UK Health Security Agency

Isolation outreach pilot evaluation

London Borough of Havering

Contents

Background

To support residents who were isolating due to testing positive with COVID-19, Havering Council embarked on a pilot to visit all positive cases within the community twice across the residents 10-day isolation period. The pilot was delivered through a multi-team approach and provided an opportunity for the Council to offer support, engage on vaccination and regular testing, understand isolation compliance and identify what more can be done to support residents through their isolation period.

Aims

- to identify the current adherence rate to self-isolation for household index cases of COVID-19 in Havering community
- to identify barriers to self-isolation and identify support factors to self-isolation

Objectives

- to visit every COVID-19 case in the community providing up to 2 welfare visits over a 10-day isolation period
- to identify whether it is possible to upskill a service to deliver a new initiative

Approach and delivery

The pilot looked to compliment the approach taken by NHS Test and Trace who call individuals who test positive. The table below outlines the timeline for visits and phone calls by the differing authorities to the resident. The pilot only visited index cases in the community and didn't visit close contact, those in hospital, social care provision or deceased. The pilot operated to a locally developed service specification which outlined the policy and procedures for delivery and keeping colleagues safe.

Table 1. Timeline of contacts to a confirmed case of COVID-19

Day	Action
Day 1	Isolation start date
Day 2	NHS Test and Trace (T&T) phone call
Day 3	First visit by isolation outreach
Day 4	NHS T&T phone call
Day 7	NHS T&T welfare check
Day 8	Second visit by isolation outreach team, if case received before day 4 of isolation period
Day 10	NHS T&T phone call

The approach to this pilot was multi-service in design and delivery and was possible due to the multi-faceted approach taken by Havering Council to deliver the community testing programme. The pilot involved upskilling testing operatives and team leaders to be able to perform a visiting function to residents. The upskilling was led by public protection who already had performed a visiting function to cases who don't cooperate with NHS Test and Trace (NHS T&T). This meant Havering now had a team who are all vaccine ambassadors, skilled in running asymptomatic testing sites (ATS), community collect stations and performing isolation visits.

The intended delivery of the pilot was by using Local O to get the case data instantly; however, due to large risks with hosting Local O it was decided against this. Instead the pilot was delivered by using the PHE DPH case dashboard and working with the council's contact tracing team who advised on cases who were non-compliant with NHS T&T. This option delayed the time the council received cases and meant less second visits were carried out. The delivery chart (appendix 1) outlines the structure of the teams involved with delivery.

The methodology behind assessing whether an individual is compliant with isolation is an observational approach through the visit. If an individual or a family member answered the door and could confirm an individual's identify by sharing their DOB then the case was recorded as compliant. Through this method we took the information from resident or family member at face value and thus truthful. Depending on the status recorded, the individual would then receive a compliant or non-compliant letter as well as supporting leaflets (appendices 2 and 3).

Headline statistics: isolation outreach pilot: 7 June until 18 July 2021

Vector	Statistic
Number of visits	1,437
Average compliance status	83%
Number of welfare requests	47
Main barrier to isolation	Financial support
Cost per visit	£33
Average number of visits per day	60

