Bexley COVID-19 Local Outbreak Prevention and Control Plan (LOCP)

Prepared by	Dr. Anjan Ghosh, Director of Public Health, London Borough of Bexley
Date	01.07.2020
Approved by	
Signature	
Date	
Version	Draft v0.3

Document Control

Version Control

Version	Date	Issued to:	Owner's Name
Draft 0.3	01.07.20	LBB Corporate Leadership Team	Anjan Ghosh

Change Control

Version	Date	Summary of Change	Owner's Name

Executive summary

1. This is a draft document that describes the high-level plan that London Borough of Bexley is setting out for Covid-19 Local Outbreak Control. This is an iterative process with a full detailed action plan currently being developed.
2. This is to be regarded as a "plan for a plan". More detailed worked is currently underway to develop specific standard operating procedures for preventing, managing and controlling local outbreaks in different settings.
3. The final sign-off for the full detailed action plan will be through the Health and Wellbeing Board.
4. The COVID-19 Local Outbreak Prevention and Control Plan (LOCP) establishes processes for and capacity to prevent and respond to Bexley residents infected with SARs-CoV-2 virus and outbreaks in local public settings known to be at high risk of transmission of the virus (e.g. schools or care homes).
5. It is part of the national government strategic approach to ease the social restriction, including timely control of the spread of the virus at local level.
6. It is based on the legal duties of local authorities to protect the health of the residents from infectious risk.
7. It combines the London strategic approach and priorities into 4 work streams:
   1) Protect and Prevent; 2) Outbreak Response; 3) Engagement and communication; 4) Surveillance and Monitoring.
8. The final plan will address each workstream, the actions, the task owners and resources to be deployed.
9. It builds on existing partnership and mutual aid schemes developed during the first phase of the pandemic.
10. It builds on what has been learnt from the previous 3 months experience in addressing the COVID-19 risks including building trust between partner organisations, Bexley residents and specific communities.
11. It will monitor the local COVID-19 situation and implement mitigations to address local risk threatening efficiency of the early detection and control of COVID-19 infections in Bexley.

Background – Local COVID-19 situation

12. The first cases of COVID-19 in Bexley were reported on 9th March 2020. As of 30th June 2020, 745 cases of COVID-19 in Bexley have been reported via Pillar 1 testing (tests carried out in NHS and PHE laboratories), giving a crude rate of 301.3 per 100,000 resident population. This compares with an England crude rate of 287.2 and a London crude rate of 310.7 per 100,000 resident population.
13. As of 19th June 2020, 222 deaths of Bexley residents involving COVID-19 have been reported. This gives a crude death rate of 89.8 per 100,000 resident population. This compares with an England crude rate of 83.1 and a London crude rate of 93.6 per 100,000 resident population. Data up to 30th May 2020 suggests that Bexley has an age-standardised COVID-19 mortality rate (accounting for differences in the age structure of areas) of 91.6 deaths per 100,000 resident population. This compares with an England rate of 81.9 and a London rate of 137.6 per 100,000 resident population.

Background – Control strategy

14. Government declared the pandemic a Level 4 incident for England's NHS on 3 March 2020 following the spread of the novel coronavirus (SARS-CoV-2) worldwide with the first case of COVID-19 reported in the United Kingdom in late January 2020.
15. In March 2020 HM Government instituted a 'lockdown' of all-but-essential business. Since then some of these constraints have been relaxed in the context of a renewed focus on testing, tracing and isolating infected individuals.
16. Local Government has been involved in the acute response to the pandemic since the beginning, by providing relief to individuals at higher risk of disease, by enabling supply of personal protective equipment (PPE) and in granting financial relief to small businesses.
17. We are now in phase 2 of COVID-19 control focusing on "smarter controls" to allow easing social restrictions, including timely and effective control of the spread of the virus.
18. Local Directors of Public Health have been instructed by HM Government to establish local outbreak control plans by the end of June 2020, along with a range of other new duties which include overseeing testing in care homes and leading the local implementation of the national contact tracing programme (NHS Test and Trace).

