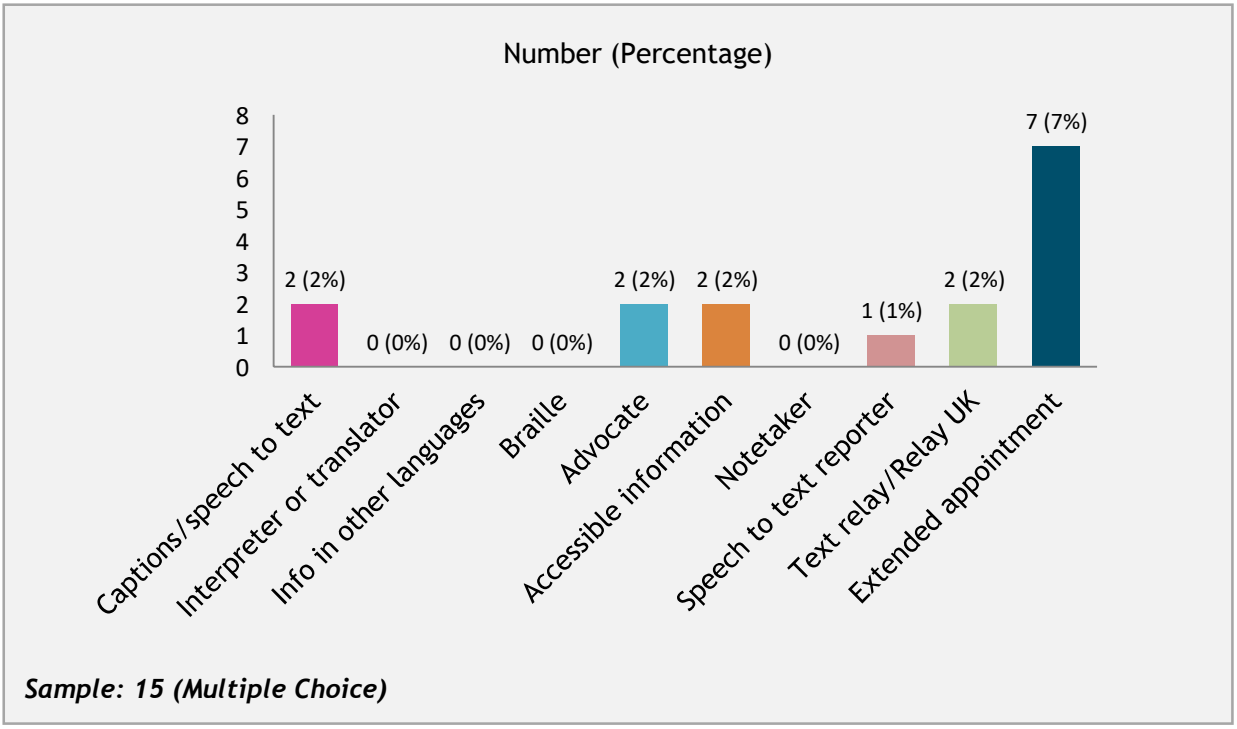
"The surgery has phoned me four times in the last few weeks and told me the doctor would like to see me. I replied that I would like to see a doctor. I was told to wait a moment while she checked the appointments and then I was told there were no appointments. This happened four times and I have to tell someone because it's becoming ridiculous!"

"Not able to talk to GP - receptionist fielding all calls."

"I have undergone a test, but my GP has not contacted me to inform me of my results."

"Have not had a diabetic check since March 2019."

5.7 Do you have access to the following?



Sample: 15 (Multiple Choice)

Extended appointments are the most common method of providing additional support.

5.8 Impact on Specific Groups

We look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

The following 'impact scale' tables highlight all groups which exceed the average (baseline) figure, for key questions.

5.8.1 Found it 'difficult or very difficult' to obtain an appointment since the pandemic:

All respondents (baseline)	43%
Carers	44%
Aged 45 – 64 years	45%
Disability/Long Term Conditions	46%
BAME respondents	47%
Mental Health Conditions	50%

5.8.2 'Satisfied or very satisfied' with the outcome of contact:

All respondents (baseline)	64%
Carers	63%
Aged 25 – 44 years	57%
BAME respondents	57%
Aged 45 – 64 years	55%
Mental Health Conditions	25%

We find that those with mental health conditions are least able to successfully obtain appointments and are also least satisfied overall.

Carers, Black, Asian and Minority Ethnic (BAME) respondents and those of working age are also disproportionally impacted, findings suggest.

5.8.3 Feel confident to book appointments by phone:

All respondents (baseline)	70%
Aged 45 – 64 years	67%
Carers	63%
BAME respondents	60%
Mental Health Conditions	25%

5.8.4 Feel confident to book appointments online:

All respondents (baseline)	51%
BAME respondents	50%
Aged 45 – 64 years	45%
Disability/Long Term Conditions	43%
Carers	31%
Mental Health Conditions	25%

5.8.5 Feel confident with a telephone appointment/consultation:

All respondents (baseline)	54%
BAME respondents	50%
Aged 45 – 64 years	45%
Carers	44%
Aged 25 – 44 years	43%
Mental Health Conditions	25%

5.8.6 Feel confident with a video appointment/consultation:

All respondents (baseline)	34%
Aged 45 – 64 years	33%
BAME respondents	30%
Disability/Long Term Conditions	25%
Mental Health Conditions	25%

Carers, BAME respondents and those of working age are least confident in using both telephone and online systems. It is interesting that those aged 65+ are more confident with both methods, compared with younger peers.

When looking at online specifically, those with disabilities/long term conditions are significantly disadvantaged, compared with others.

Those with mental health conditions are notably least confident of all - in both telephone and online access.

5.8.7 Comparison of ethnic groupings:

	BAME %	W/WB %
Found it 'difficult or very difficult' to obtain an appointment	47%	37%
'Satisfied or very satisfied' with the outcome of contact	57%	65%
Feel confident to book appointments by phone	60%	76%
Feel confident to book appointments online	50%	53%
Feel confident with a telephone appointment/consultation	50%	58%
Feel confident with a video appointment/consultation	30%	38%

Compared with White/White British (W/WB) respondents, we find that those from BAME communities are notably less successful in obtaining appointments, and not as satisfied with the outcome of contact.

BAME respondents are also not as confident in using both telephone and online systems.

Mystery Patient Exercise

As part of our work looking at access to GP surgeries, we wanted to understand how easy it was for a patient to get through to their GP surgery particularly as due to the pandemic many services have moved online, which does put those patients who do not have digital access at a disadvantage.

We reviewed the websites of all GP surgeries and then our team of volunteers telephoned each of our 32 practices, to assess how easy it was to get though. The intelligence collated related to the following questions:

Q1 How was the telephone call answered initially?

Q2 How long before you spoke to someone?

Q3 Can you book an appointment by telephone?

Q4: Which online booking system is used?

The key findings from this exercise are:

The greater majority of the GP surgeries – 79% operate using a recorded message, which led to a receptionist then answering to speak to the patient.

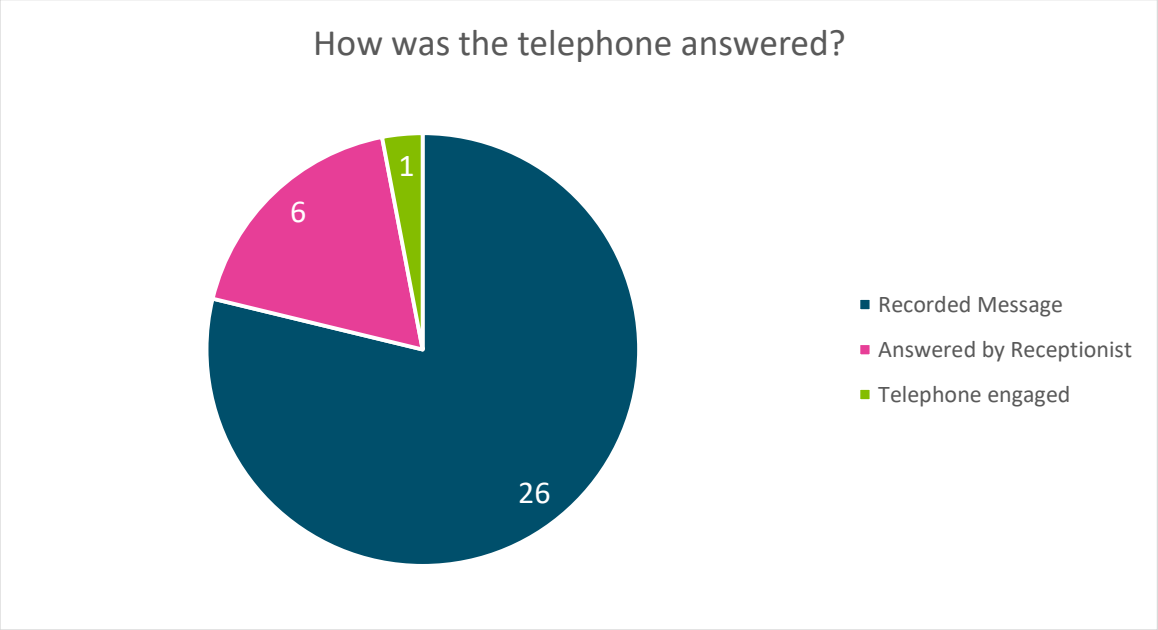
When ringing at a time to get through to a receptionist the majority of calls were picked up within 1 – 5 minutes. It is worth noting that our mystery patient exercise was undertaken by our volunteers who were testing the system to measure ease of reaching a GP through phoning, but they did not have the added pressure or frustration of doing this whilst also potentially feeling particularly unwell.

