

Local Outbreak Control Plan for Covid-19 Infection

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**Director of Public
Health**

Last Update: 19th April 2021

**Barking &
Dagenham**

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Glossary

BAME: Black, Asian and Minority Ethnic
CCG: Clinical Commissioning Group
CQC: Care Quality Commission
DPH: Director of Public Health
GDPR: General Data Protection Regulation
HMO: House of Multiple Occupation
HR: Human Resources
IMT: Incident Management Team
JBC: Joint Biosecurity Centre
LBBD: London Borough of Barking & Dagenham
LA: Local Authority

LOCP: Local Outbreak Control Plan
LCRC: London Coronavirus Response Centre
MDT: Multi-Disciplinary Team
MTU: Mobile Testing Unit
LTS: Local Test Site
MSOA: Middle Layer Super Output Area
PCN: Primary Care Network
PHE: Public Health England
PPE: Personal Protective Equipment
SPOC: Single Point of Contact
UTLA: Upper Tier Local Authority

Introduction

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

The publication of the Government's Roadmap for exiting national lockdown, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern (VOC) highlight the importance of LAs urgently reviewing and updating their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding. Effective planning and deployment at local level is the first line of defence and critically underpins the achievability of the Roadmap.

This document based on London template is intended to incorporate the learnings of the past nine months and make local plan for the next phase of the response. Furthermore, it presents an opportunity to identify and share good practice and to reflect developments since the original plans were produced, such as local contact tracing partnerships, enhanced contact tracing and the need to respond to Variants of Concern (VOCs).

The main aim of the Plan is to build on existing plans to prevent and manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, consider the impact on local communities and ensure the wider system works together to contain the spread of infection locally. Data reporting and surveillance data is not a focus of the plan as this is now business as usual in the local PH Team.

It sets out how partners would work together to implement the plans and take a preventative approach and has been developed with a wide range of stakeholders and overseen by the Health Protection Board. It will be signed off by the Covid-19 SITREP Group and will be approved at the Health and Wellbeing Board on 15th June 2021. This Plan is iterative and will be regularly updated, as further evidence and guidance emerge.

Our Vision: By Summer 2021 Barking & Dagenham has brought virus transmission dynamics to the stage where we can begin the journey for proper recovery

- Has sustainably low transmission rates of Covid-19 which provide a backdrop for slow and careful re-opening of the economy and life
- Has a strong understanding of what works and what does not work locally
- Has very high vaccine uptake especially across population cohorts at highest risk
- Has articulated how key sectors of our economy can re-open safely and persuaded government through piloting these
- Businesses have applied this advice and are opening safely
- Has strong test, trace and isolate performance

Critical Success Factors

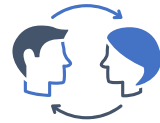
- Transmission of the virus needs to be brought, and kept, as low as possible.
- Surveillance of transmission and variant emergence must be optimal.
- Test, Trace and Isolate needs to work effectively, with a clear testing strategy
- A strategy based on high population availability of Rapid Antigen Testing for Public Health purposes
- Vaccines must be effective and delivered equitably with high take up.
- Reducing viral transmission to the stage where we can exit lockdown.
- A well-articulated, careful, and gradual “opening up”
- Ongoing monitoring, modelling, surveillance, and adjustment.
- Continuing improvements in and adjustments to vaccine and treatment
- Ensuring everyone has the skill set to live and work safely in a Covid-endemic environment
- Clear and Consistent Communications
- Community Mobilisation

Our Covid-19 Local Outbreak Plan builds on existing plans to manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, considers the impact on local communities and ensure the wider system capacity supports the Director of Public Health



Capacity

- Increased capacity requirements for:
 - Community engagement
 - Testing
 - Contact tracing
 - Infection control
 - Support for vulnerable people
 - Enforcement
- Specialist expertise required
- Mutual aid arrangements available



Stakeholders

- Significant and sustained increase in number of stakeholders, including:
 - Residents
 - Employers
 - PHE
 - NHS
 - Facilities e.g. schools, hospitals
 - LRFs
 - National government
 - Local & national media
 - Community, faith and voluntary sector



Scale

- Plans must be able to deal with outbreaks at an unprecedented scale across multiple locations and facility types simultaneously
- Some plans will involve coordination across other London boroughs and in some cases London as a whole



Integration & Delivery

- Requirement to integrate with new bodies, including:
 - NHS Test & Trace inc JBC
 - Support and Assurance teams
- Requirement to integrate multi-source data to support local decision making
- Requirement to collaborate with PHE Health protection teams, MDT LA, CCGs, hospitals, GPs, around infection control, advice on ground, delivery etc.



Communication & Engagement

- Requirement for comms campaign, with more frequent and consistent messaging & broader scope and channels (e.g. The leader, cabinet members, Director of Public Health, CEO school leaders,)
- Requirement for proactive comms and comms plans

Key Strategies and Plans Needed to achieve this

- Revise Outbreak Plan
- Covid-19 compliant Election Prep Plan
- Schools Strategy
- Vaccine Uptake Plan
- Testing Plan
- Contact Tracing Model revisited
- High Risk Settings Plans Revisited and Refreshed (Care Homes, etc)
- Self Isolation Support Package in Place
- Accreditation Schemes
- Safer Sectors Plans –Retail, Licensed Premises, Workplaces etc
- Enforcement Plans
- Events Plans
- Refreshed communications designed to make clear the skills and steps people need and enhance motivation

