

Ealing COVID-19 Lessons Learned Review

September 2023

Helen Castledine, Consultant in public health
Anna Bryden, Director of public health

1. Executive summary

Introduction

- the COVID-19 pandemic was unprecedented, and it exposed and exacerbated existing health, social and economic inequalities
- the health and wellbeing board committed to undertake a lessons learned review of the COVID-19 pandemic in response to the race equality commission demand: **“We must learn the lessons of the pandemic”**
- this was undertaken by council and NHS officers, at the request of the health and wellbeing board
- the review focuses on how the pandemic response was carried out and what learning can be taken forward for reducing inequalities, working across local partnerships and preparing for and responding to emergencies
- the review was informed by service reviews, data analysis and several surveys, interviews and workshops with multiple council and NHS teams
- it is based on a review of cumulative learning over a period of around two years (spring 2020 to summer 2022)
- key lessons and recommendations are provided under nine themes
- appendices are then provided which outline the details of learning from delivery of services, outbreak prevention and management and pandemic response functions

Highlights – What worked well in Ealing?

- strong partnership working across the council and NHS and with community, voluntary and faith organisations and individual community leaders
- local communities were supported by the council and NHS to increase resilience throughout the pandemic, with a positive focus on supporting communities to help look after each other
- local decisions led by public health principles and understanding of local communities
- robust overview of decisions via council gold and borough gold (council and NHS) structures
- designated care setting for covid-positive patients was one of the first set up nationally
- lower death rates in care homes than the London average after the first wave
- during the first year of the vaccination programme in Ealing, almost 500,000 vaccinations were delivered and almost two-thirds of eligible people received two doses
- positive joint work was undertaken on supporting and delivering vaccinations for people with learning disabilities
- local contact tracing team successfully supported almost 13,000 residents
- over 50,000 assisted tests were carried out by community pharmacies, including at faith settings
- Ealing was one of the first boroughs to carry out a 'surge testing' initiative in response to a new variant being identified, and therefore develop a local model of how to undertake this
- detailed analysis of inequalities throughout the pandemic helped drive the targeted aspects of the response

Highlights – What could we have done better?

- community engagement, trust and relationships (including with faith organisations and businesses) were key but were not brought in as a core part of the pandemic response in the very early phase, due to the more ‘traditional’ emergency response plans in place
- estates are challenging in Ealing borough, with no large sites (for example stadium, conference centre) or large car parks available from where to deliver vaccinations, testing, etc. A lot of time was spent on identifying what sites could be used within the borough, assessing the impacts on existing services and setting the sites up as needed
- a relatively small number of people were involved in planning and delivery key pandemic response functions, and volunteering or re-deployment opportunities could have been explored further. This would require offering a diversity of training and experience to ensure greater flexibility
- members of various teams and services were able to speak several community languages which was reported to have helped with positive engagement with residents. However, despite the need for this, it was not a formal part of roles and translation services were not routinely available
- several teams relied on spreadsheets to gather detailed data, which may not have been the most appropriate way to gather and store large quantities of data
- there were practical challenges about setting up sites and functions quickly, for example access to team credit cards and application of standard recruitment and finance processes
- some processes that were set up resulted in temporary bottlenecks during intensive periods, for example cases and queries being reported through the public health or schools' health and safety inboxes, with very small teams monitoring, recording and responding to queries. This resulted in challenges around sifting through the volume of queries to identify more urgent matters
- the benefits and challenges and costs of targeted elements of the response could have been analysed and communicated more clearly, including with community leaders

Summary of recommendations

Reducing inequalities

- specialist skills and resources are key to engaging well with communities and to better understand the views and experiences of local people
- structures set up during the pandemic should be reviewed for ensuring continued engagement with communities and to further build trust
- a combination of universal and targeted approaches is key, and this needs to include support for the most vulnerable communities (for example homeless people). The resourcing and challenges of targeted approaches need to be clearly considered and communicated, including with local communities
- support for multiple community languages needs to be considered in local services and key communications should be co-designed with communities

Working across local partnerships

- structures set up during the pandemic should be reviewed to continue to strengthen local working between key partners
- consideration should be given as to how best to share information about vulnerabilities in local communities between local organisations
- learning should be taken from the pandemic to continue to strengthen support for staff wellbeing and to support a culture of celebrating successes