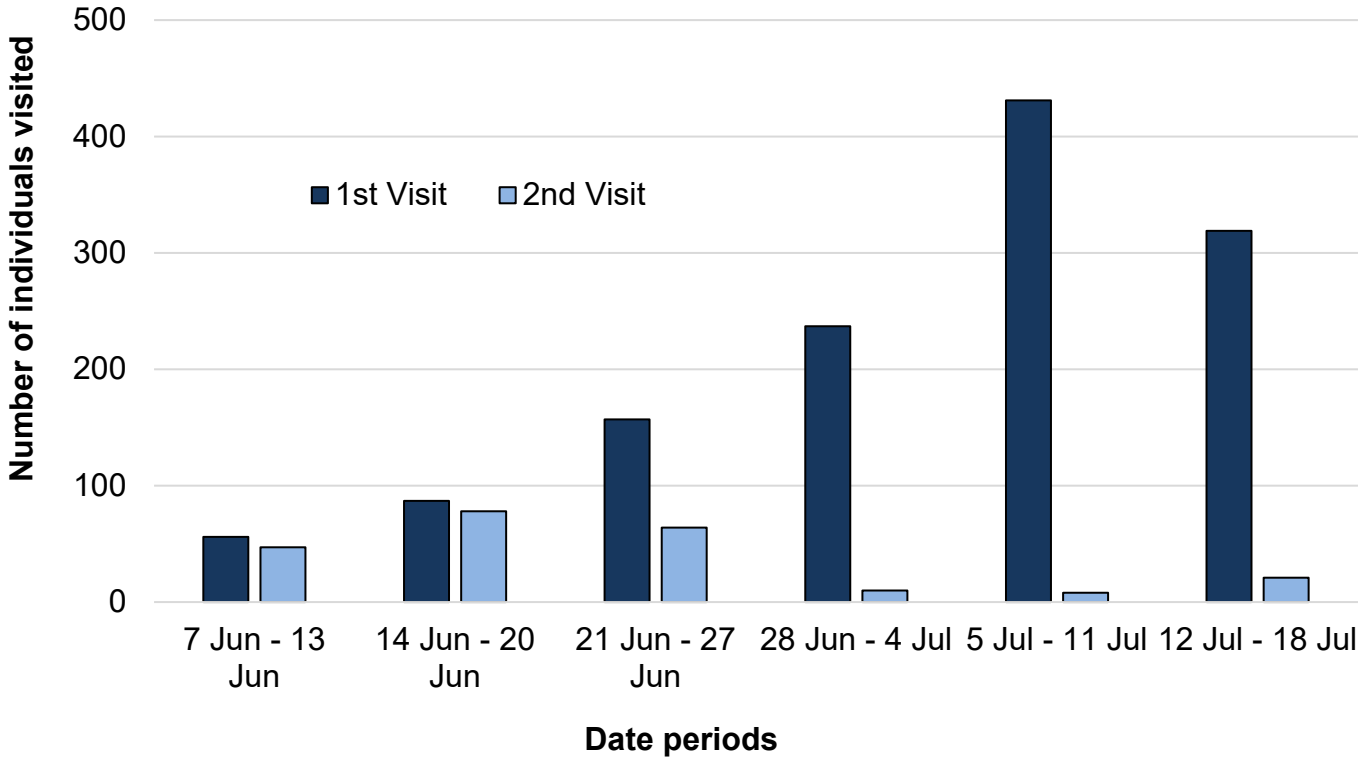
Implementation evaluation

The pilot began with a pre-pilot period, during this 2-week window the planned procedures and systems were tested with a small caseload to ensure it was able to operate as intended. The period allowed for the transition of the visiting service the council provided from public protection to the testing service. To meet the high standards set, a 5-step training process was developed and delivered by previous visiting experts for the pilot. All staff completed and were successfully signed off as competent to deliver the visiting pilot.

Once the service successfully began the quality assurance program developed was responsible for maintaining the standards necessary for delivery. This program involved the visiting team having a random weekly supervised visit with an EHO, a survey with service users and a weekly audit of data recording. The weekly audit took place each week in the pilot but the supervised visit wasn't sustainable due to the rising cases. Despite this the team received 0 complaints about standards of the team.

Over the 6 week period from 7 June until 18 July there was a total of 2,326 cases in Havering and the pilot performed 1,437 visits. The pilot commenced during summer 2021, the third wave of Coronavirus, the incidence rate was 29 per 100,000 (75 cases per week) at the end of the first week and increased to a rate of 374 per 100,000 (927 cases) in the final week. This made the delivery of the pilot challenging as the team had capacity for up to 60 visits a day.