Background – Legislative and organisational basis

19. The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits
    a. With Public Health England under the Health and Social Care Act 2012,
    b. With Directors of Public Health under the Health and Social Care Act 2012,
    c. With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984,
    d. With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012,
    e. With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004.
20. COVID-19 is a serious and imminent risk to public health and Secretary of State for Health and Social Care has issued urgent regulations providing further powers to limit onward transmission of the virus that causes it.
21. NHS England is responsible for ensuring control of the spread of infection in prisons and custodial institutions, co-ordinating with local PHE Health Protection Teams.

Bexley's Local Outbreak Prevention and Control Plan – aims & objectives

22. **Aim**: To prevent COVID-19 transmission in Bexley, helping a return to safe community and social life and restarting our economy
23. **Objectives**:
    a. Establish measures to prevent transmission and protect vulnerable residents (risk assessment, easy access to testing, ensure timely and effective identification and notification of contacts; support to cases and contacts).

b. Manage outbreaks in the community (identify and mitigate negative impacts of control measures)
c. Establish local surveillance and intelligence (timely and effective monitoring, build local intelligence)
d. Support the management of outbreaks in complex settings with PHE

Bexley's local Outbreak Prevention and Control Plan Strategic Framework

24. The diagram below describes the framework around which we will build our local outbreak response. It combines the London strategic approach and priorities into 4 work streams:
    1. Protect and Prevent;
    2. Outbreak Response;
    3. Engagement and communication;
    4. Surveillance and Monitoring.
25. Each workstream has specific roles described in the boxes. In the centre are examples of focal areas for preventing potential outbreaks and managing them.

Role and responsibilities for the PHE London Coronavirus Response Cell (LCRC) and the Council

Table 1: Overall responsibilities, arrangements and lead agencies

Responsibility	How it is discharged	By who
NHS Test and Trace (initial testing and contact tracing)	Mobilised regionally, escalation to PHE & Director of Public Health (DPH) of complex & high-risk cases/settings	PHE
Testing (additional testing in the community)	Mobilised regionally, South East London (SEL) capacity & PHE support for outbreak testing. Local antibody & antigen testing available via London Borough of Bexley (LBB)/NHS arrangements Support for Mobile testing units to deliver locally	NHS Trusts, PHE, DHSC, LBB / NHS SEL CCG
Support for isolation	Hub provides support for those in isolation Accommodation for self-isolation	LBB
Preparedness – SOPs for high risk settings	Draft Standard Operating Procedures (SOPs) for schools, care homes, workplaces, hostels, transport hubs, retail outlets, markets, faith settings	PHE (Settings) LBB (Community Clusters) – see next table
Personal Protective Equipment (PPE)	Established supply chain, with contingency stock available locally for providers if required	LBB

The table below summarises the role of the local authority and LCRC in managing local outbreaks as part of the Test and Trace system:

Table 2: Roles of LCRC and LA in managing local outbreaks

	PHE LCRC	Bexley
Setting-specific outbreak i.e. Care settings, School and Early Years, Workplace, Primary care, Prison/custodial institutions, Homeless and/or hostel	• Receive notification of outbreak from the setting and/or the Test and Trace system • Gather information and undertake a risk assessment with the setting • Provide advice and manage cases and contacts, testing and infection control • Provide information materials to the setting • Recommend ongoing control measures • Convene Incident Management Team (IMT) if required • Contact local authority for information or to request additional support	• Prevention work e.g. proactively sharing guidance & supporting with its implementation • Respond to enquiries • Support vulnerable contacts who are required to self-isolate • Liaise with setting to provide ongoing advice and support for testing, communications, infection control and PPE • Participate in IMT, if convened • Local communications • Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting and affected individuals, as appropriate
Community cluster[1] i.e. in a building, street, neighbourhood, larger geographical area	• Identify community cluster through Test and Trace system or other surveillance systems • Support Local Authority in their risk assessment of and response to an identified community cluster	• Receive notification of community cluster from LCRC, or identify community cluster through local data, intelligence and surveillance • Convene IMT • Provide support to community, which may include translated materials, support to self-isolate, advice and enforcement • Liaise with the local CCG, GPs and other healthcare providers, as appropriate • Local communications

[1] **Cluster** refers to an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known. Source: https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html

Workstream objectives, outcomes and key actions (high level)

