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| Brent / NHS Brent Clinical Commissioning Group | **Health and Wellbeing Board**<br>29 June 2020 |
| | **Report of the Director of Public Health** |

# Brent COVID 19 Management Plan

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| **Wards Affected:** | All |
| **Key or Non-Key Decision:** | Non-key |
| **Open or Part/Fully Exempt:**<br>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act) | Open |
| **No. of Appendices:** | 12 –<br>A. PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 incidents and outbreaks, including those in complex settings<br>B. Resident journey through Test and Trace<br>C. Brent outbreak plan for care homes<br>D. Brent outbreak plan for schools<br>E. Brent outbreak plan for early years settings<br>F. Brent outbreak plan for rough sleepers and hostels: under development, to be agreed with PHE: **to follow**<br>G. Brent outbreak plan for transport hubs: under development, to be agreed with PHE: **to follow**<br>H. Brent outbreak plan for places of worship: under development, to be agreed with PHE: **to follow**<br>I. Brent outbreak plan for workplaces<br>J. Brent COVID 19 communications strategy |
| **Background Papers:** | Nil |
| **Contact Officer(s):** | Melanie Smith<br>Director for Public Health, Brent Council<br>melanie.smith@brent.gov.uk<br>020 8937 6227 |

## 1.0 Purpose of the Report

1.1 This paper with the accompanying appendices forms the Brent COVID 19 Outbreak Control Plan. The paper is structured according to the seven themes specified in national guidance.

## 2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to review and note the Brent COVID 19 Outbreak Control Plan. As the Plan covers prevention as well as control measures, it will be termed the Brent COVID 19 Management Plan.

## 3.0 Detail

3.1 Following the initial wave of COVID 19 in England and the easing of the national lockdown, Test and Trace is central to the government's COVID 19 recovery strategy. This strategy requires local government to develop local outbreak control plans, centring on seven themes:

1. Care homes and schools

2. High risk places, locations and communities

3. Local testing capacity

4. Contact tracing in complex setting

5. Data integration

6. Vulnerable people

7. Local Boards

3.2 Contact tracing is a well-established means of controlling the spread of infectious diseases. In response to COVID 19, contact tracing is required at a new scale. The effectiveness of test and trace as a control measure depends on easily accessible testing at scale with results available rapidly. It also critically relies on people's ability and willingness to self-isolate for 7 days, if they have symptoms, and for 14 days, if they have been in contact with a case of COVID 19. As we will not know who is or is not immune, there is a real possibility that people will be asked to quarantine more than once.

3.3 On Thursday 28th May the UK government launched NHS Test and Trace. This relies upon an online web-based tool (Contact Tracing Advisory Service, CTAS) which is used by both contact tracing professionals and members of the public to input information about cases and contacts, plus a workforce of call handlers and health professionals who will carry out phone-based contact tracing for individuals who are unable or do not want to access digital technologies. Approximately 25,000 individuals have been recruited to the national programme.

3.4 The contact tracing app, which is designed to support Test and Trace by identifying contacts in public spaces who may not be known to the case, is not yet available

3.5 The more complex case management and contact tracing will be the responsibility of Public Health England (PHE). In London this will be undertaken by the London Coronavirus Response Cell (LCRC). LCRC has been leading

the London PHE response to COVID 19 since February. The interface between local government and Test and Trace will be through LCRC.

3.6 "Complexity" may result from a particularly vulnerable individual, for example, a rough sleeper, or a setting, such a school or care home, or reflect a number of cases with a possible link to a setting, for example, a workplace, or geography which need investigation by PHE to determine whether there is a local outbreak.

3.7 In London, PHE and APDH London have worked to define and agree the respective roles of LCRC and local government. These are described in section 7 and in Appendix A.

3.8 Appendix B shows how people move through the NHS Test and Trace service.

## 4.0 Care homes and schools

4.1 Within their Outbreak Control Plans, Councils are required to plan for outbreaks in care homes and in schools. As Brent has, unfortunately, seen a number of outbreaks in care homes, the local arrangements for responding to these and supporting homes have been in place since the beginning of April with joint working between ASC, public health and the CCG. The prevention of care home outbreaks was identified as a priority early in the pandemic. ASC working with public health proactively supported care homes with the provision of PPE and infection prevention training. The CCG mobilised clinical support to homes. Daily calls continue to be made to all care homes to monitor the situation.