Q1 How was the telephone call answered initially?

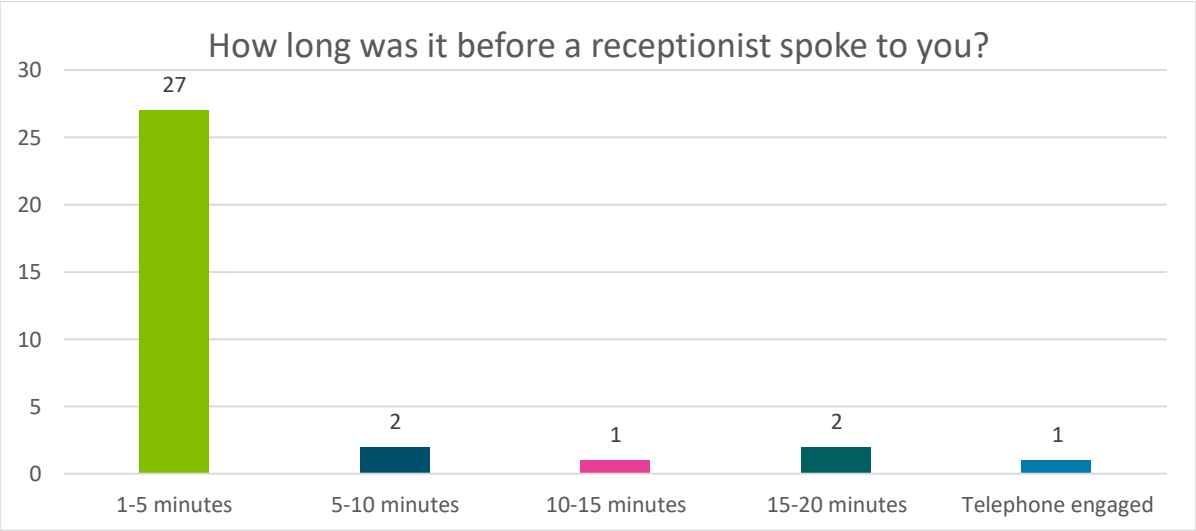
Answerphone/Recorded Message then answered: 26

No Answerphone – straight to receptionist: 6

Engaged and busy lines – 1



Q2. How long before you spoke to someone?



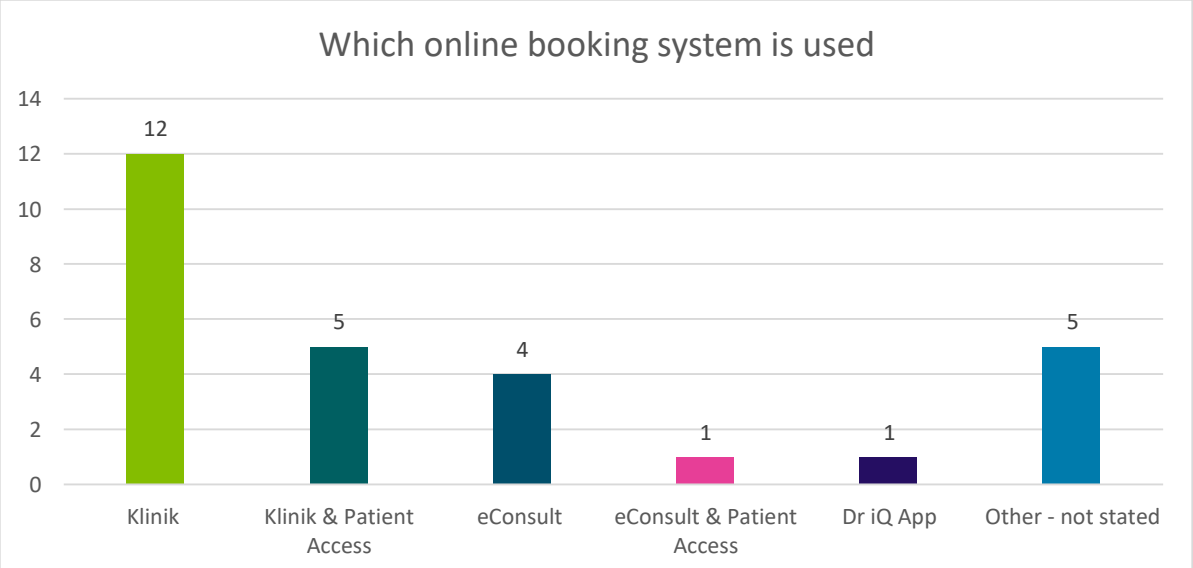
Q3: Can you book an appointment by telephone?

Generally, the majority of surgeries will take telephone bookings – some offer this just for the day's appointments, so if full, patients would need to call back the next day, also the receptionist may book the appointment for you online over the phone.

In some cases, there might not be a telephone booking system, but you book through the receptionist. 25 surgeries confirmed that you can book an appointment by telephone.

Q4: Which online booking system is used?

We found out of the surgeries that we asked, the following confirmed:

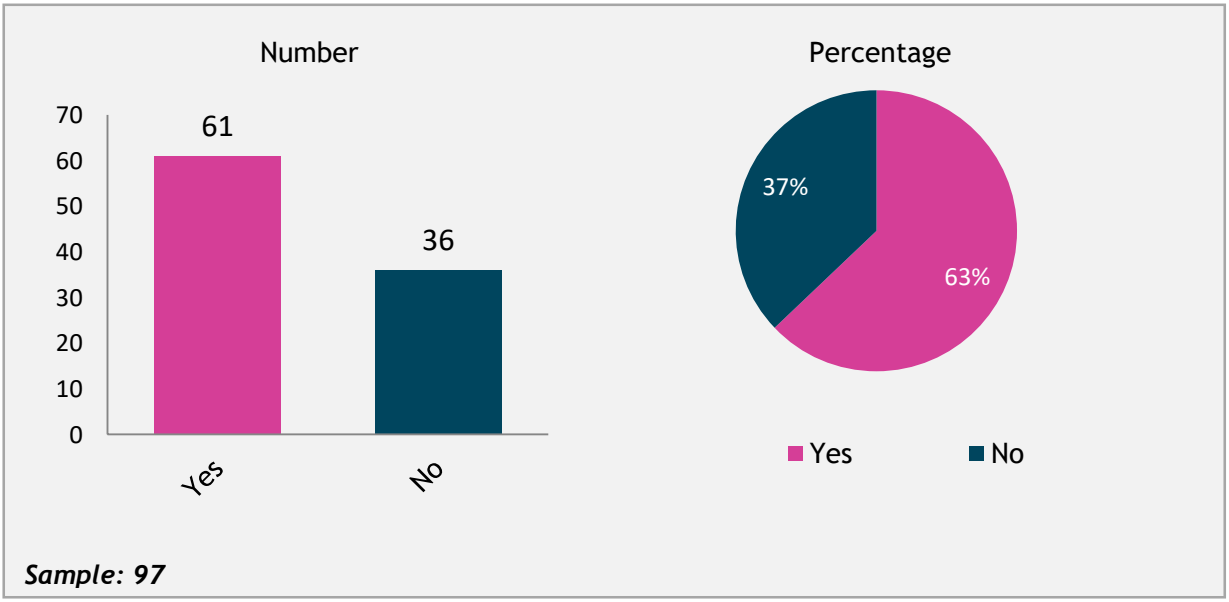


One surgery stated from March 2020 all appointment booking facilities were disabled with telephone booking as the only option.

6. Dentists

In this section we evaluate feedback around dental service access, including registration, ability to get appointments, contact methods and overall satisfaction with the experience.

