

# Key lessons & feedback- Slough Borough Council

What has worked well, what hasn't, what are the issues and risks moving forward and what support does the local level require from the regional and national level?

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## **Key Lessons & Feedback – Community Testing**

#### **Good Practice**

- Locally accessible community testing sites have been developed that compliment the wider testing system, e.g. expanding to service different cohorts of the population and developing community collect provision.
- Comms strategy focusing on behaviour change with the desire to create a normality around testing. The strategy has moved from informing and educating to encouraging responsibility.
- Local flexibility to respond to data/feedback and thus respond to need and demand e.g. changing opening hours to suit demand, opening locations most accessible to populations groups where uptake has been low etc.

#### Issues

Reduced uptake compared to forecast as a result of the risks identified previously along with nationally directed programmes emerging and covering cohorts that were initially included in local modelling. The development of the local approach built in flexibility to respond accordingly.

#### **Risks**

- Covid fatigue, misunderstanding of eligibility and testing requirement, individual/employer benefit affecting uptake. Therefore constantly evolving comms using a variety of channels with an aim to continue to influence behaviour change
- Self-isolation barrier local measures to support self-isolation being implemented but a national focus on supporting and normalising this behaviour would be welcomed
- Recruiting suitably experienced staff for Op Centre due to lack of Council resources

#### **Testing**

How would you like to see the national approach to testing developed with local authorities in the coming months?

A co-designed testing system that involves local authorities from the initial planning stages opposed to late notification of changes to testing policy, with little detail around logistics, being given at the same time as public announcements.

#### **Opportunities**

Opportunity to build on the approaches being developed to address inequalities in testing in also addressing longer term inequalities emerging and how these are tackled in the recovery phase.



## **Key Lessons & Feedback – Contact tracing and enhanced contact tracing**

#### **Good Practice**

- Appropriate resourcing (use of PH trained staff and emergency response officers opposed to general redeployment pool)
- Effective local reporting tool established which quickly identifies duplicate calls
- Local authority Berkshire network team established to share best practice

#### **Risks**

- Decline in public support and engagement due to covid fatigue
- That contact tracing becomes an isolated service that doesn't clearly link into the rest of our covid response

#### **Contact tracing**

- How is the balance between national / regional and local responsibilities working from your perspective? Case numbers are so low at the moment that it is difficult to assess, but no major issues at present
- Are there wider functions where national support can be offered, to free up time for contact tracing (including Enhanced Contact Tracing)?
- How can we support you further to develop Enhanced Contact Tracing?
  Clearer explanations on how best to link ECT into a local contact tracing service

#### Issues

- Has been difficult to increase successful completion rate past 40%
- Different interpretations of final case marking in CTAS across all authorities
- Difficult to transfer to live cases directly in CTAS due to the differences in download format between Power BI and CTAS
- Inconsistency of case numbers makes resourcing effectively a challenge
- Not always clear how to effectively incorporate Enhanced contact tracing into the current contact tracing provision
- ITS system is a welcomed development especially with the many wonderful functions it promises to bring to make the management of LCT efficient, the long delay (May at the earliest) until it is rolled is challenging.

#### **Opportunities**

- Accessing of live cases in CTAS
- Using Power BI to make isolation calls before the tracing journey begins



### **Key Lessons & Feedback – Support for self**isolation

#### **Good Practice**

- Volunteer involvement in offering support to those who are having to selfisolate, e.g. delivering groceries and prescriptions
- Evolving communication messages and methods to address Covid fatigue.

#### Issues

Misinformation and misunderstanding is a major issue as English is not a first language for many residents and there is around 15% digital poverty

#### **Risks**

National and local discretionary payments aren't sufficient or the cohorts eligible for these grants are too narrow and therefore individuals who are financially disadvantaged by self-isolation will not do so.

#### **Opportunities**

Ongoing vigilance for opportunities

#### Self-isolation

What further national action would be beneficial?

This is a major barrier to the uptake of testing and the key intervention that prevents further transmission, therefore national focus is needed on behavioural insight and normalising this behaviour through messaging and addressing the barriers through the support available (grants etc).

Is there more that could be done to ensure payments from the main or discretionary scheme could be made more rapidly and the eligibility criteria is widened?



## Key Lessons & Feedback – Outbreak management Test and Trace

#### **Good Practice**

- Local relationships between Local Authority Covid leads, Public Health teams, Environmental Health, and PHE HPTs have been strengthened and are well rehearsed in responding to outbreaks.
- Communication of notification of cases across the local system enables swift response to emerging outbreaks and clusters.
- Swift, factual, reactive comms to address concerns raised on social media

#### **Risks**

As subject matter experts, heavily involved in the outbreak response return to BAU activities, the pressure on the system to respond to infrequent outbreaks will increase. Flexibility and prioritisation of Covid response locally will mitigate this to a certain degree.

#### Issues

- · Lack of information sharing with LA on outbreaks detected through national testing programmes, e.g. Deloittes
- DfE helpline support heavily scripted and unable to respond to specific enquiries
- · National control meant a reduced flexibility for a locally tailored approachdemography of Slough very different to other Boroughs in the County

#### **Opportunities**

The local relationships and communication routes developed and rehearsed will benefit outbreak management and local health protection response in the future.

#### **Outbreak management and VOC**

Do you have sufficient surge capacity locally to respond to outbreaks, including of a VOC? What further support would you like from regional/national teams?

Local capacity has been identified locally through local volunteers to support the delivery of a surge testing plan in response to a VOC. More broadly there is flexibility with the Local Authority to support the local outbreak response as we move through a more uncertain time towards recovery.