Local Governance

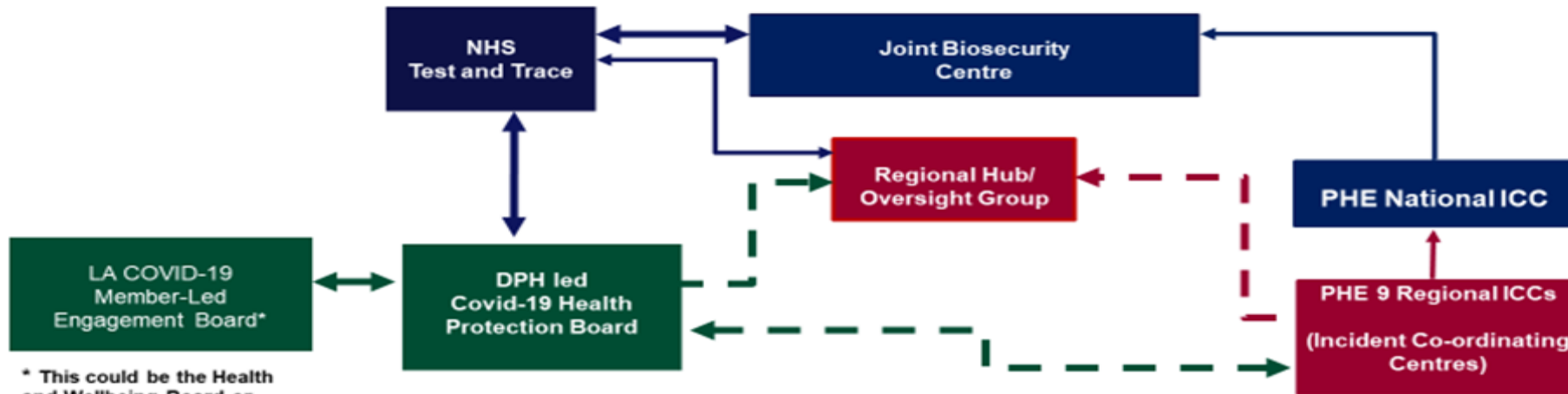


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The Director of Public Health is the identified Barking and Dagenham single point of contact (SPOC), his primary role is to give assurance that the key organisational elements outlined below are aligned and functioning effectively.

Key Organisational Elements

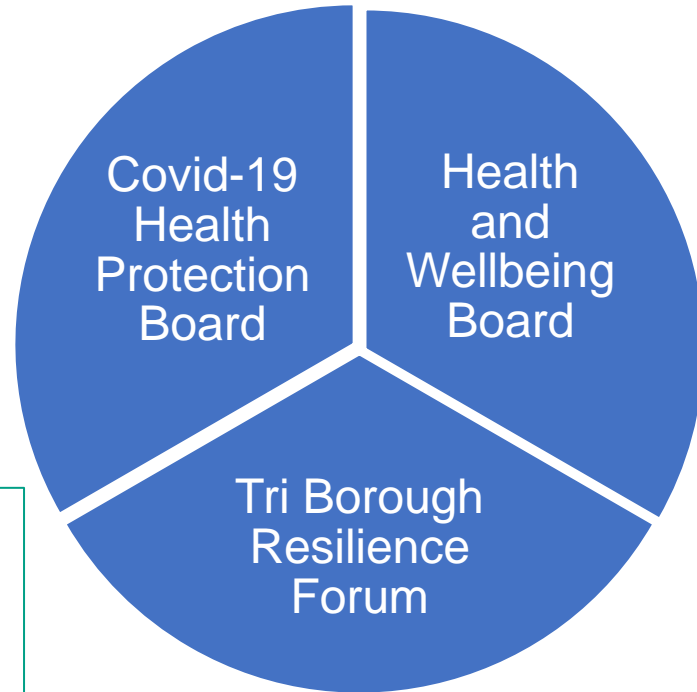


* This could be the Health and Wellbeing Board or another structure as determined locally

Who are the key decision makers?

Level	Decision maker(s)	Co-ordination, advice and engagement
Individual setting	Individuals or bodies responsible for that setting (e.g., Head Teacher, restaurant owner)	<ul style="list-style-type: none"> • London Coronavirus Response Centre • Director of Public Health and team • Multi-functional Silver Groups
London Borough of Barking & Dagenham	Depending on the specific action required decisions may be taken by the: <ul style="list-style-type: none"> • Chief Executive • Director of Public Health • Deputy Chief Executive/Monitoring Officer/Gold Commander 	<ul style="list-style-type: none"> • Covid-19 Health Protection Board (Local Outbreak Control Board) • Barking and Dagenham COVID SITREP
London	Agreed cross-boundary decisions will be implemented at London system level through the London Coronavirus Response Centre	<ul style="list-style-type: none"> • Local Resilience Forums • GLA • New Contain/Joint Biosecurity Centre Support and Assurance Teams
National	Under specific escalation scenarios	

- Chaired by Director of Public Health and include the whole system membership including PHE, EHOs, PCN/GP, HR, B&D Collective
- Oversee development of and provide assurance that there are safe, effective and well-tested Local Outbreak Plans in place to protect the health of local population during Covid -19 pandemic.
- Read the Terms of Reference [here](#)



- Chaired by Cabinet Member for Social Care & Health Integration and includes Chief Officers, Met Police, Healthwatch, DPH, CCG, GP Governing Body members, elected members. If local lock-down needs to be imposed, Leader will chair the Board;
- Political and partnership oversight of strategic response and proactive engagement with the public.

Supported at a national level by Government Departments (CCS/RED), TTCE programme and Joint Biosecurity Centre and at a regional level by Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)

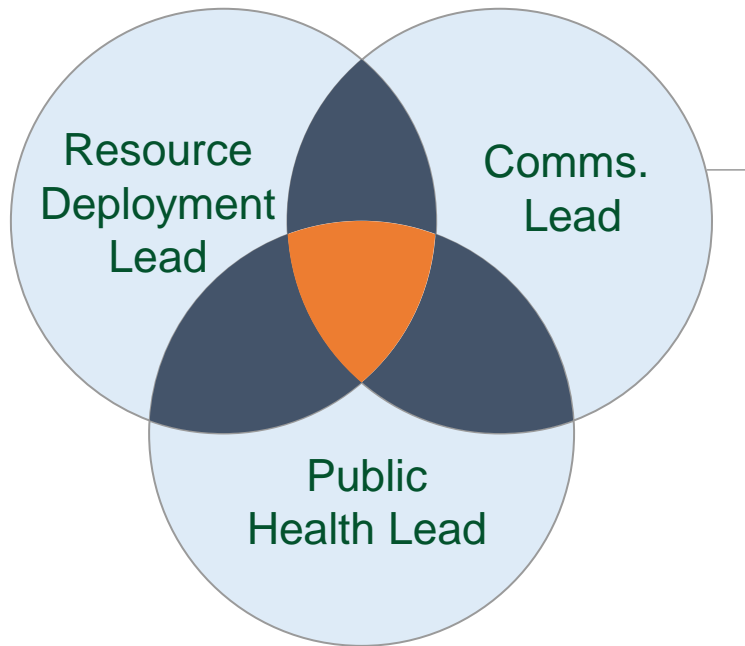
- London boroughs of Barking and Dagenham, Redbridge and Waltham Forest and includes all Category 1 responders;
- Responsible for determining Council's overall proactive management and emergency response, deployment of local resources and escalate need for mutual aid, if needed.

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Range of levers available to encourage compliance locally

The Health and Wellbeing Board has a mandate to provide public communications and provide local accountability...