Figure 1. Number of visits performed per week by type of visit



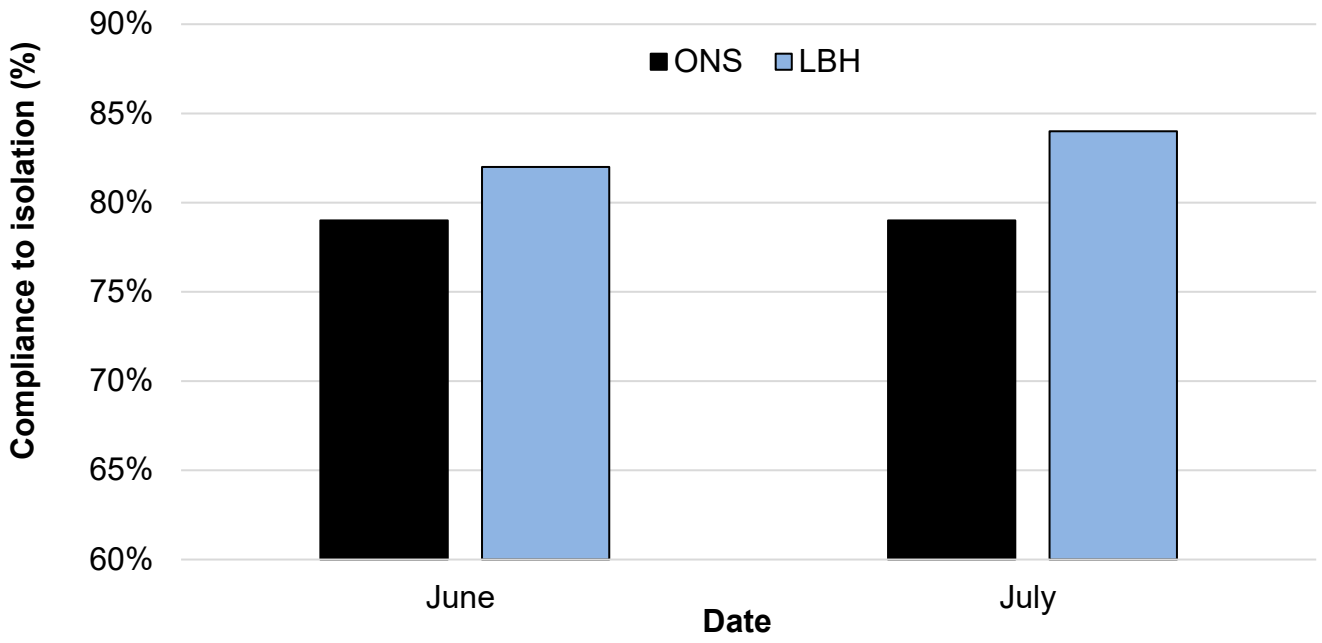
The pilot was able to meet demand and its aim of 2 visits at the beginning. However, the epidemic had an average doubling time of 9 days, thus it was not able to continue this after 3 weeks. To deliver in budget the pilot had to reprioritise second visits after the third week to only visit cases twice if they were non-compliant. This resulted in the pilot performing 1,287 first visits and 150 second visits.

Outcome evaluation

Isolation status

Figure 2 shows the level of compliance to self-isolation found by Haverings pilot compared to NHS T&T national survey of self-reported behaviour. Through the pilot we found actual adherence to isolation by Havering residents has on average (83%) been higher than reported behaviour (79%). The value for Havering is an average across both visits meanwhile the survey is a representative sample from across England.[1]

