

Lewisham COVID-19 Local Outbreak Management Plan (LOMP)

July 2021

Title	Lewisham COVID-19 Local Outbreak Management Plan (LOMP)
Purpose and Description	Lewisham COVID-19 Local Outbreak Management Plan (LOMP) sets out the arrangements, processes and actions that will ensure that COVID-19 transmission remains low in Lewisham allowing the borough to begin the journey to recovery.
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V6 (Lewisham Local Outbreak Management Plan)	14.04.21	Amendments based on feedback from London PHE - Various
V6 (Lewisham Local Outbreak Management Plan)	02.07.21	Edited by Kerry Lonergan and Catherine Mbema

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Acknowledgements:

Members of the Lewisham COVID-19 Health Protection Board for overseeing the development of this plan

Version Control



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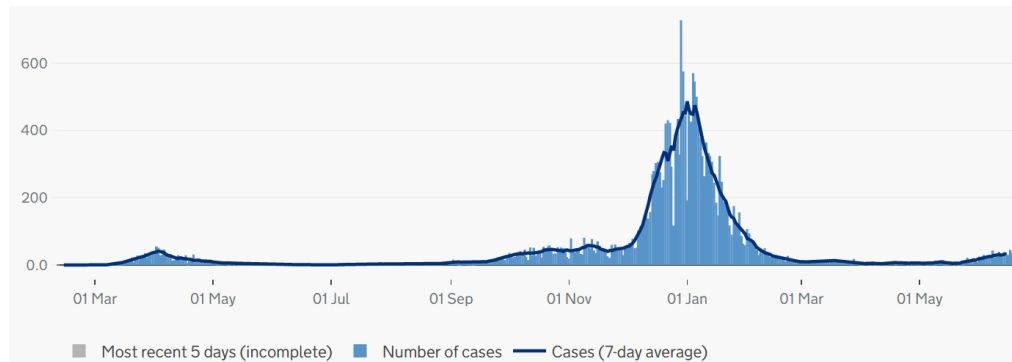
This plan has been developed in the context of the following national policy drivers:

- [Prime Minister's Exit Plan \(Spring 2021\)](#)
- [National Contain Framework](#)
- [UK COVID-19 Vaccines Delivery Plan](#)
- [Working together to improve health and social care for all, White Paper](#)
- [National Testing strategy](#)
- [Care home guidance](#)
- [Variants of concern](#)
- [Financial settlement](#) (Contain Outbreak Management Fund)
- [Amendments to the Coronavirus Act and regulations](#)
- [Abolition of PHE and Replacement with NIHP](#)
- [NHS Test and Trace Business Plan](#)

National policy drivers

- An estimated 303,536 people live in 18 electoral wards in Lewisham. Lewisham is the sixth largest inner London borough and the fourteenth largest in London.
- Women in Lewisham can expect to live for 81 years and men 76 years. Life expectancy in Lewisham is below that of London (80.7 years for males and 84.5 years for females) and England (79.3 years for males and 82.9 years for females), for both males and females. Within South East London, it is below those in Bexley, Bromley and Southwark, but not significantly different from that of Greenwich and Lambeth
- The published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 61.2%, similar to the national average but higher than the London average (57.3%)⁴. Obesity is known to be a COVID-19 risk-factor.
- Increasing age is known to be a COVID-19 risk factor. Lewisham has a population of 28,481 residents aged 65+. Thus, the proportion of the population aged over 65 years is 9.4%, compared to the England average of 18.2%. This is expected to rise to 10.2% by 2025.
- Non-white ethnicity is also known to be a COVID-19 risk-factor⁵. Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham
- As of 18th June 2021, there have been a total of **22,567 confirmed cases of COVID-19 and 603 COVID-19 related deaths in Lewisham.**

Daily number of new lab confirmed cases in Lewisham (up to 18th June 2021)



SOURCE : <https://coronavirus.data.gov.uk/cases>

Lewisham Context



Our vision is that Lewisham will maintain stable rates of COVID-19 transmission, allowing the borough and it's residents to begin the journey to recovery

This will need to be done through a combination of prevention measures (**PreTTCoP**):

- **Prevent** (Non-pharmaceutical interventions [NPIs] = Hygiene + Masks + Distance + Cleaning)
Residents will need to be able to:
 - Understand and manage their own risk proactively
 - Understand the combination prevention approach and have the knowledge and skills to adhere to it
- **Test**
Residents will need to be able to:
 - Get tested regularly as indicated
- **Trace and Contain**
Residents will need to be able to:
 - Know when and how to test and self-isolate and ensure that their close contacts are traced to prevent further spread
- **Protect** (Vaccination)
Residents will need to be able to:
 - Know when and how to access the COVID-19 vaccine and ensure that the system facilitates and maximises uptake
 - Know where they can go to get help

Our plan will outline:

- What has been achieved in each of these areas to date
- Our main ambitions for action in each of these areas
- The five foundations that will underpin the plan
- The indicators that we will use to monitor progress and measure success in each area

Our Vision



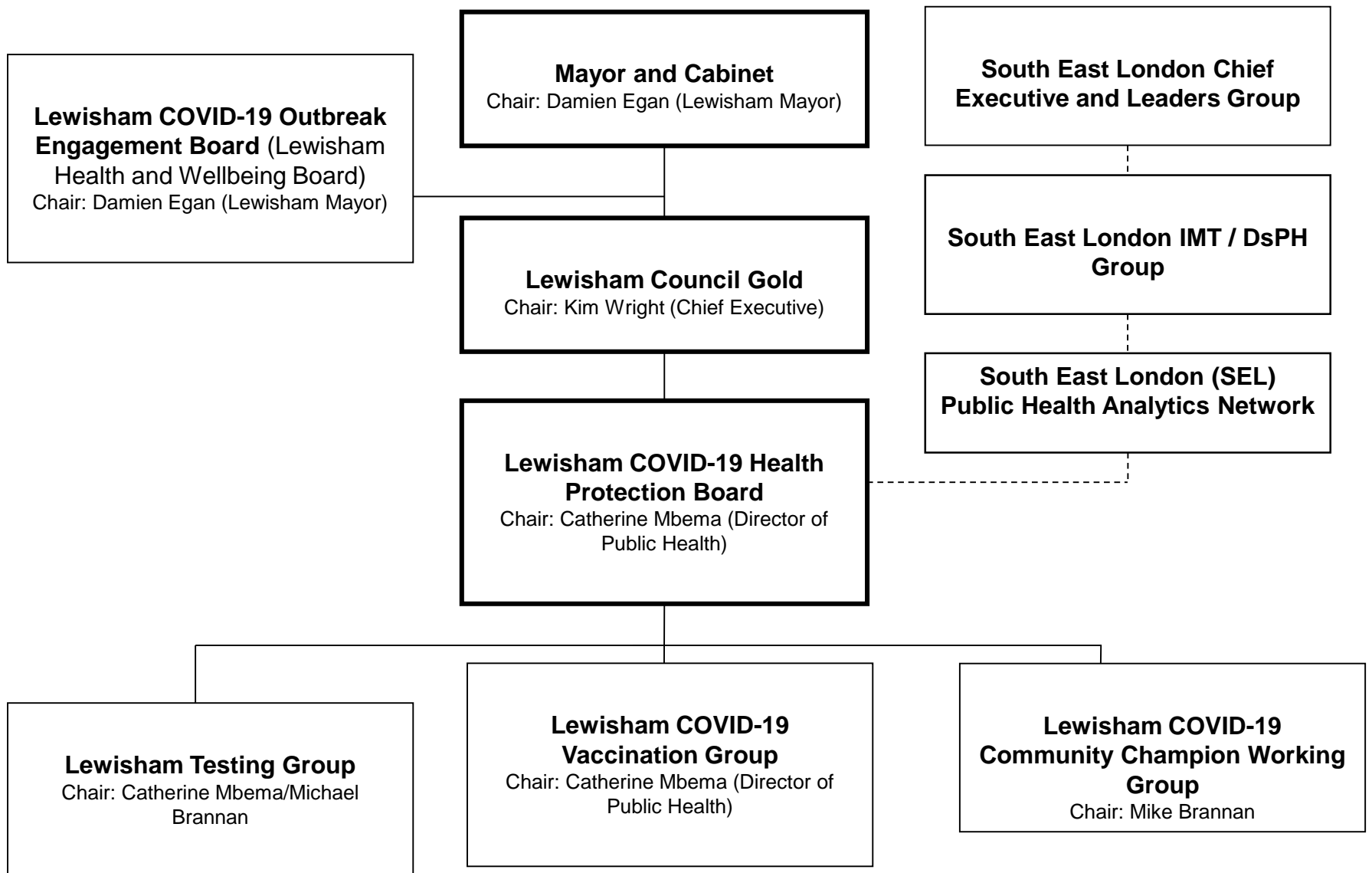
Principles

- All activity will aim to reduce the need for another local, regional or national lockdown by suppressing the virus
- We will use insight from our 170 COVID-19 Community Champions alongside surveillance and epidemiological data to inform our actions
- We will aim to reduce inequalities
- We will continue to work with partners and teams to support the response to COVID in the long and short term
- We will work to support the most vulnerable first

Assumptions

- There is still a lot of work to do as we exit the most recent lockdown
- COVID will not disappear and we need to manage it with a number of strategies across the borough, agencies and departments
- Our response will need to flex and adapt dependent on demand
- The next 3-6 months may not be a simple linear route out of lockdown and may mean retaining some COVID safe rules
- Variants will continue to arise and cause outbreaks