6.1 Are you registered with an NHS Dentist?



Sample: 97

Around two thirds of respondents (63%) are registered with an NHS dentist. Of the 37% who are not, many are registered with private practices.

We hear that some patients have been either de-registered, or advised by their practices to seek private treatment.

Selected Comments

"My usual dentist has said I am no longer registered with them and cannot register as an NHS patient at this time."

"NHS practice has now told me that I have to go private."

"My dentist tells me that they cannot operate to an acceptable standard within the cash limited services they would have to provide on the NHS."

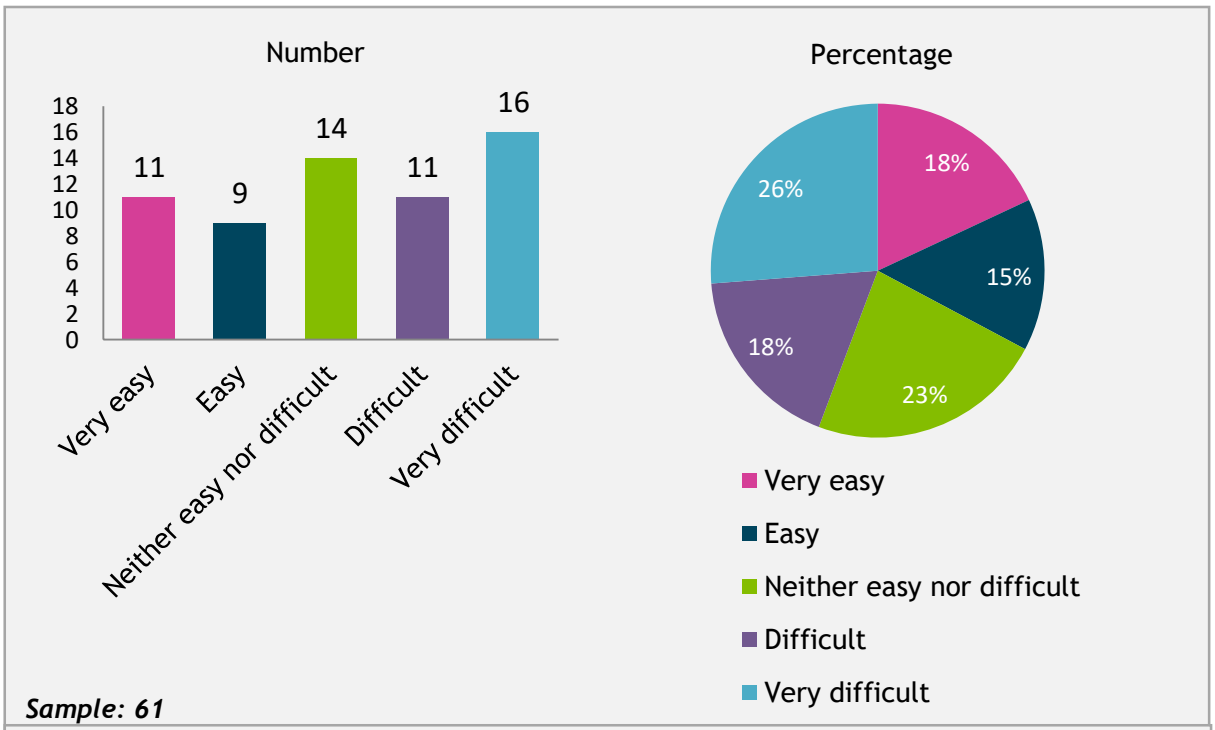
"Difficult to get appointments, they send one letter for check-ups, but no reminders then take you off of their NHS list."

"Trying to get my 2-year-old registered."

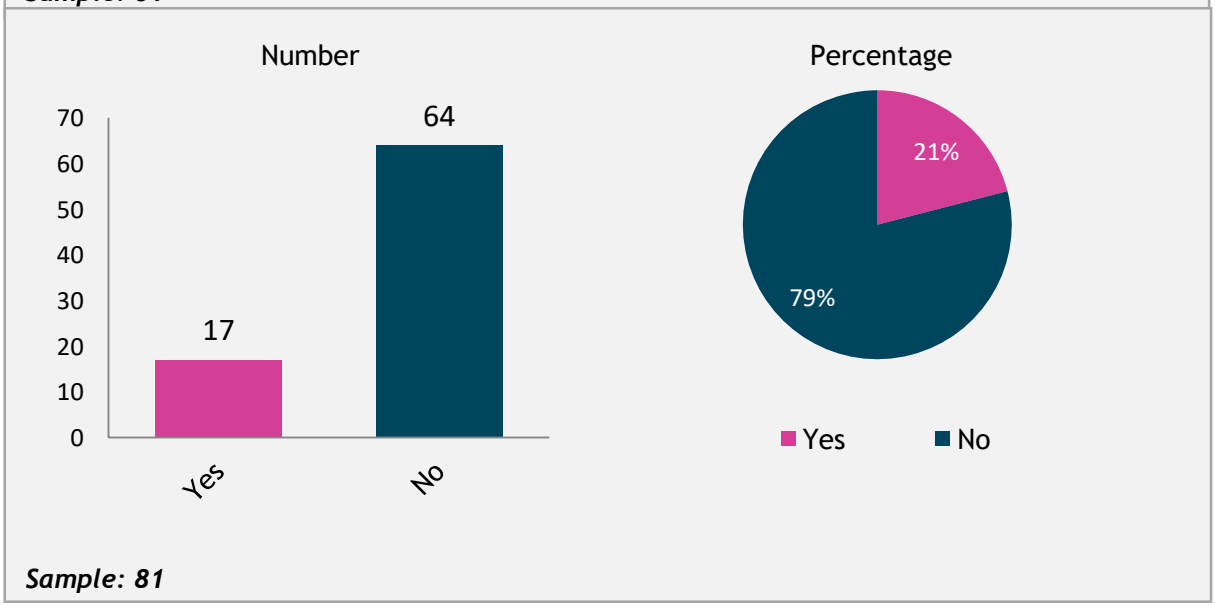
"None available, certainly not at convenient times."

"When we moved to this area many years ago, we were unable to find an NHS dentist. I am now happy with the private dentist I go to, so I don't want to change to another practice."

6.2 How easy is it to get an appointment with a Dentist - during the pandemic (from March 2020)?



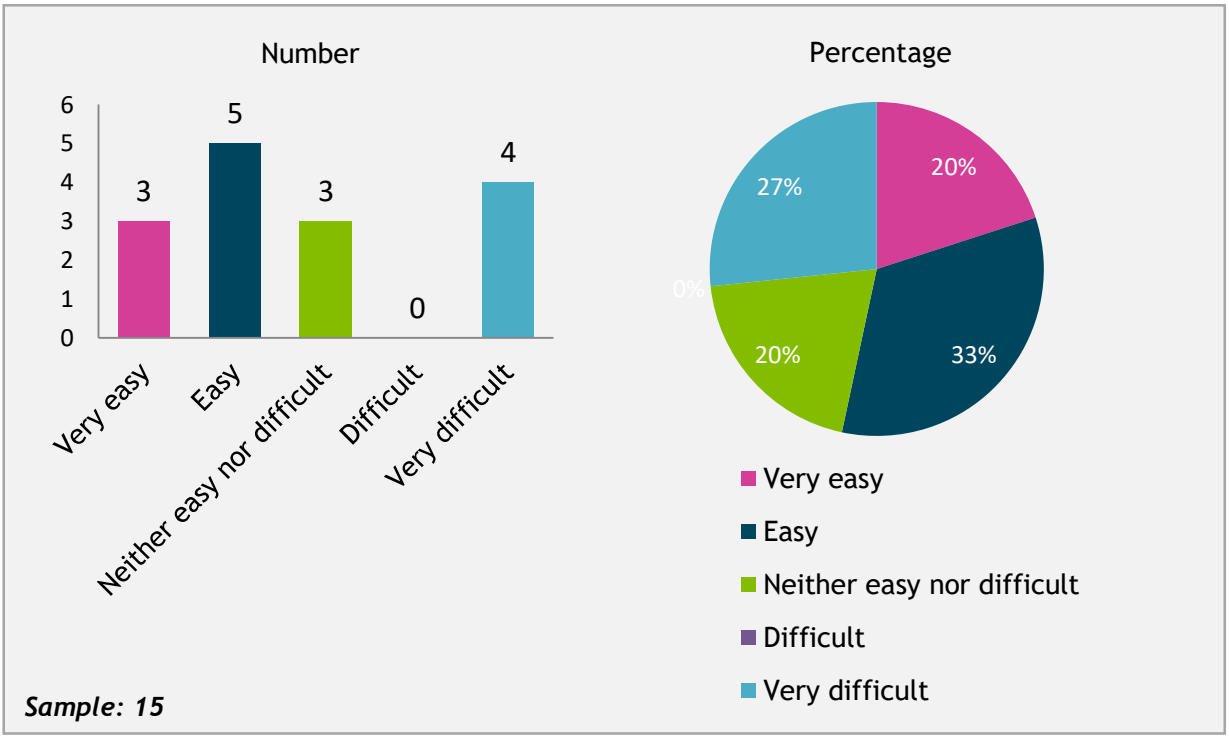
Sample: 61



Sample: 81

Around a fifth of appointments (21%) were for an emergency.