4.2 Since the launch of Test and Trace, one care home incident in Brent has been detected, indicating that the system is able to detect care homes outbreaks (although this incident was in fact a continuation of an earlier incident, which was known to the Council). An Incident Management Meeting was convened by PHE with ASC, public health, primary care, infection control colleagues as well as the home. The agreed action plan has been completed and ongoing monitoring is in place. The Brent Care Home Outbreak Plan forms Appendix C.

4.3 The vast majority of schools and a number of early years settings have remained open for the children of key workers and vulnerable children throughout the duration of the pandemic. Further to the government announcement on 28 May that all of the government's five tests for the wider opening of schools have been met, Brent schools have been able to open more widely with small numbers of pupils in specified year groups. The Strategic Director Children and Young People advised and supported schools to form geographic clusters from the start of the pandemic, an arrangement which has supported resilience in the sector and facilitated the sharing of good practice. Regular webinars for early years providers, headteachers and Chairs of Governors with the Strategic Director have allowed timely, two way communication and the provision of tailored advice. The Director of Public Health (DPH) has joined these webinars as necessary to provide public health advice. Regular meetings have taken place between the teaching unions and senior officers.

4.4 In preparation for the government's requested wider opening from 1st June, schools have updated their arrangements and plans. Public health and CYP have supported both early years settings and schools with infection prevention training which has been accessed by over 870 members of staff. Supplementary PPE has also been provided to early years settings and schools in line with government guidelines. CYP have also coordinated the procurement of signage on behalf of schools in preparation for wider opening. The Operational Director, Safeguarding, Partnerships and Strategy, with Brent health and safety advisors, has also reviewed risk assessments from community schools.

4.5 The Brent Schools Outbreak Plan forms Appendix D, the Early Years settings plan is Appendix E.

## 5.0 High risk places, locations and communities

5.1 In addition to care homes, settings and schools, other locations or communities may be particularly vulnerable to an outbreak of COVID 19. For example, a neighbouring borough has had a case of COVID 19 in a hostel for homeless people with problematic substance use. Contact tracing in this instance was particularly challenging as a number of residents had left the hostel and dispersed across London. An Incident Management Meeting was convened by PHE involving public health teams from 5 Boroughs. The Find and Treat Service visited the hostel to test staff and residents and with PHE provided advice on infection prevention and cohorting (keeping groups with similar exposures, in this case use of a shared kitchen and bathroom, together and separate from other groups). Find and Treat also provided outreach to street drinking contacts. As a result of learning from this incident, the Outbreak Plan for Hostels and Rough Sleepers is being revised with PHE and Find and Treat.

5.2 A number of London Boroughs (Camden, Barnet, Newham and Hackney) are part of a national Good Practice Network designed to disseminate learning. Each borough has a lead area(s). Camden have convened thinking on outbreaks associated with Transport Hubs and Barnet are leading on outbreaks associated with Places of Worship. Standard Operating Plans for these settings are under development with PHE.

5.3 Outside London a number of outbreaks have occurred associated with food preparation plants. In Brent Regulatory Services have already contacted all the food manufacturers and large warehouse and distribution centres to confirm COVID 19 safe working practices and social distancing amongst employees are in place. However, investigation of thee outbreaks suggests that employees sharing HMO accommodation and traveling to and from work together may have allowed transmission. Accordingly, Regulatory Services will work with Private Housing Services to ensure appropriate advice is provided to employees and employers on transmission outside the workplace. The Brent Workplace Outbreak Plan is being reviewed to take account of learning from these outbreaks in food processing plants.

## 6.0 Local testing capacity

6.1 Easy access to testing with rapid notification of results is essential for contract tracing to be effective as a control measures. There are a number of routes to testing locally.

6.2 Residents with symptoms suggestive of COVID 19 can ask for a test at www.nhs.uk/coronavirus or by calling 119. Testing should be done within 5 days of the onset of symptoms. There are options for home or drive through testing. Home testing has the advantage of not requiring symptomatic residents to leave their home. However, capacity is limited and tests do "sell out" each day. Drive through testing is available at fixed regional or mobile sites. The "local" regional testing site is now at Heathrow. A mobile unit has been visiting the care park at Willesden Sports Centre on Tuesdays and Wednesdays. This unit has proved one of the busiest in London. In preparation for the Sports Centre re-opening in July a new site is being secured.

6.3 Testing is available for children and adults. Children aged 11 and under need to have their swabs taken by their parent or guardian.

6.4 Care home residents and staff can access testing via the national portal, homes can request this themselves or the council can put forward homes for prioritisation.

6.5 The CCG provide a walk in testing centre at Willesden Centre for Health and Care. Initially for key workers, this now provides testing for those who are unable to take their own swabs.

