Details of Local Authority: HALTON BOROUGH COUNCIL **Date:** 08/03/2021
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Role: DIRECTOR OF PUBLIC HEALTH

Local Authority: HALTON BOROUGH COUNCIL

Region: NORTH WEST

Context

Halton has refreshed its ***Local Outbreak Management Plans*** on high risk groups and complex settings. They include how we identify and address inequalities, compliance and enforcement, local governance, resource and capacity management, communications and data and intelligence. They also incorporate national and local developments in testing, tracing, containment and engagement. In addition they anticipate the changing nature of C19 in terms of the development of new variants of concern (VOCs) and the need for surge capacity and the move from a pandemic to endemic response.

We recognise the need to work as a whole system to address C19 so in tandem with the national Roadmap we have developed a comprehensive ***Halton Roadmap*** including all services within the Council to support recovery out of lock down and beyond. This sits beside our Local Outbreak Management Plan.

Halton was part of the recent PHE and Local Authorities Senior Leaders ***Cheshire & Warrington and Liverpool City Region Workshops for Roadmap and Recovery***. The latter considered enduring transmission and frequent outbreaks, BAU and dealing with the dominant variant and sporadic outbreaks and VOCs. We shared what we can do together as local authorities, standardisation of procedures, joint contact tracing hubs, mutual aid, cross border working, protecting our vulnerable populations and health inequalities as well as supporting and re-opening the economy.

Cheshire and Mersey have developed the ***CIPHA*** (Central Intelligence for Population Health Action) data lake which gives us timely access to C19 data on infections, outbreaks, geographic locations, common exposure areas and vaccinations and allows us to be responsive and agile. This plays into our local intelligence teams and the Cheshire and Merseyside Intelligence Cells. It has also allowed us to jointly identify areas of concern, such as workplaces, and make recommendations to the national team.

In addition we have a ***Cheshire and Mersey Contact Tracing and Outbreak Support Hub*** which we would like to maintain in our move into an endemic situation. We developed this Hub jointly with PHE and it brings together Public Health Consultants, call handlers, environmental health officers etc and links into and supports our local Halton Contact Tracing and Outbreak Hub. Given the development of VOCs and the move towards Zero Hours Contact Tracing and Enhanced Contact Tracing we see resource for this Hub as crucial for surge capacity.

Halton is part of the ***Liverpool City Region SMART Testing Pilot*** and has a comprehensive Community Testing Programme. We would anticipate as testing continues to morph to suit population requirements for changing C19 requirements that we keep the capacity for surge testing and Pop Ups for complex cases and outbreaks.

Halton has benefitted from the **in-depth research** ***Under The Skin*** just undertaken by Cheshire & Merseyside CHAMPS and our Health Care Partnership to look at vaccine hesitancy by Minority and Ethnic Groups and how to promote uptake and tailor communications

Good Practice:

- **What has worked well generally that you will look to maintain?**
- **What areas most critical to the response have worked best and why?**
- **What has worked well specifically in respect of NPIs in responding to what may have seemed like unique issues or unusual circumstances but where there is actually transferrable learning?**

Local Contact Tracing and outbreak management:

- Early on in the pandemic, Halton established a local outbreak response team (HOST) which meets every morning to oversee local activity. HOST brings together Public Health, Environmental Health and School Health and works closely with other partners. The team attempts to speak to all positive cases in the Borough, as well as those Lost To Follow Up, identifying areas of concern, responding to outbreaks, and providing local oversight and communication with the wider public health system. This has resulted in fast identification and action especially for complex cases. **Once we have an endemic situation we will look to maintain a core team to continue with this work, we are in discussion on whether to take on Zero Contact Tracing and enhanced Contact Tracing. We would need additional resources for this.**

Work across CM with partners:

- **Partnership working** between PHE, local authorities and other stakeholders, including academic departments based on existing agreed generic outbreak plans. EPRR arrangements, SCG, STAC, IMTs and other groups offered good advice and assurance and effective methods of escalation.
- **The recall and recruitment of retired, experience public health and infection control staff** has been as invaluable to the public health service as to the clinical services.
- **Joint establishment of the CM Contact Tracing & Outbreak Hub** and developing locally supported contact tracing by LAs worked well due to existing positive relationships; support through clinical expertise, training and advice provided by PHE to establish the Hubs; and DPH leadership. Community infection control staff have worked well and hard, despite short numbers and deficiency of resources. Clinical staff support (GP link) has worked well once established and implemented.
- **Establishment of STAC** once a week enabled all learning relevant to NPIs to be shared across all the NW stakeholders including consideration of and response to unique questions.