Objectives	Outcomes	Key Actions
Prevent and Protect		
• To ensure that all high-risk setting, and community members can manage risk of transmission	• Identify appropriate mitigations and put in place; implement risk monitoring for each high-risk setting	• Identify high risk settings & vulnerable groups • Develop risk assessment process and tools • Support implementation of mitigation interventions
• To ensure that all high-risk settings have protocol(s) in place to manage suspected cases & respond to outbreak	• Operating procedures, communications & a "Single Point of Contact" (SPOC) with local authority	• Adapt operating procedures for each high-risk settings; Develop flow chart for decision & action to activate when suspected cases; • Establish a SPOC with local authority for high risk settings
• To build resilience to further outbreaks	• Localised and contained clusters of COVID-19	• Map existing local response; Plan emergency PPE stock • Link to existing work programmes & partners • Update Business Continuity Plans (BCPs)
To ensure timely use of testing and contact tracing	• Residents with symptoms tested within 3 days of symptoms; those who tested positive have notified relevant contacts	• Map existing testing provision & access • Develop system to deliver tests to isolated individuals • Establish process to deploy additional testing capacity to high risk location • Establish surge capacity for contact tracing
• To support self-isolation of vulnerable people and members of the public who tested positive	• 100% of residents who tested positive are self-isolating for 7 days from the first day of symptoms	• Checklist for the impact of self-isolation and identify support needs; develop self-isolation pack; build Voluntary and Community Sector (VCS) capacity
Outbreak Response (See table 2)		
• Support management of complex outbreaks	• Outbreak contained and small cluster of cases; few serious cases & unavoidable deaths	• Support to vulnerable individuals • Support for testing, contact tracing, communication & Infection Prevention and Control (IPC) • Participate in LCRC convened Incident Management Team (IMT)

Objectives	Outcomes	Key Actions
		• Ensure local communications & facilitate link with NHS & GPs
• Manage community clusters[2] with LCRC	• Outbreak contained and small cluster of cases; few serious cases & unavoidable deaths	• Convene IMT • Provide support to community & liaise with local GPs & NHS; Support Isolation including temporary accommodation
Communication and Engagement		
• Identify impacts of COVID-19 in the community	• Lessons learned, and mitigations identified	• Compile the testimonies & identify issues to be discussed at member led & engagement board
• Residents/community groups to be able to systematically raise issues, share learning, obtain accurate information & work with local authority/partners	• Residents and community groups have a clear channel and platform to engage with the local authority and partners	• Re-orientate the Health and Wellbeing Board (HWB) to effectively function as Member led & engagement board (a) Agreeing revised terms of reference (b) Publicising the new role of the HWB to residents and local partners. • Agreeing a framework for COVID-19 communication and engagement
• Support communities to understand COVID-19 response and be able to apply these to their own individual circumstances	• Residents can engage effectively with national COVID-19 messages; • Residents get tested for COVID -19 promptly and in a timely way; to adhere to prevention measures: stay at home for 7 days if tested positive.	• Identify key community groups & existing channels of engagement. • Establish processes and plan for engagement with priority groups (Faith groups, VCS – including Black, Asian and Minority Ethnic (BAME, disability and geographical interest, faith groups). • Involve community groups in targeting& translating communication using culturally sensitive community engagement methods

[2] **Cluster** refers to an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known. Source: https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html

Objectives	Outcomes	Key Actions
		• Disseminate relevant communication materials through appropriate channels
• Communities in Bexley are aware of COVID-19 symptoms, understand the test and trace process and know how to get tested	• Residents get tested for COVID -19 promptly and in a timely way	• Conduct a range of engagement activities with residents and community organisations; • With communities and other stakeholders disseminate relevant communication materials through appropriate channels
• Communities in Bexley know how to seek the support they need if they or members of their household are required to self-isolate.	• Residents are able to self-isolate if they are (a) symptomatic, (b) a member of the household of someone symptomatic, (c) confirmed as positive through testing or (d) identified as a contact	• Conduct a range of engagement activities with residents and community organisations; • With communities and other stakeholders ddisseminate relevant communication materials through appropriate channels
• Engage with schools & other high-risk settings on prevention & response	• Parents & staff engaged with preventative measures • Businesses and services engaged with preventive and control measures	• Identify tools for engagement with various audiences; develop suite of infection prevention control (IPC) and safe working messages & resources
• Build confidence in residents to access healthcare in a timely way	• Early presentation of acute & severe conditions	• Conduct a range of engagement activities with residents and community organisations; • Cascade relevant communication materials through appropriate channels
Surveillance and Monitoring		
• Promptly detect new cases and situations by type of institution/settings	• Patterns of SARS-CoV-2 transmission	• Develop data dashboard • Establish local hub for receipt of data from Tier 1 & 2, collating data on testing & contact tracing
• Set up early warning communication	• Early detection of new cases	• Develop early warning indicators and processes. • Identify communities at greater risk of transmission and vulnerability
• Monitor local interventions and outbreak response	• Efficiency and gaps identified	• Establish monitoring process of local hub activities