Health and Wellbeing Board will:

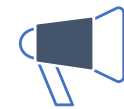
- Provide public-facing delivery oversight of NHS Test & Trace locally
- Provide timely communications to the public
- Act as liaison to Ministers as needed

... and are well-placed to encourage compliance



Behavioral nudges

- Social media
- Tailored local marketing
- Local champions



Active communication

- Public Q&A forums
- Press calls



Political engagement

- Possible option for Ministers to chair combined Local Outbreak Control Boards until legislation is approved

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In the past
year, we
have
successfully

- Worked to reduce covid-19 transmission in settings across the borough including schools, care homes, hostel, workplaces, faith settings and hospitals
- Set up testing centres across the borough
- Set up and deliver local contact tracing service
- Carried out enforcement to ensure compliance
- Provided self-isolation payment to eligible residents
- Provided support to vulnerable residents
- Worked with NHS to set up vaccination centres
- Supported with work to increase vaccine uptake in the borough



**Plan for the next
phase of
the response**

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Theme

Our Local outbreak plan will centre on the following themes:

- Addressing inequalities
- Variant of concern (VOC) management
- London testing strategy
- Local contact tracing partnerships
- London Coronavirus Response Cell (LCRC) / Local Authority roles and responsibilities
- Local, regional and national roles
- Vaccination programme
- Inclusion Health
- Communications and Community Engagement

Assumptions

- We are on the exit path from the Pandemic Phase but it won't be plain sailing
- The virus is still circulating and we will enter an Endemic phase but it won't be smooth
- The key priority is to suppress the virus as much as possible for the foreseeable future
- The next few months will be turbulent and volatile in terms of virus transmission, and we may see pauses in steps to exit. We need to be ready for this in terms of public trust, confidence and the epidemiological strategies to respond
- We will be living and working in a covid-endemic environment and we need multiple strategies to manage during this time
- Variants of the virus will continue to cause outbreaks and will require vaccine renewal on at least an annual basis

Addressing inequalities

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

Local

Work that London Borough of Barking & Dagenham has implemented following the Public Health England 7 recommendations includes:

- Continuous community engagement with culturally specific COVID-19 public health messaging through community and faith organisations
- Culturally sensitive occupational risk assessments within the organisation
- Supporting community and faith organisations with COVID-19 secure risk assessments for their activities
- Local conversations amongst staff on racism and health inequalities, including work to identify inequalities in our services.
- Use of London behavioural insights research on attitudes towards the COVID-19 vaccines, to target and provide information to our residents via online vaccine question and answer sessions with local health professionals, written FAQs, messaging for community vaccine champions, translated communications, and social media information
- Engaging with local communities on COVID-19 vaccine uptake in a culturally sensitive way, and giving them the information that they needed to be able to inform their own communities via their own trusted people and methods of communication.
- LBBD and the CCG have worked together to plan additional community venues for 'pop up' vaccination sites, to get to those communities least likely to access the large vaccination sites.

Sub regional (through integrated care systems)

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

Addressing inequalities

Regional level (pan-London)

- In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision. The aim of the group is to:
 - Oversee the refresh of the Mayor's Health Inequalities implementation plan
 - Promote and support collaboration and action at neighbourhood, borough and ICS/STP level
 - Put in place enabling work identified by local partnerships as helpful to their joint work
 - Provide visible systems leadership and advocacy on health equity issues for Londoners

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

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

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

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

Responding to Variants of Concern (VOCs)

Responding to Variants of Concern (VOCs)

Mutations and variants of the Covid-19 virus can present a significant risk. As well as potentially being more transmissible and leading to more severe clinical consequences for individuals, mutations also present the possibility for Covid-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and therapeutics

Local Authorities, alongside and with the support of PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control of COVID-19 variants designated as 'Variants of Concern' or VOCs. The overarching purpose is to restrict the widespread growth of VOCs in the population by:

- 1. detecting, tracing and isolating cases to drive down overall community transmission, and**
- 2. case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant.**

All local authorities need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in their Borough, including local “surge” testing, and complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

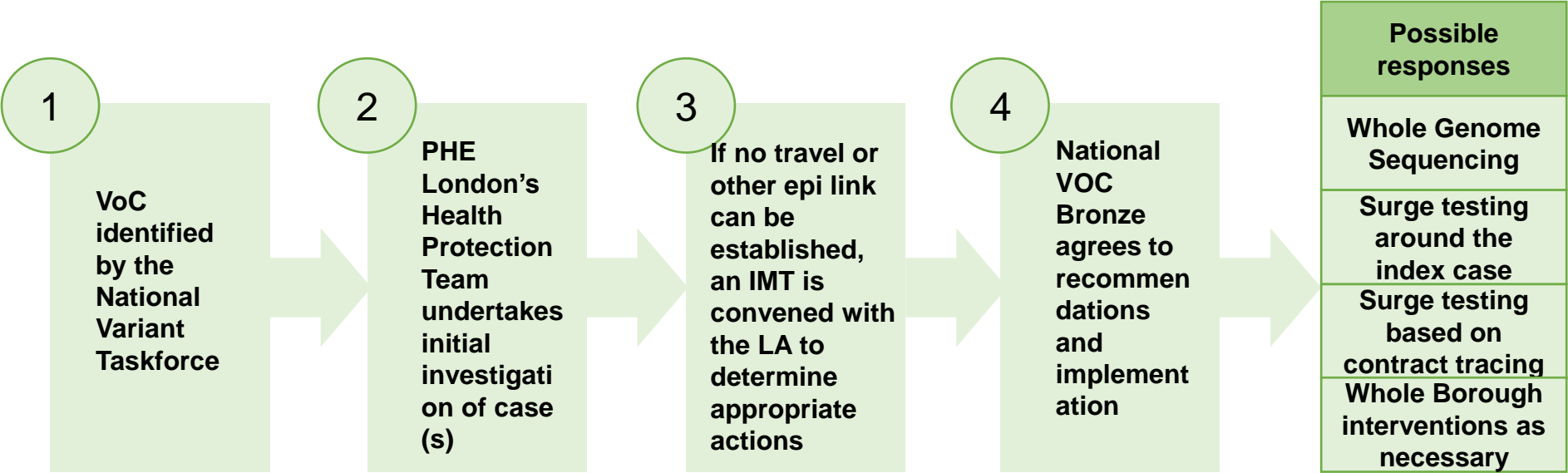
Following the identification of a VOC, PHE London’s Coronavirus Response Cell (LCRC) will conduct the initial investigation to gather additional information, complete a minimum data set and establish whether there are epidemiological links to countries of concern. Those VOCs without an epidemiological link will require wider investigation and response, and this will be determined jointly between the Local Authority, on the advice of the DPH, and PHE London’s Health Protection Team.

The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, informed by the data and risk assessment, current epidemiology, knowledge of the local community and grounded in health protection principles and specialist health protection advice. Plans will need to be flexible and adaptable to different circumstances, such as the geography, communities or settings in scope.