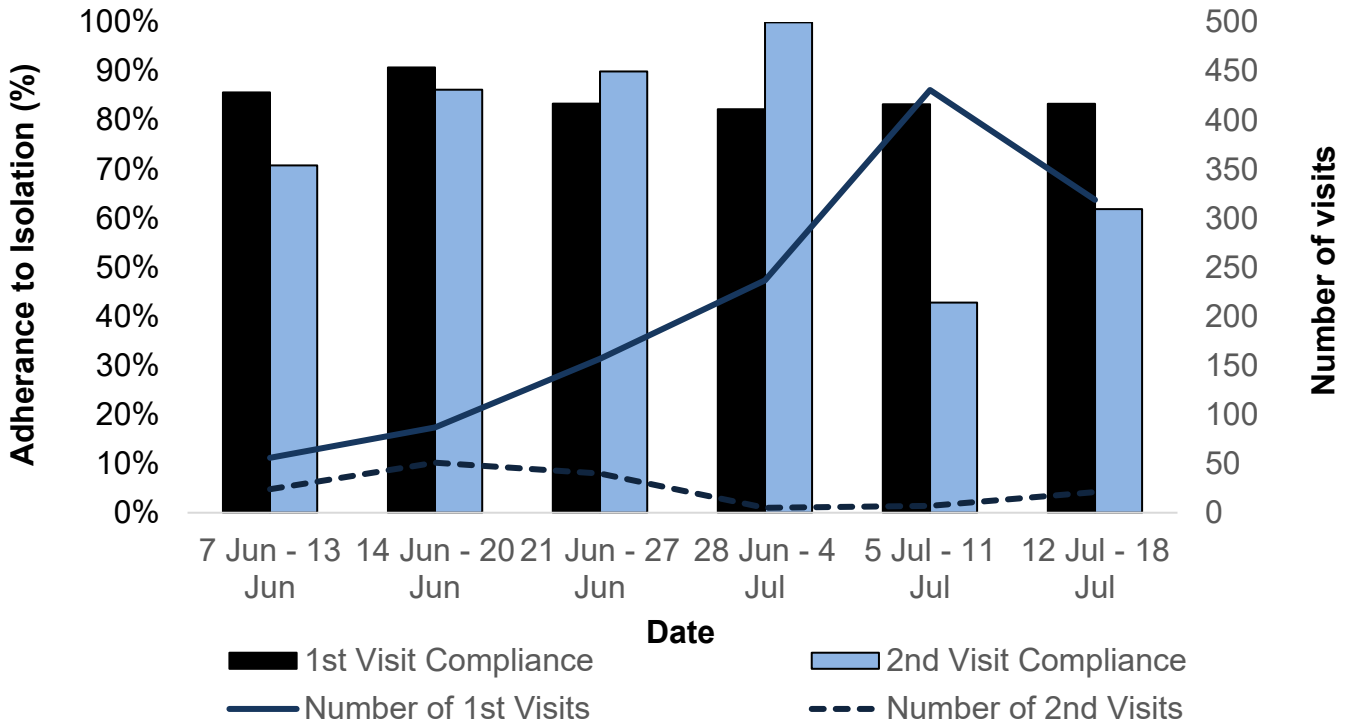
Figure 2. Compliance to Isolation requirements identified by Havering Council



Across the pilot the adherence to isolation for first visits was 84% meanwhile the average for second visits was 80%. Adherence to self-isolation at the first visit fluctuated each week but not to a statistical significance. Unfortunately, due to the high case rate we were unable to maintain second visits and thus it is not possible to perform a comparison of adherence rate between the 2 visits.

[1] Coronavirus and self-isolation after testing positive in England (Office for National Statistics)

Figure 4. Average compliance to Isolation requirements by week and type of visit



Isolation adherence varied by age with the 30-39 age group having the lowest compliance at (77%) and the 60-69 group having the highest (96%). There was also variation found by postcode with St Andrews, Cranham, Hyland and South Hornchurch all recording (90%+) compliance. Meanwhile Romford Town and Havering Park recorded below 78% compliance. No significant differences were found between isolation rate between men (83%) or women (84%).

Support

At all visits officers provide support in the form of COVID IPC guidance, LFT and PCR Testing kits, information on vaccination to detail around support available such as shopping and medicine assistance, financial support and recreation services such as dog walking or phone a friend. Not recording the support given on the doorstep there was 47 requests for support which all came during the first visit. These offers of support were for a range of services listed above and feedback through surveys has shown the value of this engagement to residents. Many residents report not being aware of these services so having it given to them immediately from someone equipped to answer questions is a great asset.

As part of the pilot we rang residents who tested positive through unassisted LFTs to offer them a PCR home test kit. Bar 2 requests, residents had already requested from NHS T&T showing residents well aware of this process to get a confirmatory PCR.

