

# Brent Outbreak Control Plan

March 2021

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# Local, Regional and National Roles (1/3)

	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"><li>a) Sign off the Outbreak Management Plan led by the DPH</li><li>b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed</li><li>c) Hold the Health and Wellbeing Board (the Member-Led Covid-19 Engagement Board</li></ul>	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"><li>a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead)</li><li>b) Review the data on testing and tracing and Vaccine uptake data</li><li>c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</li><li>d) Provide local intelligence to and from LA and PHE to inform tracing activity</li><li>e) DPH Convenes DPH-Led Covid-19 Health Protection Board</li></ul>

# Local, Regional and National Roles (2/3)

	Place Based Leadership	Public Health Leadership
Regional	<p><i>Regional team (PHE, JBC, T&amp;T, London councils and ADPH lead</i></p> <ul style="list-style-type: none"><li>a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary</li><li>b) Engage NHS Regional Director and ICSs</li><li>c) Link with Combined Authorities and LRF/SCGs</li><li>d) Have an overview of risks issues and pressures across the region especially cross-boundary issues</li></ul>	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"><li>a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake</li><li>b) Prioritisation decisions on focus for PHE resource with Las or sub regions</li><li>c) Sector-led improvement to share improvement and learning</li><li>d) Liaison with the national level</li></ul>

# Local, Regional and National Roles (3/3)

	Place Based Leadership	Public Health Leadership
National	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"><li>a) National oversight for wider place</li><li>b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources</li></ul>	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"><li>a) National oversight identifying sector specific and cross-regional issues that need to be considered</li><li>b) Specialist scientific issues eg Genome Sequencing</li><li>c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre</li></ul>

# Addressing Inequalities: Brent Health Matters

- In June 2020 PHE reported on the disproportionate impact of COVID on Black and Minority Ethnic Communities.
- Brent was particularly impacted in the first wave of COVID with high death rates in Alperton and Church End in particular
- The Council and the NHS responded with a Health Inequalities Programme (now named Brent Health Matters by the Community Champions) which
  - Is co-produced with residents
  - Initially focuses on Alperton and Church End but will become borough wide
  - Recruited, trained and practically supported a number of Community Champions
  - And embedded these in our communications and engagement activities
  - Secured over £1m additional NHS funding for a new model of primary care in Alperton and Church End
  - Secured £733k of MHCLG funding to expand the programme to the whole of Brent
  - Commissioned a “task force” of paid Health Educators drawn from the local community
  - Ran a community grants programme to support community led initiatives to taking health inequalities
- Council workforce:
  - Culturally competent occ health risk assessment for all staff before return to workplace
  - Anti racism organisational development

# London Testing Strategy (1/2)

## **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

# London Testing Strategy (2/2)

<b>Pillar 1 (NHS Settings)</b> PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR, LAMP & quicker testing)	<b>Pillar 2 (Mass Population/Community)</b> Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing	<b>Pillar 2 (Mass Population/Community)</b> Asymptomatic rapid antigen testing (Lateral Flow Device tests)
<ul style="list-style-type: none"><li>• Symptomatic patients that arrive in a hospital setting</li><li>• Asymptomatic patients to support infection prevention &amp; control e.g. elective care, inpatient care, mental health, maternity and discharge planning</li><li>• Symptomatic NHS frontline staff and in an outbreak situation and household members</li><li>• Routine testing of asymptomatic NHS staff and contractors</li><li>• Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study</li></ul>	<ul style="list-style-type: none"><li>• 5 Drive-thru Regional Test Sites</li><li>• 29 MTUs available across London for routine testing and surge capacity deployment</li><li>• 84 LTS across 32 Boroughs</li><li>• Home Testing Kits</li><li>• Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents</li><li>• CQC-registered domiciliary care provider weekly staff testing</li></ul>	<ul style="list-style-type: none"><li>• LFD tests delivered through asymptomatic testing sites</li><li>• Whole student population in higher education institutions</li><li>• National pilots/programmes</li><li>• Workplaces</li><li>• Schools</li><li>• Adult social care:<ul style="list-style-type: none"><li>○ visitors</li><li>○ visiting professionals</li></ul></li><li>• Rapid response LFD testing following care home outbreaks</li><li>• Domiciliary care</li><li>• NHS staff</li><li>• Private sector testing</li><li>• Pilots</li></ul>

# Testing

## **Symptomatic testing**

COVID-19 testing for people with symptoms is available at the following sites Monday to Sunday, from 8am-8pm:

- Harlesden Local Testing Site - Harlesden Town Garden, Challenge Close, Harlesden, NW10 4BF
- Wembley Local Testing Site - Large Car Park, London Road, Wembley, HA9 7EU
- Northwick Park Local Testing Site - Northwick Park Sports Pavillion, Capital Ring, HA1 3GX
- Neasden Mobile Testing Unit (only available on selected dates)- Brentfield Road, opposite Neasden Temple, NW10 8HE

## **Rapid Lateral Flow Testing is available at the following sites Monday to Sunday, from 9am-6pm:**

- Brent Civic Centre - Engineers Way, Wembley Park, Wembley, HA9 0FJ
- Ealing Road Library - Coronet Parade, Ealing Road, Wembley, HA0 4BA
- Harlesden Library - Craven Park Road, Harlesden, NW10 8SE
- Kingsbury Library - 522-524 Kingsbury Road, Kingsbury, NW9 9HE
- Marian Community Centre - 1 Stafford Road, Carlton Vale, London, NW6 5RS
- The Library at Willesden Green - 95 High Rd, Willesden, London, NW10 2SF

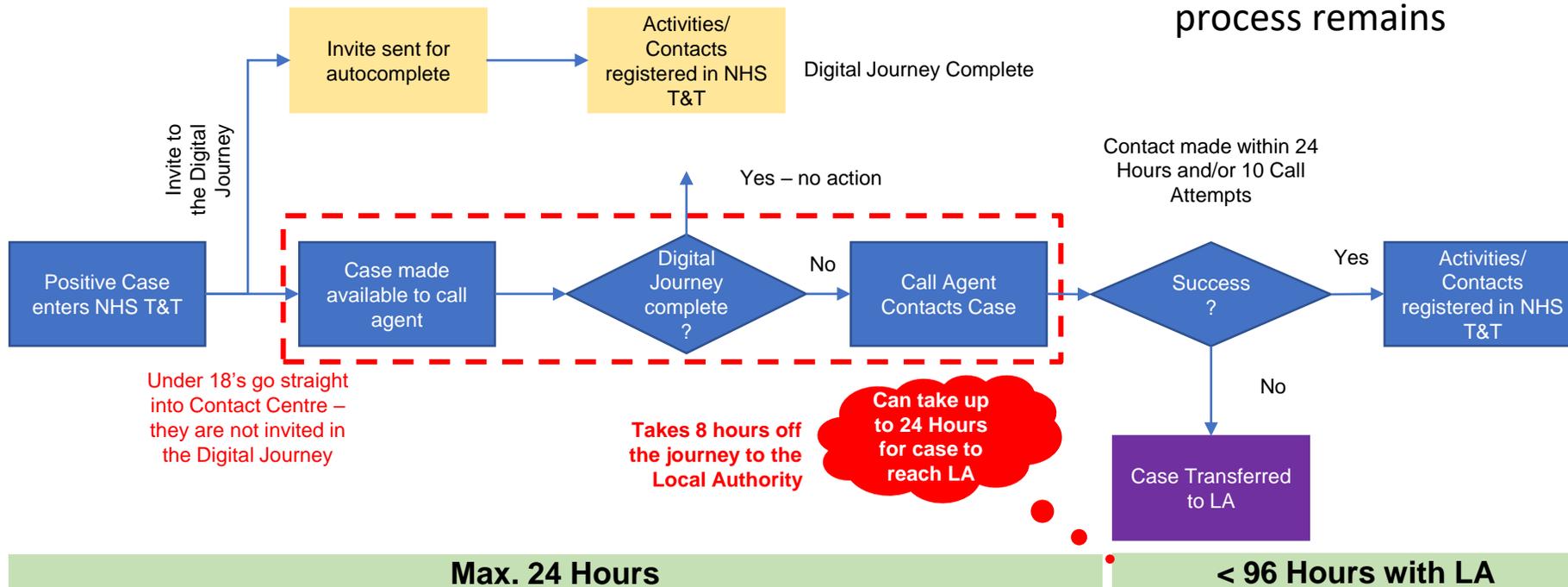
# Testing promotion to date

- **Corporate communication channels mobilised** e.g. e-Signature, e-Newsletters and ongoing social media activity
- **Press notices** issued with guidance from DHSC to announce the opening of any new testing sites
- **Webpage** set-up to signpost people to book the most appropriate test depending on whether they have symptoms or not – [www.brent.gov.uk/testing](http://www.brent.gov.uk/testing)
- **Leaflets** have been distributed to promote the 'get tested' message and extra copies made available for Town Centre Managers and Community Champions to distribute through the community
- **Trusted community voices** have been key to building trust within communities e.g. through community language videos and using Community Champions as advocates
- **Members** have been provided with information and resources that can be distributed through their wards
- **Billboards** commissioned in high-footfall areas where testing take-up has been lower
- Commissioned adverts on **community radio stations**
- To promote surge testing, a **digital van** was commissioned for three days a week to drive around enhanced testing area encouraging people to get tested
- Council's **IVR system** updated to include testing message which will appear to anyone calling the council