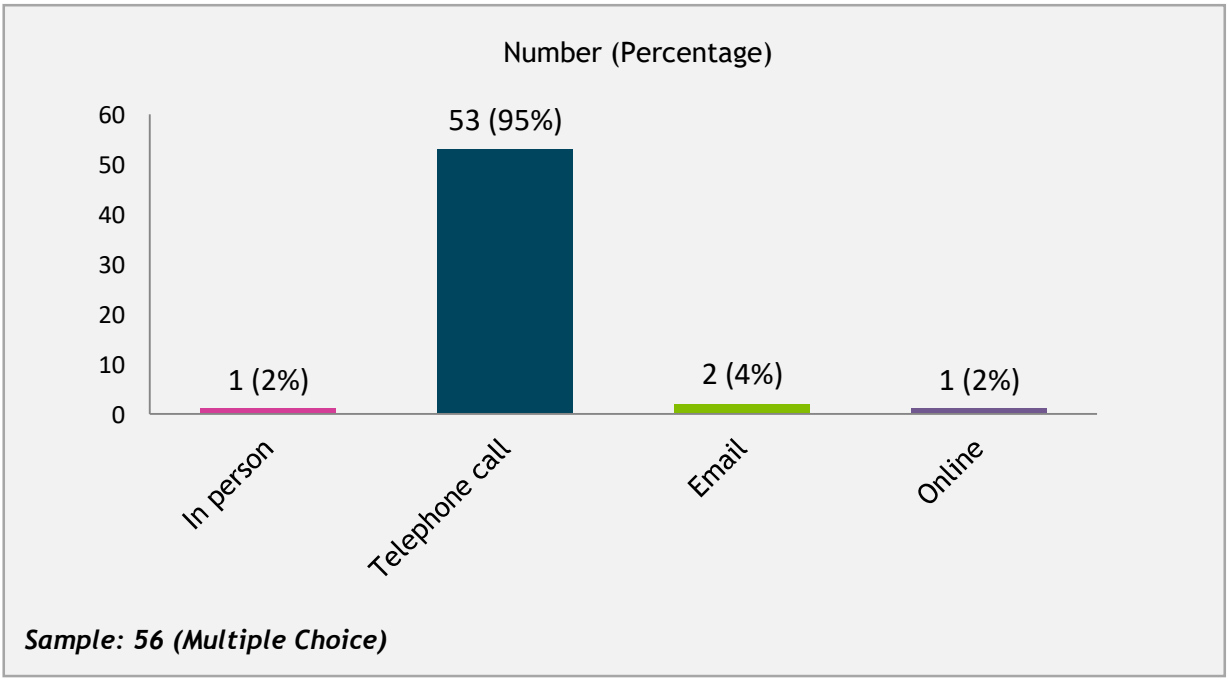
6.3 If yes, how easy was it to get an emergency appointment with the Dentist?



Sample: 15

For those with an emergency, over half (53%) found it easy to get an appointment while a sizeable minority (27%) have experienced difficulty.

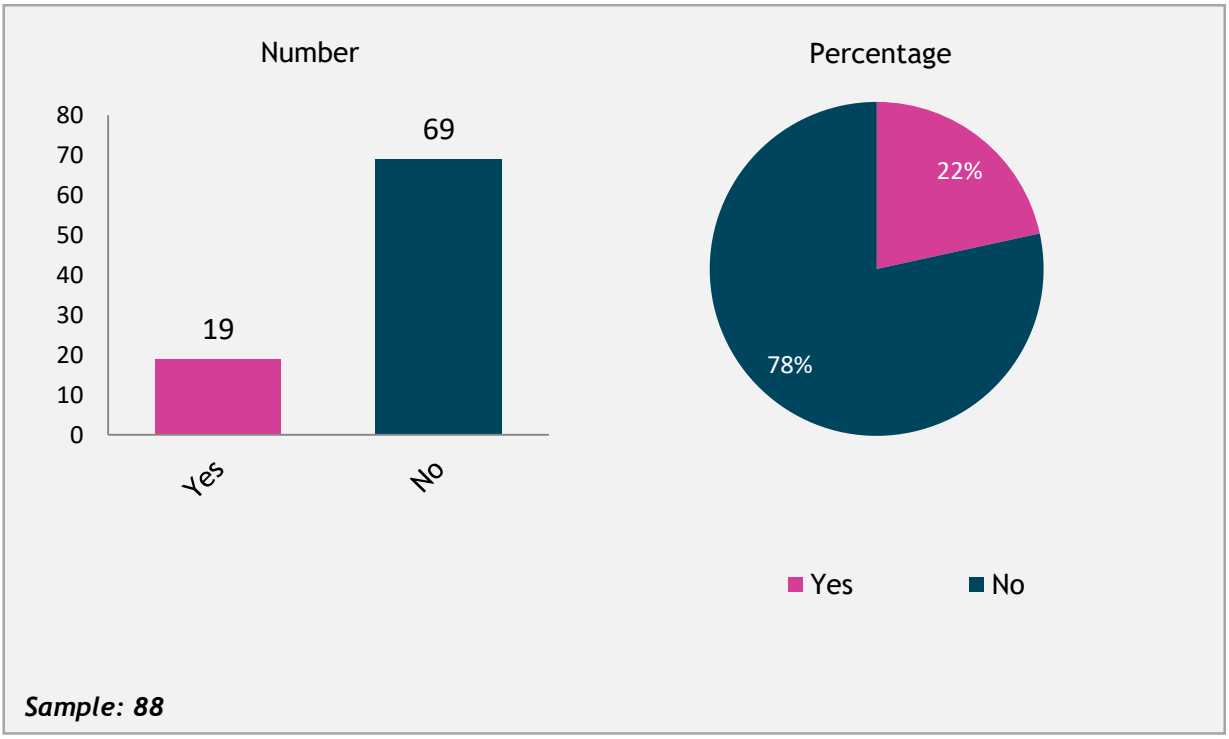
6.4 How did you make an appointment with your Dentist during the pandemic (from March 2020)?



Sample: 56 (Multiple Choice)

On booking, the most popular method by far is the telephone.

6.5 Have you struggled to access a dental service with pain or problems in the last 12 months?



Sample: 88

Over three quarters of respondents (78%) have not struggled to access services with problems or while in pain. A notable minority (22%) have expressed difficulty.

Experiences highlight waiting times (in one case two months for urgent treatment) and difficulty in obtaining access.

Selected Comments

"In July when I had dental pain there were no appointments available until September."

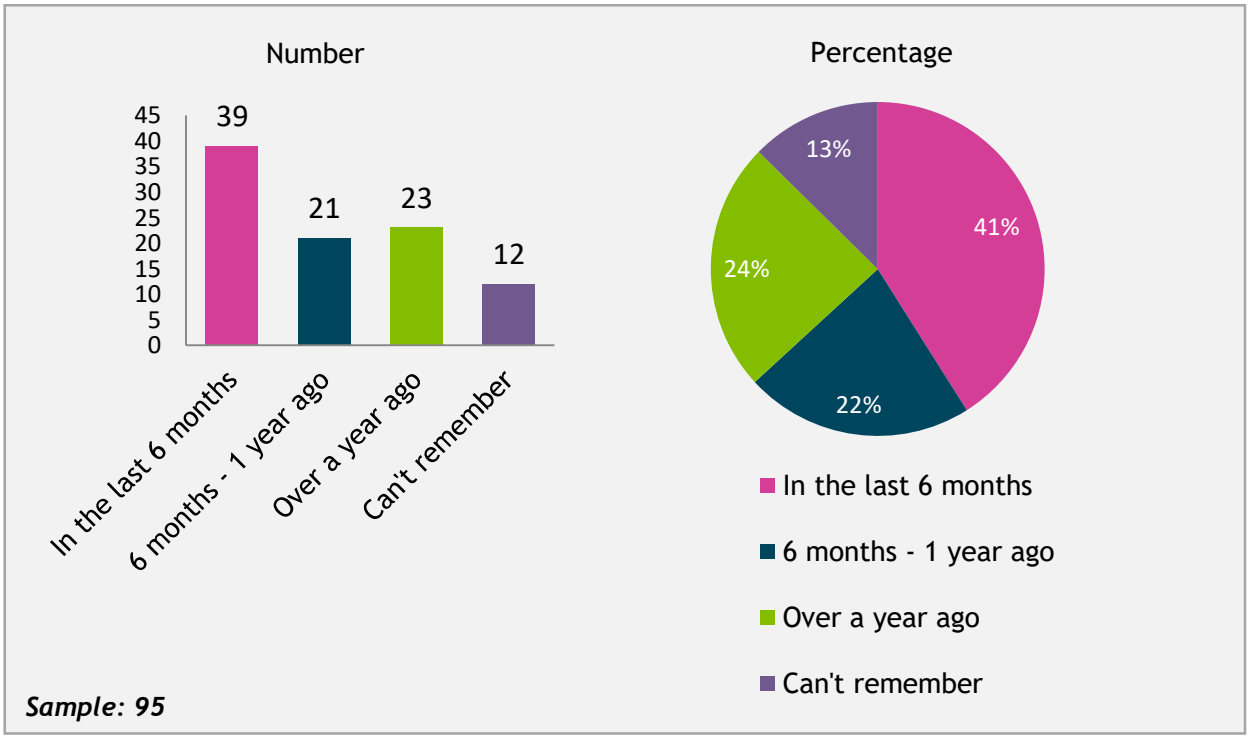
"During pandemic, no appointments available unless established infection."