Barriers and enablers

To understand barriers and enablers to isolation an anonymous survey was set up and shared via text message to individuals after their isolation period had ended and had agreed for us to contact them. The survey received 201 responses (25%) with the majority coming from residents who were employed (61%) and the rest shared evenly across self-employed (8%), students (9%), retired (9%), un-employed (4%) and other (8%).

We asked residents what makes it possible for them to isolate after testing positive, two-thirds (67%) of people said they can afford the loss of income or won't lose money. Many other residents went on to say they lost lots of money and struggled due to isolation. This response was supported with 12% of people able to work from home or had no need to leave so unlikely to lose money. The second most common answer (21%) was having the support they needed which came in the basis of friends or family mostly for shopping or medication.

Residents were also asked what would prevent them from isolating if they tested positive. The responses were very clear that financial support is the main factor behind enabling them to isolate (60%). Second to this was the need for support (40%) in the form of shopping, dog walking and medication being the most popular reasons.

Financial envelope

The average cost per visit is £33 that includes the Isolation Outreach officers and management team who oversee the service. The costs include salaries and transport costs. Each visit is carried out by 2 operatives with a manager and admin support overseeing each day's operation. We use a shared council-owned office space and we run the service 7 days a week. The cost does vary according to how many visits are made. For example in August the cost per visit was £29.58 as we made 1,500 visits in this month. At a cost of £50,000 per month, up to 350 visits per week and 1,500 per month can be performed.

Feedback from the ground

Residents' view

Residents views were collected through the online survey, this gave everyone who was visited the opportunity to share their views on the pilot. There predominant feed theme was how much residents valued the visits to support them during isolation. Many residents were very thankful for this and thought Havering was going above and beyond the NHS T&T support. Residents appreciated the face-to-face conversations over phone calls and thought the service shared more information.

"Fantastic service, it was nice to have someone come and check if anything was needed." (P64)

"I didn't know you provided many of the services until you visited me"! (P56, student)

"Staff were very kind and professional thank you for the paper copies of support available." (P63, employed)

"I appreciated them coming to check on me, after knowing about the food delivery available we used it to help my family during our isolation." (P66 studying)

"Good support from Havering Council." (P67, retired)

"To receive a knock at the door was astounding and very kind." (P71, retired)

"Outreach team was excellent and answered all my questions." (P80 self-employed)

Residents consistently complained about NHS T&T calls due to the frequency, timing and content of the calls. Residents said they were called almost every day and then asked the same set of questions with someone who didn't know their answers from the day before so provided very little benefit to them. The feedback strongly suggested the need for frequency of calls and timings to be reconsidered.

Residents' feedback shared provided lessons to be learned around what support residents would value and when they need it. Many questioned the need for the second visit because if they have said no support one the first then spoken to NHS T&T 3 more times between visits then they are unlikely to request support. Residents asked for more information on how to prevent the spread between individuals in the household, when they can book a vaccine after being positive or what happens with testing after being positive. The strongest theme from lessons learned was the lack of financial support available with many residents sharing a common experience of losing money due to isolating and struggling after their isolation period has ended.

There was a very small subsection (5%) of respondents who provided negative feedback on the visits. These people said that the visit was too much when partnered with all the calls and a couple said it made them feel like a prisoner in their own home when doing the right thing. This feedback reiterated the question of what is the benefit of a second visit for the resident.

Case studies

Team visited an older woman who lives alone who was unable to get off the floor. She refused any interventions. Case was escalated to COVID-GP-Hot Hub who called the individual.

Resident supported with shopping request, they were receiving their second vaccine this week but was advised to move to 28 days after date of her positive result. (19 years old, Romford)

Resident at home but her dog is on a special diet and can't get dogfood delivered. Team have raised support request. (50 years old, Hornchurch)

Resident, 20, not aware of support available and now had council pick up prescription as well as dog walking support. (20 years old, Hornchurch)

Delivery teams view

To understand the impact of the pilot short interviews were performed with the teams delivering the service to residents, this included the visiting operatives and team leaders. The feedback split into 2 main themes were, what was the impact of the service and the lesson learned from the pilot.