# Local Contact Tracing Partnership

## Process flow:

LA & Tier 2 escalation process remains



## 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..

This process commenced on the 1<sup>st</sup> March 2021

# Locally Enhanced Contact Tracing

Locally enhanced contact tracing in place: over 90% completion rate

To 5/4/21: 3955 cases handed from NHS Test and Trace to local team

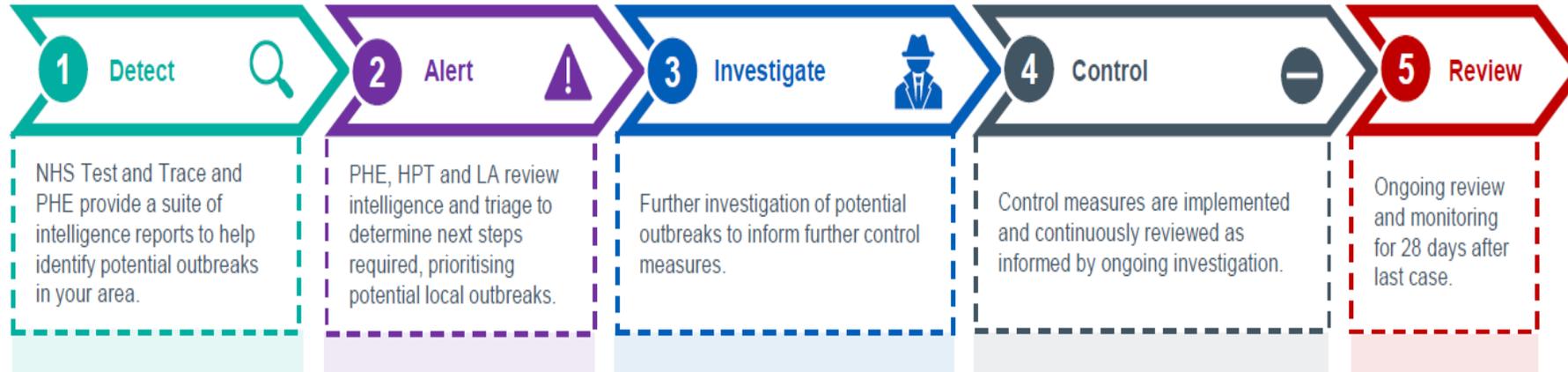
Of these 198 were referred for financial and food support

Current resourcing: 1 Team Leader, 1 Support Team Leader, 8 full time staff members and 4 weekend staff.

Good Practice	Challenges
<ul style="list-style-type: none"><li>• Northgate and Client index is used to retrieve contact details if not provided by the NHS</li><li>• Regular quality checks and mop up sessions</li><li>• Cases called over several days and at different times. Voicemail left, 2 text messages are left on the 2<sup>nd</sup> and 3<sup>rd</sup> call. Plan to include an email to the case, which will give feedback once opened by case.</li><li>• Promotion of Self Isolation payment and Resident Support Fund</li></ul>	<ul style="list-style-type: none"><li>• HMOs: cases fail to /unable to give details of other members of their household</li><li>• Employers – failing to allow customers to isolate</li><li>• Cases in hospital or deceased: distress to family members</li><li>• Late transfer of cases</li><li>• Erratic timing of downloads</li><li>• Duplicate cases transferred</li></ul>

# Enhanced Contact Tracing

## The 5 stages of Enhanced Contact Tracing and Bespoke Support



### Support levels

- 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

# Support for self isolation and shielding

- Covid support line open 7 days a week
- Resident support fund:
  - 3628 applications
  - 531 grants made
  - 193 digital inclusion grants made
- Social Isolation payments:
  - Provision remains for 57 SIP and 130 discretionary payments
- CEV, Q COVID identified residents and those indicating they require LA assistance will continue to be contacted by text / email / letter to determine support needs and signposted accordingly