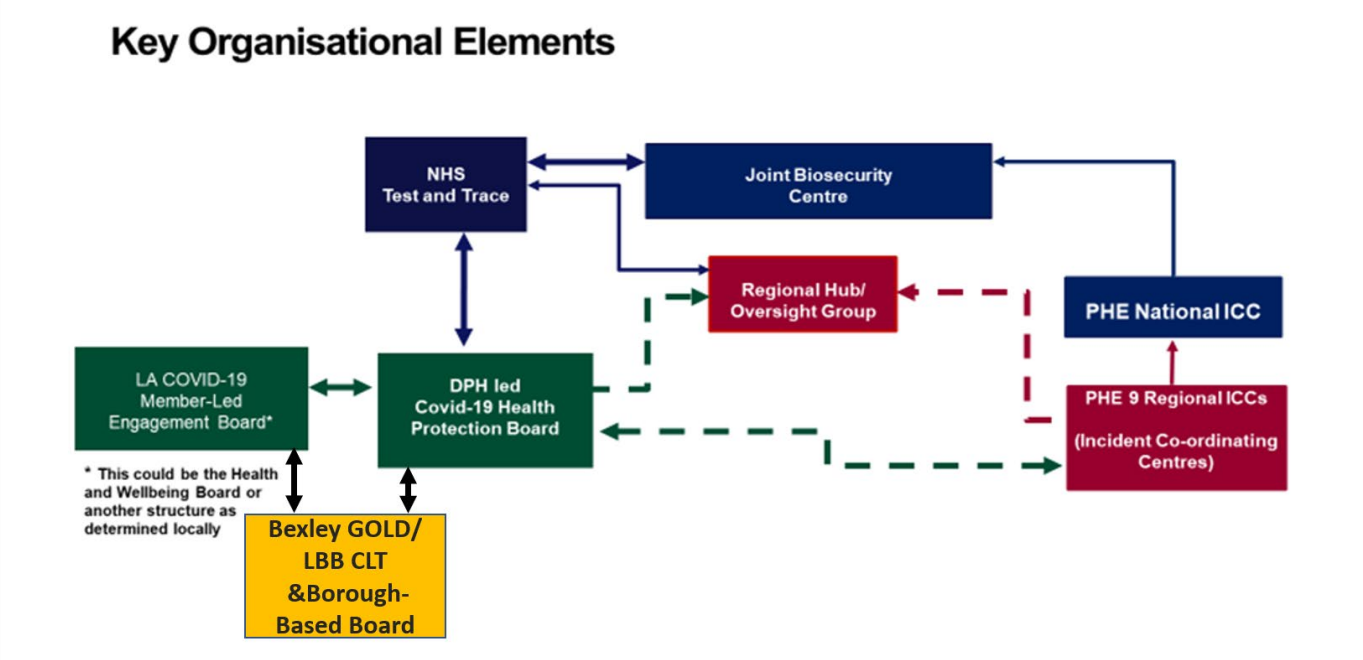
Assumptions & dependencies

25. All suspected and confirmed COVID-19 infected residents and workers able to self-isolate for 7 to 14 days
26. Testing is accessible to all; all people who need to be tested access testing in a timely fashion and results are available within 48 hours
27. All contacts are identifiable
28. Anyone who has COVID-19 symptoms is able to recognise them
29. Some people may not recognise they have symptoms, or may not have symptoms while they are infectious
30. Peoples' awareness of COVID-19 symptoms has increased
31. Reproduction rate remains below 1
32. NHS can provide sufficient critical care and specialist treatment
33. For more details see appendix slides 43, 44 & 45

Governance: Roles and responsibilities

25. The diagram below depicts the overall governance arrangements for the system of NHS Test and Trace, from the national level (blue boxes), to the regional London-wide structures (red boxes), to the local structures at Bexley level (green and yellow boxes).