Preparing for and responding to emergencies

- emergency management and pandemic plans should be reviewed using the learning from this review. for example this includes:
- upskilling teams and communities to support emergencies, including consideration of processes to support this
- involving certain teams from early on in a response, for example. community engagement
- developing a pack of practical information and plans for jointly running services at local sites (for example testing and vaccines)
- use of team email addresses, consideration of data management systems and use of simple forms to support decision making

Next steps

- the health and wellbeing board will be discussing this review on 20 September 2023
- each relevant team and partnership group is expected to consider all the recommendations for its own organisation and for partnership working and to identify named leads
- the proposal is then for the board to carry out a single annual monitoring review in autumn 2024, led by the council's public health team
- the monitoring review by the board in autumn 2024 will expect assurance that the recommendations have either been taken forward fully or, for longer-term or more complex recommendations, that they have been embedded in business-as-usual and are being taken forward. for example some actions are likely to be embedded within the annual action plan for the health and wellbeing strategy
- the health and wellbeing board will also share the lessons learned review and the monitoring review with other key local strategic partners for wider discussion and partnership working, for example police, fire, universities, businesses
- the review will also be shared with the independent Ealing citizens' tribunal (which has been established to follow up on recommendations made by the race equality commission) and will be discussed at the next health subgroup meeting of the tribunal

Thank you to all the council and NHS teams that contributed to the review

Multiple teams from:

- London Borough of Ealing
- Ealing Borough - NHS Northwest London
- London Northwest University Healthcare NHS Trust
- West London NHS Trust

"It was amazing - and at times humbling - to be a part of the response cell, melded together from different areas and with different roles and responsibilities. There was always a real sense of togetherness and shared ownership of the task in hand. We achieved so much."

"Really enjoyed being a part of such a dynamic and positive team and feel proud of what we have collectively achieved. I'm also grateful for the flexibility and understanding others have shown... I have felt very supported throughout which has made a real difference."

2. Background and approach

COVID-19 in Ealing

The COVID-19 pandemic was unprecedented and had an impact on everyone. However, in Ealing as elsewhere, the pandemic exposed and exacerbated existing health, social and economic inequalities. The unequal distribution of impacts were seen over very short periods of time.

At some stages of the pandemic, the rates of covid infections and deaths were relatively high in Ealing and surrounding areas. Although the reasons for this are very complex, Ealing's communities were particularly vulnerable in many ways – including relatively high levels of people working in front-line occupations or with uncertain employment, houses of multiple occupation, multi-generational households and existing long-term conditions.

The inequalities during the pandemic were analysed and published as the annual public health report in early 2022 and very clearly informed the development of the recently published health and wellbeing strategy 2023-28 which has a focus on reducing inequalities by working in partnership on their root causes.

Amazing examples of communities supporting each other (with support from the council and NHS) were seen throughout the pandemic and were celebrated at an Ealing together event in autumn 2022.

Background to Lessons Learned Review

The health and wellbeing board committed to undertake a lessons learned review of the COVID-19 pandemic in response to the race equality commission (REC) demands:

“Use what we have learnt from the Covid pandemic to eliminate health inequalities. If we don’t act now these inequalities are going to grow.”

“We must learn the lessons of the pandemic – the tragedy is that communities who are already disadvantaged are disproportionately affected when it comes to health outcomes. We therefore demand that the Health and Well-Being Board (the most senior people with collective responsibility for health and wellbeing in the borough) carry out a review of how Ealing dealt with the pandemic and ensure that the lessons learned are made public and acted upon.”

Approach

This review examines the response to the challenges experienced by Ealing residents during the COVID-19 pandemic. In response to the race equality commission REC findings, the review focused on how the response to the pandemic met the needs of communities at higher and disproportionate risk of adverse impacts of the COVID-19 pandemic.

At the request of the health and wellbeing board, the review was led by the council's public health team, who worked with teams from across the council and NHS to review the work that was carried out to respond to the COVID-19 pandemic. The pandemic response included close joint working with community, voluntary and faith organisations as well as individual community leaders.

A combination of approaches was used to inform the review, including analysis of internal COVID-19 service reviews, information gathering and data analysis and surveys, interviews and workshops with a number of council and NHS teams.

The review focuses on how the pandemic response was carried out and what learning can be taken forward for reducing inequalities, working across local partnerships and preparing for and responding to emergencies (with flexibility for future different circumstances).

Considerations for the review

It is worth noting a few considerations taken into account during the development of this review.