Impact of the service

- all of the teams visiting the public reiterated the respect and gratitude received from residents with the majority of people grateful to receive visits from the council
- the face to face conversations provide a more personal interaction and an ability to read the room and offer support immediately
- service has provided support to residents in many different forms and increased awareness of what support is available
- service provides opportunity to put information directly to people which don't engage with council normally for example younger people

Lessons learned

- all operatives felt there is more we can do to promote vaccination if more information and facts available for the teams on the ground
- the first visit provides welfare support as well as reminding people of duty to isolate and for these reason is very greatly appreciated; second visit is a repetition and it doesn't feel as though it adds value to anyone
- people feel overwhelmed by NHS T&T calls but feedback to council visits are positive because of the personal approach
- when requests for support come in for simple things they can sometimes take a long time; can we get operatives who float and work with isolation support teams to provide the support in quick succession?

Findings from the pilot

The pre-pilot phase where the service only visited a small sample of individuals was essential for developing the service. This time allowed for the operational detail to be tested and all personnel to be trained in a good environment with adequate supervision. Through this period, relationships were established across the different services to ensure the pilot delivered as intended. For any future developed services it is crucial that a testing period is built in prior to going live.

We found that Havering residents who have tested positive for COVID-19 have higher compliance to isolation than what was found through NHS T&T survey. We must be clear this doesn't contain isolation status for close contacts or individuals who have been contacted by the NHS App. However, it has long been speculated locally and nationally that many people do not isolate and that perhaps as low as 20% self-isolate fully. Our findings suggest that there is a high level of compliance by Havering residents who have tested positive. There is a caveat to this finding that most observations of isolation have taken place during the early stages of the isolation period.

Havering residents reported high levels of gratitude for the visiting service through the survey and through staff performing the visits. The requests for further support all came on the first visit and it was reported by the team and residents that the second visit lacks value. It appears that the second visit only adds a compliance check and with high levels of isolation it is not clear this is necessary. If the visiting service continues it is recommended that a visit takes place during the one to 3 day window from testing positive and an option for a second visit can be offered to a resident if they believe it is necessary. If there is a drive to monitor compliance, a certain percentage of visits could be performed during the isolation window.

Residents reported that the visits provide much-needed detail on support services and guidance on how to prevent the spread of the virus through the household. Many individuals report not knowing the support options available and often admit to not engaging with the council traditionally. The median age for cases of COVID-19 has fallen compared to June 2020 when it was 57 years old whereas in June 2022 it was 27 years; thus visiting provides an opportunity to engage with this audience.

The largest reported barrier and enabler to self-isolation by residents was financial ability. This has been identified previously by SAGE and again through evaluation of the Liverpool mass testing evaluation pilot[2]. There is one financial support offer available nationally, a £500 payment from NHS T&T and many residents reported using this but others complained about not being eligible. In Havering we launched a solo-trader scheme in March 2021 which provides individuals who test positive or are a close contact a payment of £500. The requirement is the individual is a solo-trader or a sole-owner of a company; this tends to be once people are

[2] Liverpool COVID-SMART community testing pilot

established in a career and thus are of an older age. During the pilot period the scheme received 3 applicants and paid out to all 3. It is hypothesised that due to its late arrival in the pandemic and the low average age of COVID-19 cases it is not used to its full impact. There is still a significant need for further financial support for isolation.

All visitors were trained as vaccine ambassadors prior to performing the visits and after 2 weeks into the pilot, we asked residents if they were happy to share their vaccination status. This was accepted well with the overwhelming majority of residents happy to share this information. There is more work that can be done to see if visiting can increase vaccination uptake. The teams on the ground felt that there was an opportunity to have this discussion after all the welfare support had been covered especially as many ask for information on when to book a vaccine after COVID. To drive this forward the visiting teams should be provided with a vaccine FAQs document and the ability to book an individual for an appointment. We can then evaluate through a feedback loop if the individual did attend the appointment or we can call to help book them an appointment.