6.6 Brent has seen higher death rates in areas of increased deprivation, overcrowding and with larger BAME communities, reflecting both increased exposures and increased susceptibilities. A pilot community testing site has therefore been located in Harlesden.

6.7 The above tests are all for antigen testing i.e. they test whether someone has the virus *at the time of the test*. Test and trace relies upon this to determine whether an individual or their contacts need to self-isolate and for how long.

6.8 A PHE approved antibody test exists. However, at present antibody testing is not helpful as a population control measure (although there may be a considerable demand for antibody testing should it become more widely available). The presence of antibodies simply shows that an individual has had the virus. It does not indicate immunity (the antibodies may not "neutralise" the virus and antibody levels may decline over time, so re-infection and infectivity may occur even in someone with a positive antibody test). Furthermore, at this time the antibody test requires a whole blood sample and the availability of phlebotomy is a limiting factor.

6.9 In the event of an outbreak centred on a local area, a workplace, a place of worship or similar, mobile "pop up" testing could be helpful in targeting testing. Work is underway between APDH and LCRC to agree a prioritisation framework for mobilising "pop up" testing and with DHSC on operationalising the arrangements for this.

## 7.0 Contact tracing in complex settings

7.1 The Director of Public Health, Consultants in Public Health and the council EHOs routinely cooperate with PHE on the investigation and management of local outbreaks. These arrangements and relationships will form the basis for contact tracing in complex situations for COVID 19.

7.2 During COVID 19, PHE in London has established the LCRC which has brought together the three sub regional Health Protection teams. Capacity in the health protection function in PHE London has been more than doubled by redeployment of staff within PHE London and recruitment of an additional cohort of public health and EHOs returning to practice.

7.3 The respective responsibilities of LCRC and local authorities have been agreed between PHE and ADPH London. The overarching approach to managing **complex settings and outbreaks** is as follows:

- LCRC will receive notification from NHS Test and Trace, undertake a risk assessment and give advice and provide information to the setting on management of the outbreak;
- LCRC will manage cases and contacts, and provide advice on testing and infection control;
- LCRC will convene an Incident Management Team (IMT) if required;
- LCRC will inform the relevant local authority SPoC;
- The local authority will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access;
- The local authority will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate

The overarching joint approach to managing **community clusters** will be as follows:

- The local authority or LCRC will receive notification from Tier 2
- The local authority will inform the LCRC SPoC/LCRC will inform the local authority SPoC
- The local authority will convene an IMT
- The local authority will provide support to the community
- LCRC will support the local authority in their risk assessment of and response to an identified community cluster

These arrangements are described in more detail in Appendix A of this paper - PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 incidents and outbreaks, including those in complex settings.

7.4 The COVID Health Protection Board (see 11.1) has identified in Brent those setting and scenarios which require more detailed descriptions of roles and

responsibilities and the development of setting specific Standard Operating Procedures (SOPs). To each of these settings, a Consultant in Public Health (CPH) has been allocated along with a service lead to work together to localise the London SOPs:

- Care Homes: Marie McLoughlin (CPH, CWB) and Andrew Davies (Head of Commissioning, Contracting and Market Management ASC). SOP - Appendix C
- Schools: Marie McLoughlin and Jen Haskew (School Effectiveness Lead Professional, CYP) SOP - Appendix D
- Early years: Marie McLoughlin and Sasi Srinivasan (Early Years Manager) SOP - Appendix E
- Rough sleepers and hostels: John Licorish (CPH, CWB) and Coco Khan (Single Homelessness Service Manager, CWB) SOP - Appendix F
- Transport Hubs: John Licorish and Tim Martin (Transportation Planning Manager, R&E) SOP - Appendix G
- Places of Worship: John Licorish and Anne Kittappa (Senior Policy Officer) SOP - Appendix H
- Workplaces: John Licorish and Shamsul Islam (Senior Regulatory Service Manager, R&E) SOP - Appendix I

7.5 While PHE has increased its capacity by redeployment of staff within PHE and a national recruitment campaign, the demands upon individual London authorities are likely to be less predictable. The established mutual aid arrangements for public health may need to be invoked. In the first instance, this will operate across NWL.

7.6 “Local lockdowns” have been suggested as a possible control measure in the local authority response to COVID 19. However, to date no new powers have been conferred upon Councils to order local lockdowns though central Government could introduce legislation on a temporary basis regulations which could introduce local lockdowns for limited areas. This is not necessarily a problem as control measures based on transparency, communication and consensus are much to be preferred being proportionate and likely to be more effective than attempts to enforce behaviour change.