The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

Responding to Variants of Concern (VoCs)

Variants of Concern (VoC) Investigation and Management



Responding to Variants of Concern (VoCs)

Guide to determining Public Health Action- range of approaches

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	NPIs
<ul style="list-style-type: none"> Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period Data led eg small area/geography around VOC case; setting specific; whole borough Contingent on national capacity Explore leveraging local hospital and academic sequencing capabilities 	<ul style="list-style-type: none"> Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours Enhanced or increased local communications to encourage and ensure people get tested. Start or potentially increase the local booking arrangements for LTS sites 	<ul style="list-style-type: none"> Determine target population, geography or setting Determine best operational method(s) for targeted surge testing eg: <ul style="list-style-type: none"> Door drop model (Council, VCS or other trusted delivery partner, commercial partner) Collect and drop model, roving model ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives) Surge of up to 5000 asymptomatic tests MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system 	<ul style="list-style-type: none"> Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting LA's Local CT Partnership service works alongside national VOC Trace cell Re-enforcement of isolation and public health advice to all cases and contacts Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control 	<ul style="list-style-type: none"> Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts Self isolation payments and discretionary support for those in financial need Consider enhanced welfare support/follow up calls and other enhancements 	<ul style="list-style-type: none"> Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach Reinforce covid-secure and IPC measures in key settings
					<p>Monitoring and evaluation</p> <p>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation</p>
<p>Communications and engagement</p> <ul style="list-style-type: none"> Locally led plan for culturally competent communications and community engagement Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities Ensure alignment of national comms with local comms Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes Harness existing community assets, networks and trusted messengers eg community champions Specific considerations include: an inbound helpline; a postcode checker on Council website 					

Local Testing Strategy

Aims and Purpose of testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**
- **Surveillance**, including identification for vaccine-evasive disease and new strains
- To investigate and **manage** outbreaks
- To **enable** safer re-opening of the economy
- To prepare for surge testing in case of VOC. Our surge testing plan is [here](#)

Pillar 1 (NHS Settings)

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

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

Pillar 2 (Mass Population/Community)

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

- 1 Drive-thru Regional Test Site
- 2 MTUs
- 3 LTS
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

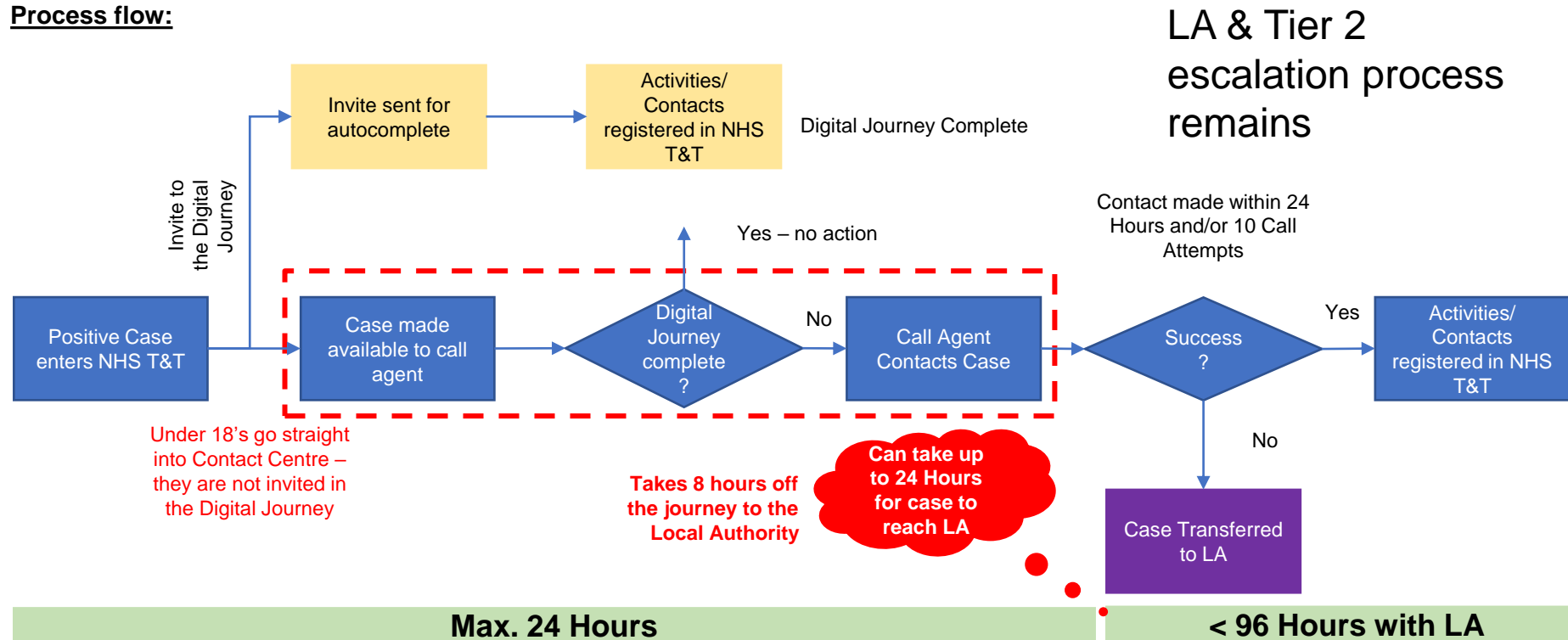
Pillar 2 (Mass Population/Community)

Asymptomatic rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites
- Council Workers
- Schools
- Adult social care:
 - visitors
 - visiting professionals
- Rapid response LFD testing following care home outbreaks
- Domiciliary care
- NHS staff
- Private sector testing
- Pilots

Local contact tracing partnerships

Process flow:

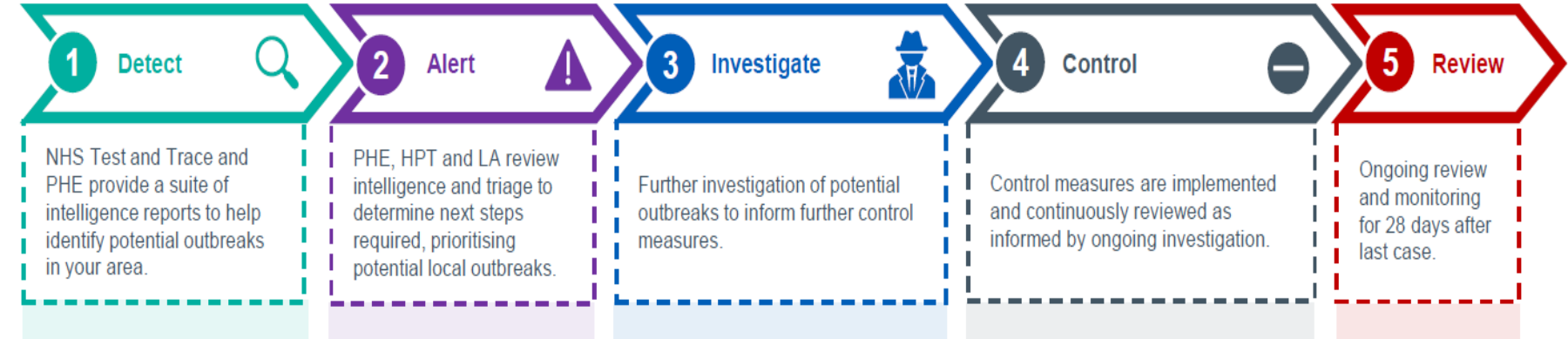


In the new process:

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

Enhanced Contact Tracing

The 5 stages of Enhanced Contact Tracing and Bespoke Support



Support levers

- Improved Common Exposure Reports
- Postcode Incidence Reports
- ICert

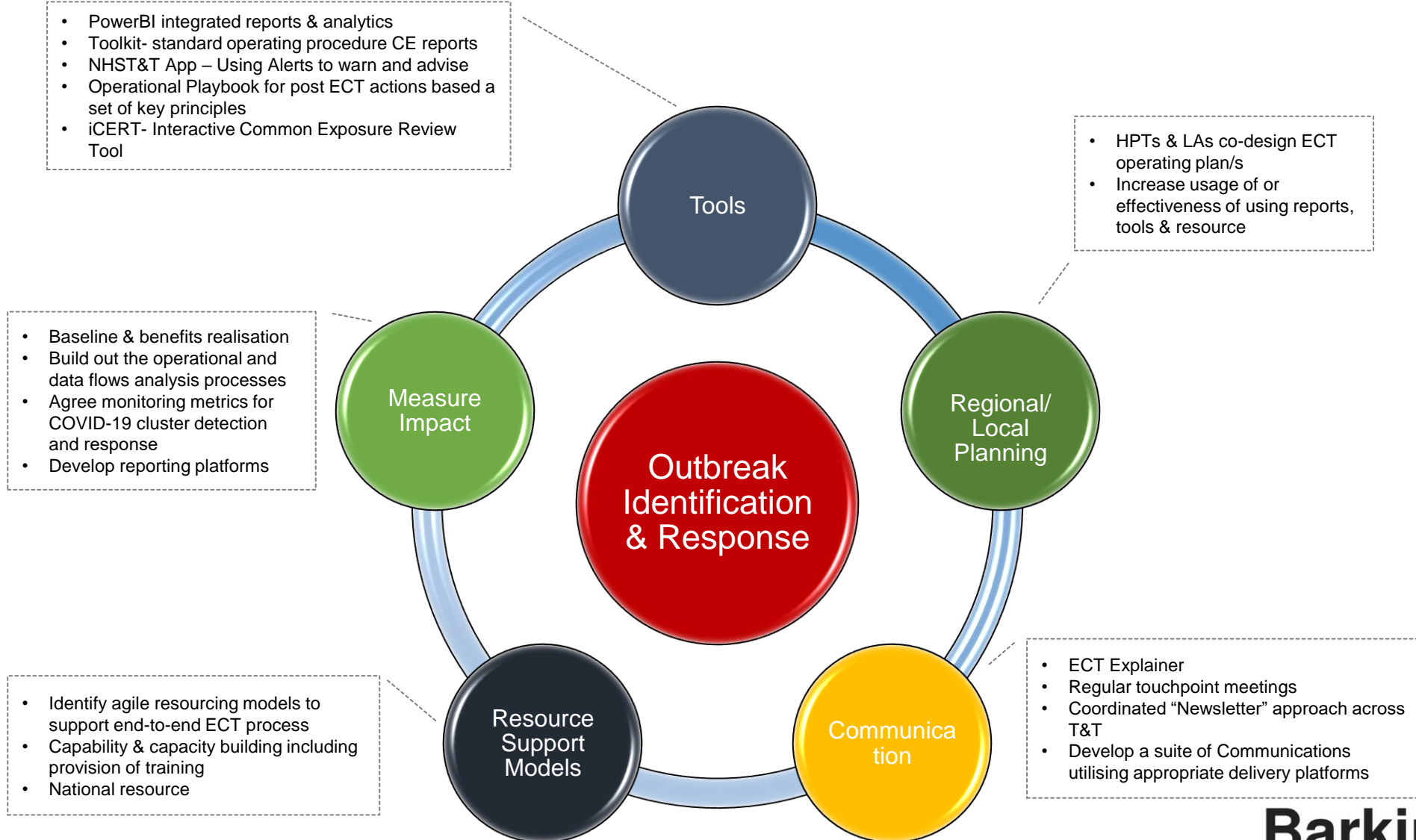
- Toolkit
- Training to interpret reports
- Toolkit training

- National Resource - Local Based Contact Tracers
- National Resource - Local Based Health Professionals
- Mobile Testing Units
- Postcode push-Home Channel

- Regular touchpoint meetings and Comms
- National Resource - Local Based Contact Tracers

- Capability and capacity building
- National Resource - Local Based Contact Tracers

Outbreak Identification & Rapid Response Framework

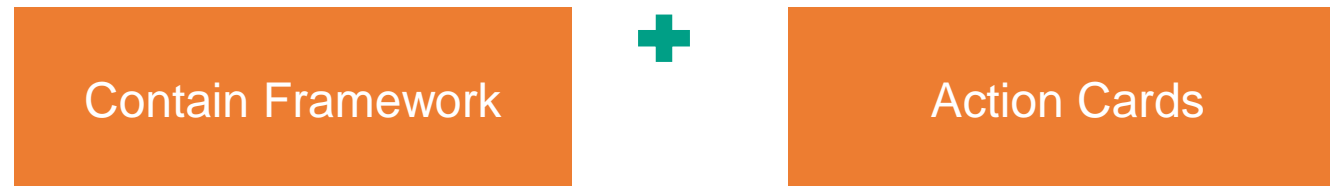


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What is our approach to local containment?