Recommendations

Isolation is a key action to prevent onward transmission. As the national Autumn and Winter plan sets out, learning to live with COVID-19 relies on the main line of defence as vaccination, and on the Test Trace and Isolate system by reducing the number of cases mixing in the community. On top of preventing the spread of COVID-19, work which can prevent direct pressure due to COVID-19 on local NHS services is an important part of the response. Learning from this pilot, and in anticipation of increasing rates of infection throughout autumn and winter, the following is recommended:

1. Maintain a multi-skilled and flexible team which can support the frontline response to the pandemic, prioritising in the following order:

- support to the vaccination programme
- testing and community engagement
- contact tracing and
- isolation support

2. Where the team is deployed to provide welfare visit or isolation support, prioritise the visits as follows:

- non-compliant
- 60 years old and over
- areas where we have the lowest vaccination take-up with high case rates so provide more support with these communities
- 30 to 39 as they are most non-compliant

Instead of visits, we are exploring through the self-isolation pilot the effectiveness of making a welfare call with our residents who we don't visit.

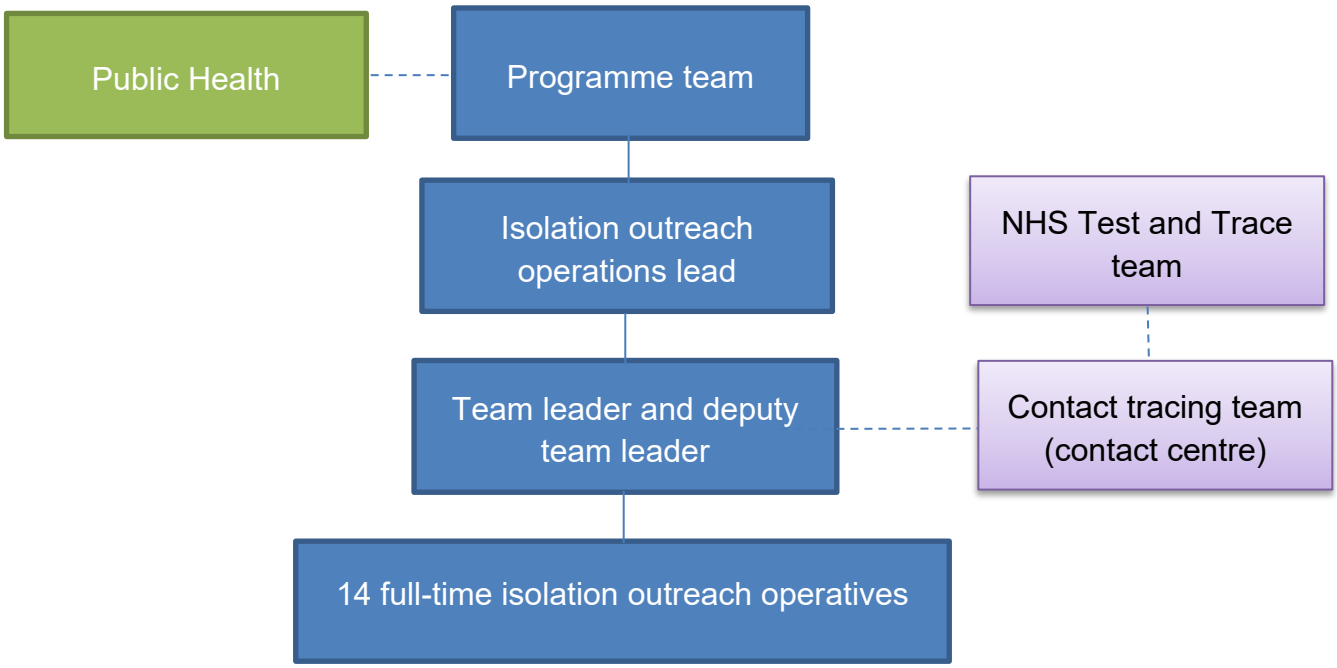
Continue on with multiskilling our staff by working with our NHS partners to train staff to become unregistered vaccinators to help with the booster programme and our visiting team to be trained as contact tracers as well.