Community Testing

- Halton is part of the Liverpool City Region (LCR) SMART Testing pilot and has introduced robust community testing, targeted activity with social care and worked alongside schools, care homes, etc. to expand testing activity. This includes both ‘pop up’ testing, appointment based services for key workers and training for partners to implement their own schemes. Halton has recently commenced a series of **Webinars for businesses** to provide, information, advice and support in continuing to be COVID aware and COVID-secure. **We will continue**

to support workplaces and vulnerable settings and areas with high prevalence with expertise and Pop Up testing as required if resource allows.

Social Isolation

- Halton has been innovative in this area. We have developed "10 ways to plan Social Isolation" on our website https://www3.halton.gov.uk/Pages/health/selfisolation.aspx

- Development and participation in the "Motivational text" pilot with DHSC to encourage individuals to maintain self-isolation. Introduction of additional local "Welfare calls" to people in the middle of self-isolation period to ensure isolation still taking place and to offer support.
- We have a comprehensive and bespoke service for anyone who needs help self-isolating that we run in conjunction with Halton Voluntary Action.

Vaccines

- Vaccines – Clear system for coordinating, communication and planning as a whole system. Widnes was one of the first locations to provide a **"drive through for CEVs and vulnerable people".**

Whole system support offering expertise and data.

- Halton has established a clear protocol for supporting Schools and Early Years settings through education, School Health and Public Health and wider council colleagues.
- Use of local, regional and national data sets to inform the targeting and provision of testing, vaccination and outbreak control and support.
- Local learning from soft intelligence collected from local workplaces, information provided to our call handlers and local councillors reporting in
- Other areas of innovation have included the repeated use of core messages offering overarching support as well as targeted comms for young people, asylum seekers and travellers.

- Geographic mapping of areas to LSOA level show infection rates, vaccine uptake, outbreaks, etc.

Risks:

- *What factors could impact the ability to deliver the LOMP and how are any risks being mitigated?*
- *Which of these are the most probable and what would their impact be?*

The factors outlined below impacted on our ability to deliver the local outbreak management plan.

- Availability of adequate resources is an ongoing risk, including the availability of trained and experienced personnel as both LA and PHE have other competing roles and responsibilities as they return to business as usual.
- Clear and consistent national guidelines have been a risk in terms of: how to use PPE, enforcement rules, testing regimes and interpretation of their results, changes to guidance over Bank Holidays, announcements made without any notice given to LAs, lack of clear communications on guidance for communities.
- Although we have used locally developed plan, delays in developing national guidance has been an issue e.g., delays in developing care resource pack and Care Home Guidance.
- The tiered system - rules to be followed in each of the tiers system was confusing and difficult for the public to understand and follow and led to breaking of rules.
- Centralisation of resource and staff for contact tracing through CTAS has weakened ability to provide flexible and timely responsive service at local level. We have as outlined above put contact tracing in place locally but have struggled with poorly executed tracing at a central level that does not give us the information we require to follow up cases.
- The most significant risk is the availability of adequate and ring-fenced funding to ensure the LOMP can continue to support the local population. Where possible, existing resources are being utilised, but any longer term use of existing resource will have a detrimental impact on the Council's ability to deliver on its core mandated service obligations.
- Fluctuating rates of infection may require ongoing 'firefighting' and there is the need to ensure that resources and support can be flexed to respond appropriately and in a timely manner.
- A significant risk has also been in keeping the public engaged and compliant with the preventative and protective measures. Clarity of communications and clear messages are essential to ensure the public do not become 'fatigued' and continue to uphold positive behaviours with regards to reducing transmission.

- The Variants of Concern are also a significant risk and must be kept under Investigation, with system resilience built to respond to any issues that may arise. This is particularly important with regards to having a local 'Surge capacity' particularly if any reduction in available resources mean we have to stand down the structures and systems that have been built up during the pandemic.