- It is of utmost importance that we understand the geographic spread of the virus and take rapid steps in order to contain any potential outbreak and keep our communities safe.
- In order to do that, we need to **know what is happening**, and have **robust principles for decision making**, co-created and agreed by all stakeholders.
- These principles are set out in the **Contain Framework** (previously called the playbook/toolkit).
- We will then ensure that decision makers have the guidance they need via the **Action Cards**.
- Outbreak reporting form completed and sent to London Health Protection Team



Prevent and Manage Outbreaks in various settings

Setting	Schools & Early Years	Care Settings	Hospitals	Places of Worship	Workplaces	Community Clusters
Action Card	Read the document here	Read the document here	Read the document Here and here	Read the document here	Read the document here	Read the document here
Plans/Risk assessment tools	Read the document here	Read the document here	Read the document here	Read the document here	Read the document here	Read the document here

LCRC/Local Authority Response

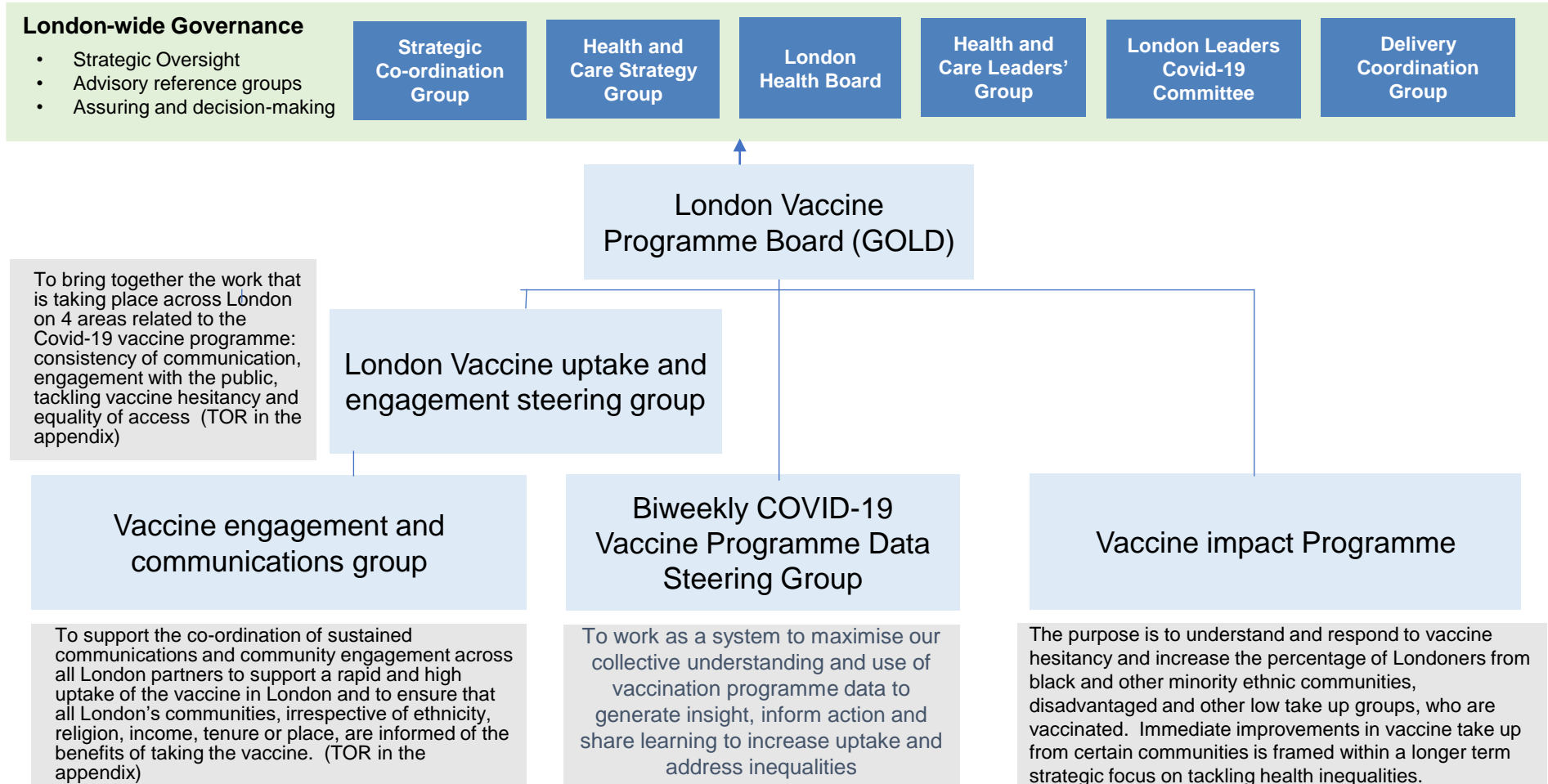
	Local Authority	LCRC Health Protection Team
Case and contact investigation management	<p>Receive notifications of cases via national test and trace route</p> <p>Investigate and manage cases and contacts as per local SOPs</p> <p>Escalate to LCRC/HPT if meets criteria as agreed in national test and trace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

Local regional and national roles

Level	Place-based leadership	Public health leadership
LOCAL	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board (<i>or other chosen local structure</i>) 	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the data on testing and tracing and Vaccine uptake data c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	<p><i>Regional team (PHE, JBC, T&T, London councils and ADPH lead</i></p> <ul style="list-style-type: none"> a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of risks issues and pressures across the region especially cross-boundary issues 	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"> a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake b) Prioritisation decisions on focus for PHE resource with Las or sub regions c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"> a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"> a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