# Surveillance

- Daily sitrep produced from LCRC reports
- Weekly reports to Council Gold also include testing, death registrations and NHS activity
- Health Protection Board reviews epidemiology, NHS activity and vaccination uptake weekly
- Brent Public Health attend the North West London Covid-19 Surveillance group, which is an advisory group reporting to NWL ICS Gold. The purpose of this group is to:
  - To establish reliable data sources, data sharing, and multi-agency data interpretation of Covid-19 levels and outbreaks.
  - To provide consistent, evidence-informed advice to NWL strategic decision-makers.
  - To rehearse and stress-test NWL Covid-19 outbreak management plans in advance of any second surge or winter pressures
- Brent and Barnet public health teams meet fortnightly. The two boroughs are in different subregions. They share a common border with populations either “side” with similar demographic profiles. This meeting allows for the
  - The review intelligence about cases on Barnet Brent border,
  - Investigation and management of incidents with cross-border potential
  - Agreement of when and how we communicate around arising COVID-19 issues.
  - Sharing of strategic approaches and information, communication and other assets.

# Waste water

- The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.
- Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population.
- The size of the catchment areas of the sampling sites vary, and this needs to be borne in mind when interpreting results.

# Respective roles of LA and LCRC (1/4)

<b>Variants of Concern (VOCs) and Variant under Investigation (VUIs)</b>	
<b>LA</b>	<b>LCRC</b>
Investigate and manage those VOC/VUI etc cases and contacts lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters

# Respective roles of LA and LCRC (2/4)

<b>Variants of Concern (VOCs) and Variant under Investigation (VUIs)</b>	
<b>LA</b>	<b>LCRC</b>
<p>Investigate and manage those VOC/VUI etc cases and contacts lost to follow up</p> <p>Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters</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</p>

# Respective roles of LA and LCRC (3/4)

## Cluster investigation and management

LA	LCRC
Investigate, identify priority clusters Manage clusters as per relevant settings SOPs Chair IMTs if required	Overview of cluster identification and management Overview management of priority settings Attend IMTs if required

# Respective roles of LA and LCRC (4/4)

## Settings (care homes workplaces, schools, homeless etc)

LA	LCRC
<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 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>

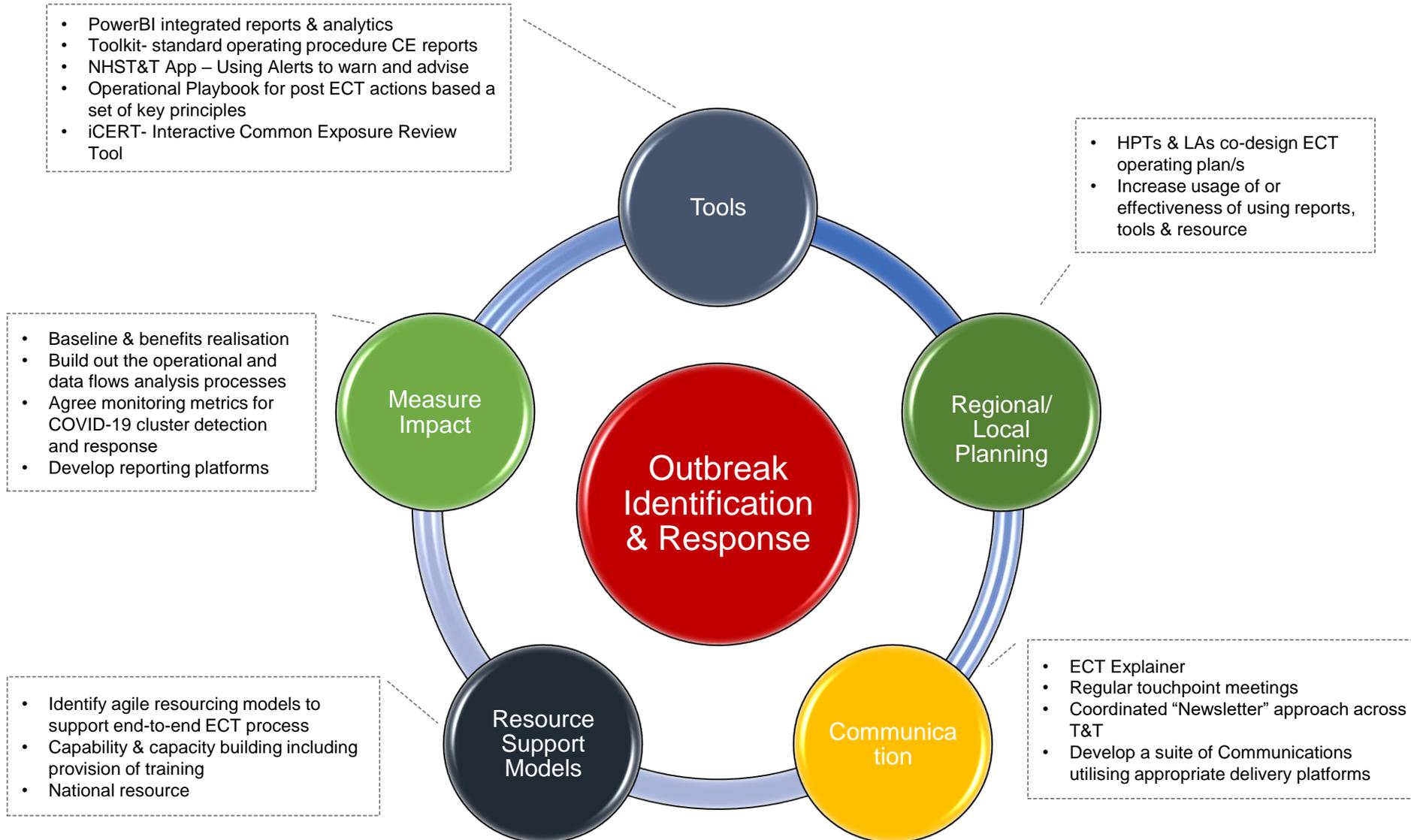
# Outbreak Management (1/2)