Underlying Principles & Assumptions



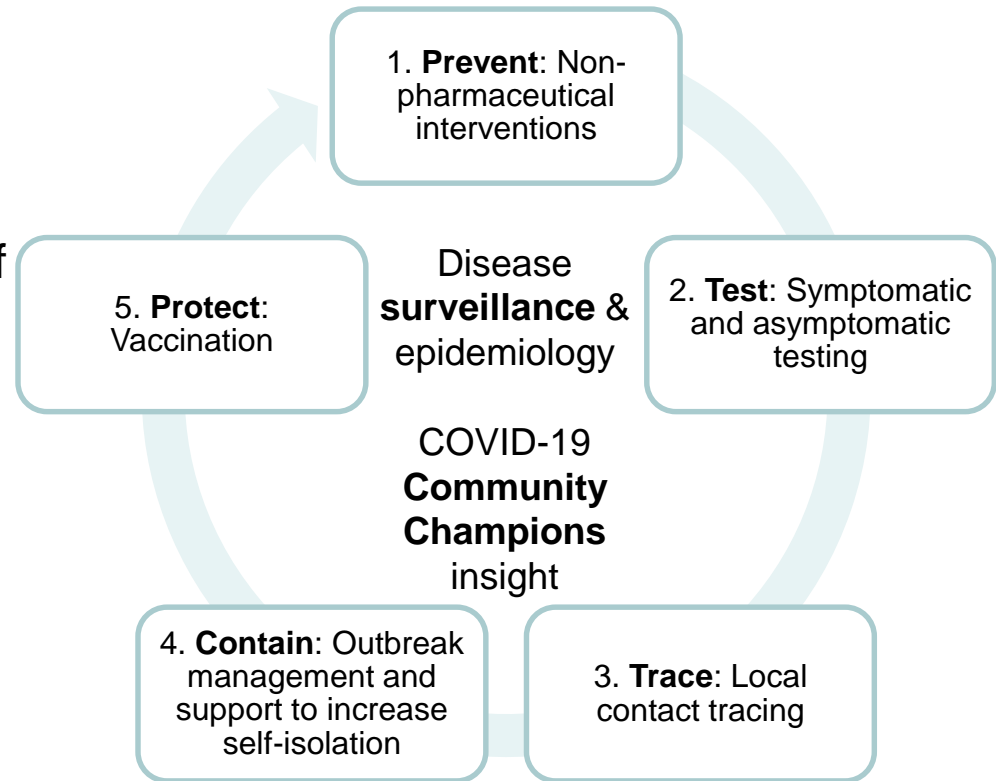
	Lead	Membership	Purpose	Accountable to
Local Outbreak Engagement Board	Elected Mayor of Lewisham	Health and Wellbeing Board members	Oversight of timely communications provided to the public	
Mayor and Cabinet	Elected Mayor of Lewisham	Mayor and Cabinet members, Lewisham Council Chief Executive	Political and partner oversight of strategic response	
Lewisham Council Gold	LBL Chief Executive/COVID-19 Gold Director	Executive Directors and Council officers	Responsible for implementing the Council's overall Covid19 Outbreak management plan, policy and strategy and achieving its strategic objectives;	Mayor and Cabinet
COVID-19 Health Protection Board	Director of Public Health (DPH)	Multi-agency representation, including Public Health, NHS (incl. CCG, LGT, Primary Care), Environmental Health, Adult Social Care, communications	Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19	Lewisham Council Gold
Public Health Single Point of Contact (SPOC)	Director of Public Health (DPH)	Public Health Team	Receives notification of outbreak from LCRC, local settings or other sources Ensuring control measures are implemented as soon as possible	COVID-19 Health Protection Board and Gold

Lewisham Approach (PreTTCoP)

Lewisham's overall approach to outbreak management and living with COVID-19

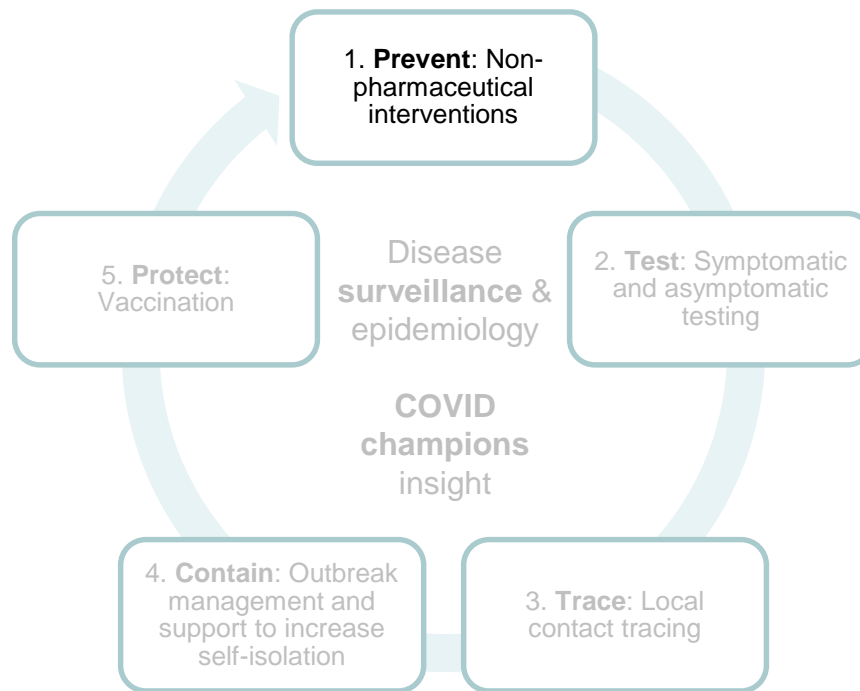
Our overall approach will have surveillance and epidemiological data and insight from our 170 COVID-19 Community Champions at the centre of our work to support our **PreTTCoP** approach

1. **Pre**vent
2. **T**est
3. **T**race
4. **C**ontain
5. **P**rotect



Lewisham's approach to Outbreak management and endemic COVID-19





Senior Responsible Officer: Kerry Loneran (Consultant in Public Health)

Prevent

The public health team in Lewisham has worked with partners and complex settings to build relationships and offer support around the prevention and management of COVID cases. This has included visits, meetings, briefings, and the preparation of standard operating procedures (SOPs) which are regularly updated with the most up to date guidance. These are monitored and reviewed by the Health Protection Board via a prevention log. SOPs have been developed with:

- Schools
- Nurseries
- Further education settings
- Care homes
- Supported Living
- Supported Housing
- Hostels
- Workplaces
- Community Settings
- and others



Educational Settings Standard Operating Procedure – February 2021



Student accommodation Standard Operating Procedure

December 2020



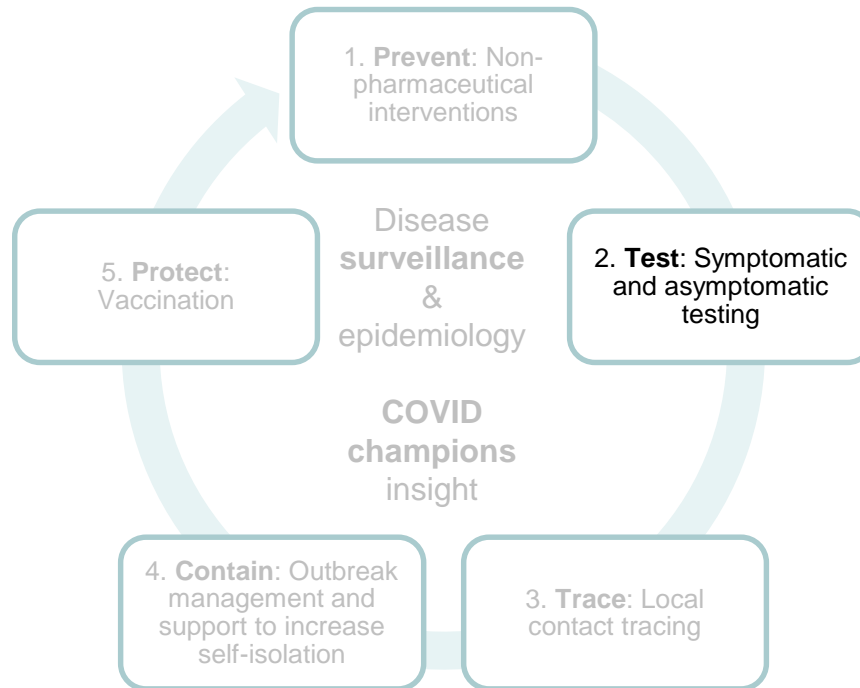
Hostels for people experiencing homelessness COVID standard operating procedure



Prevent – Overview / Achievements to date



- To work with the infection prevention and control nurses in the local system (Local Authority, University Hospital Lewisham & South East London Clinical Commissioning Group) to support complex settings in reinforcing their prevention efforts
- Continue to support settings where outbreaks have occurred to review their prevention efforts
- Monitor and translate guidance and evidence around COVID prevention so that it is applicable and useful for stakeholders and partners in the borough



Senior Responsible Officer(s): Michael Brannan (Consultants in Public Health), Rachel Dunn (Community Testing Lead)

Test

Aims and Purpose of testing

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

Pillar 1 (NHS Settings)

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

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

Pillar 2 (Mass Population/Community - PCR)

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

- 1 Drive-thru Regional Test Site in Greenwich
- 1 MTU in Catford (8 reserves available across London for routine testing and surge capacity deployment)
- 3 Local Testing Sites (LTSs) across the borough
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

Pillar 2 (Mass Population/Community – Lateral Flow Device Tests)

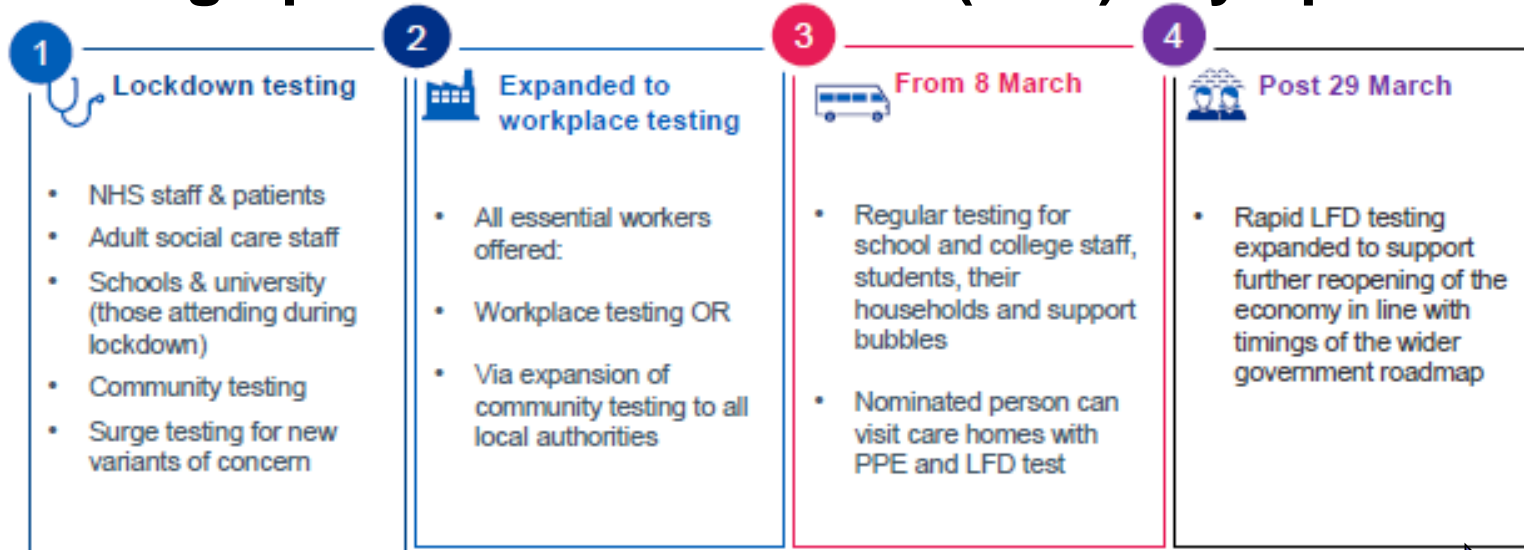
Asymptomatic rapid antigen testing

- LFD tests delivered through 4 asymptomatic testing sites:
 - Catford Civic Suite
 - Green Man, Downham
 - Ignition Brewery, Sydenham
 - Deptford Lounge
- New Community Collect programme launches 15th March (focus first on parents and bubbles of secondary school children)