- There is also a risk to the local information systems – a case management system has been developed locally but has still not been implemented, and as a result the collation and analysis of local data is not as strong as it could be. Halton is part of the regional CIPHA system, although interoperability with the national CTAS system is a barrier and risk. There is a risk that the lack of clarity over the functions of the NIHP and how that aligns to the current crucial role that PHE is currently playing will undermine the local response. In particular when convening OCTs, questioning data that comes to our regional hub and the oversight of outbreaks not currently under LA PH remit such as care homes.

Issues:

- *Was the plan deployed as designed and if not why not?*
- *Were there gaps in the plan and are they resolved?*
- *What areas most critical to the response failed to be adequately effective and why?*
- *What national initiatives have not been helpful?*

- Plans were deployed as designed, and thereafter followed as and when needed. The principles of outbreak management that were followed by PHE HPT were the basis for these plans which were based on experience and science around outbreak management. Implementation of plans was challenging at times due to unavailability of resources (including trained and experienced personnel across all relevant organisations) and multitude of concurrent incidents and outbreaks in different settings. Integrating national and local data was (and continues to be) a big challenge.

- Plans were generic and comprehensive, but gaps arose due to workloads, including number of cases and outbreaks, and the changing nature of the pandemic which was made complex by the national policy that followed during the different waves. Commitment and hard work from all local teams and partners enabled the gaps to be managed, although the resource issues remain.

- The lack of adequate financial support for people to self-isolate has meant that some local people feel they have to continue to work despite a positive diagnosis or when they have been told they are a contact.

- Workplaces are a key source of infection. Local plans need to be supported by guidance for employers on their role in contact tracing and self-isolation. This should be strengthened to encourage employers to proactively identify contacts of positive cases within the workplace. Employers need to be aware of the information they need to collect in the first instance. This helps to minimise follow up questions where information may have been lost in the passage of a few days. Examples include, travel to work, car sharing, changes to shift pattern/overtime that might fall out of the usual staff rota information that is available and so on.

- Guidance on elite and grassroots sports was ineffective and counterproductive to general community interventions and generated major concerns amongst DsPH. Furthermore, the manner of communication of many national initiatives was unhelpful, left local teams on the back foot most of the time. Whether national implementation of test and trace vs utilisation of local teams was given due consideration from the outset is not clear, as there were some rushed/pre-announced national communications that disrupted local teams ability to always remain right up to date; and to our knowledge, there was no consultation or evaluation of national test and trace prior to its establishment.

Opportunities:

- *What aspects of national, regional and local response if started/stopped/changed would have the most significant impact on local response effectiveness?*

- One of the most important responses for local teams would be the clear and timely notification of what is coming in terms of policy or operational change as it often feels that local areas are engaged 'after the event'. This has been particularly frustrating with regards to the 'Roadmap' that holds dates as the core message but no clarity on the thresholds that will be used for understanding the criteria for opening at each stage. There is a need for proper notice of regulations change – not a week in advance.

- Also as we return to 'business as usual' there is a need to support local areas with planning assumptions e.g. local businesses have informed us that that by the time they buy PPE it may no longer be legally required because we will be completely out of lockdown.

- Financial and welfare support for people self-isolating and support to businesses which follow public health advice and implement COVID -safe practice. Statutory sick pay needs to be increased to a living wage and be easier to access; companies should be encouraged legally to pay sick pay; low-wage employees, zero hour and other similar contracts should be included within the sick pay schemes.

- Long-standing structural inequalities and deprivation were exacerbated by the pandemic and highlight the need to increase the drive to tackle these at a national level. There are opportunities to address the real and perceived inequalities. Clear criteria for entering and exiting local and national lockdown and tiers are needed.

- Decision making process for public health advice should be at the lowest level (subsidiarity) to ensure local ownership and responsiveness based on local knowledge, situational awareness analysis, and risk assessment.

- The resources for local public health and the wider local authority responsibilities need to be increased, long-term and ring-fenced for at least the next 10 years.

- Make better use of the local professional with the greatest expertise and experience.There is also a significant opportunity for improving both local and national systems with the development of a shared national/local database.

- National policy with regards to large events will also have an impact on local systems and their ability to cope with increased risks of transmission.