- Standard Operating Procedures exist for the management of investigation and management of outbreaks in:
  - Care settings. appendix A
  - Schools: appendix B
  - Early Years settings: appendix C
  - Workplaces: appendix D
- Examples of good practice:

# Outbreak Management (2/2)

- Examples of good practice:
- Weekly ASC / PH / NHS Provider Forum for adult social care sector (opportunities for peer support and learning as well as two way communication between sector / ASC / NHS)
- Infection control training by PH for care sector, schools, Council staff
- Strategic Director CYP and DPH regular webinars with Heads
- OD CYP and CPH regular meeting with teaching Unions

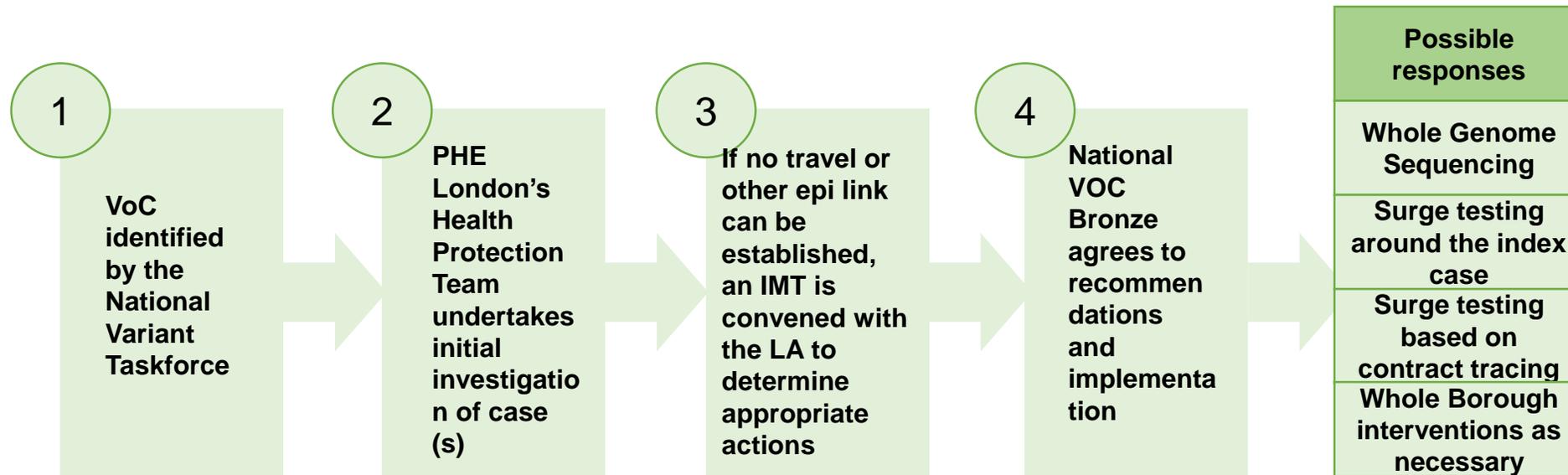
# Outbreak Identification & Rapid Response Framework