Other settings:

- Workplaces
- FE students
- NHS staff
- Private sector testing
- Adult social care:
 - Visitors
 - Visiting professionals
 - Rapid outbreak testing
 - Domiciliary care
 - Extra Care and supported living

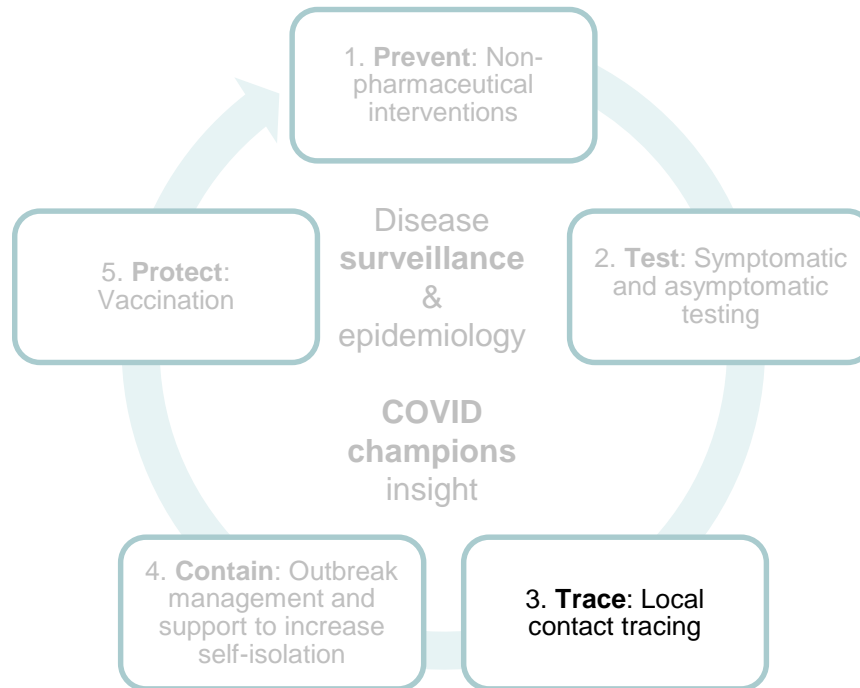
Scaling up Lateral Flow Device (LFD) asymptomatic testing



Continued PCR symptomatic testing for those with symptoms

- *Communications* – Raising awareness & understanding to ‘normalise’ routine LFD testing across community
- *Intelligence* – More and better use of data on access / uptake & motivations/determinants
- *Improving access* – Flexing availability to target those with greatest need
- *National / local coherence* – Aligning with & maximising impact of nationally-driven resources and action

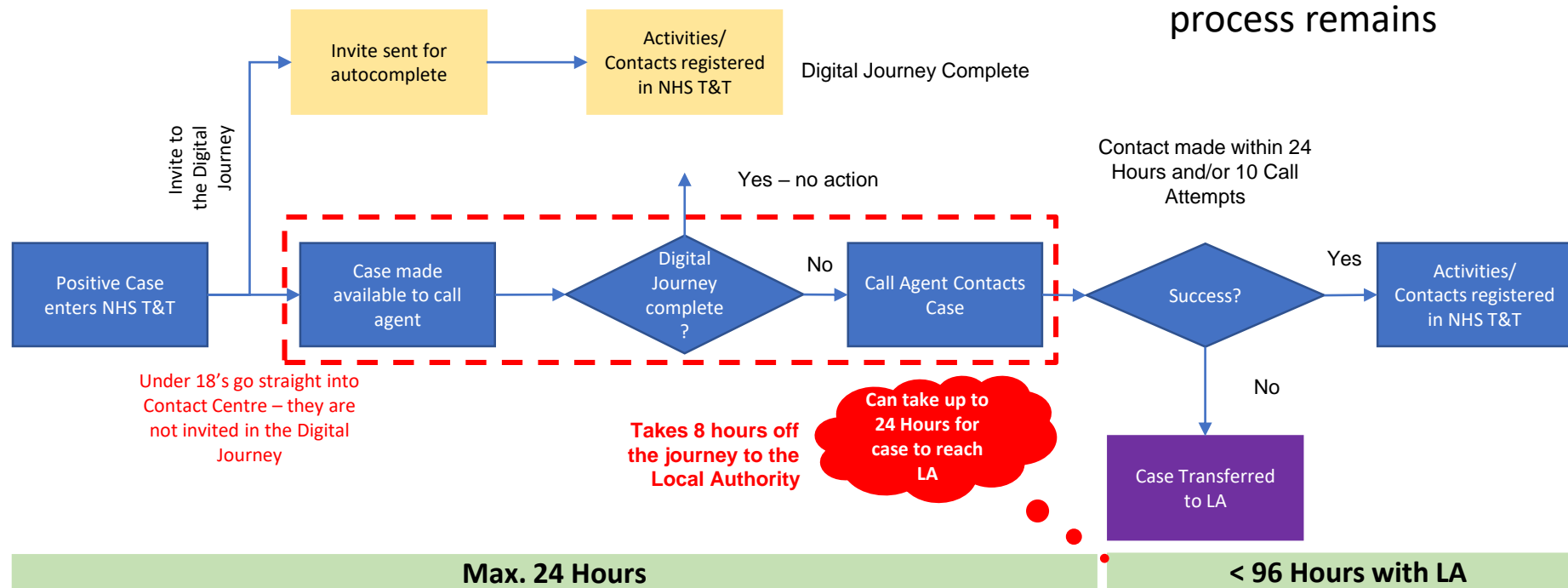
- To continue to operate 3 PCR Local Testing Sites to ensure that there is good access to symptomatic testing for all Lewisham residents
- To continue to operate 1 rapid LFD Testing Site in the borough and support the delivery of the Community Collect programme
- To be ready to scale up PCR surge testing when required to manage Variants of Concern



Senior Responsible Officer: Livia Royle (Consultant in Public Health)

Trace

Process flow:



In the new process:

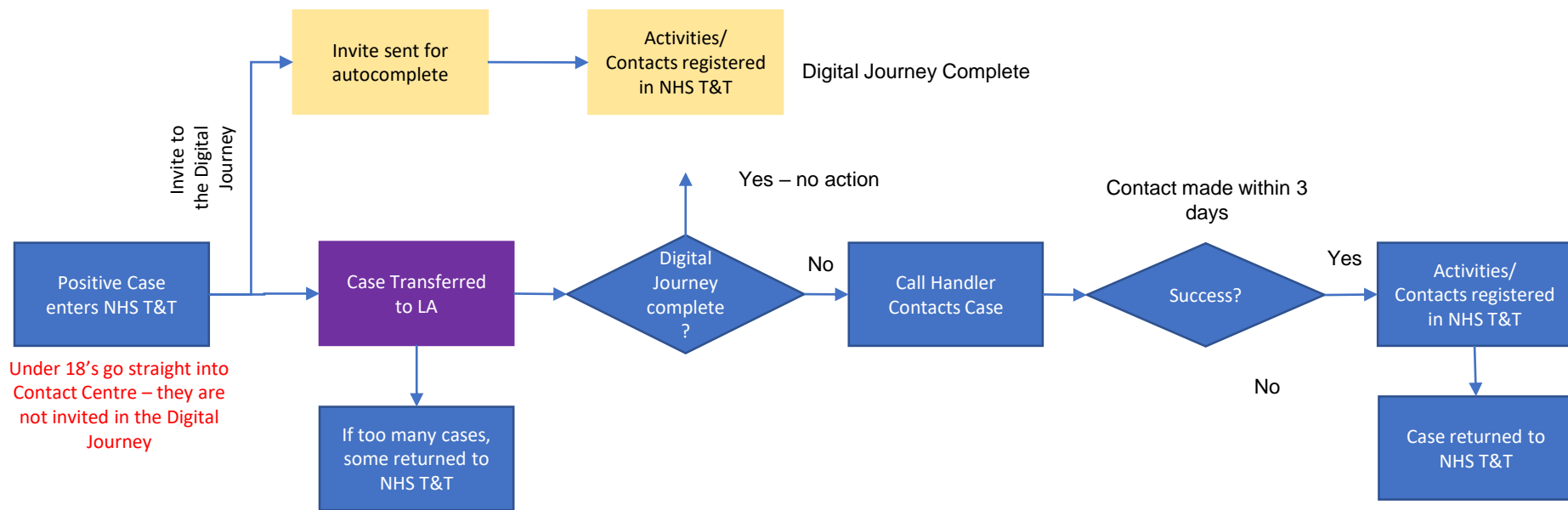
- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours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

This process commenced on the 1st March 2021

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Trace – Local Contact Tracing Partnerships

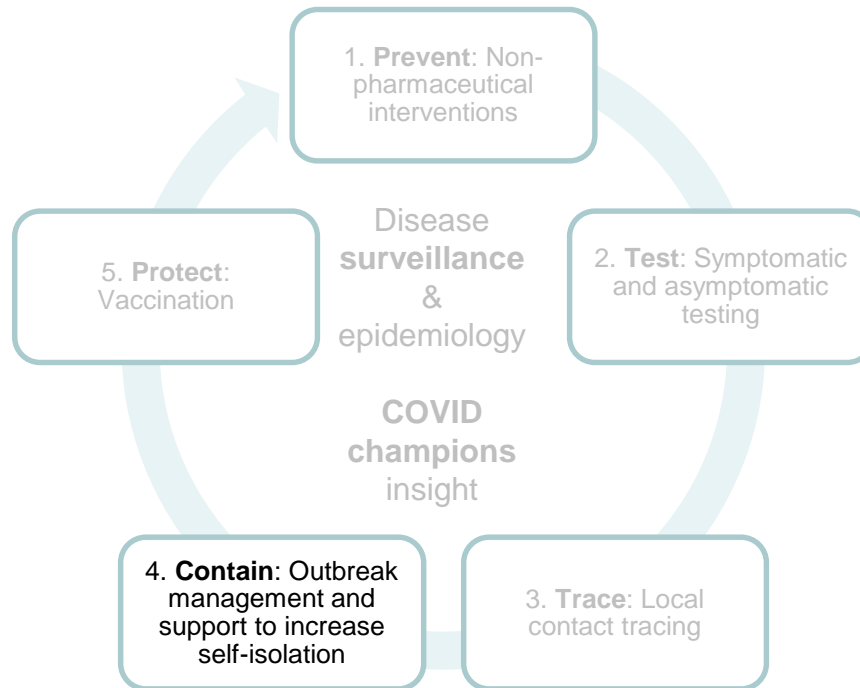




- Local test and trace Lewisham was stood up in November 2020 within 3 weeks, using redeployed staff from the local authority, with a dedicated telephone number and email address
- The service has operated for 7 days per week and consistently makes contact with a high proportion of cases in the borough
- From February 2021, for those cases that couldn't be contacted after 96 hours by telephone, staff began to hand deliver letters/leaflets asking the cases to contact local test and trace Lewisham
- From March 2021 local test and trace moved to Day 0, where the digital journey starts at the same time as the transfer to LBL

Trace – Local Test and Trace Lewisham / Achievements to date

- Ongoing communications between the national and local teams should continue to allow appropriate and timely sharing of information
- To build upon the success of the current team to allow for a sustainable model of service delivery that does not rely on redeployed staff from the Council
- Continue to move contact tracing towards a local offer (cases and contacts) to build trust with residents to enable sharing of information regarding contacts and exposures
- The local tracing team should work closely with partners and colleagues to develop the support for self-isolation. They should be inextricably linked and support offered at the time of initial contact.