"I used to go to an orthodontist, but my treatment finished, and I am unable to get access to an NHS dentist."

"We do not have our dentist because of Covid."

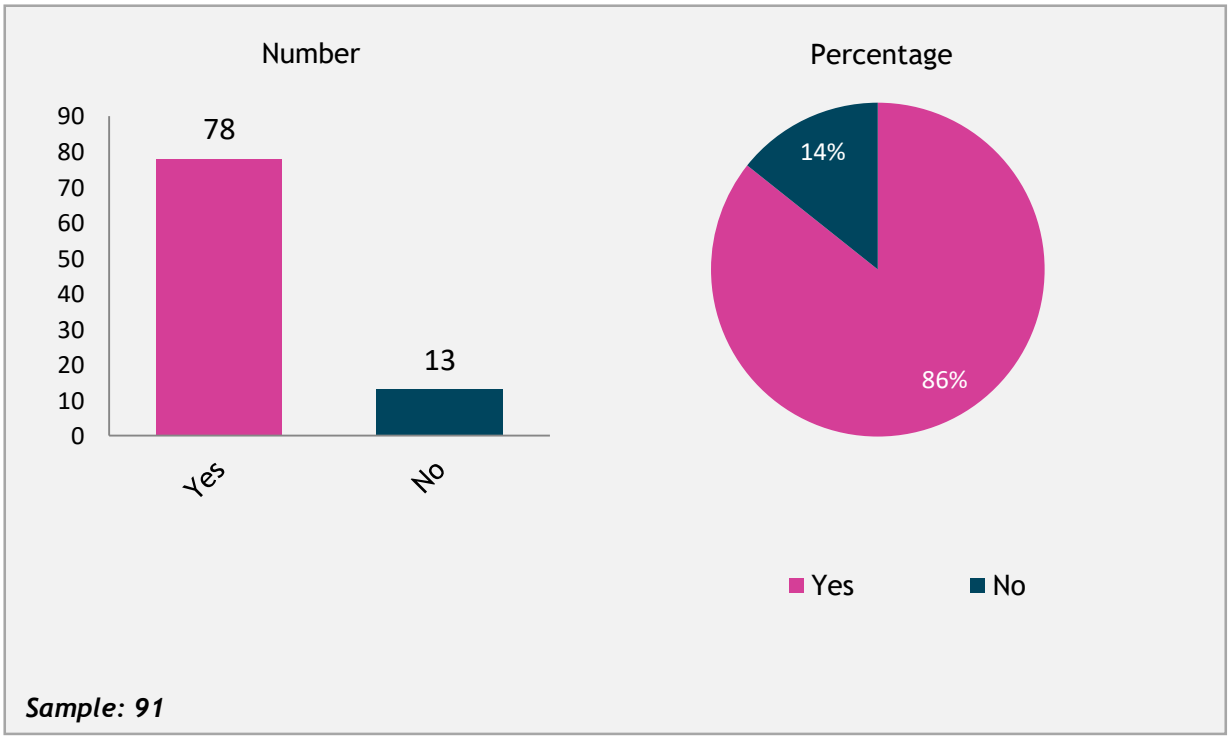
"There were problems for emergency access to dentists because that was the government's request, getting an emergency appointment was either being given antibiotics/tooth out or wait. There were very few dentists confident enough to see patients in the first five months or so since they did not want a patient with the virus and did not want to be in trouble with the department of health. There should have been MORE good dentists available being allowed to see patients."

6.6 When did you last visit the service?



63% of respondents have visited a dentist within the last year, while a quarter (24%) last visited over a year ago.

6.7 Are you pleased with the overall treatment you receive from your dental practice?



The vast majority of respondents (86%) are pleased with the overall treatment received.

We hear that treatment and check-ups have been delayed as a result of the pandemic, a 'cause of concern' for some patients. Waiting times and cost are also cited as issues.

Selected Comments

Positives

"Always able to get an appointment."

"The practice I go to is very helpful and I understand why check-ups were cancelled."

"They provide good advice on dental hygiene and do not appear to do any unnecessary work."

"Because my family paid for me, I'm lucky."

Negatives

"I needed a check-up prior to a hospital appointment. However, during the initial phase of the pandemic, I would not have been able to have treatment as dentists could not use drills. Also, no hygienists were able to give appointments and that is a cause of concern."

"Happy to see a dentist but only an assessment appointment so no treatment could be done. Waiting for the new year to be treated."

"Unable to have a basic check-up."

"They did minimum work and said they would contact me when they are able to do more and have never contacted me."

"Emergency App made by 111. The lady dentist was not confident to pull/remove a dental root! We have to wait 3 months for an app with specialist!!!"

"But it is expensive."

"I had to pay private charges for extraction and treatment."

6.8 Impact on Specific Groups

We look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

The following 'impact scale' tables highlight all groups which exceed the average (baseline) figure, for key questions.

6.8.1 Registered with an NHS Dentist:

All respondents (baseline)	63%
Aged 25 – 44 years	57%
White/White British respondents	56%
Aged 65 and over	48%

Those of retirement age, early working age or from a White/White British background are least likely to be registered with an NHS dentist.

6.8.2 Have struggled to access a dental service with pain or problems in the last 12 months:

All respondents (baseline)	22%
Mental Health Conditions	25%
Aged 25 – 44 years	36%

Working aged respondents are most likely to experience difficulty in obtaining appointments for pain or problems.

6.8.3 Pleased with the overall treatment received:

All respondents (baseline)	86%
White/White British respondents	83%
Aged 45 – 64 years	79%
BAME respondents	70%
Aged 25 – 44 years	57%

Those of working age are significantly least pleased with the overall treatment received. BAME respondents are also disproportionately impacted.

6.8.4 Comparison of ethnic groupings:

	BAME %	W/WB %
Registered with an NHS Dentist	73%	56%
Have struggled to access a dental service with pain or problems	17%	20%
Pleased with the overall treatment received	70%	83%

Compared with White/White British (W/WB) respondents, we find that those from BAME communities are significantly more likely to be registered for NHS treatment, and also notably less pleased with the overall service received.