Figure 1: Key organisational underpinnings of the NHS Test and Trace model



26. The diagram below depicts the local governance and the main functions for each level of governance:

Figure 2: Local Governance arrangements in Bexley

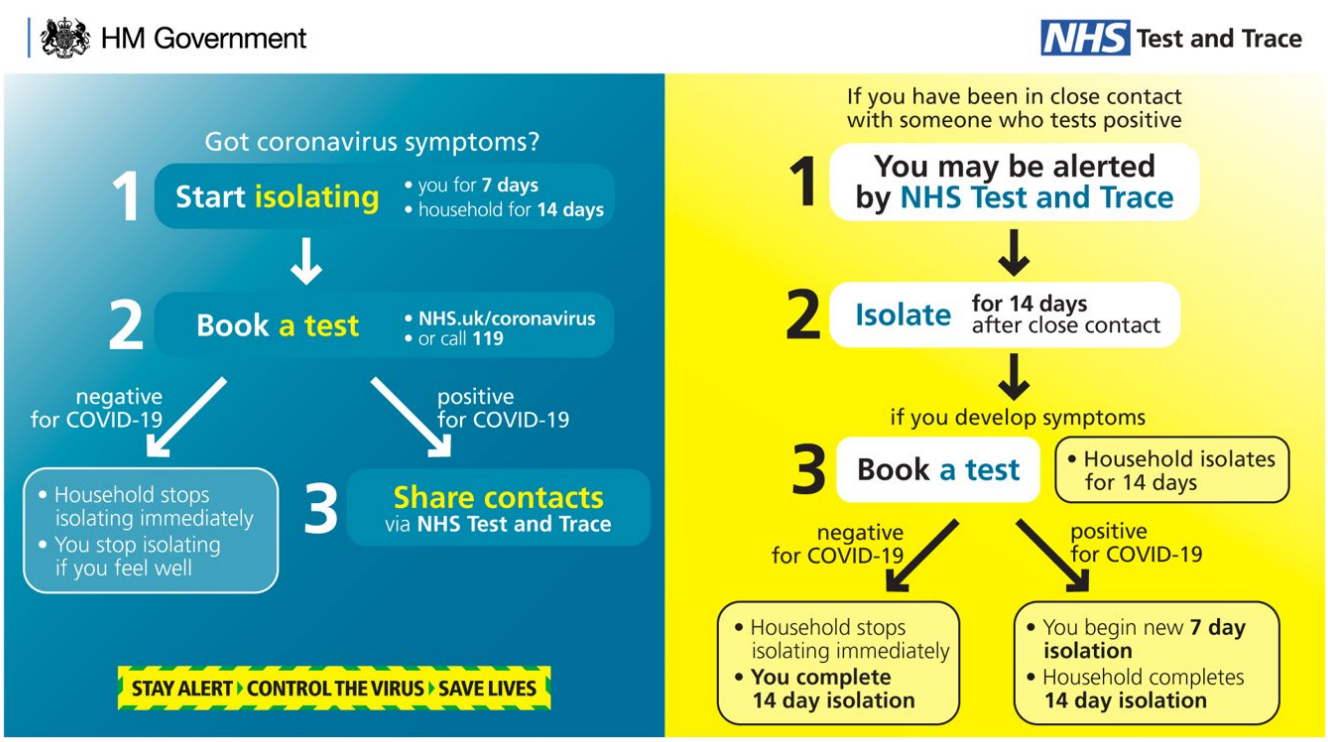
Strategic approach to estimate additional resources

25. Resource mobilisation to start early in the process of establishing local capacity for outbreak control.
26. Resources should be considered for implementation of the interventions as well as mitigating negative impacts of the outbreak control measures and building community resilience.
27. While building on existing local capacity and their redeployment, there will be a need to plan for additional capacity to escalate local response if needed and maintain other essential local authority functions and agreed work priorities.
28. The demand for local interventions is expected to be driven by: number of local cases, size of local outbreaks, as well as LCRC capacity and demand for mutual aid.
29. Current estimate of additional capacity covers mainly the estimated need for additional public health, environmental health and logistics support. Further assessment of additional capacity and financial resources will be provided by each work stream before the end of July.