Vaccination programme

Governance of COVID-19 Vaccine Equity work across London



COVID-19 Vaccination data

The Flow of Data



Local reporting



ICS reporting tool



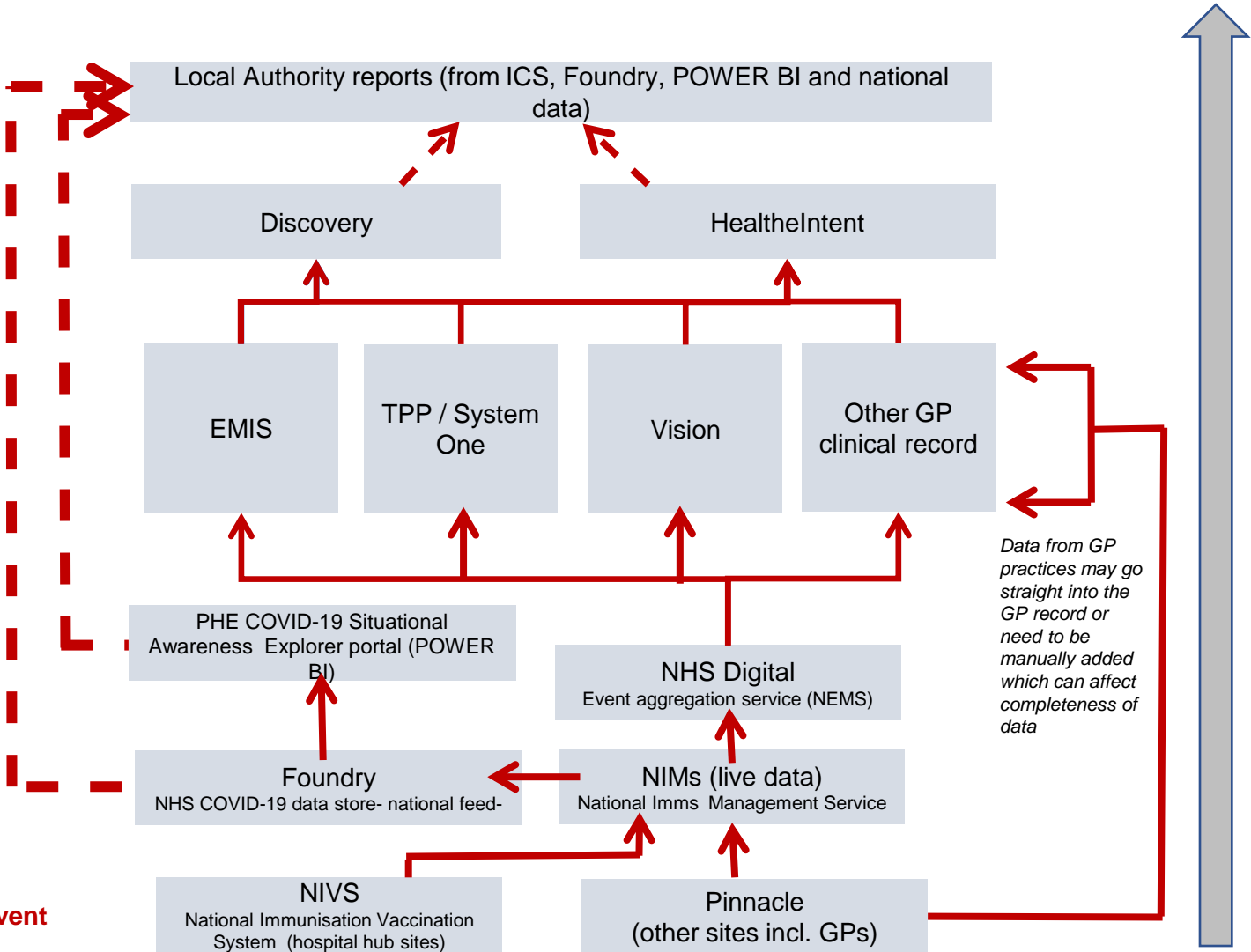
GP record



Immunisation Database and viewing platforms



Capturing vaccination event

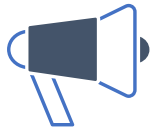


Data from GP practices may go straight into the GP record or need to be manually added which can affect completeness of data

Communications & engagement - key to outbreak planning

Objective:

Engage our communities to ensure reasoning behind decisions widely known encouraging compliance in accordance with the goals of containment



Campaign Launch

- National Test & Trace campaign launch
- TV, Radio, Social Media, TV, Print



Info Availability

- Public access to timely local data about infection rates to ensure public are informed
- Strengthen online and telephone information about reporting outbreaks via PHE
- More consistent local council COVID helplines



Community Engagement

- Strong local community engagement: equivalent of national campaign in all 152 upper tier councils



Local authority Strategy

- Proactive and reactive
- Maximise individual and community ownership and local "peer pressure" to self isolate
- Make comms appropriate for all communities, esp. vulnerable, diverse, hard to reach
- Build on national campaign with a tailored local campaign (e.g. use local partners, local languages)
- Transparent, open, frequent local briefings

one borough; one community; no one left behind

**Barking &
Dagenham**

Communications Plan for a local outbreak

Aim:

- To develop a common approach across B&D's partners to communications regarding outbreaks in the borough and support the development of a coordinated approach to proactive and reactive communications across the borough

Objectives:

- All staff, members, partners, the media and the public are informed of developments regarding local outbreaks in a timely, accurate way using established channels
- All partners work together to communicate with their stakeholders and the public using their established channels to reinforce behaviours required to control Covid-19 and prevent local lockdowns
- Reassure the public that B&D partners are working together to control Covid-19
- Build confidence across the partnership that we have timely and accurate information about developments regarding Covid-19 and are able to play their part in managing a local outbreak or local lockdown.

Responsibility:

All partners are responsible for fulfilling their duty to “warn and inform” under the Civil Contingencies Act 2004. This plan will guide the work of all partners.

This group will be responsible for:

- Coordinating all reactive media handling across the partnership to enquiries from the media about local outbreaks
- Developing a coordinated approach to communications – getting consistent information to all stakeholders in a timely manner
- Identifying opportunities to amplify messaging about keeping the borough safe and making information readily available to those who need it.

Supporting vulnerable residents

Supporting vulnerable residents through our front line services is core Council business. Our Community Solutions Service will be ensuring that a comprehensive system of support is and remains in place as we all respond to Covid-19 at the individual and at the community level. Working together with our partners, we want to ensure that no one becomes more vulnerable or is left without appropriate support as a result of the rollout of the national Test and Trace service.

Where the contact tracing process identifies a complex case or one involving a high-risk location, the case will be referred to LCRC and the Director of Public Health and his team to deal with. These teams have worked in this way for many years and have tried and tested ways to deal with such complex cases.