7. Glossary of Terms

BAME	Black, Asian and Minority Ethnic
W/WB	White/White British

8. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Harrow, 3 Jardine House, Harrovian Business Village, Bessborough Road, Harrow, HA1 3EX

Contact us

020 3432 2889

info@healthwatchharrow.co.uk

www.healthwatchharrow.co.uk

@HealthwatchHarr

healthwatchharrow

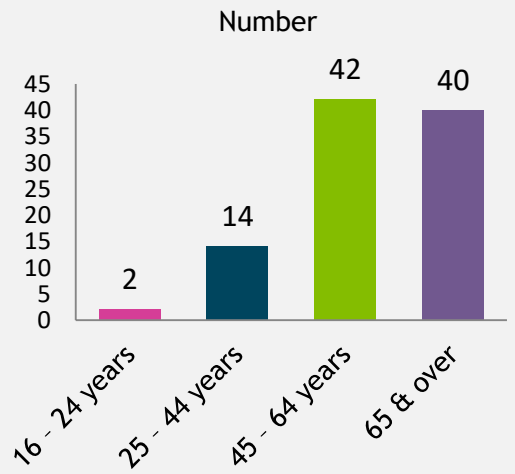
@HWHarrow

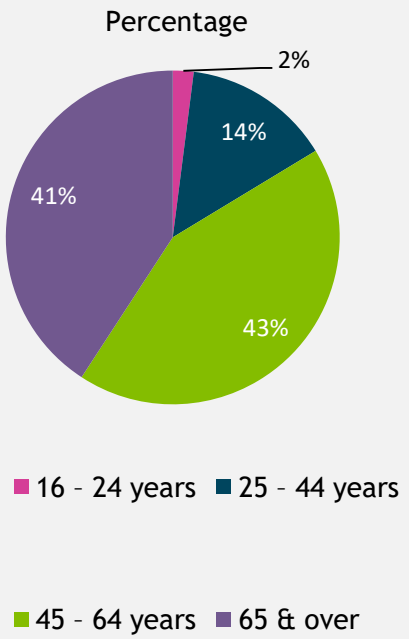
Healthwatch Harrow

Appendix 1 - Demographics

The demographics of participants are stated as follows.

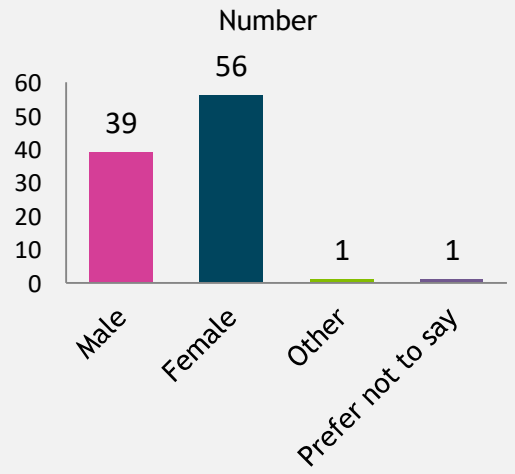
What is your age group?

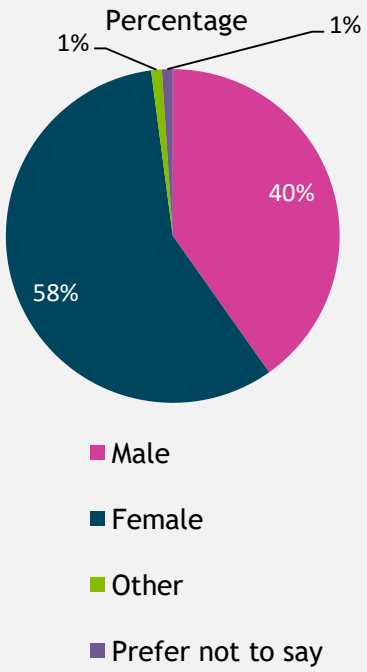




Sample: 98

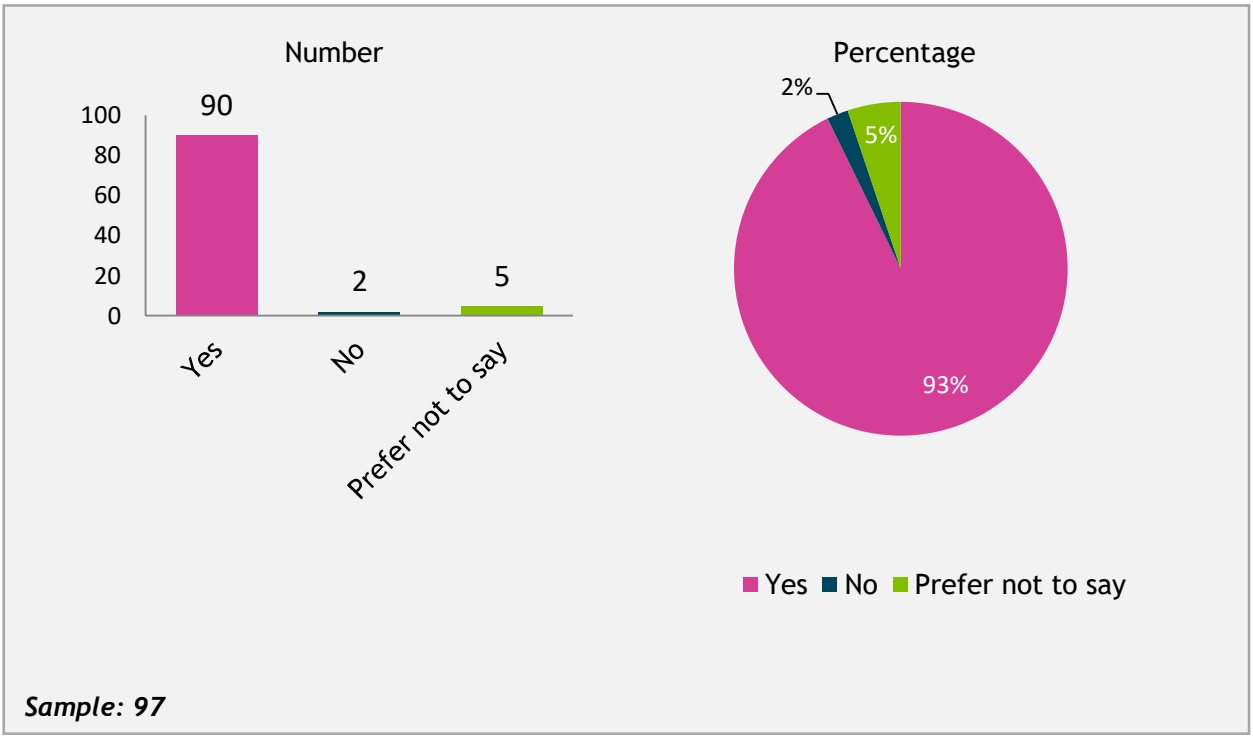
What is your gender?





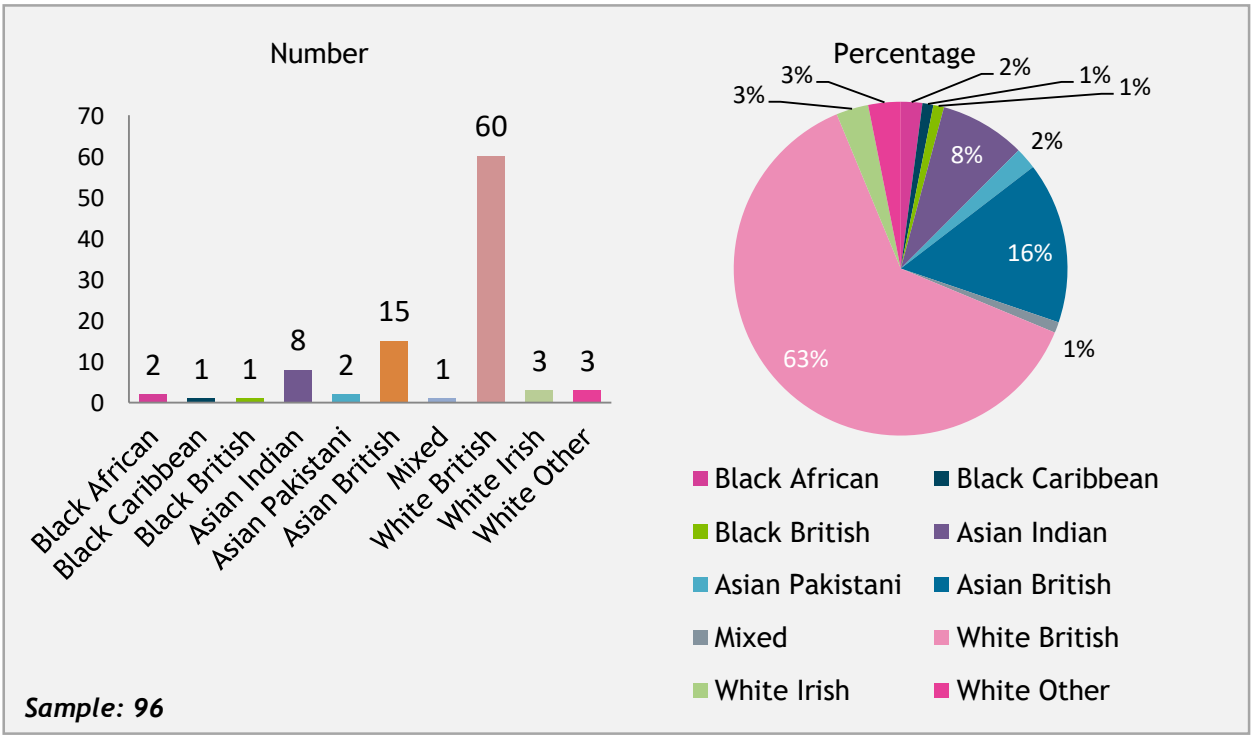
Sample: 97

Is your gender identity the same as assigned at birth?