# Variants of Concern (VOC)

- Mutations and variants of the SARS-CoV-2 virus naturally occur. Those variants assessed as being *potentially* more transmissible, virulent or able to bypass natural or vaccine acquired immunity are designated Variants of Concern (VOC)
- The response to VOC aims to restrict their widespread growth 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.**

# Variants of Concern (VoC): Principles of Investigation and Management



# Approaches to the management of VOC (1/3)

- “Switch on” whole genome sequencing (in addition to routine 5% surveillance) for PCR positives
  - Determine geography or setting and time period for WGS of all PCRs (pillars 1 & 2)
  - Contingent on national capacity
- Targeted surge asymptomatic PCR testing
  - Up to 5000 tests, contingent of national capacity
  - Determine target population, geography or setting
  - Determine best operational method(s) for targeted surge testing eg one of more of:
    - 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)
    - MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system
  - Local communications to encourage testing
- Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours, or increased local booking at LTS
  - Local communications to encourage and ensure people get tested

# Approaches to the management of VOC (2/3)

- Rapid and enhanced contact tracing
  - Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS
  - 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 to same script
  - 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 outbreak control
- Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions
- Reinforce covid-secure and IPC measures in key settings

# Approaches to the management of VOC (3/3)

- Support for self-isolation of cases and contacts
- Monitoring and evaluation
  - to assess impact of local measures and inform future VOC response
  - requires data on sequencing to be made available to the LA and IMT in timely manner
- Locally led, culturally competent communications and engagement
  - Coordination of announcements and messaging between LA and DHSC
  - 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
  - Brief 020 8937 4440 call handlers
  - Consider postcode checker on Council website

# Approach to enduring transmission

- DPH and LCRC to jointly identify communities / geographies / settings of possible or actual enduring transmission
- Consideration of enhanced and targeting rapid testing, including method of deployment
- Identification of assets (eg community leaders) and risks (settings / behaviours)
- Co-production of a “combination prevention” approach in which **multiple** interventions including biological (eg vaccination), behavioural and social (eg reductions in social contact) and environmental (eg “covid secure” workplaces) tailored to the local circumstances are introduced and resourced
- Underpinned by culturally competent communications and engagement

# COVID safe

- **Promotion of NPIs**
- Rolling out new on-street signage around high streets and parks ahead of businesses reopening and small gatherings being allowed again, to remind people of the importance of social distancing (Hands, Face, Space & especially the 2 metre rule).
- When the rules around reopening do become clear, work with regulatory officers to produce leaflets and other collateral to help them to engage with and advise businesses.
- Drumbeat of stories across various corporate channels where there's a strong news angle, to reinforce enforcement presence/actions being taken (e.g. rule-breaking barber fined)

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Step 1

Regulatory Service Impacts	Community Protection Impacts
<p>Misconception that it is now safe and restrictions are over</p> <p>Increased advice from businesses</p> <p>Increase in high street footfall especially after school resulting in overcrowding of shops and high numbers not wearing face coverings</p>	<p>Increased activity in parks and open spaces and particular focus on school pupils in high streets and business premises out of school hours and COVID compliance</p> <p>Improving weather will also increase socialising in other public areas</p> <p>Potential to see increase in street robberies</p> <p>Groups using fitness facilities in parks will increase demand and risks</p> <p>Increase of visitors to the area, especially in student residences as the travel outside of local area rules end</p> <p>Increased reporting from residents regarding outside meetings</p> <p>Potential for increase in street drinking due to more off licences returning to business normality.</p>

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Council response to step 1

- If the public follow the rules, this stage should not have much impact. There should be no change to the businesses reopening on our high streets and although there is a step towards meeting others outdoors, the rules will only permit this in numbers of no greater than six.
- Continue to hold daily intel meetings with police outlining problem locations and issues and task officers appropriately.
- Continue joint patrols with the Safer Neighbourhood Teams and police Covid response officers
- Utilise the Neighbourhood Patrol, CRSOs and Frontline Officers to target high streets and open spaces
- Weekly meeting with Parks Team to ensure a joined up approach with Wardens and our tasking.
- Conduct an audit of previous measures to ensure compliance such as signage, stickers and other resources used.
- Work with the Communications teams to proactively engage with communities including our student community.
- Continue to monitor the overall situation on our high streets via the CCTV network and report specify concerns to CRSOs
- Ahead of Step 2, start engaging with businesses due to reopen and advise of any updated guidance.