Questions

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?*

- The generic outbreak control plan has all the principles and approaches needed to guide a response to different outbreak scenarios outlined in this question. However, the plan cannot be prescriptive but has flexible elements which can be implemented appropriately by competent and trained public health professionals with support from local stakeholders. The limitations of a prescriptive or detailed outbreak control plan include omission of key events unknown at the time of writing will fail to address the nuances of a different, unexpected or developing outbreak and thus could lead to an unnecessary focus which could lead to an inappropriate response. Any relevant and comprehensive generic outbreak control plan needs to have sight of surge capacity arrangements at the local and regional level which can be triggered as needed. This plan should dovetail with the PHE and NHS plans as well as other relevant stakeholders in the local and regional strategic partnerships to deal with high volumes of hospitalisation and deaths and other unexpected outcomes.

- Regular reviews and testing of the plan will be undertaken, as happens with other emergency plans at the local level. Debriefs of unusual situations are undertaken to assess the competency of the plan and to make appropriate changes to the plan. Following the pandemic, exercises will be introduced along with the reviews of the plan. Worst case scenarios will be difficult to anticipate but plans and exercises can explore situations arising from current experience.

- Halton has developed a local Road map, with multiple stakeholder workshops taking place and assurance sort from the Health & Wellbeing Board, Local Outbreak Board, Health Protection Board, through co-working with neighbouring Authorities, PHE and the wider NHS.

Testing

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

- Halton is keen to see a testing model that is appropriate for the local population being built into the local "business as usual" system e.g. pharmacies, as long as additional resources are made available to support it.

- Availability of clear and consistent guidance for all tests in all settings, including those settings that design and commission their own testing e.g. sports clubs and large companies

- Clear interpretation of results
- The Private Testing Programmes, often used for travellers, needs to link into the national system and give timely results. This will manage VOCs in particular.
- Clear and relevant public health advice for individuals and settings which may or may not follow from a positive of negative test result. This should include a clear rationale behind the PH advice provided to aid discussions and manage them when queries are raised and advice challenged.
- Local flexibility and control regarding availability of testing, e.g. upscale or downscale in local areas following situational risk assessment.
- Additional resources and staffing (trained personnel) to be deployed as and when required (surge capacity) at local, sub-regional, or regional level.
- Clear local to national procedures for accessing evidence base information in response to challenging enquiries relating to testing results or interpretation.
- Timely response to emerging evidence (e.g. criteria for testing) which affects the public health advice and response.
- Long-term strategy to incorporate COVID -19 testing into the usual primary and secondary care testing approaches to infectious diseases and in line with the notifiable diseases approach. It is acknowledged that the current workload could make this difficult to implement in the short-term. However, plans should be in place, e.g. to determine the threshold when such an approach will start, plus the provision of appropriate resources to the local system to enable the roll-out to be timely and easy.

Contact tracing

- *How is the balance between national / regional and local responsibilities working from your perspective?*
- *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?*

- There has been some disconnect between the National T&T system, regional PHE and local teams, with timely information for local areas not always clear or specific as to who will / should be dealing with specific issues The balance is between national and regional is now working more efficiently however improvements can still be made. Communication with Local Authorities is required as to what is expected on a local level, which will enable local authorities to plan and adapt their local contact tracing model and consider their own resources.
- The regional CM System has been vital in pulling together local areas, sharing best practice and reducing the burden on local teams and we are keen that resources are continued to be made available to support this function, as well as ensuring core local teams can continue to serve in this essential function.
- As we enter the next stage of the pandemic, there needs to be a clear conversation with Local Authorities as to what the future structure will look like and what will be managed by PHE and the national and regional systems. If there is an expectation that local areas commence detailed enhanced contact tracing there will need to be sufficient resource and training opportunities made available for local teams to pick this up. There will also need to be clarity on how local systems can better integrate case management systems with the national data systems.

Self-isolation

- *What further national action would be beneficial?*
- *Is there more that could be done to ensure payments from the main or discretionary scheme could be made more rapidly?*

- Financial and welfare support for people self-isolating and support to businesses which follow public health advice and implement COVID-safe practice. Statutory sick pay needs to be increased to a living wage and be easier to access; companies should be encouraged legally to pay sick pay; low-wage employees, zero hour and other similar contracts should be included within the sick pay schemes. Consistent enforcement of fines for companies that knowing let /encourage positive employees to work when they should be isolating. Ensuring independence of the new organisation (NIHP) and its employees and the wider public health workforce to provide public health advice, better/enhanced explaining and role modelling at all levels

- Consistency and clarity on the core national messages and with clear definitions of any changes (with sufficient notice to enable local action) in the legal requirements to self-isolate.