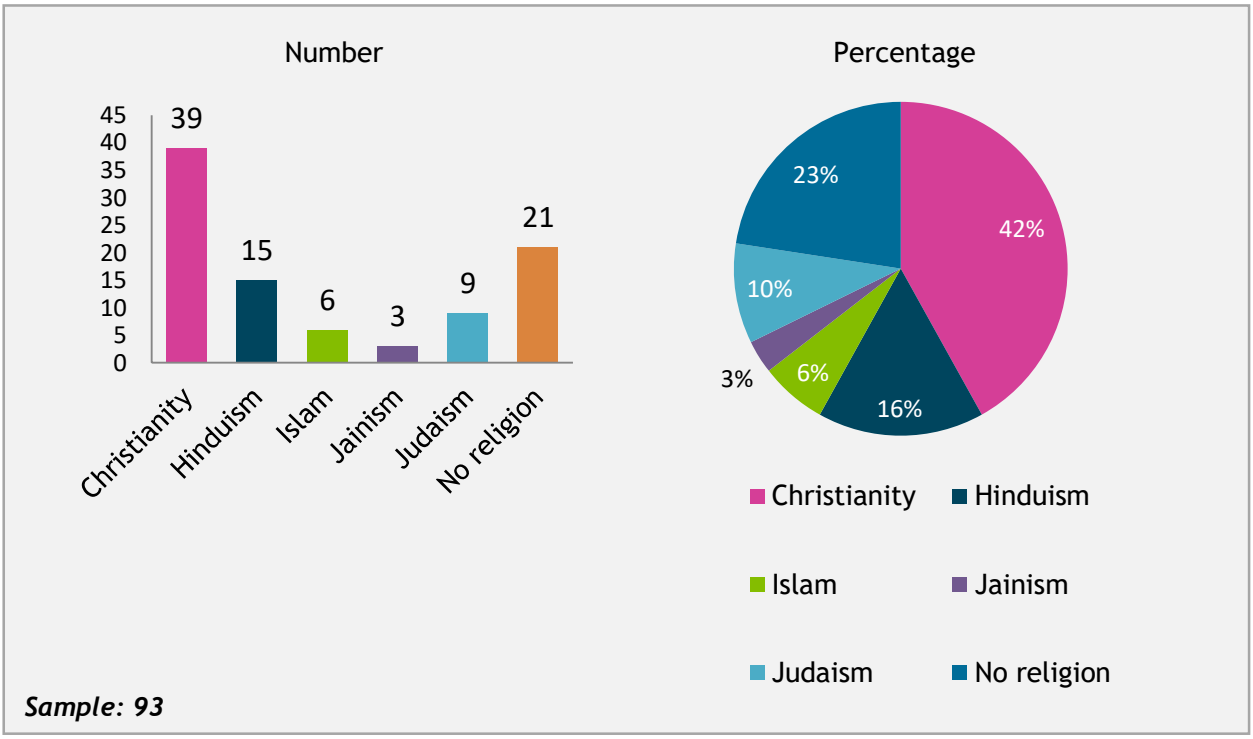
Sample: 97

What is your ethnic origin?



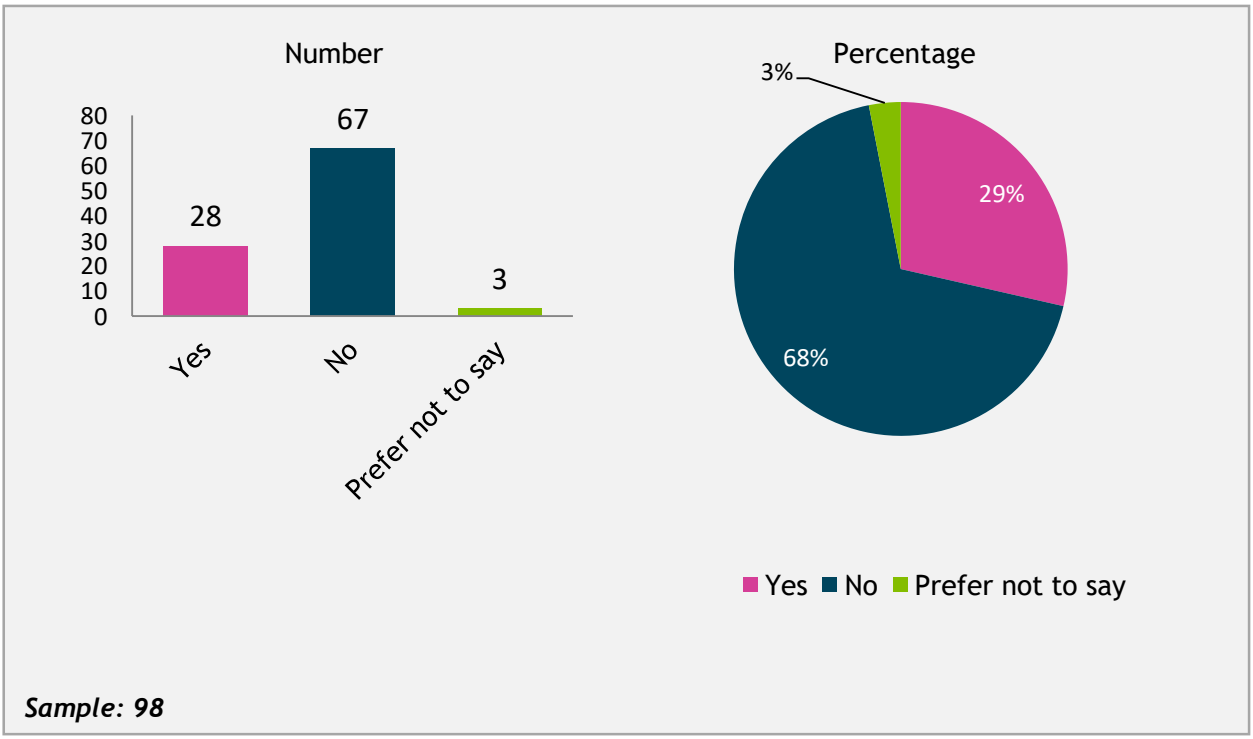
Sample: 96

What is your religion?



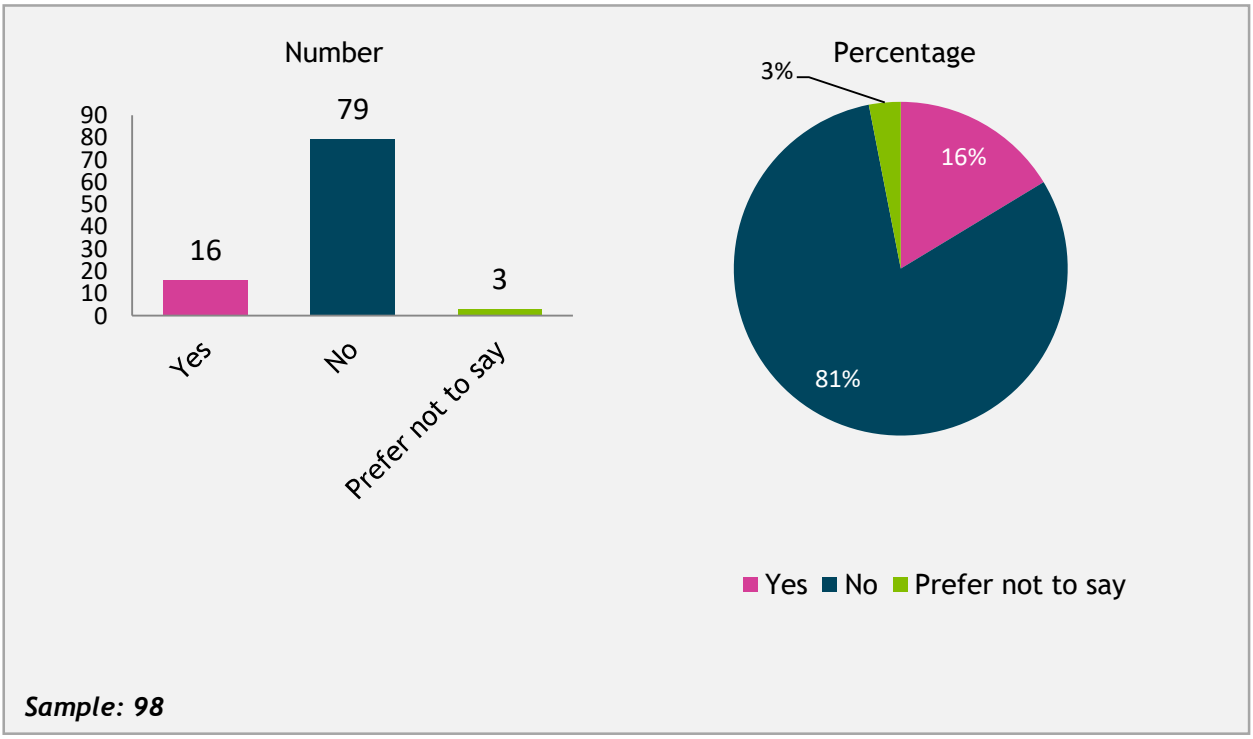
Sample: 93

Do you consider yourself to have a disability or long-term condition?