The work undertaken in Ealing was done within a much broader regional and national context, with policy set by central government and with a large amount of joint working with Public Health England and across London. A number of the policy decisions taken were unprecedented and outside of 'traditional' pandemic responses, for example. lockdowns and school closures, and the length of time that the response function was undertaken was also unprecedented. There were also a number of uncertainties, especially early on in the pandemic when the impact of COVID-19 on individuals was not clearly understood. A number of teams reflected on the fact that decisions were made at the time based on the information available.

The intensive periods of the pandemic response took place over about a two-year period (spring 2020 to summer 2022), with different phases, challenges and service requirements throughout this period. The lessons learned review takes into account the cumulative learning over this period. Some aspects of the response developed iteratively, especially around partnership structures. Although some learning was gathered at certain points of the pandemic response (for example. after surge testing initiatives), a large part of the learning was gathered in the last year.

As the review was developed it was important to acknowledge that staff members were affected both professionally and personally throughout the intensive period of pandemic response work, and the wellbeing of colleagues was discussed at numerous points in the review. There were also a number of reflections throughout the review about how proud teams were of what they had achieved, whilst balancing up the learning for the future. Different staff members also had their own perspectives, and the report has been written to transparently record these whilst ensuring a balance of views from different individuals and teams.

Finally, it is very much acknowledged that the impact of the pandemic was massive for our local communities in Ealing. The effectiveness of the response by local council and NHS teams is difficult to measure in the context of national policy decisions, and individuals, communities and other organisations will all have their own view on how well the response was carried out and what can be learned for the future.

3. Key lessons and recommendations

Outline

Key lessons and recommendations are outlined below under nine themes:

1. community engagement, trust and relationships
2. communication
3. universal and targeted approaches
4. partnership working
5. staff support and wellbeing
6. development of knowledge and skills
7. staff deployment
8. processes and procedures for emergencies
9. data sharing and management

Themes (1 of 9)

Community engagement, trust and relationships – Key lessons

- this was essential to the effectiveness of the COVID-19 response
- relationships need to be established over time to build trust, to then be able to have conversations about specific issues
- community leaders had a key role in sharing messages in culturally competent ways for their local communities. Messages co-developed and delivered by trusted individuals in the community were vital
- through these relationships, two-way conversations and a crucial feedback loop with community leaders were possible, so key concerns could be understood along with how messages were landing
- with national guidance, policies and resources changing so rapidly, there were some challenges with ensuring that communities were fully engaged in a timely manner, felt that they could influence decisions and understood the constraints faced by local council and NHS teams
- a relationship with academic partners (institute of development studies - IDS) benefitted local understanding, as they researched and supported conversations with Ealing communities about vaccine hesitancy and more generally health equity. Research findings corroborated this learning about the importance of engagement, trust and relationships. Institute of development studies (IDS) are now working to train up 'peer researchers' from our local communities
- structures for engaging with local communities were key during the pandemic response, for example faith forum, VCS forum, area task groups. Although the council's community engagement team were key in managing long-standing relationships with community leaders, these structures also provided a way for wider teams and organisations to engage directly with VCFS partners. Some concerns were noted about reliance on a small engagement team as the main route to community leaders.
- a consortium of grassroots CVS organisations was commissioned from an external provider and there were some challenges to mobilise this effectively and establish and maintain relationships
- during the vaccination programme, engagement in specific areas with local individuals not usually involved in groups or traditional routes to engagement came forward to support. These individuals were critical in reaching out to parts of the community that may not usually engage in services offered by traditional providers

Themes (1 of 9)

Community engagement, trust and relationships – Recommendations

- we need to do community engagement well. To do this, we need to focus on building up trust and relationships in the longer term. We also need to support the development and recruitment of specialist skills in community engagement and research, including among community members
- the structures used for engagement during the pandemic should be reviewed and, where appropriate, re-introduced in a format suitable for building long-term relationships and two-way communication routes across the local system, for example faith forum, business newsletter
- a list of established groups and structures with VCFS organisations and community leaders should be developed and shared between local partners
- emergency management plans should consider how community engagement expertise can be brought in from a very early stage of a major emergency, for example another pandemic. This could include setting up a specific group that includes communication, engagement, health and other teams to ensure that there are clearly agreed and recognised contact routes with community leaders
- ongoing research partnerships should be supported in collaboration with local communities
- where community engagement work needs to be expanded, consideration should be given as to how best to complement and build on existing engagement work and relationships