7.7 The council’s local and targeted communication form an important part of our COVID 19 management plan. As the Covid 19 lockdown continues to loosen across the UK, Brent specific messages – which are clearer and harder hitting than the national messages – are needed to help local communities fully understand the continued health risks and protect themselves and others against the virus. The council is focusing on messages such as:

- Brent has one of the highest Covid death tolls: Stay 2 metres apart
- Don’t bring the virus home to a loved one: limit contact with others
- Protect yourself and others: Get tested today if you have symptoms

The corporate comms team is continuing to share these kind of messages through various print, digital and broadcast channels and are also working closely with community, faith and mutual aid groups, to target harder to reach audiences. The comms team is also working closely with London Councils to

help develop the pan-London approach to Test and Trace comms. A core script for Test and Trace, written in simple language, is being developed as part of a communications toolkit which all London boroughs can use and adapt for local circumstances. The comms materials are being tested with audiences and will reflect London's diversity. The core aim of the pan-London Test and Trace comms is to supplement the national campaign and raise awareness of NHS Test & Trace and build trust and engagement with contact the tracing system.

## 8.0 Data integration

8.1 At the time of writing, the Council is receiving data daily on individual cases' age and postcode of residence. These are being mapped to look for patterns. However, this data is insufficient to allow detection of outbreaks which are not associated with place of residence for example workplaces. We are therefore reliant on NHS Test and Trace and PHE to detect potential linked cases. Representation has been made to PHE on the data fields we would wish to receive in order to allow us to use local knowledge to detect potential outbreaks.

## 9.0 Vulnerable people

9.1 When NHS Test and Trace advises cases and their contacts to self-isolate, the scripts also ask if people will require assistance to do so and, if so, whether their personal details may be passed to the local authority. To date no Brent cases or contacts have been passed to the Council for assistance. The response will be based upon the systems that the Council has put in place to respond to the shielded, using the same data flows, staff, scripts and signposting to mutual aid groups or the community hubs.

9.2 While the council's systems to respond to vulnerable or isolated residents who are asked to shield are well established, there are likely to be other groups of residents who will find it difficult to self-isolate, for example, due to insecure housing or employment. It is unclear what the expectations of the council may be in these situations in the absence of new duties.

9.3 To book a test with NHS Test and Trace requires an email address or phone number since the system uses text messages, email or phone to instruct cases how to share details of contacts and places visited. Recognising that this would exclude some residents, the council has worked with DHSC to pilot the first community testing site in London. Situated in Harlesden, booking is currently via a dedicated phone line (020 8937 4440). This is staffed by council Customer Access staff who have been making calls to the shielded. As well as booking residents a test (currently either the same or following day), staff follow an established triage script to explore whether residents need support with for example debt, housing, or accessing health services. If residents identify support needs and consent their details are passed to Council staff who usually work in our Community Hubs. The Hubs team call the resident back and offer their usual tailored support and onward referral, albeit remotely. Primary care, sexual health and substance misuse services have all been "stood up" ready to take referrals via the Hubs team.

## 10.0 Local Boards

10.1 The existing council contact tracing working group has widened its membership to include the CCG and PHE and as the COVID 19 Health Protection Board has overseen the development of the Outbreak Control Plan. The Board reports into Gold. The Health and Wellbeing Board will act as the local member-led Outbreak Engagement Board which will provide public facing engagement and communication

## 11.0 Performance of Test and Trace

11.1 Data has been published on the numbers and percentages of cases who were reached by Test and Trace and asked to provide details of their contacts. From 28th May to 10th June, 10,192 cases were reached and asked to provide details of their close contacts. This represented 72.6% of positive cases: 24.5 % of cases were not reached (3,435 people with a positive test) and 3% cases did not provide contact details (418 people).

11.2 These 10,192 cases provided details of 96,746 contacts of whom 90.6% were reached.

## 12.0 Financial Implications

12.1 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.

12.2 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 COVID19.

## 13.0 Legal Implications

13.1 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.

13.2 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.

13.3 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.

13.4 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.

13.5 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

## 14.0 Equality Implications

14.1 Current data provided to the Council from Test and Trace cases only includes age and residence. Given the disproportionate impact on people of black and Asian heritage there is an overwhelming argument for the introduction of ethnicity monitoring into CTAS.

## 15.0 Consultation with Ward Members and Stakeholders

15.1 The prevention of and response to outbreaks has been discussed with:

- Brent Multi-faith Forum
- VCS Theme Leads
- Head Teachers
- Care Homes Provider Network

***Report sign off:***

**Phil Porter**

Strategic Director Community Wellbeing