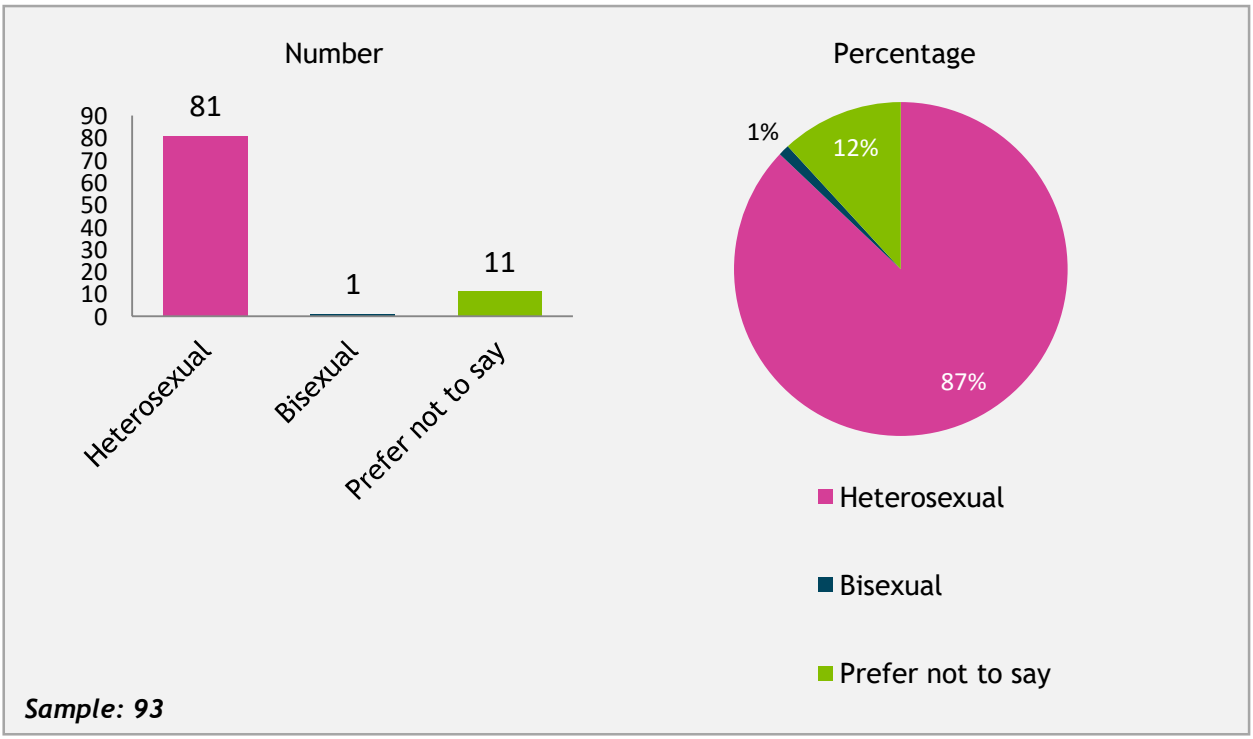
Sample: 98

Are you a carer for a vulnerable person?



Sample: 98

Sexual orientation - are you?



Sample: 93

“The practice I go to is very helpful and I understand why check-ups were cancelled.”

Local Dental Patient

healthwatch Harrow

GP & Dental Access in Harrow

Marie Pate, Operational Manager
March 2021

Background

- The role of Healthwatch is to gather intelligence / evidence, to check and challenge service delivery, identify where services need to change and to make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers

- Access to General Practice's (GP's) and Dental Services is an issue that we are increasingly hearing about, please see our recent report: https://www.healthwatchharrow.co.uk/insight-and-reports

- There is general awareness of the issues that need to be addressed. Our report was written in the spirit of collaborative working, knowing how hard people are working due to the pandemic but also recognising that patients have the right to access services

- In summarising the key issues and recommendations we would like to highlight the general concerns raised do not relate to the quality of care that people receive, the issues that need to be addressed relate to accessing services.

Key issues

- GP Telephone systems and online booking systems are not efficient and do not meet the demands / needs of patients needing to contact the surgery. For those experiencing difficulty with access, over half (58%) cite telephone related issues, while over a third (42%) suggest a problem with online booking. ***" I dread needing to make an appointment to see my doctor".***
- Commissioning of NHS Dental Care is not meeting current demand. ***"My usual dentist has said I am no longer registered with them and cannot register as an NHS patient at this time." "NHS practice has now told me that I have to go private."***
- The Black, Asian and Minority Ethnic (BAME) communities are disproportionately affected in accessing services.

  Those with Mental Health conditions, Carers, Black, Asian and Minority Ethnic (BAME) respondents and those of working age are disproportionally impacted, in terms of access, confidence across platforms and overall satisfaction.

- Accessibility is particularly an issue for those patients with language, mental health and learning disabilities.

Recommendations

1. CCG to work with the Primary Care Networks and Harrow GP surgeries to put in place improved, quicker and more accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments.

2. NHS England to review the commissioning of NHS Dental Care in Harrow, to ensure commissioning is kept up to date with demand and that the dental contract is fit for purpose. For example, one element is the Units of Dental Activity (UDA'S), as each dental practice is commissioned for a set number of UDA's and in Harrow this is not meeting the current demand.

3. Primary Care Networks, GP practices and Dental Surgeries to work collaboratively with the Black, Asian and Minority Ethnic (BAME) communities to further understand the issues which are affecting these communities in accessing services e.g. language barriers, lack of digital access etc. and to put a plan of action in place to address these issues.

4. CCG to work with the Primary Care Networks and Harrow GP surgeries to improve accessibility particularly for those patients with language, mental health and learning disabilities.

Responses to report:

Clinical Commissioning Group Response:

- The Executive team have agreed that as they support General Practice in their transition back to normal business arrangements, supporting access, particularly telephone access to services, will be a critical component. They will work with Practices to look at what the right capacity and balance of virtual and face to face conversations will be within this.

- The issue of GP access was discussed at a GP Forum, highlighting the findings of the HWH report, and practices were asked to consider the access challenges that patients are facing as part of their recovery plan. Many Practices have highlighted that telephone access has been a significant problem over recent months due to the volume of patients calling with COVID vaccination queries. As a result, the CCG have worked with Harrow Council to promote the Harrow contact centre as a place local people can call with queries about COVID vaccinations.

- Looking at how extended access GP arrangements can support some of the issues that patients are facing. Encouraging Practices to re-engage in using these extended access services for Harrow patients, as well as looking at how they can provide additional access to essential services, such as NHS Health Checks, they may have been paused over the COVID surge period.

Responses to report (continued):

- Where specific issues were highlighted about Practices, this has been shared with them.

- We will continue to keep this as a priority area under review in our discussions with primary care networks and our own Clinical Directors.

NHS England:

- Responded to state the context is that the NHW General Dental Services are currently operating a significantly reduced capacity due to the pandemic and the controls now in place set out by the Chief Dental Officer for England and Public Health England.

- If a patient is seeking an earlier routine NHS appointment than is currently available, a private appointment may be offered by the practice.

- The response did not address the recommendation to ensure commissioning is kept up to date with demand to ensure NHS patients are receiving the service they are entitled to.

Responses to report (continued):

CQC Response:

- They are aware of access concerns continuing across NWL which includes Harrow. It does appear to be largely based around the new remote methodologies implemented at pace.

- They are monitoring this risk in line with other regulation monitoring activity. This includes provider reviews and if required inspection activity.

In summary:

- CCG have responded and are taking steps to address the issue of access to GP Surgeries

- Issues relating to specific GP Practices are being addressed with a plan of action being put in place

- CQC are monitoring

- NHS England have not responded on the issue regarding commissioning not being kept up to date with demand

- Working in partnership we all need to build in improving communications for those communities who suffer from the greatest inequalities.