Do you know what surge support is available and how to activate it?

A comprehensive surge testing plan has been developed with a clear process on how surge capacity will be stood up locally in response to a VOC.



## **Key Lessons & Feedback – Surveillance**

#### **Good Practice**

Daily updates and deep dives of data by shared intel team enabled more agility in responding to outbreaks and upticks

#### **Risks**

Lack of sharing of vaccination data from National can mean vaccine hesitancy work is not targeted effectively and cannot be evaluated.

#### Issues

Ongoing vigilance for any issues or potential issues

#### **Opportunities**

Ongoing vigilance for any new opportunities

#### Surveillance

- Are you making use of waste water analysis? Have you seen the new data from the NHS COVID-19 app?
- Is there more data or more frequent data that you would find useful?
- Is Intell sharing adequate, including between neighbouring LAs, and how could it be developed further?



## Key Lessons & Feedback – Action on enduring transmission

#### **Good Practice**

Ongoing vigilance for how Slough can contribute or find out about good practice

#### Issues

Ongoing vigilance for any issues

#### Risks

Ongoing vigilance for any new or potential risks

#### **Opportunities**

Ongoing vigilance for any opportunities

#### **Enduring transmission**

- Are the existing support offers available being used to optimum level?
- What are the issues that are contributing to this and how in your view could they be resolved?
- If you have enduring transmission, what additional support do you need from Test and Trace to address this?
- Would an increased level of contact help this and how would you see that being deployed?
- How do you assure that your approach to enduring transmission remains viable?

#### **Cross Boundary Working**

How does the system response reflect cross boundary activities?



## **Key Lessons & Feedback – Ongoing role of Non-Pharmaceutical Interventions (NPIs)**

#### **Good Practice**

Continually evolving wider communications strategy that addresses all NPIs and focuses on behaviour change with the desire to create a new normal. The strategy has moved from informing and educating to encouraging responsibility.

#### Issues

Difficulty with pandemic fatigue and complacency with the ongoing pandemic and then misconceptions around vaccinations.

#### **Risks**

Covid fatigue and the emergence from lock down will see people relaxing all NPIs/behaviour, leading to increased transmission and thus rates. Locally we will continue to promote and enforce NPIs throughout the easing of lockdown. National messaging needs to support local efforts.

#### **Opportunities**

Ongoing vigilance for any opportunities



## Key Lessons & Feedback – Interface with vaccines Test and Trace roll out

#### **Good Practice**

Huge good will and support from all partners that's has included provision of volunteers, sourcing accessible local community venues – large and small, linking with local communities to facilitate a dialogue and increase uptake. provision of transportation to increase accessibility, security assessments, managing lists for vaccinations and traffic management.

#### **Risks**

As the decrease in transmission and restrictions lift people may not come back for second vaccine. Communication and ease of access for second dose remains a key focus for the programme.

#### Issues

- Supply both increase and decrease
- Data sharing
- Managing expectations of people/groups who are not yet eligible

#### **Opportunities**

- To build on the learning from this programme to increase uptake in other screening and immunisation programmes.
- To build of the partnerships forged by this programme to benefit wider health and wellbeing outcomes.

#### **Vaccines**

- What has worked best in your efforts to improve vaccine uptake locally? Local partnerships and good will on the ground to those closest to local communities
- What could be done to further support your efforts? Thinking about volunteers going forwards as restrictions and furlow ends and that cohort of 60 + who will be vaccinated by then and whether they can support instead. Support with planning for ongoing covid/flu campaigns
- Are there any areas or communities who are finding the vaccine particularly hard to access? Would any further national work help to support you as you work with those communities? We are starting to systematically review the uptake data to understand which local population groups are underrepresented. Supporting that are emerging local strategies to address inequalities. Publication/dissemination of nationally available evidence around vaccine inequalities and behavioural insights is helpful in further informing local action plans.
- Are there links to asymptomatic testing and the road out of lockdown which need to be clearer/better supported? National comms to support our local comms which is trying to dovetail the two messages and dispel myths (don't need to be tested if you've been vaccinated etc.)



## **Key Lessons & Feedback – Assurance and** activities to enable 'living with COVID'

#### **Good Practice**

Ongoing vigilance for any ways Slough can demonstrate or implement good practice

#### Issues

Ongoing vigilance for any issues

#### **Risks**

Ongoing vigilance for any new or potential risks

#### **Opportunities**

Ongoing vigilance for any opportunities

Questions on next slide



## **Key Lessons & Feedback – Assurance and** activities to enable 'living with COVID'

#### **Assurance**

- How have you assured that the plan can deal with the reasonable worst case scenario, with multiple outbreaks, unknown variants, across workplaces and vulnerable groups, leading to high volumes of hospitalisation and death?
- How will you assure that the plan remains viable in dealing with the reasonable worst case scenario?

#### Resourcing

- Do you have sufficient local capacity to deliver on all aspects of your local outbreak management plan?
- Is the local system response to the pandemic you have developed resilient for the future?
- Will your local teams be impacted by the resumption of more BAU activities and or the end of temporary contracts? How are you mitigating these risks and what more would you need from regional/national teams?

#### **COVID** safe

- What plans do you have to enable the re-opening of social and economic life, are you planning or piloting?
- What barriers do foresee to realising these plans? What further national action would be beneficial?

#### **Risk Assessment**

Is the current Risk Assessment tool adequate to enable effective and consistent prioritisation, messaging and escalation?