- It is currently not simple to qualify for self-isolation payments therefore people who should be eligible and isolating are sometimes returning to work. Additional resource needs to be made available to sustain this programme and make it easy for people to choose to do the 'right thing' and isolate.
- There needs for further work with businesses encouraging them to support self-isolation by offering job security when staff are COVID positive.
- Suggestions for improving compliance could include access to free hotels, and the creation of local or regional self-isolation hubs as well as widening access to self-isolation payments and making the application process easier.

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 Intel sharing adequate, including between neighbouring LAs, and how could it be developed further?*

- We are keeping a watchful eye on the outcomes of the waste water pilot programmes, although consideration should be given to the scale of the testing programmes and any local resource that would be required. This is an area that may be better managed at scale across regional footprints rather than by local teams, although the data generated would be welcome for identifying potential hot spots or as an early warning system.

- The quality of the data generated across all systems needs to be kept under review, as well as its accuracy. All systems need to ensure that they have the correct information on who they are testing – with a relevant verification process – name, date of birth, mobile number, and passport number. This information should be shared in a timely manner with CTAS/ITS/local teams in order to start timely contact tracing, where a case tests positive, every 24hours that pass without action is an opportunity for the virus to spread.

- Locally, there is strong collaborative approach to Intel, with CIPHA, a C&M case management system in development and good communication between local authority teams. Enhancing the integration with NHS data would strengthen this area further.

- Better communication with regional hubs in terms of case management in now underway and is an area for further development.

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

- No, but this depends on the number of outbreaks occurring concomitantly, plus the amount of work involved in the VOC (enhanced contact tracing) is challenging. The VOC work is would be more appropriately undertaken by the national Test and Trace, with a dedicated workforce to ensure consistency and one approach to the patient / contact.

- Question 2 is not clear as we have various surge capacity options: local, sub-regional and regional.

- Early information from PHE keeping everyone informed is essential in planning and mobilising local teams to respond and this is an area that could be further developed. This will include the Identification of the key actions for VOC, best practice and lessons learned from other areas and a robust action plan that can be mobilised locally should it be needed.

- Consideration could also be given to mutual aid across Local Authority boundaries, although this may have implications for local containment and capacity, as well as resource implications.

- Another area for consideration could be rather than focusing on surge testing (i.e. testing more people in the specific area in which a new VOC is identified), requests could be made that all tests are sequenced (randomly but equally) in all areas. It has been projected that there is significant sequencing capacity within the UK, of which only ~5% is currently being used, so this would enable a more systematic and broad reaching approach to the use of national resources and as such there is a need for more rapid genome sequencing.

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?* • Currently there is a strong team that has responded to local outbreaks and increases in transmission. In order to respond to VOC or future outbreaks there is a need to ensure adequate resources are continued to be provided and that they are ring fenced and not to the detriment of other services and functions. • There is concern that there will not be the capacity within the local teams for management to deliver on all aspects of the plan, as the impact of the resumption of BAU activities and / or the end of temporary contracts will have a considerable effect. • Halton has developed a Road map back to BAU which considers the whole system and its journey back to recovery. This is further complimented by a wider Cheshire & Merseyside Road map. • There is a risk to the resilience of the local system, however, if sufficient resources are not made available to sustain its work and maintain a focus on ongoing and routine prevention work, outbreak management, and ensuring that surge capacity is built in to all plans should it be needed. • We need more funding available for self-isolation e.g. in the event of a VOC. Especially for people who don't meet the criteria for the benefits linked payments who we know will struggle to self isolate without support.
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?* • Plans have been drawn up locally to support the national "reopening of society". However there is still uncertainty as to the timing and content of national regulations and associated guidance. Any announcement on regulations and guidance needs to be made in a timely manner to allow the council time to work with partner agencies and support businesses in advance of them reopening. This local action needs to be supported by clear and consistent national messages.

- There is also a need for an urgent review of large events as they are being planned now, and it unclear how local teams should respond. One example is locally we may advise on the use of PPE, which will need to be ordered now, but may not be required (bringing unreasonable costs to organisers, etc.) PHE have reportedly been working with large event planners at a national level to plan events that will take place in local areas, examples include Parkrun and Creamfields festival, and we require as a local area to be involved earlier and to receive the same information as well as contribute to risk assessments. Similarly, advice to elite athletes who train in local areas needs to align with local planning assumptions and enforcement activity in the occasion of large increases in virus.