Senior Responsible Officer: Kerry Lonergan (Consultant in Public Health)

Contain

LCRC / Local Authority Response

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

Notification

- The local public health team is informed of any positive cases via a dedicated email address
- These cases are entered onto our dedicated database and reviewed by an on call team

PH action

- The on call team is formed of a consultant and practitioner from the public health team, a member of the environmental health team and someone from the education team
- The cases are discussed with the team and public health action taken with the setting to limit the spread of the virus
- Where necessary, cases are escalated to the London Coronavirus Response Cell for management

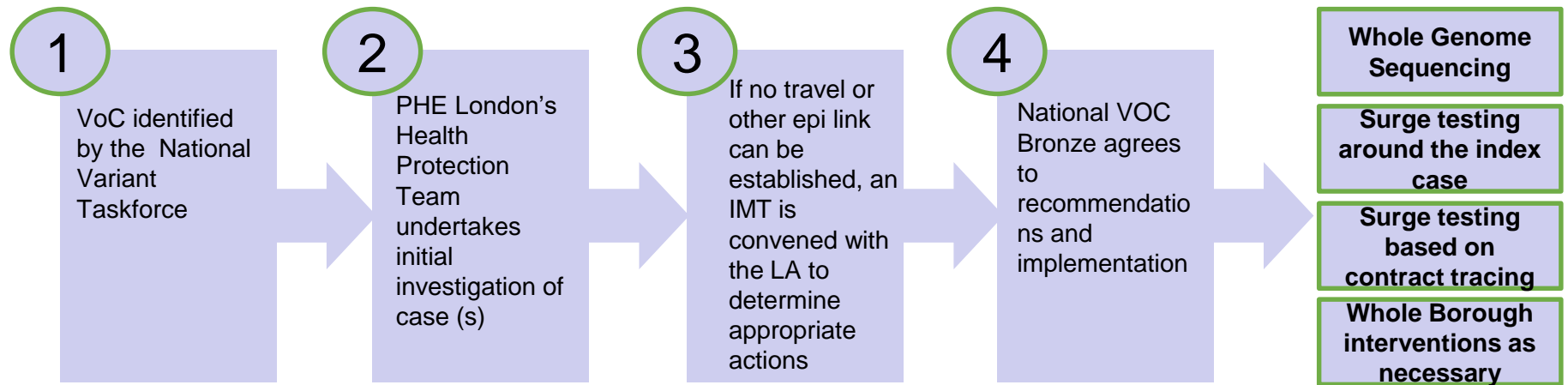
Review

- Cases in settings are reviewed at morning and evening review meetings to ensure all actions have been taken to limit the spread of the virus
- Previous outbreaks and cases are considered as part of the response
- Ongoing infection prevention and control measures are considered as part of the response to an outbreak

Surveillance, epidemiology and early warning reports are an integral part of the response to cases in the borough and are all reviewed and considered by the PH consultant to ensure that across the system, COVID is contained

Contain – The Lewisham case response process

- Mutations and variants of the Covid-19 virus can present a significant risk.
- They may be more transmissible and lead to more severe clinical consequences for individuals,
- It is also possible that mutations will allow Covid-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and therapeutics
- Local Authorities, PHE and NHS Test and Trace have a key role to play in the investigation, management and control of COVID-19 variants designated as 'Variants of Concern' or VOCs. The overarching purpose is to restrict the widespread growth of VOCs in the population by:
 1. detecting, tracing and isolating cases to drive down overall community transmission, and
 2. case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant.
- Lewisham Council Public Health and Emergency Planning teams have prepared and tested a plan for surge testing for VoCs
- The plan will be regularly reviewed and tested in table top exercises
- It is flexible and agile and allows for changes in response and requirements
- The plan includes a range of measures to try and minimise the spread of a VOC. Possible responses are explored in more detail in the next slide



Contain – Managing Variants of Concern (VoC)

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

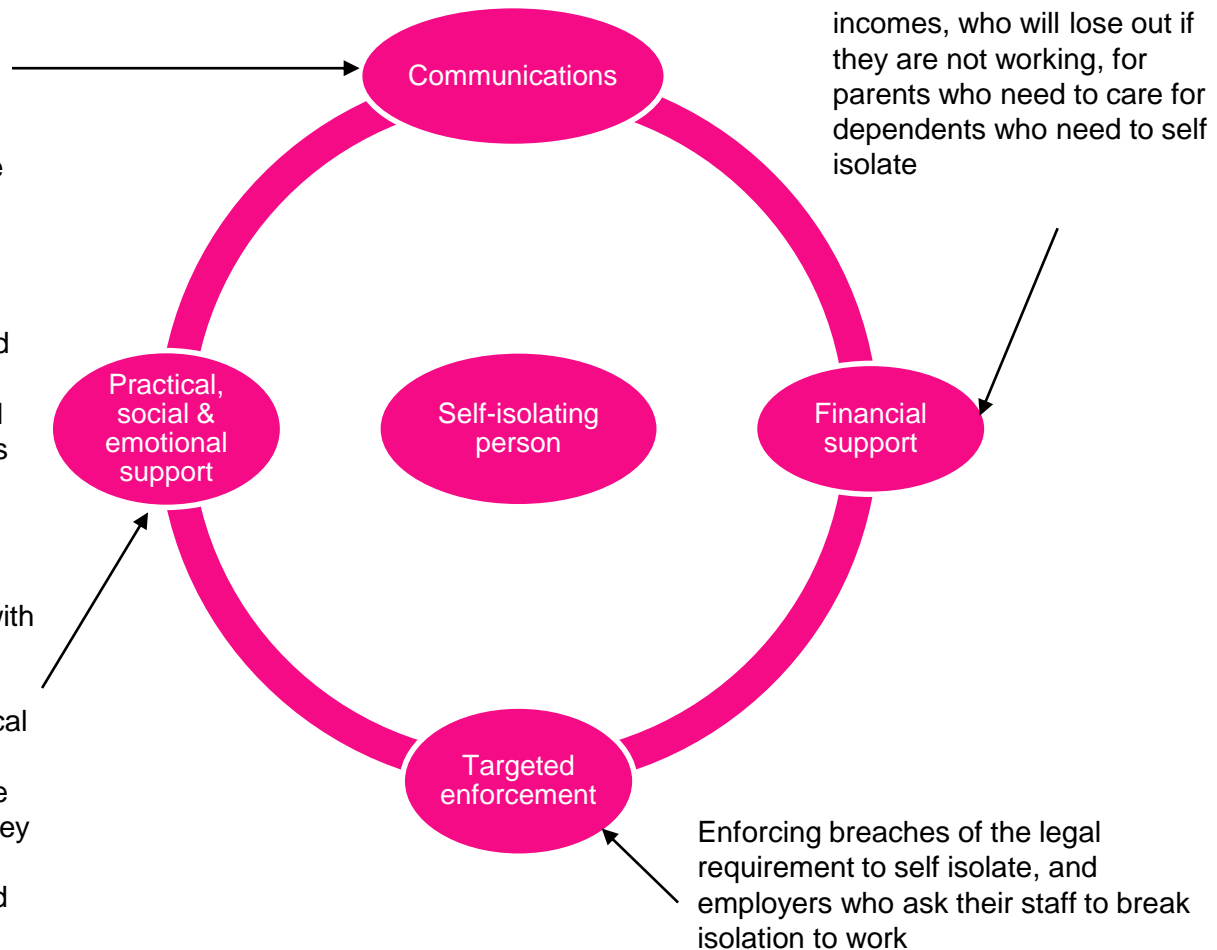
Communications and engagement

<ul style="list-style-type: none"> 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

Contain – VoC: Guide to determining Public Health Action- range of approaches

- To continue to ensure that local communications are consistent and shared with the local tracing team and customer services department
- Use national communications to reinforce the local messages
- Communicate the importance of advance planning in helping people to self isolate if they need to
- Sign post where residents can go if they need support and help
- Ensure support is communicated widely to all residents in the borough in a range of formats

- Offering those who are isolating support to access food quickly, tackle loneliness, help with caring responsibilities, practical support and social contact
- Offer will be made by working closely with local voluntary services
- The local offers of help should be given at the start of a case or contact journey i.e. when they test positive
- With all support, dietary, cultural, medical and faith needs will be taken into consideration



Build capacity and flex in the system to respond and support changes in numbers

Contain – future plan for self-isolation support

- The council will offer a broad range of self isolation support without creating an ongoing dependency
- Working with PHE London Coronavirus Response Cell (LCRC) and complex settings in the borough, increase capacity and resilience in the system to allow the local authority public health response team to reduce their involvement in straightforward case management
- To continually test and adapt the VoC plan as we become aware of more variants
- We will work with partners, stakeholders and businesses in the borough to ensure outbreak management plans are prepared and ready for use

Contain – Ambitions



- The COVID-19 contain framework sets out how national, regional and local partners should continue to work with each other, the public, businesses, institutions (including schools, prisons, hospitals, care homes and homelessness settings) and other local system partners in their communities to prevent, manage and contain outbreaks of COVID-19.
- Local Authorities (LAs) and their local system partners are an integral part of the response to COVID-19, working closely with PHE's regional Health Protection Teams (HPTs).
- The Framework sets out:
 - the roles and responsibilities of LAs and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
 - the core components of the COVID-19 response, including on Variants of Concern (VOCs) and enduring transmission, and emphasises the need to consider inequalities in every aspect of the response
 - the requirements of LAs on the continued COVID-19 response, as well as how this should be factored into Local Outbreak Management Plans (LOMPs)
 - the support LAs can expect from regional and national teams
- LAs' local outbreak management plans are central to the next phase of the response and will be regionally supported and nationally enabled.

