

 	Health and Wellbeing Board 6 th April 2021
	Report of the Director of Public Health
Brent COVID 19 Outbreak Control and Management Plan: Updated	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	5 Appendix 1 – Brent outbreak plan Appendix 2 – Brent outbreak plan for care homes Appendix 3 – Brent outbreak plan for early years Appendix 4 – Brent outbreak plan for schools Appendix 5 – Brent outbreak plan for workplaces
Background Papers:	Nil
Contact Officer(s):	Melanie Smith Director of Public Health melanie.smith@brent.gov.uk

1.0 Purpose of the Report

1.1 This report presents the updated Brent COVID-19 Outbreak Control and Management Plan to the Health and Wellbeing Board ('the Board').

2.0 Recommendation(s)

2.1 The Board is asked to review and note the Brent COVID-19 Outbreak Management Plan

3.0 Detail

3.1 In June 2020, the Board approved the Brent COVID-19 Control Plan. Since that time, there have been a number of notable developments including a second wave of infection. Health and wellbeing partners have been developing with local communities the local response to the health inequalities which COVID 19 has highlighted: Brent Health Matters. There have been significant developments in the availability of testing, the Council has locally enhanced NHS Test & Trace and deployed our COVID Community Advisors, variants have emerged and the vaccination programme is now well underway.

- 3.2 In March 2021, local authorities were asked to submit a refreshed local outbreak control management plan. The deadlines for submission did not allow the Plan to be reviewed by the Board. The Plan was received and reviewed by the Council Gold and the local Health Protection Board. The Plan remains a live document and will be iterated. It is now presented to the Board.

4.0 Financial Implications

- 4.1 The Government has identified £300m to support local authorities in England develop and implement their plans to control COVID-19. Allocations of this funding were made on the basis of the public health grant. Brent will receive £1,993,129 or £5.92 per capita.
- 4.2 It is disappointing that with robust and current measures of the differential impact of COVID-19 on communities, particularly older and more deprived and more diverse communities, national government used the historical identification of public health spending by Primary Care Trusts to distribute funding for outbreak control. This has resulted in Brent, which has the highest death rate in the England and Wales and the second highest number of cases in London, receiving significantly less funding than some neighbouring boroughs, which have been far less impacted by COVID-19.

5.0 Legal Implications

- 5.1 PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
- 5.2 Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in their areas. These responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.
- 5.3 Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities (which include Brent Council) have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.
- 5.4 Over and above their existing responsibilities as Category 1 responders under the Civil Contingencies Act 2004, pursuant to the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, upper tier and unitary local authorities are required to take certain steps to protect the health of their local population and in particular, they are required to provide information and advice with a view to promote the preparation of health protection arrangements by key health and care partners within the local area.

5.5 Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020

6.0 Equality Implications

6.1 In June 2020 the Board recognised the disproportionate impact COVID-19 had had upon deprived and BAME communities and agreed it's response, a programme of activity which has become Brent Health Matters which is the subject of a separate report to the Board.

Report sign off:

Melanie Smith

Director of Public Health