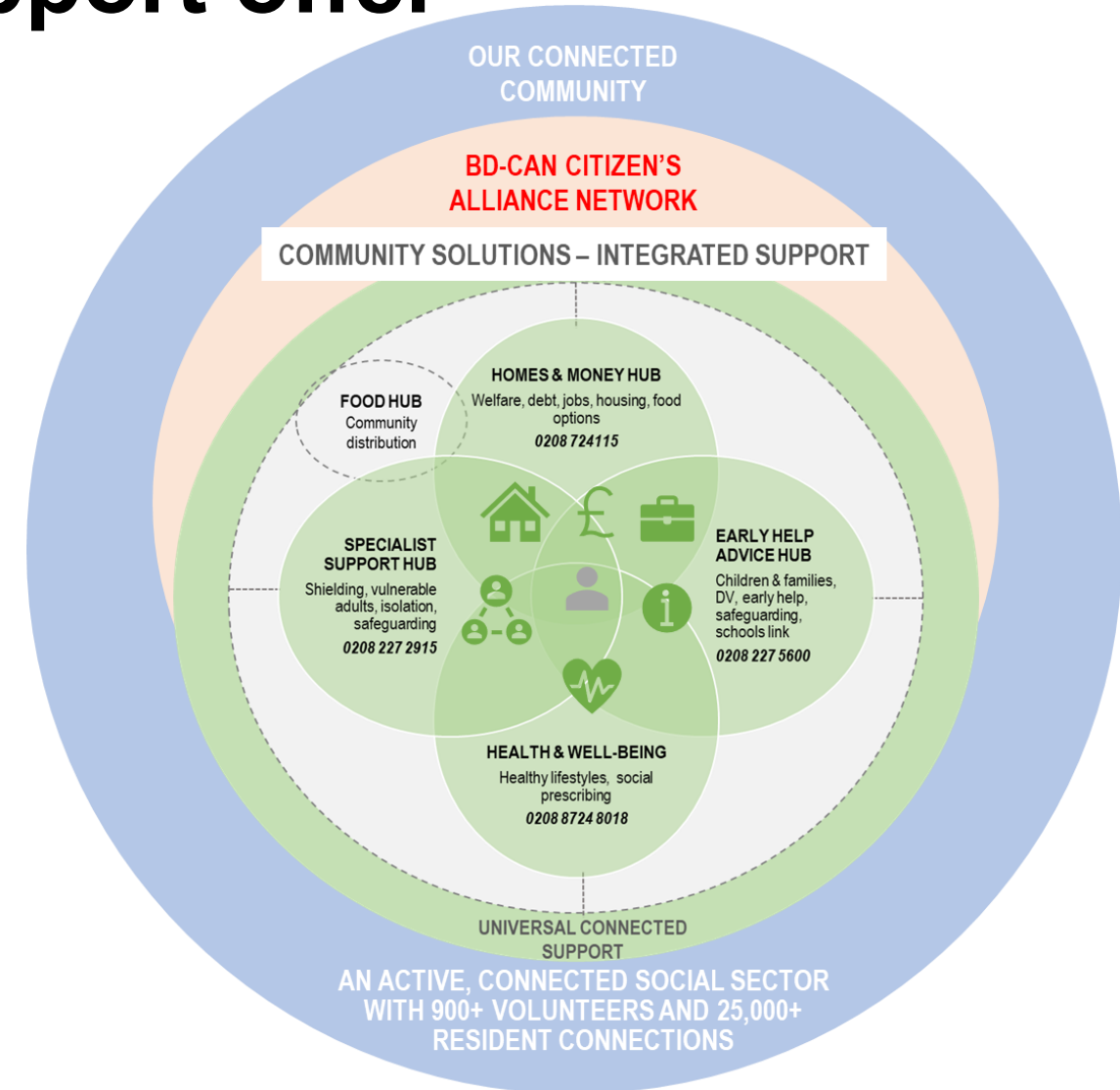
All referrals from the LCRC for the supporting vulnerable resident pathway will come to the Director of Public Health as the Council's single point of contact. The Public Health team will undertake their normal health protection practice which is:

- Check the resident is not known to council services in respect of safeguarding. If known the case is directly referred to social care as per existing protocol
- If the resident is not known to services, the Public Health team will refer the resident to the Adult Intake Team in Community Solutions. The intake team will assess the residents needs and put a support package in place for the duration of the isolation period

Contact: intaketeam@lbbd.gov.uk or phone 020 8227 2915 if you would like further advice or support.

Barking and Dagenham's support offer

- **Barking & Dagenham Citizens Alliance Network (BD-CAN)** – generalist support for vulnerable members of the community who lack support networks and need help with simple, practical tasks
- **The Specialist Support Hub** – specialist support for our vulnerable residents, including anyone who currently receives adult social care services or who has been identified as extremely vulnerable by the NHS
- **Community Solutions** – integrated front door support on issues ranging from homelessness, debt advice, benefits support, job support, food, early help
- **Central food hub** – coordinated access to food supply managed across a network of distribution sites



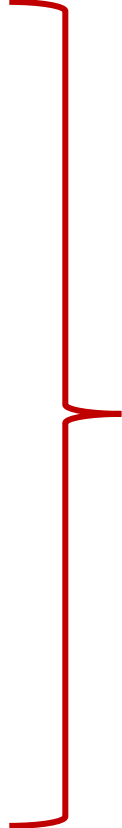
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Specialist support hub

Main community partners are the ILA and DABD:

Supports the following residents:

- Anyone who is shielding – who has received a letter from the NHS telling them they are extremely vulnerable
 - Anyone who receives adult social care, whether arranged by the Council or arranged privately
 - Anyone living in specialist Council accommodation such as sheltered housing, a hostel or a domestic violence refuge
 - Anyone who has recently come out of hospital and needs support
 - Anyone who is not known to social care, but who is believed to be especially vulnerable due to additional needs
- 
- Food shopping (the resident pays for the food shopping but not the service)
 - Medication
 - Gas and electricity top up
 - Referrals on to other partners including Reconnections

Supported access pathway for vulnerable residents

A supported access pathway is also under development to address some of the risks with applying the national model locally. This approach is based on Community Solutions, B&D Collective, NHS and other colleagues working together to support our most complex and vulnerable residents by using relationships of trust, wherever they may exist. We recognise that in order to support people best we need to take a person-centred approach which builds on existing relationships.

This means that in developing a pathway for 'supported access' we recognise that the initial referral point could come from a variety of locations depending on who the resident feels most comfortable with for example: GP, pharmacist, faith leader, food bank, other B&D Collective organisation, social worker, local public services (like mental health, SEND etc), housing officer, Facebook, mutual aid provider etc.

Residents who go through the supported access pathway is also intended to put in place the support the resident might need to enable them to participate in testing and possible 10 day self isolation (e.g. translation, food and supplies, financial support etc).

The supported access pathway will evolve from our learning from the BD-Can programme and Community Solutions Specialist Support Hub.

Risks and threats

The Council is responsible for addressing issues of low-take up and engagement with hard-to-reach groups and communities. Our challenge is that the assumption that most of the contact and engagement with the testing and tracing regime will be managed through the app, website and phone and direct engagement with the public.

There are potentially several barriers to users successfully engaging with the proposed national model, which will be particularly relevant to Barking and Dagenham:

- Gaining local communities' trust with regards to national contact tracing initiative
- Digitally excluded groups being missed
- Residents without access to an email account being disadvantaged
- Residents facing financial hardship as a result of Covid-19, who would usually have access to a smartphone, but no internet connection (due to insufficient funds)
- Demand for tests exceeds the number of tests available
- Tracing programme is unable to meet demand
- Exacerbating existing inequalities through the (method of) delivery of messages
- Access issues beyond our control are reflected negatively on the Council
- Those concerned about surveillance/ data protection may not engage with the contact tracing programme
- Covid-19-related fraud and scams undermining trust in the national programme and individual representatives