Themes (2 of 9)

Communication – Key lessons

- the pandemic response demonstrated the importance of timely, culturally competent communications. It also showed the benefit of using a broad range of different types of communication methods, including social media. This included communications to communities in Ealing, staff, councillors and sharing key messages between partner organisations
- the communication response was a mix of sharing updates on a regular basis and being responsive to key national announcements and changes, as well as recognising and responding to local targeted messaging requirements
- there was benefit in co-developing communications with communities and VCSF partners, to ensure they were culturally competent and available in several community languages. This led to the delivery of community toolkits for local community leaders to use, which were regularly updated with key messaging and assets
- collaborating across London councils on communications was positive and sets a helpful model for ways of working
- a number of teams reported that using whatsapp messaging was very helpful for quick updates and discussions among or between teams and was also a keyway of communicating with and among community leaders
- some teams found it helpful to use a team email address for a shared inbox and an easy way of contacting teams
- there was a particular challenge around delivering communications for staff, as staff members were affected by the pandemic in both their professional and personal capacities. It was important to acknowledge this and keep it in mind when developing messaging
- there were some challenges with the different virtual meeting software products used (for example zoom and microsoft teams), particularly when engaging with residents and VCFS groups

Themes (2 of 9)

Communication – Recommendations

- important to continue to strengthen the links between communications and community engagement teams across the HWBB partners, to ensure good co-production of culturally competent messaging with communities
- review the use of team email addresses across key teams
- consider how social media can be used more effectively in emergency situations and as part of business continuity planning – for example including appropriate use of WhatsApp groups within and between teams
- review the communications cascade for emergency or other relevant situations, to ensure clarity on who receives and shares key messages, for example for health protection incidents
- consider developing a key contact list shared between council and NHS teams that includes details of key community leaders and strategic partners, which can be accessed in emergency situations

Themes (3 of 9)

Universal and targeted approaches – Key lessons

- various parts of the pandemic response demonstrated the importance of a mix of good, robust universal approaches alongside more targeted approaches to support local communities
- this is particularly important in a diverse borough. Ealing is the third most ethnically diverse borough in England and Wales and 1 in 5 households in Ealing have no-one that has English as a main language. Examples of this would be:
- provision of communications messaging, which used universal materials and methods and then adapted them into more culturally competent resources and translations
- provision of vaccinations across the borough but also in specific locations to support community access and uptake, with the support of local health and VCFS partners. This learning has already been applied in other situations over the last couple of years, for example polio vaccinations
- proactive calls to check in with vulnerable residents via Ealing together. This approach has also more recently been used for cost-of-living welfare calls
- targeted community engagement and communications to ensure that people understood they did not need id or an NHS number to be able to access vaccinations
- the support from local volunteers to target engagement with local communities and encourage them to take up testing or vaccinations was a critical part of the pandemic response as they spoke the languages and understood the nuances and misconceptions that may have developed in their communities
- although there are clear benefits of using a targeted approach (in addition to a standard, universal approach for everyone), considerations do need to be given to the resources needed and mitigating any challenges (for example provision of a clinical vaccination service on a bus)
- engagement with communities provided a much clearer understanding of the level of mistrust in organisations, including in the NHS
- there was mixed learning from proactive phone calling initiatives, for example. for vaccination conversations or welfare checks

Themes (3 of 9)

Universal and targeted approaches – Recommendations

- use learning from the COVID-19 response and other targeted work to assess the best combination of approaches for reducing inequalities. This needs to include explicit consideration of resources needed and how to mitigate any challenges or potential negative impacts.
- apply existing knowledge on inequalities to developing targeted approaches that will be most effective and relevant for Ealing's communities, for example for future vaccination programmes
- consider the most vulnerable communities when considering targeted approaches, including vulnerable migrants
- explore options to expand the collection of good quality data on ethnicity and language across HWB board partner organisations and consider how this is better used to inform decisions
- consider differences in targeted approaches tailored to the need of each of the 7 towns in Ealing, for example different community languages spoken for translated materials
- consider engagement routes with other boroughs in London to share good examples of universal and targeted communication assets.
- local organisations need to be clearer in acknowledging levels of mistrust among communities, and should consider how to more proactively explain actions, decisions and recommendations. This could include using learning from working with community leaders to support engagement and discussion
- if exploring proactive phone calling of vulnerable people (for example for welfare checks, benefits advice, vaccination conversations), consider supporting teams to do this that already have a relationship with residents and patients (for example GP practices) or who already have the infrastructure and skills (for example council contact centre). Use a known or local number and plan a system to record if someone is not interested, to ensure they are not called again. Consider asking more open-ended questions which encourage a conversation
- consider how key frontline services can be supported to have proactive conversations (for example about vaccinations) when they talk with people – using a making every contact count (MECC) approach