The visiting service has currently been identified as best practice for isolation support. Therefore it is recommended to continue the service to the priority groups for the next 2 months while further assessments of support options are performed.

Appendices

1. Team structure
2. Compliance to self-isolation letter
3. Non-compliance to self-isolation letter

1. Team structure



Text version of team structure diagram

The figure describes the team structure that delivered this pilot.

The Public Health Directorate worked together with the programme team. The programme team consisted of an isolation outreach operations lead. The team leader and deputy team leader reported to the isolation outreach operations lead.

There were 14 full-time isolation outreach operatives. These reported to the team leader and deputy team leader. The contact tracing team (contact centre), part of the NHS Test and Trace team, interacted with the team leader and deputy team leader throughout the pilot.

End of text version of team structure diagram

2. Letter explaining compliance to self-isolation

Local Isolation Outreach Team

London Borough of Havering
Town Hall, Main Road, Romford
RM1 3BB

t 0800 368 5201
e covid19support@havering.gov.uk
text relay 18001 01708 432777
Date _____

www.havering.gov.uk

Dear _____

Re: Coronavirus (COVID-19) – Referral from NHS Test and Trace

Havering Council has launched a local contact tracing service to support NHS Test and Trace and is taking on the role of contacting people in the borough who have tested positive for COVID-19 but not responded to contact from the national Test and Trace service to ensure they are self-isolating.

This is the reason you are receiving this letter. An officer has visited your home address today and was able or unable to advise you that you must make contact with the council's contact tracing service **by the end of the next working day** to confirm you are isolating and run through a series of questions with them. They can be contacted on 0800 368 5201, Monday to Friday from 9am to 5pm.

When you contact the council, you will be asked to provide details (names, telephone numbers and email addresses) for people you have been in contact with in the 2 days before your symptoms started or you tested positive (if you did not have any symptoms). On the reverse of this letter is a space for you to record this information ahead of the phone call.

Anyone who has tested positive for COVID-19 must isolate for at least 10 days. On the 28th September 2020 it became an offence for someone not to isolate and this can lead to a fine ranging from £1,000 to £10,000.

If you live in England and must self-isolate, are unable to work from home, are losing income, and are claiming qualifying benefits or working tax credit, you are eligible for the £500 'Test and Trace Support Payment'. To find out more visit: https://www.havering.gov.uk/covid19moneyadvice

We hope that you will work with the council to help prevent the spread of the virus. We must point out that failure to cooperate may result in the service of a fixed penalty notice.

Yours faithfully

3. Letter explaining non-compliance to self-isolation

Local Isolation Outreach Team

London Borough of Havering
Town Hall, Main Road, Romford
RM1 3BB

t 0800 368 5201
e covid19support@havering.gov.uk
text relay 18001 01708 432777
Date _____

www.havering.gov.uk

Dear _____

Re: Coronavirus (COVID-19) – Outreach Isolation home visit

Havering Council has launched a local outreach and isolation service to support NHS Test and Trace and is taking on the role of visiting people in the borough who have tested positive for COVID-19.

This is the reason you are receiving this letter. An officer has visited your home address today and was unable to speak to you to check in on your welfare and make you aware of the financial and non-financial support that is available during your self-isolation period.

It is important that to remember anyone who has tested positive for COVID-19 must isolate for at least 10 days. Not only is it an offence for someone not to isolate and this can lead to a fine ranging from £1,000 to £10,000 but you are also putting others at risk.

We hope that you will work with the council to help prevent the spread of the virus. We must point out that failure to cooperate may result in the service of a fixed penalty notice.

If you have any questions on why you have received this letter and the importance of isolating then contact the COVID-19 Support team on 0800 368 5201, Monday to Friday from 9am to 5pm.

Yours faithfully

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UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

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