Contain – COVID-19 Contain framework: A guide for local decision-makers



- Local teams must ensure they make every contact with the public count to support the maintenance of new habits and reinforce the ongoing national COVID-19 public health messages, such as 'Hands, Face, Space', ventilation in enclosed spaces, regular asymptomatic testing and encouraging people to accept the vaccination when it is offered.
- While promoting uptake of the vaccine should have a positive impact, tackling enduring transmission will require a multi-faceted local response, and more innovative and radical actions. NHS Test and Trace and PHE are supporting local systems to pilot a series of highly targeted local measures.
- Asymptomatic testing programmes were established to find around the 1 in 3 individuals who test positive for coronavirus but have no symptoms at all. Identifying those who unknowingly have the virus will enable those who test positive and their contacts to self-isolate and break the chains of transmission.
- While self-isolation is critically important to halting the spread of the virus, it is never easy for those affected. Supporting self-isolation is a complex part of the response and will remain a key priority for LAs and wider local system partners.
- Targeted local communications, more rapid support payments, and more personalised non-financial support should also help continue to improve adherence with self-isolation.

Contain – COVID-19 Contain framework: A guide for local decision-makers



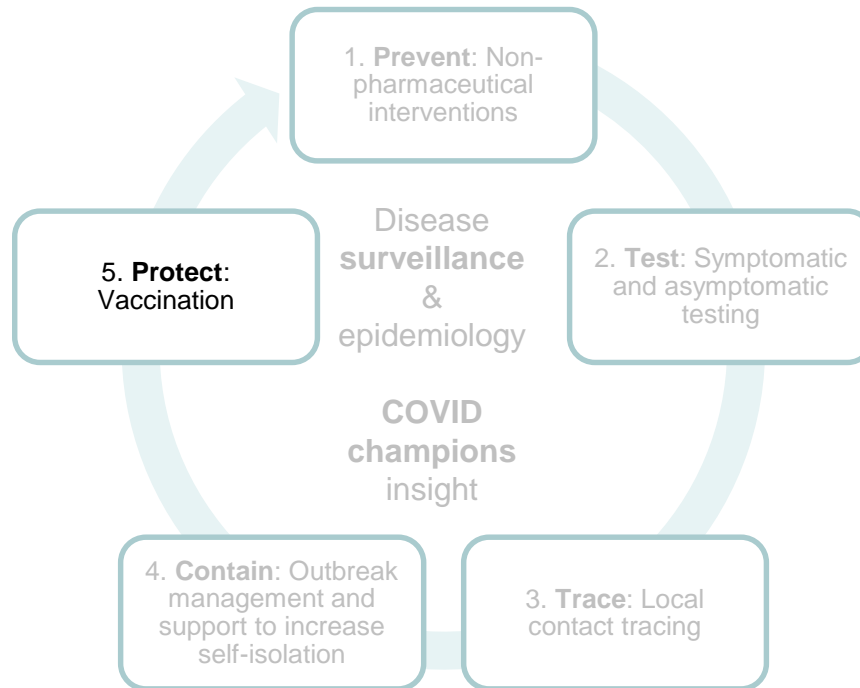
The **Secretary of State** for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate.

Ministers are accountable for setting the overall framework for the COVID-19 response, national communications strategy, enabling and supporting the local response, including through provision of funding, and for oversight and intervention where necessary.

The COVID-19 **Regional Partnerships**, formed to support the COVID-19 response, consist of the Regional Convenor, PHE Regional Director, and the regional Joint Biosecurity Centre (JBC) lead, through a shared model, bringing their collective capabilities to support several local areas.

LAs and DsPH will work with system partners, in particular local NHS providers, blue light responders and Integrated Care Systems. The COVID-19 Health Protection Board co-ordinates the response to COVID-19 at a place level and the Director of Public Health leads the Local Outbreak Management Plan.

Contain – COVID-19 Contain framework: Roles & Responsibilities



Senior Responsible Officers: Catherine Mbema (Director of Public Health) /Livia Royle (Consultant in Public Health)

Protect

Vaccination programme – London Governance Overview

Governance of COVID-19 Vaccine Equity work across London

London-wide Governance

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

Strategic
Co-ordination
Group

Health and
Care Strategy
Group

London
Health Board

Health and
Care Leaders'
Group

London Leaders
Covid-19
Committee

Delivery
Coordination
Group

London Vaccine
Programme Board (GOLD)

London Vaccine uptake and
engagement steering group

Vaccine engagement and
communications group

Biweekly COVID-19
Vaccine Programme Data
Steering Group

Vaccine impact Programme

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





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

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

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

Increasing vaccine confidence – London overview

Increasing vaccine confidence and inequalities: A overarching London approach built upon 4 pillars

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

Lewisham's take up within cohorts 1-5 is as of Monday 8th March:

In care homes, 87.6% of residents in older people homes have been vaccinated,

and 66% of residents in younger people homes.

The borough is culturally diverse with approximately 48% of the population being of Black, Asian or Minority Ethnic ethnicity. The borough is also within the most deprived local authorities in England. In terms of religion and faith, at the time of the last Census, 52.8% of Lewisham residents identified as being Christian and 6.4% of residents identified as being Muslim.

The Lewisham COVID-19 Vaccination Intention On-Line Survey Summary found there was a significant difference in willingness to get the vaccination between ethnic groups. Only 40% of those identifying as Black African, Black British, Black Caribbean and Black Other said that they would definitely get the vaccine, compared to 86% for 'White British', 'White Irish' and 'White Other', and over 70% of respondents identifying as Asian.

The vaccination programme is currently being delivered to residents by the six Primary Care Networks from various sites, UHL and a pharmacy site. Provision is being increased through community pop ups from mid March and further pharmacy sites to increase accessibility.

80+	75-79	70-74	CEV	65-69
79.33%	79.79%	78.63%	67.26%	71.82%



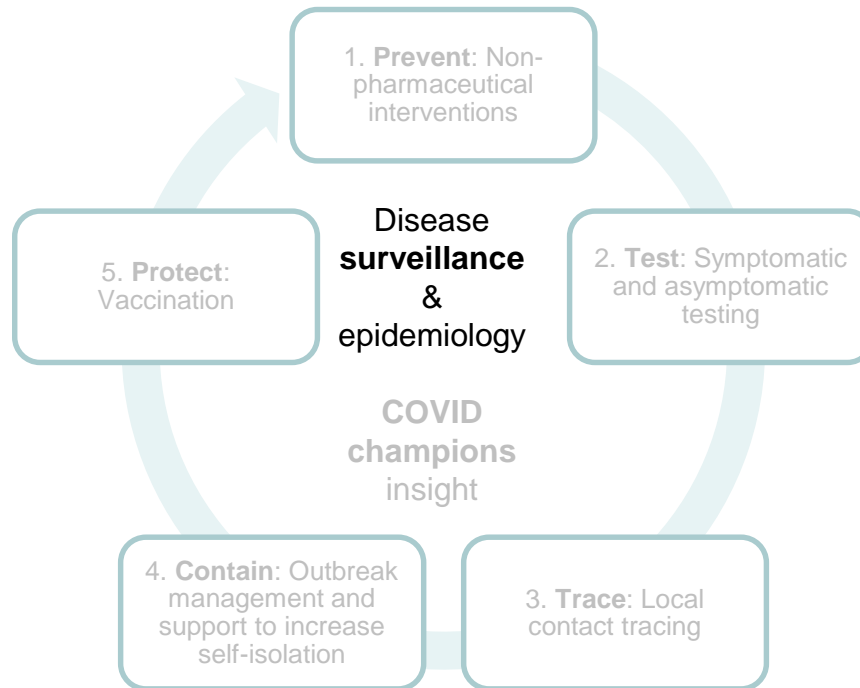
Using data and insights highlighting ethnic inequalities in uptake across the borough, we are using the framework from Department of Health and Social Care (DHSC) for the next steps in our borough vaccination plan. This framework outlines four enablers to improve vaccination uptake across all communities:

- **Working in partnership** (across statutory partners and communities) – as part of this we are seeking to further develop our plan in partnership with communities. We are working within North Lewisham area to test out plans and have set up inequalities working group to steer and monitor actions. Rolling out learning and actions to other PCN areas and communities across the borough. Ongoing webinars are being held with COVID-19 Community Champions, with increasing numbers of Black and Asian champions and younger champions signing up.
- **Removing barriers to access** – providing easy access to vaccination (e.g. community pop-up vaccination sites) and clear information on COVID-19 vaccination with agility to link clinics to community conversations so as to maximise residents access where there has been lower uptake. Use of community transport to support access, either of vaccinators to community settings (such as homeless hostels), or residents to clinics.
- **Data and information** – use all data sources (quantitative and qualitative) to inform, monitor and evaluate the plan. Detailed data analysis by LSOA to identify specific areas/hotspots that have the lowest levels of uptake for targeted support and using qualitative data analysis from focus groups/engagement work.
- **Conversations and engagement** – continue to have conversations with our communities and stakeholders around COVID-19 and COVID-19 vaccination. Work through PCNs and Council community workers to link with communities, champions and local leaders to design targeted materials, promote pop up clinics and use of participatory community grants to engage in different conversations and ideas to improve uptake, as well as build trust and action on health inequalities more broadly. This includes engaging with the arts and culture sector in the lead up to Lewisham Borough of Culture 2022.