Themes (4 of 9)

Partnership working – Key lessons

- the strength of partnership working came across very clearly in the review. Many colleagues commented on how it was vital in responding effectively to the pandemic, and how existing relationships before the pandemic meant that there was already a good amount of trust in place and the ability to have quick discussions and make decisions together
- these relationships were built on during the pandemic response, both between individuals and teams and through various new partnership and governance structures created
- some of these structures created have continued to be used in an amended way for partnerships, whereas colleagues have stated that they noticed a gap when other structures were stopped, for example faith forum
- partnership working was particularly effective when multiple organisations had different responsibilities and relationships and needed to combine them together for a practical solution. Examples include:
- the council arranging designated parking for NHS vaccine centres and the respiratory hub
- the council safer communities team acting as a key point of advice and liaison between the police and NHS teams in managing protests and disruption at vaccine centres
- a ‘making every contact count’ approach was used to embed vaccination messaging into numerous other local services
- a number of colleagues also commented that regional partnership structures were very effective in sharing learning, pooling resources and providing general peer support, for example for communications and public health
- community pharmacies and GP practices became a key plank of infrastructure in response to the pandemic, for both testing and vaccinations
- transport for some of our most vulnerable residents when the vaccination clinics started was critical and the infrastructure and flexibility offered by Ealing community transport became invaluable
- communicating key public health messages through the schools’ infrastructure was important

Themes (4 of 9)

Partnership working – Recommendations

- the structures used for partnership working during the pandemic should be reviewed and, where appropriate, re-introduced in a format suitable for building long-term relationships and two-way communication routes across the local system
- focus on areas where a shared vision and priorities can be developed across local partnerships and ensure that each organisation's contributions are clear so that the benefits of working together are enhanced
- consider further developing the 'making every contact count' approach for services across the local partner organisations, using learning from embedding vaccination messaging in other services
- NHS NWL ICB, West London Trust and the council to review the benefits and achievements of IPC specialist nurse role for Ealing's social care providers, with consideration of making this a permanent arrangement

Themes (5 of 9)

Staff support and wellbeing – Key lessons

- this was a particularly important theme considering the fear that many staff experienced, both from a professional and personal perspective
- the move to working from home or hybrid working was a massive shift for many teams, both in terms of the logistics of setting this up (for example IT infrastructure and equipment) and the culture change. This had a major impact on wellbeing, which was variable depending on individual circumstances
- there were very positive reflections from a number of individuals and teams about how people worked to support each other. This included more organised forms of support throughout the pandemic response, such as online yoga sessions and team meetings, as well as a more informal emphasis on day-to-day wellbeing among teams
- some structured support was put in place, such as a psychologist for care home staff to hold de-briefs as well as a number of council staff trained up as mental health first aiders
- the importance of celebrating success was also cited by a number of people, with examples of day-to-day celebrations over teams meetings or whatsapp groups
- when staff are redeployed, there is a need to be clear about the support they can receive through ‘check-ins’ with previous team and line manager, that training is thorough, and that wellbeing support is tailored to the role they are being deployed to. for example office-based staff deployed to front-line functions may result in challenges not previously identified or experienced
- staff risk assessments need to be carried out and updated regularly to ensure any risks are captured and appropriately mitigated

Themes (5 of 9)

Staff support and wellbeing – Recommendations

- consider wellbeing support and structures for staff groups and available for communities. This should include expanding the number of staff members who are trained as mental health first aiders
- ensure that learning about hybrid working is embedded, such as taking breaks, maintaining boundaries and offering wellbeing support online
- continue to encourage a working culture within and between teams in HWBB organisations that celebrates success
- ensure any staff redeployed into other teams are supported in their role with training and targeted wellbeing support

Themes (6 of 9)