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Step 2

Regulatory Service Impacts	Community Protection Impacts
<p>Significant increased activity from both businesses and shoppers in our high streets</p> <p>Possible noncompliance from businesses trying to open ahead of permitted date</p> <p>Possible noncompliance from businesses trying to opening but not following any required guidance</p> <p>Communications needed to businesses should there be any variance from the current roadmap or specific directions for certain business types. For example, what are the PPE requirements for those offering close contact services?</p> <p>Enforcement required of the only outdoor hospitality requirement and what this actually means. For example, does drinking in an</p> <p>Increase in licensed premises returning to normal hours with potential for late night noise.</p> <p>Ensuring indoor leisure is operating in compliance with any required guidelines</p>	<p>Increased ASB activity high street areas</p> <p>Increase in footfall around betting establishments</p> <p>Fly tipping and Environment Crime likely to increase</p> <p>Emergence of UMEs and other unauthorized gatherings.</p> <p>Increase in licensed premises returning to normal hours with potential for late night noise.</p>

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Council response to step 2

- Review and where required, continue with actions set out above in Step 1 Response
- Increase frontline staff deployment ahead, during and after 12 April on our high streets to advise and support business with their reopening.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Assist in managing queues/crowds at busy premises such as barbers, hair salons and homeware or clothing stores.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- We are currently reviewing our out of hours service provision for Noise complaints.
- A location of known waste crime hotspots will be proactively targeted to prevent issues such as fly-tipping as households come out of lockdown and make improvements to their gardens
- Ahead of Step 3, start engaging with hospitality businesses due to reopen and advise of any updated guidance.

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Step 3

Regulatory Service Impacts	Community Protection Impacts
<p>Misconception that it is now safe with outdoor social contact rules lifted</p> <p>People applying the outdoor social contact rules indoors in business premises</p> <p>Enforcement required of any indoor hospitality requirements</p> <p>Communications needed to businesses should there be any variance from the current roadmap or specific directions for certain business types</p>	<p>Increased activity of large groups in parks and open spaces and increase in footfall in town centres and defined crime/ASB hotspot areas.</p> <p>Increased community tensions and possible ASB and increase in Noise Nuisance and demand from dwellings</p>

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Council response to step 3

- Review and where required, continue with actions set out above in Step 1 Response
- Increase frontline staff deployment ahead, during and after 12 April on our high streets to advise and support business with their reopening.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Assist in managing queues/crowds at busy premises such as barbers, hair salons and homeware or clothing stores.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- We are currently reviewing our out of hours service provision for Noise complaints.
- A location of known waste crime hotspots will be proactively targeted to prevent issues such as fly-tipping as households come out of lockdown and make improvements to their gardens
- Ahead of Step 3, start engaging with hospitality businesses due to reopen and advise of any updated guidance.

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Step 4

Regulatory Service Impacts	Community Protection Impacts
<p>Possible noncompliance from businesses trying to open ahead of permitted date</p> <p>If any rules/guidance remains in place, this will need communication and enforcement</p>	<p>Increased activity of all groups of people in public areas leading to UMEs and/or other celebrations</p>

COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Council response to step 4

- Review and where required, continue with actions set out above in Step 1, 2 and 3 Responses
- Update businesses with any changes in legislation or guidance
- Consider specific actions for any problem premises or hotspot areas
- Review intelligence and work with police to tackle any gathering or unlicensed music events or end of Covid parties or similar
- Respond to any longer term guidance or best practice that may arise towards the end of the pandemic
- Oversee the removal of signage or other changes to public realm that are no longer considered necessary