Protect - Lewisham COVID-19 Vaccination Borough Plan Summary



- To maximise uptake of COVID-19 vaccination for all Lewisham residents and reduce gap in uptake between those in Black African/Black Caribbean and White British ethnic groups
- To increase confidence in COVID-19 vaccination for Lewisham residents yet to be invited/to take up the offer of vaccination by having open, consistent and ongoing communication/conversations with residents
- To remove barriers to accessing COVID-19 vaccination by delivering additional community sites for vaccination in the borough
- To use data and insights to inform action to maximise vaccination uptake



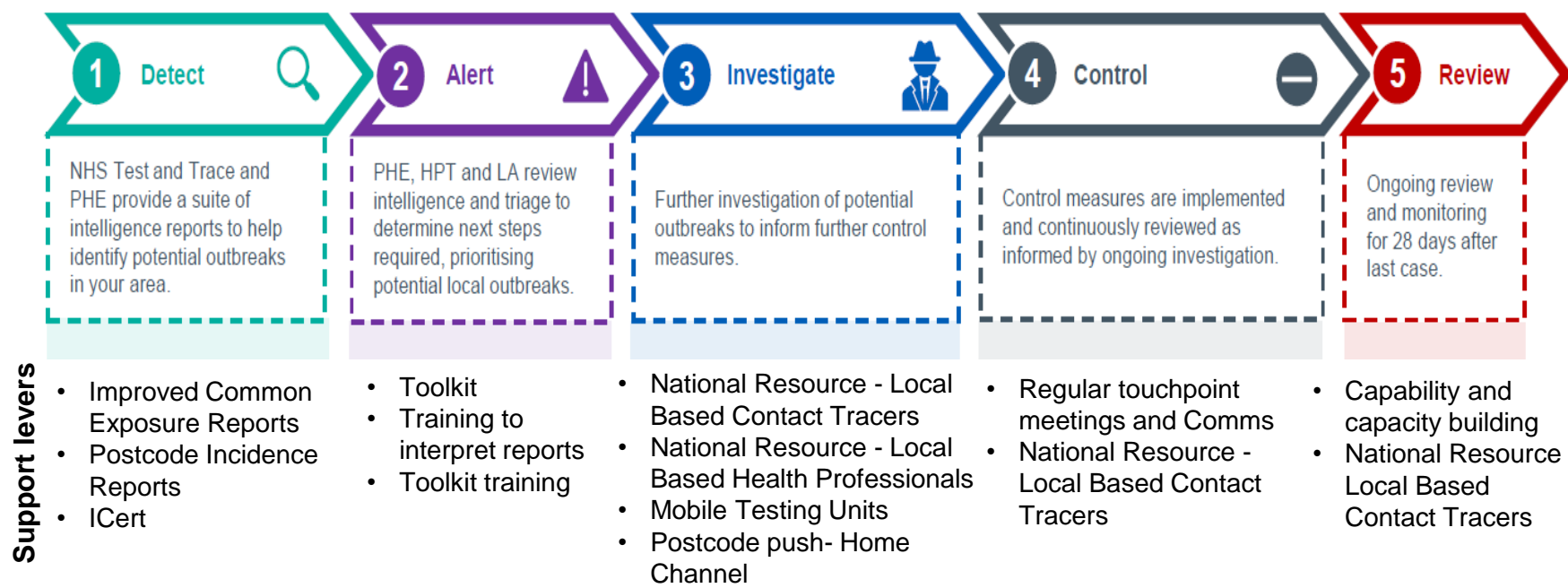
Senior Responsible Officer: Helen Buttivant (Consultant in Public Health)

Surveillance

To maximize the use of analytics to support the 5 stages of Enhanced Contact Tracing in Lewisham by:

- Working with South London HPTs & through the SEL Public Health Analytics Network to co-design an ECT operating plan
- Increase understanding and effective use of the new ECT reports, tools & resources including:
 - PowerBI integrated reports & analytics
 - ECT Toolkit
 - iCERT- Interactive Common Exposure Review Tool
 - Operational Playbook for post ECT actions based a set of key principles

The 5 stages of Enhanced Contact Tracing and Bespoke Support :



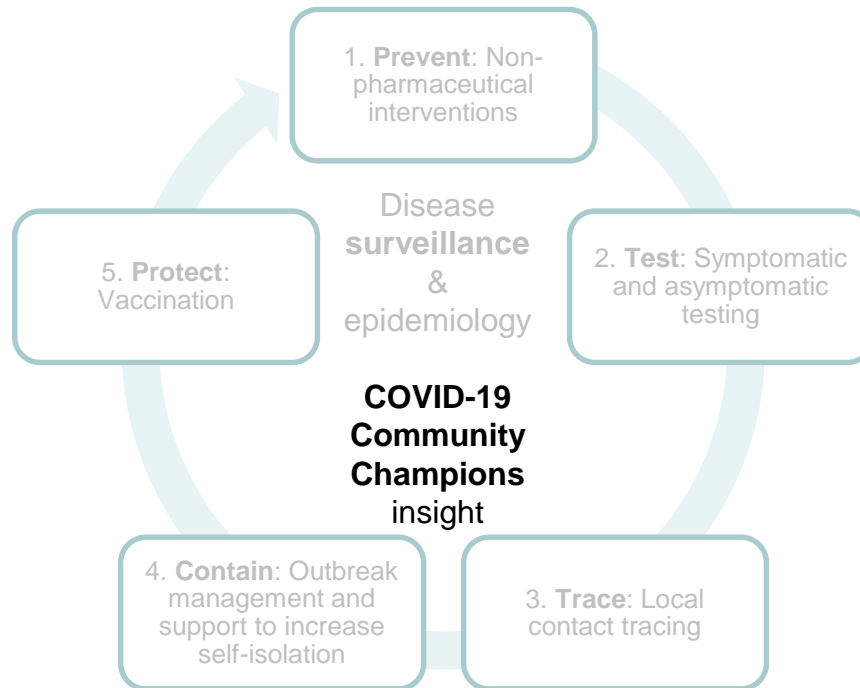
Surveillance – Enhanced Contact Tracing



- To continue to lead the SEL Public Health Analytics Network to
 - Identify and explore opportunities for sharing data and intelligence sharing across borders to facilitate the analysis and identification of cross border clusters.
 - Identify opportunities for joint analysis across SEL on common areas or issues of interest to make the best use of shared resources and avoid duplication
- To continue to scan the horizon for new COVID-19 intelligence products that can provide early warning signs of outbreaks or enduring COVID and supplement existing surveillance methods (such as the waste water analysis now available via Power BI)
- To review the COVID-19 Surveillance reporting schedule and it's constituent reports to assure it provides sufficient intelligence to support decision making during Lewisham's transition from the pandemic to the endemic stage, whilst enabling some analytics resources to be directed back to support broader public health work as part of our recovery programme.
- To ensure that we have the capacity and capability to continue to provide population health intelligence for operational decision making in times of crises but also direct strategic and long-term planning for the health and wellbeing of the population. To undertake a review of the knowledge and skills resources within the public health analytics team to identify the resources required to achieve this.

Surveillance - Ambitions





Senior Responsible Officer: Mike Brannan (Consultant in Public Health)

COVID-19 Community Champions

- Started recruiting on 28th September 2020
- Have recruited 170 Community Champions to date
- Demographic monitoring added to web form from January 2021
- Conducted 8 webinars to date and cancer awareness training for Champions
- Increasing involvement of Champions in partnership COVID-19 work:
 - 4 Champions have attended Health and Wellbeing Board meetings (3rd December 2020 and 3rd March 2021) to share their experiences of being Champions and work completed to date
 - 3 Champions have supported work to increase vaccine confidence in North Lewisham
 - Several Champions have provided written experiences of vaccination for the Lewisham Council website

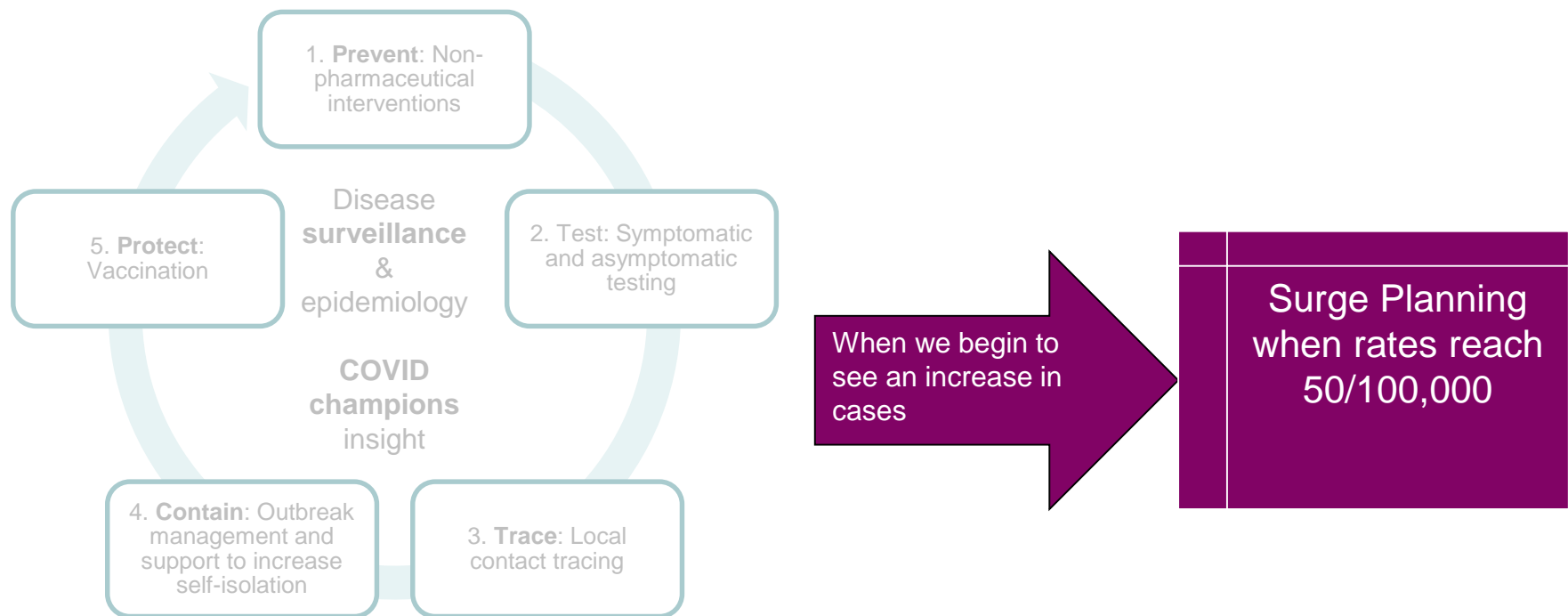
COVID-19 Community Champions Overview / Achievements to date



- **Targeted communication and engagement:** Using a number of channels to increase the number of COVID-19 Community Champion volunteers recruited from faith groups, VCS groups and Black, Asian and Minority Ethnic community members, staff groups and students by using 'Community Connectors' via existing community channels
- **COVID-19 vaccination campaign via Community Champions:** Using video and text profiles of Champions who have had or would have the vaccination. This will take learning from our 'Why I would wear a face covering' video campaign.
- **Young Champions:** Outreach and communications targeting young people from Black, Asian and Minority Ethnic backgrounds age 11 - 24 to include transition groups as they play a key role in supporting families and community members, providing factual information regarding COVID-19.
- **Training:** as part of COVID-19 recovery plans, we would like to expand the offer of a range of training that enables our COVID-19 Community Champions (individuals and groups) to increase their capacity to integrate health promotion and share knowledge to ensure sustained sharing and provide ongoing opportunities for champions to access training.
- **Evaluation:** to provide a focus on effectiveness of this work, opportunities for action on identified issues to inform recovery plans and sustainability of the Community Champions model in health promotion