Development of knowledge and skills – Key lessons

- although many people working across Ealing rapidly developed knowledge and skills during the pandemic response, there were challenges highlighted
- this was particularly in relation to what have previously been classed as more specialist areas of knowledge and skills, which are therefore concentrated in a small number of people. Examples include health protection, infection control, emergency management, communications and community engagement
- this learning was also relevant to developing basic skills in areas that may have wide applicability, for example for NHS staff deployed to work in acute care and critical settings
- the pandemic response highlighted that a wider group of staff ended up having to develop at least a basic level of knowledge and skills at pace, rather than already having this before the pandemic
- some of these areas of knowledge and skills were also built up during the course of the pandemic response among community leaders, which was important in being able to robustly communicate key messages into communities
- there was also some learning around the need for more widely sharing up-to-date information about the location, scope and other details of services to staff members, particularly where services had been changed or temporarily established during the pandemic

Themes (6 of 9)

Development of knowledge and skills – Recommendations

- consider expanding the provision of specialist training to wider team members, for example health protection course for public health principals
- consider which broader staff groups across the different organisations would benefit from developing knowledge and skills to at least a basic level, for example introduction to emergency management and introduction to health protection. There was positive learning during the pandemic about the potential to deliver this kind of training online
- explore capacity building opportunities among community leaders, for example communications, engagement and peer research skills. This could at least partly be taken forward through existing infrastructure, for example community champions programme

Themes (7 of 9)

Staff deployment – Key lessons

- a key challenge from the review was the reliance on asking for volunteers for many parts of the pandemic response, for example contact tracing. Often the same people volunteered at different stages of the response and there was not always a clear skills matching process
- although there were positives from this, such as very committed teams, it did mean that there were challenges and barriers in setting up much needed functions at speed
- on some occasions, decisions were made to commission specialist teams from external providers, for example for testing centres and surge testing which were both provided by an events company.
- in addition, a number of the specialist teams involved in the pandemic response were small and reliant on existing team members, until further national funding was provided. Due to the nature of the pandemic, these teams often worked long hours over 7 days a week, with some teams bringing in on-call rotas
- for the NHS in particular, a key challenge was the fact that many staff were re-deployed to cover frontline services or specialist pandemic teams (for example vaccine centres), which left a gap in already small office-based teams to support the planning and strategy for the next challenges that the pandemic raised
- one aspect of staffing that came up in the review was the use of community languages. With limited access to translation services, a number of team members used their own language skills to support residents, for example for contact tracing. This ensured that key messages were understood and was reported to lead to greater trust and more constructive conversations with residents. However, language skills were not formally part of people's roles

Themes (7 of 9)

Staff deployment – Recommendations

- assess whether more formal redeployment is required in certain circumstances, including learning from other areas in London and an analysis of skill sets required across the partnership. Role profiles should allow employees to undertake roles that are commensurate with their grade
- consider whether a number of roles can include provision of cross-cover for specific teams in emergency situations, with some training provided on a regular basis to keep knowledge and skills up-to-date. For example, this could include dedicated back-up support for the communications, engagement, emergency management and public health teams
- consider whether certain functions can be supported in emergency situations by community volunteers, with specific training provided. Consider the available infrastructure for supporting and managing volunteers, to develop relationships and capacity generally in the community which could then be deployed in an emergency setting as needed
- consider on-call rota options for certain teams and when these would be enacted in an emergency situation. This needs to be considered in the context that there are already emergency protocols for some teams
- assess options around provision of support for residents speaking different community languages, including consideration of how staff could contribute to this across the different organisations, for example the council's online HR system can be used to record languages spoken.
- consider emergency management situations in which in-house provision vs. commissioned services are most appropriate

Themes (8 of 9)

Processes and procedures for emergencies – Key lessons

- decision making was highlighted in the review, including reflections on the more streamlined processes during the pandemic response and on how local partners assessed risks in decision-making based on good understanding of local communities
- the review identified that processes and procedures were not always prepared in advance to deliver practical functions required for an effective pandemic response. Team reflections and learning from other areas suggest that there may be more effective ways to support these functions
- this includes things like identification of potential sites for vaccine or testing centres, which is particularly important in Ealing where there aren't any major conference centres, stadium, etc. It also includes the logistics involved in setting up and running this kind of site
- it also includes learning around how we might quickly commission critical work if required in the future, for example using an events company for running testing centres

Themes (8 of 9)

Processes and procedures for emergencies – Recommendations (1 of 4)

Decision making, Command and control

- consider how learning from more streamlined, rapid decision-making during the pandemic response could be applied to day-to-day decision-making processes. This includes consideration of 'risk-taking' by local partner organisations when making decisions to benefit local communities or to mitigate negative consequences
- for emergency situations, create a suite of simple and accessible forms to ensure that those in decision-making roles are supported to record the rationale for decisions taken. Develop a process to collate and store these decisions centrally
- review key internal policies and processes (for example recruitment) to consider whether it may be appropriate and useful to introduce a streamlined version during emergency situations

Please note that recommendations in some other themes will also be relevant to emergency planning.