- Environmental Health teams have also indicated that they will be very busy in July, should the regulatory inspections all be required as society reopens, alongside other local support and enforcement activity with regards to COVID security. The team have requested clarity on the FSA requirements with regards to business as usual and food hygiene visits.

- Additionally there may be cross boundary issues as there are not necessarily consistent regulations, e.g. Wales/England.

- In addition, the requirements of the recent White Paper and the potential political and organisational turmoil that will be created with the development of Integrated Care Systems (ICS) will have significant impact locally, as will the creation of the NIHP and the loss of PHE.

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?*

- We have a strong offer for contact tracing, community testing, pop up testing and PCR testing. In the endemic stage PCR testing becomes more important as does enhanced contact tracing. Both of these elements are outside local control but we strongly recommend we do not lose them. We recognize that PCR testing is particularly important for checking LFT Home Testing results.

- Long-standing structural inequalities and deprivation have been exacerbated by the pandemic and highlight the need to increase the drive to tackle these at a national level. There are opportunities to address the real and perceived inequalities.

- Financial and welfare support is needed to help people to self-isolate and businesses to continue to implement Coivd-19 safe practices.

- An increased level of contact is unlikely to be helpful. Our experience is that individuals in these areas are over-contacted and the issue is counterproductive to the public health response, i.e. the issues is not lack of knowledge, but lack of resources and support.

- Regular monitoring and review of actions, supported by local epidemiology of COVID -19 in the local area.

- We need to maintain national and local communications and ensure there are very clear messaging on vaccinations and the need to self-isolate even if vaccinated if you are a contact of a positive case.

- There is a need for clear and concise communications around the long term approach to vaccinations, to include consideration of the slower worldwide vaccination rates, the potential for continued post vaccination carriage and transmission and the potential use of vaccination / health passports which will affect how the general population respond post vaccination.

- We need to horizon scan for changes and maintaining COVID work practices due to background community transmission and ensure that access to services such as Pop up testing is available for outbreaks, vulnerable groups, etc.

- There is a need for further national guidance on employees requiring a vaccination certificate for work.

Vaccines

- *What has worked best in your efforts to improve vaccine uptake locally?*
- *What could be done to further support your efforts?*
- *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?*
- *Are there links to asymptomatic testing and the road out of lockdown which need to be clearer/better supported?*

- Focussing on local delivery though local practices has been a key success for engaging local residents though a localised approach providing reassurance from their 'own GP'. We have also has a great success in developing a local drive through model providing a safe and comfortable environment for less mobile residents and those who have been shielding and may be more fearful of coming out of their own homes.

- A key concern locally is the availability of vaccine supplies and the ability to pull order an appropriate supply of vaccine at a suitable and most effective time. This

would enable greater degree of advanced planning and local decision making on appropriate approaches, rather than being reliant of push deliveries at potentially inopportune times.

- Moving forward through to phase 2 of the Programme it will be important to understand the Business as Usual requirements of primary care and other health services, as key staff will be still be required to continue to roll out the vaccination programme, irrespective of the mode of delivery that is agreed for the Phase 2 roll out. Vaccination Staff are limited and may be required to return to their usual roles, reducing the cavity across the system to maintain high uptake and rapid roll out.

- We are undertaking work on exploring the inequalities in uptake. We are engaging in a cross Cheshire and Merseyside approach to identifying and proving communications approached to key vulnerable, or hard to engage communities. In Halton however, being a small population, we have small numbers of different ethnic groups that are not easy to identify as in some larger conurbations. This makes targeting vaccines based on cultural, ethical or religious concerns difficult to achieve. National and regional campaigns can be helpful but the delivery and targeting of vaccine delivery in small populations is proportionally harder and more time consuming to achieve.

- Clear guidance on the interface between testing and vaccinations and any potential proposed ‘health passport’ would be helpful. As the country moves to opening up services, early guidance on the content of the regulations would be helpful, this would facilitate planning for early large scale events such as festivals etc. whereby currently the implications of vaccination programme are unclear and evidence is lacking on the effectiveness of the vaccine and preventing carriage or community transmission. Communication is needed to educate people that even if vaccinated they still need to understand they still have to get tested and self-isolate if positive.

- It would also be useful to have early indications of VOCs and vaccine resistant strains, booster doses or different methods for vaccine delivery required and a clear national programme of identification and encouragement of vaccine employees in H&SC.