COVID-19 Community Champions - ambitions

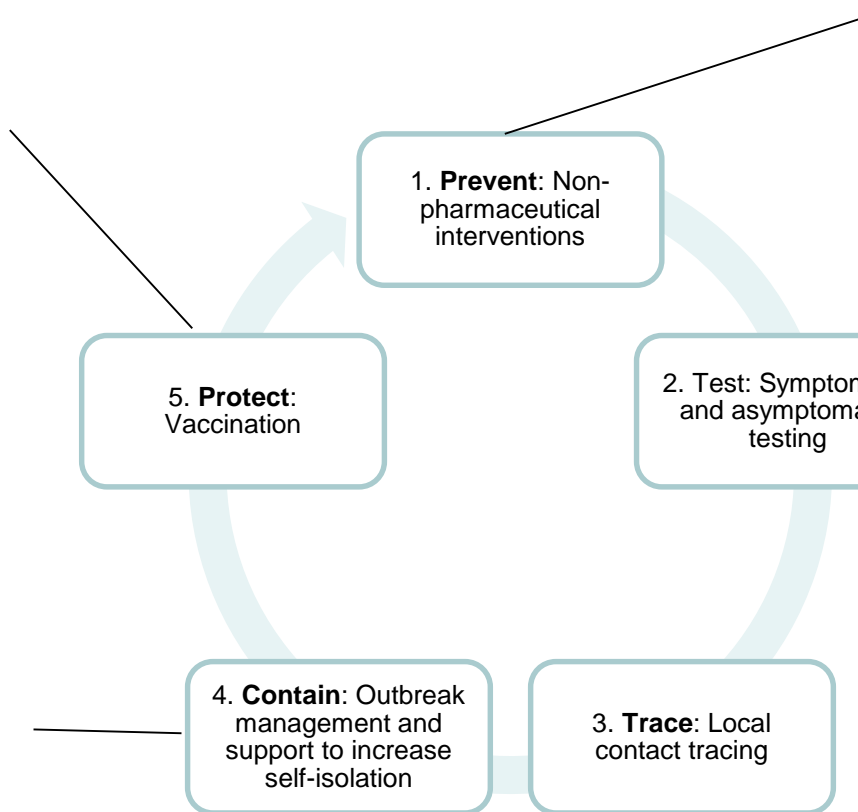




Senior Responsible Officer(s): Rachel Dunn (Community Testing Lead), Natasha Peach

Surge Planning

- Close working with SEL CCG to increase vaccination uptake
- Plans to provide surge vaccination walk in clinics



- Contingency frameworks for complex settings (see next slide) including re-introducing face coverings in schools with positive variant cases
- Additional comms to share information on the current situation locally

- Contacts of any cases are asked to test on PCR
- MTUs available to deploy to provide additional on site testing in complex settings
- Surge testing plans prepared with Emergency planning & ready to mobilise
- Enhanced monitoring via sequencing and assays as part of the PHE Early warning reports
- Local comms to encourage LFD testing twice a week and PCR testing if suffering symptoms

- Local PH team continues to provide a 7 day a week response to cases and outbreaks in complex settings & hold IMTs when necessary
- Financial grant has lower evidence threshold
- Non financial support offered as part of first call notifying of positive test result

- Local contact tracing is part of local 0 pilot
- Management of all complex settings includes the requirement for contacts of cases to be tested on PCR

Heightened Surge Activity

Lewisham Schools Prevention, case, outbreak and VoC Contingency Framework

This document sets out the increased actions each setting needs to take as the severity of COVID outbreak increases.

This framework describes the actions that all educational settings should take to help prevent the onward transmission of COVID in the setting.

It goes on to set out what additional measures will be in place in the presence of one confirmed case, an outbreak and in the event of a variant of concern (VoC). With progression to each section, the assumption is made that the actions from the previous section will already be in place/implemented.

	EY	Primary	Secondary	SEN	6 th form/FE
Risk Assessment	x	x	x	x	X
Prevention					
Minimise contact with those who are self-isolating	x	x	x	x	X
<ul style="list-style-type: none"> Symptoms Household has symptoms Quarantine Positive test Close contact 					

Use of face coverings where recommended	<ul style="list-style-type: none"> No longer recommended for pupils in classrooms or communal areas No longer recommended for staff in classrooms Should continue to be worn by staff and visitors where social distancing is not possible
Good hand hygiene	Pupils should clean their hands regularly
	<ul style="list-style-type: none"> When they arrive at school When they return from breaks When they change rooms Before and after eating
Good respiratory hygiene	<ul style="list-style-type: none"> Ensure tissues are available Lidded bins (where possible)
Enhanced cleaning	

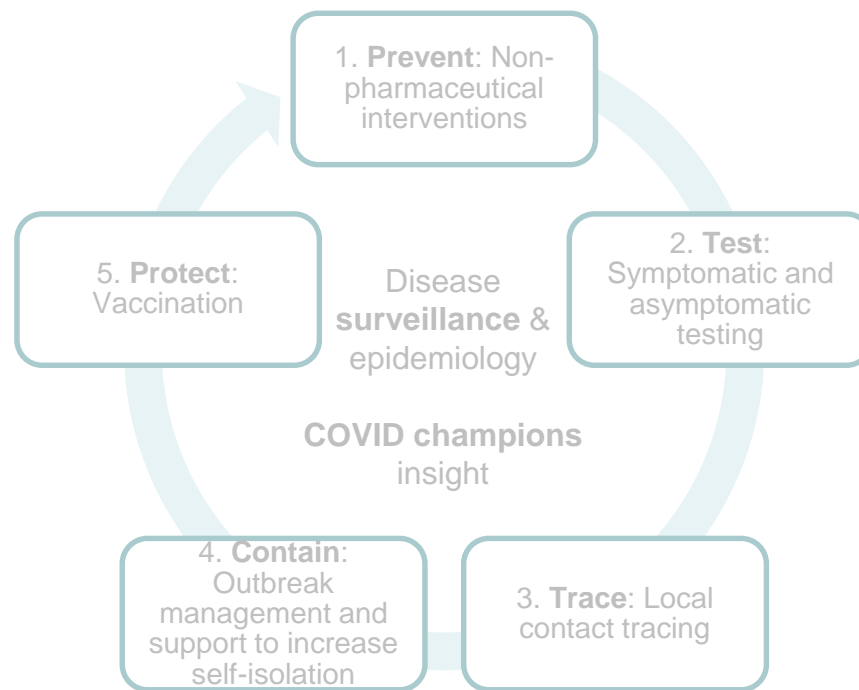
	EY	Primary	Secondary	SEN	6 th form/FE
<ul style="list-style-type: none"> More frequent cleaning of rooms or shared areas that are used by different groups Frequently touched surfaces should be cleaned more often than normal Cleaning toilets regularly Encourage pupils to wash hands thoroughly after using the toilet Where possible, allocating different groups to their own toilet blocks 					

Minimise contact across the site and maintain social distancing	<ul style="list-style-type: none"> Pupil's ability to distance Layout of the building Feasibility of keeping distinct groups separate while offering broader curriculum Cleaning and use of shared spaces including playgrounds, canteens and provision of specialist teaching and therapies Implementing 'bubbles' of an appropriate size to achieve a reduction in contact and mixing (in primary schools this is the year group) Where possible, maintain social distancing within the class Avoid large gatherings Staggered arrival and departure times Shared equipment
Keep occupied spaces ventilated	<ul style="list-style-type: none"> Mechanical – adjusted to increase ventilation, checked that operation meets current guidance and only fresh outside air circulated Natural – opening windows and internal doors
In specific circumstances:	
Ensure individuals wear the appropriate PPE	

	EY	Primary	Secondary	SEN	6 th form/FE
Promote and engage in regular asymptomatic testing	Staff 2x week	Staff 2x week	Staff and pupils 2x week	Staff 2x week	Staff and pupils 2x week
In response to a case					
Promote and engage with Test and Trace	x	x	x	x	X
Ensure they have booked a PCR test or provide one from the school supply	x	x	x	x	X
Self-isolation and contact tracing of those who are classified as close contacts	x	x	x	x	X
Manage and report the confirmed case amongst the school community	x	x	X	x	
In response to an outbreak					
Identification of close contacts	x	x	x	x	X
Isolation of close contacts and cases	x	x	x	X	X
<ul style="list-style-type: none"> In the majority of outbreaks, schools will close the entire bubble or year group on the assumption that a VoC is circulating 				Closure of zones or key stages based on contact	
Reintroduction of face coverings in classrooms for pupils and staff			x		X
Supervised hand washing	x	x		X	
Supervised asymptomatic testing on site			x		
Contain any outbreak by following PH advice	x	x	x	x	X
Review and agree return to school	x	x	x	x	x
In response to a Variant of Concern (VoC)					
Neighbouring schools notified of the VoC and action taken	x	x	x	x	x
Introduction of surge on site PCR testing		x	x	X	X
				X on site via an MTU for	

Example Contingency Framework

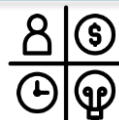
Underpinning Foundations



Addressing enduring transmission



Tackling inequalities



Resources



Communications



COVID safe

The approach will be supported by five underpinning foundations



Enduring
transmission



Tackling
inequalities



Resources



Communications



COVID safe

Senior Responsible Officer: Catherine Mbema (Director of Public Health)

Enduring Transmission

- COVID-19 and its variants will continue to circulate for some time. We cannot afford to continue cycling in and out of lockdowns in order to control it. We need a strategy that supports people to live, work and study safely in an environment where the virus is circulating but where we adopt sustainable behaviours to suppress the virus to a point where we can continue to live with it safely.
- We need to support individuals, communities and organisations to understand their role in sustaining a safe exit from lockdown and feel motivated to play their part; from continuing to adhere to the “Hands, Face, Space” guidance, routinely accessing testing, adhering to self-isolation advice, engaging with contact tracing and building vaccine confidence.
- Our experience of the pandemic has demonstrated that different sectors of the population have starkly different experiences of the disease. Whether it be their risk of contracting the disease, the risk of poor disease outcomes or the negative impacts of the measures implemented to control it.

Low COVID – Enduring transmission



- We cannot allow COVID-19 to become a disease of the disadvantaged, to focus on enabling some parts of society regain their freedoms and continue in a COVID-free environment whilst others live with enduring transmission and continued constraints on their lives.
- We need to develop a PreTTCoP strategy that is flexible to ensure it is capable of supporting all members of the Lewisham population to play their part in suppressing transmission and controlling outbreaks whilst enabling them to recover and thrive.
- We also need to develop our surveillance and intelligence system so that it is capable of the early identification of outbreaks and gaining insight into the potential root causes of enduring transmission in specific sectors of the community. This will require both quantitative epidemiological analysis and the analysis of qualitative insights from our community champions and other partners.
- When enduring transmission is identified we need to work in partnership with the communities affected to understand the support they need to control transmission and emerge from the outbreak with the knowledge, skills and support to suppress the virus and avoid further outbreaks.