# Risks

Risk	Likelihood	Impact	Mitigation
Residents unable to self isolate effectively because of financial insecurity / employment insecurity / housing (overcrowding or HMOs)	High	High	<ul style="list-style-type: none"> <li>Limited at local level but welfare assistance linked to local CT</li> </ul>
Multiple testing regimes cause confusion or result in “gaming” by residents or employers	High	Medium	<ul style="list-style-type: none"> <li>Limited at local level but professional and public “explainers” being updated</li> </ul>
Demand for testing continues to decline	High	Medium	<ul style="list-style-type: none"> <li>Monitor testing rates by site and ethnicity to inform targeted communications</li> <li>Application for collect+ from Council libraries</li> </ul>
Reduced compliance with NPIs	High	Medium	<ul style="list-style-type: none"> <li>Targeted engagement and enforcement activity: daily MPS / Council tasking meetings</li> <li>Covid Community Advisors: advise and inform and act as “eyes and ears” of the Council 7/7</li> </ul>
Differential uptake of vaccines exacerbates inequalities	High	High	<ul style="list-style-type: none"> <li>Advocate for and support community and pop up vaccination sites</li> <li>Provide practical assistance with booking / transport</li> <li>Health Educators Programme</li> <li>Videos of role models advocating for vaccination</li> <li>Information webinars for staff</li> <li>Outreach into care homes</li> <li>Workforce Development Fund deployed to allow staff to be paid for time to attend for vaccination</li> </ul>

# COVID safe: assessment of impact of roadmap on regulatory services and community protection and planned response

## Step 4

Regulatory Service Impacts	Community Protection Impacts
<p>Possible noncompliance from businesses trying to open ahead of permitted date</p> <p>If any rules/guidance remains in place, this will need communication and enforcement</p>	<p>Increased activity of all groups of people in public areas leading to UMEs and/or other celebrations</p>

# Vaccination: addressing hesitancy and inequalities (1/2)

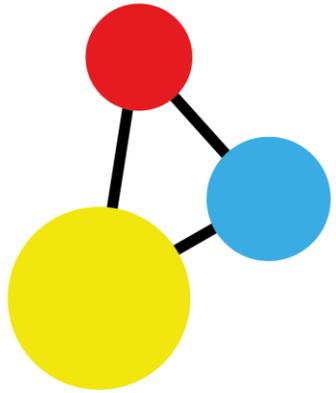
- Data and evidence:
  - the Health Protection Board tracks vaccine uptake by PCN, cohort, ethnicity and deprivation weekly
  - Council undertaking telephone survey to understand practical / belief barriers
- Addressing residents' concerns:
  - Culturally competent communications: webinars with local BAME professionals and faith leaders; radio ads; Keep London Safe assets populated with local clinicians; communication toolkit for use by Champions, mutual aid groups etc

# Vaccination: addressing hesitancy and inequalities (2/2)

- Promotion of vaccination in social care sector:
  - Webinars with public health.
  - Team leader video messages on their reasons for taking the vaccine
  - Care home staff vaccinated with residents
  - Workforce Development Fund passed to providers to allow staff paid time to take vaccine
  - Exploring pop ups at larger home care providers
- Practical aspects:
  - Council support for mass vaccination sites (signage, traffic management, secondment of logistics staff)
  - Identification of accessible and familiar venues for vaccination sites, including “pop ups”
  - Pilot of assistance with booking / transportation (library staff calling GP patients who have not attended for vaccination)

# Communications: Keep London Safe

The LA contributes to and participates in the Keep London Safe Campaign



**KEEP  
LONDON  
SAFE**

- The next phase of **the Keep London Safe campaign** is planned around the key steps in the **Government's Roadmap** and beyond.
- Communications assets will be produced for the boroughs to use, with core messages promoting
  - **vaccination uptake**
  - **test and trace**
  - **infection control**
  - and **Living with Covid**
- Pan-London communications assets are **aligned with national campaigns** and messaging and based on insight.
- **New creative visuals** and messaging are based on insight to **maintain interest** in the campaign.
- New campaign material will be produced to support key **upcoming dates and events**: for example Ramadan, Easter Bank Holidays etc; a social media campaign calling on Londoners to enjoy parks responsibly; specific messaging aimed at younger Londoners when it's their turn to get the vaccine etc.

# Find and Treat

The Find and Treat service, funded by all London Boroughs and provided by outreach from University College Hospitals, provides the following for rough sleepers, homeless hostels, hotels, night-shelters, pay to sleep, large houses in multiple occupation (HMOs) and daycentres:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the LCRC.
- **Support for local surge testing:** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support:** Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination:** Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)

Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to **asylum hotels** in London (**funded until end March 2021**).

# Appendices

- Appendix A: Outbreak management plan for health and care settings  
Appendix B: outbreak management plan for schools
- Appendix C: outbreak management plan for early years settings
- Appendix D: outbreak management plan for workplaces