Themes (8 of 9)

Processes and procedures for emergencies – Recommendations (2 of 4)

Updating the Pandemic Plans

- consider recording practical learning for key sites and functions, so that this information is ready to go for any future use. This should be written as a guide that can be applied to any site that is used. For any specific sites that are more likely to be used, this could include how parking was arranged, how one-way routes were organised inside buildings and how queuing was arranged
- develop a shared list of sites which have been assessed as being appropriate for any future emergency uses, for example vaccine, testing, antiviral centre. Keep the list updated on at least an annual basis and engage regularly with the site owners. This information should also be visually available using mapping technology, so can be easily understood in terms of any geographical gaps or proximity to sites in neighboring boroughs

Please note that recommendations in some other themes will also be relevant to emergency planning.

Themes (8 of 9)

Processes and procedures for emergencies – Recommendations (3 of 4)

Emergency Management Team processes

- review how teams could access cash funds and or team credit cards quickly and easily in an emergency situation, for example when setting up a new function or site
- review any framework agreements with for example events companies, with consideration of whether a call-off agreement would be necessary for critical work for future emergencies
- review emergency management plans and the pandemic flu plan based on the learning from this review. For example, considering a stronger involvement from certain teams from the early stages of a major emergency (including community engagement, housing, community safety, schools and business liaison) and consider joint council and NHS structures required when responding to health-related emergencies (for example joint Gold group, daily sitrep)
- organisations to consider the need for an emergency stock of some key items, using learning from the pandemic, for example. PPE, lockable medicines cabinet, laptops

Please note that recommendations in some other themes will also be relevant to emergency planning.

Themes (8 of 9)

Processes and procedures for emergencies – Recommendations (4 of 4)

council and NHS co-ordination

- develop an 'essential guide' to council and NHS governance, to assist decision makers within emergency
- clear processes for directing queries and requests to different council and NHS teams should be considered, so a protocol can be rolled out early in an emergency situation
- develop a clear process for teams to work together on arranging self-isolation accommodation, both in emergency situations and for day-to-day health protection issues
- consider reviewing approaches to emergency preparation exercises, including testing the multi-agency approach to pandemics and individual teams' business continuity plans. This could include exercising how assessments and decisions are made as part of business continuity plans with regards to the impact of stopping non-critical work during a pandemic
- save guidance, SOPs, job descriptions centrally for some standard emergency functions, for example vaccine, testing, antiviral centre. These could then be amended flexibly depending on future circumstances

Please note that recommendations in some other themes will also be relevant to emergency planning.

Themes (9 of 9)

Data sharing and management – Key lessons

- there were a number of challenges with data sharing in the first few months, as national rules were put in place preventing publication of some detailed local data. This issue did damage relationships and led to understandable concerns about a lack of transparency in information about inequalities
- data sharing between local partner organisations was sometimes difficult, but the benefit was noted when it did take place, for example sharing of information on vulnerable people who may have required food parcels
- there was also learning about data management, for example for school outbreaks or contact tracing. Teams tended to rely on standard tools such as microsoft excel, but this became less appropriate as the pandemic continued and the complexity of data management increased for various teams

Themes (9 of 9)

Data sharing and management – Recommendations

- explore the sharing and pooling of data on vulnerabilities across local partner organisations for preparing for emergencies
- consider the need for the development of more sophisticated data, case management systems at an early stage of an emergency response and consider the level of detail required to be collected, for example for school cases or situations
- ensure that clarification on any national or regional data restrictions and their reasoning is sought early on in an emergency situation and communicated widely
- at an early stage of an emergency response, convene a local meeting between relevant officers to determine the locally agreed approach to data sharing, including discussions about risk and community benefit
- at an early stage of an emergency response, carry out an early risk assessment of releasing data in the public domain, to ensure data can be appropriately shared after having mitigated any risk of personal identification
- consider the best forum for bringing together analytical and strategic staff members across local organisations, to ensure that they can jointly drive and understand analysis of the data and use it to more proactively inform decision making. This could include further developing local academic links