Low COVID – Enduring transmission





Enduring
transmission



Tackling
inequalities



Resources



Communications



COVID safe

Senior Responsible Officers: Mike Brannan/Kerry Lonergan (Consultants in Public Health)

Tackling inequalities

COVID disparities were driven by and exacerbated long-standing inequalities in health and its determinants.

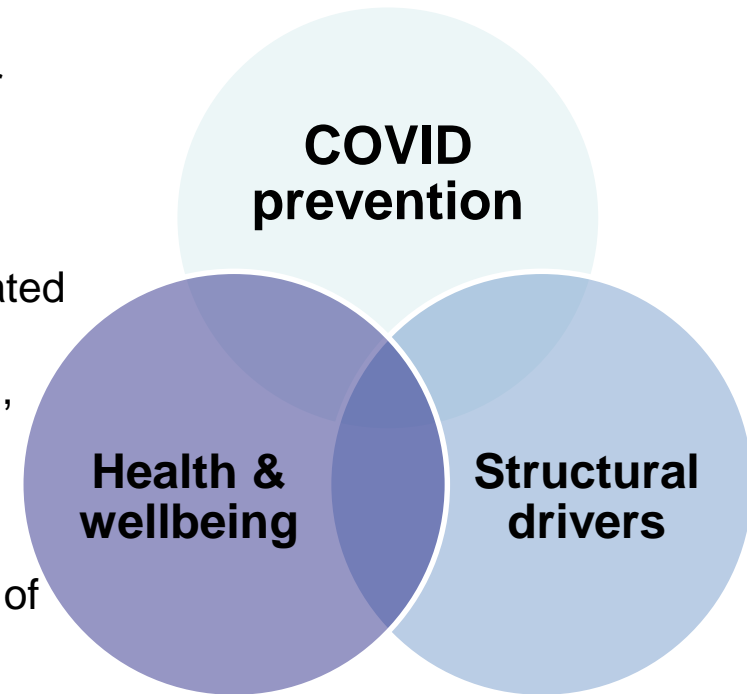
Need: i) Targeted action; ii) Proportionate universalism; and iii) Short, medium and long-term actions

Preventing COVID becoming endemic disease of the poor requires **proportionate action COVID prevention** (e.g. vaccination, testing)

Mitigating **inequalities in health and wellbeing** exacerbated by COVID:

- *Health behaviours* – e.g. diet, physical activity, alcohol, smoking
- *Determinants of health* – e.g. income/debt, housing, education
- *Health services* – e.g. inequalities impact assessment of NHS provision ‘catch-up’ and remote services

Long-term, whole system action on **structural drivers** of inequalities and disparities in ‘post-COVID’ environment



Low COVID – inequalities and unequal foundations

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

Local

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

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

Sub regional (through integrated care systems)

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

Low COVID – addressing inequalities



Regional level (pan-London)

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

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

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

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

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

Low COVID – addressing inequalities





Enduring
transmission



Tackling
inequalities



Resources



Communications



COVID safe

Senior Responsible Officers: Catherine Mbema (Director of Public Health)/Ralph Wilkinson (COVID-19 Gold Director)

Resources

The Lewisham Local Outbreak Management Plan (LOMP) is based on the underlying principles and assumptions outlined earlier.

Returning to business as usual may require short term investment to allow capacity to flex and adapt to changing demands from COVID and to fill the gaps of those staff who were redeployed to the COVID response.

Working with partners and colleagues we aim to build capacity and resilience in our system to provide upskilling and resilience to all those living and working in the borough. This will require additional resource as we build on the relationships formed during the pandemic and cement the learning and upskilling.



Enduring
transmission



Tackling
inequalities



Resources



Communications



COVID safe

Senior Responsible Officer: Samantha Holgate

Communications

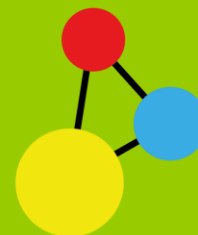
Communications – Keep London Safe

Continue to raise awareness of the risks of COVID-19, reinforce positive behaviours (in both individuals and venues / businesses) and the importance of following the rules alongside the easing of restrictions in the Government's roadmap and beyond.

- Signpost to support for venues in reopening safely through business engagement / how to support (Shop Local campaign).
- Enjoying parks responsibly.
- Cascade national and pan-London assets and campaign materials to encourage hands, face, space; Test & Trace and self-isolation.

Help increase twice-weekly rapid testing for everyone out in the community and evidence widespread take up and to demonstrate benefits – through targeted campaigns to encourage testing at a centre or Community Collect.

- Materials for schools and nurseries to share with parents and carers as well as promotion through local businesses.
- Targeted social media campaigns to promote awareness of local rapid testing.



**KEEP
LONDON
SAFE**

Communications – Keep London Safe

Share positive vaccination experiences from influential voices and build confidence in taking the vaccination by sharing information, encouraging conversations and supporting the local NHS in demonstrating a swift and efficient roll out of the vaccination in Lewisham.

- Media opportunities for Lewisham influencers to help reach target audience and build confidence in the vaccination.
- South East London wide digital and out of home advertising campaign to share positive experiences.
- Cascade campaign assets to Community Champions and other local stakeholders to encourage sharing within local networks.
- Conversation starter toolkit with FAQs and printed leaflets to support webinars or specific issues.

The poster features a dark blue background with a pink speech bubble on the left containing the text 'Let's talk about the vaccine'. Above the speech bubble is the Lewisham Council logo. To the right, yellow text asks if the audience has questions about COVID-19 and wants to hear from healthcare professionals. Below this, white text states the event is free and open to residents, particularly Black African and Black Caribbean communities. The date and time are listed as Thursday 25 March, 6-7pm. A list of speakers includes Dr Catherine Mbema (Director of Public Health), Dr Chris Ferdinand (Local GP), Dr Funmi Bajomo (Local GP), Dr Chi-Chi Ekhatior (Local GP), and Nina Ndubuisi (Community Champion). It also mentions more speakers to be confirmed. Registration details and a link to the eventbrite page are provided. At the bottom right, there are five circular headshots of the speakers and the NHS South East London Clinical Commissioning Group logo.

Lewisham

Let's talk about the vaccine

Do you have questions about COVID-19 and health matters surrounding the vaccine? Would you like to hear the facts and get advice from healthcare professionals?

Lewisham Council is hosting a free online information event about the COVID-19 vaccination programme.

Open to Lewisham residents and anyone with questions, particularly those from Black African and Black Caribbean communities.

Thursday 25 March, 6–7pm

Speakers:
Dr Catherine Mbema – Director of Public Health, Lewisham Council
Dr Chris Ferdinand – Local GP
Dr Funmi Bajomo – Local GP
Dr Chi-Chi Ekhatior – Local GP
Nina Ndubuisi – Community Champion

Plus more speakers to be confirmed

Register for the event at www.eventbrite.co.uk/e/lets-talk-about-the-vaccine-tickets-146579419991
You will receive a link to the webinar after registration.

NHS
South East London
Clinical Commissioning Group



Enduring
transmission



Tackling
inequalities



Resources



Communications



COVID safe

Senior Responsible Officer: David Edwards (Head of Environmental Health)

COVID safe

- Business will be encouraged businesses to register to order free lateral flow coronavirus tests
- 'Key Message Reminder' will be required in areas/venues where gathering is likely, i.e. shops, hospitality etc.
- The council will introduce visible patrols to ensure businesses and the community understand the importance of staying COVID safe

In order for the borough to enable the re-opening of social and economic life, we are:

- Engaging and involving stakeholders and individuals in the development and delivery of key messages (Planning)
- Ensuring consistent dissemination of messaging to avoid confusion, building trust and confidence (Planning)
- Providing up-to-date guidance, information and advice to the general public and stakeholders (Planning)
- Reviewing LBL Website; (Lead Pages i.e. CER; Open Spaces) to ensure guidance is date effective

We are running a series of pilots to identify alternative platforms to disseminate our communications

- Lewisham Town Centre Pilot – Partnership approach agreed between Police School Officers, Safer Neighbourhood Team, Safer Business, Youth First, Safer Transport Team and LBL Officers; to encourage compliance and safe operation
- Licensing Pilot – Safer Lewisham Business Partnership in conjunction with LBL Officers to contact hospitality members with guidance on safe 'Al Fresco' dining, to include compliance regulation
- Joint Patrol Pilot - Weekly consultation with Safer Neighbourhood Ward Police to ensure compliance, via Joint Patrol where areas of concern have been identified.
- We will consider bespoke Frequently Asked Questions for business' to coincide with dates of recovery; to include relevant guidance
- In conjunction with the Safer Lewisham Business Partnership; ensure financial guidance/support disseminated i.e. Grants

Underpinning all this, we will ensure timely guidance before Enforcement consideration

In order to realise our plans, we need to work with partners and stakeholders to

- Tackle guidance fatigue and the resulting failure to comply with legislation
- Increase vaccine uptake
- Raise awareness to ensure people know what to do around testing, tracing and self-isolation and avoiding negative testing complacency

We will ensure we take advantage of offers of financial support made available through regional and national channels

We will aim to stay up to date with guidance updates and share these with partners and local stakeholders appropriately

Local communications will be tailored for the borough but will be mindful of, and will note, national or regional communications

	Main Outcome Indicators	Target (by October 2021)	Indicator Source	Local Reporting (frequency)
Prevent	7-day COVID-19 Case Rate / 100,000 population 7-day COVID-19 Hospital Admissions / 100,000 population	~200 cases/100,000 population	PHE London	Daily Surveillance Report to Lewisham Council Gold and Weekly Surveillance Report to Lewisham COVID-19 Health Protection Board
Test	7-day COVID-19 Test Rate / 100,000 population	>250 tests / 100,000 population	PHE London	Daily Surveillance Report to Lewisham Council Gold and Weekly Surveillance Report to Lewisham COVID-19 Health Protection Board
Trace	Proportion of cases uncontacted by Local Contact Tracing Service Proportion of contacts uncontacted by NHS Test and Trace	<10%	NHS Test and Trace	Weekly Surveillance Report to Lewisham COVID-19 Health Protection Board and Lewisham Council Gold
Contain	Proportion of applications accepted for self-isolation support payments	>50%	Local Council reporting	Weekly Surveillance Report to Lewisham COVID-19 Health Protection Board
Protect	Vaccination uptake % for: <ul style="list-style-type: none">- Lewisham borough overall- Each Lewisham Primary Care Network area- Ethnic Group breakdown in Lewisham	75% uptake overall, PCNs and by ethnic group	NIMS	Weekly Surveillance Report to Lewisham COVID-19 Health Protection Board and Lewisham Council Gold

Monitoring Progress