Conclusions and next steps

30. As mentioned at the start, this is a draft document that depicts the "plan for a plan". Work is currently underway to estimate the resource requirements, set-up the local governance arrangements specifically the Covid-19 Health Protection Board and the Leader-led Outbreak Engagement Board.
31. A full action plan will be developed that encompasses all the workstreams above, the main roles and responsibilities, the tasks and task owners, and the standard operating procedures (SOPs) underpinning outbreak management and control and specific settings and circumstances.
32. Resource packs are also being developed which will be deployed while engaging with the partners in each setting so that they are well versed in what they need to do in the case of an outbreak, the process for escalation and data flow, and the risk assessments that need to be completed.
33. The final plan will be signed off by the Health and Wellbeing Board.

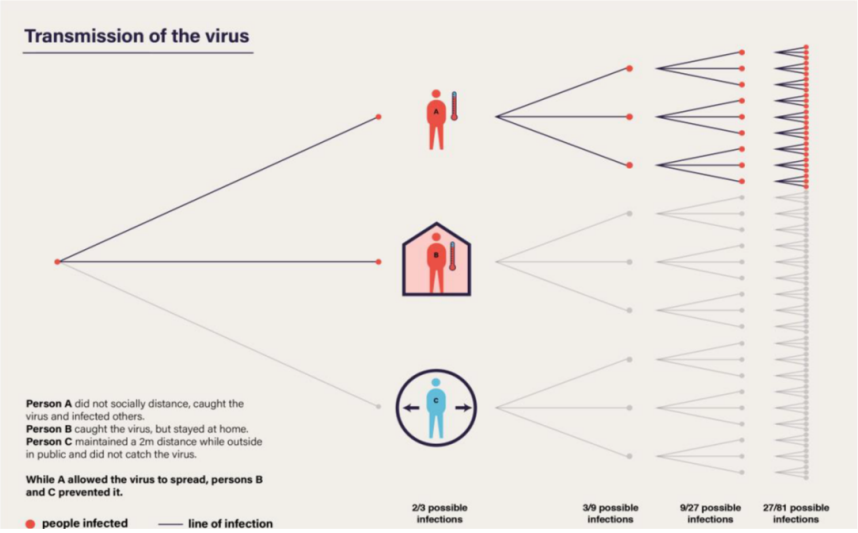
Appendix 1: NHS Test and Trace



Appendix 2: COVID-19 planning assumptions

- Reproduction number for SARS-CoV-2 remains below 1

Source: OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy. HM Government



The number of people infected by an infected individual depends on:
a) self isolating – Person A does not self isolate, and infects others; Person B self isolates, and does not infect others
b) social distancing – Person C has COVID-19 but has no symptoms. Person C maintains social distancing and therefore does not infect others

Appendix 3: COVID-19 planning assumptions

Changes in COVID-19 control measures will depend on the feasibility to satisfy the "5 tests"

1. Protect the NHS's ability to cope. We must be confident that we are **able to provide sufficient critical care and specialist treatment** right across the UK.
2. See a **sustained and consistent fall in the daily death rates** from COVID-19 so we are confident that we have moved beyond the peak.
3. Reliable data from SAGE showing that **the rate of infection is decreasing to manageable levels** across the board.
4. Be confident that **the range of operational challenges, including testing capacity and PPE, are in hand,** with supply able to meet future demand.
5. Be confident that **any adjustments to the current measures will not risk a second peak of infections** that overwhelms the NHS.

Source: OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy

Appendix 4: COVID-19 – Organisational governance details

Level	Place-based leadership	Public health leadership
LOCAL	LA Leader, Chief Executive, in partnership with DPH and Bexley Health and Wellbeing Board to: a) Sign off the Outbreak Management Plan whose development was led by the DPH b) Bring in wider statutory duties of the LA (e.g . Director of Adult Social Services (DASS), Director of Children's' Services (DCS), Chief Executive Officer (CEO) and multi-agency intelligence as needed c) Hold the Member-Led COVID-19 Engagement Board (or other chosen local structure)	DPH with the PHE HPT together to: a) Produce and update the Outbreak Management Plan and engage partners {DPH Lead) Review the daily data on testing and tracing b) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing c) Provide local intelligence to and from LA and PHE to inform tracing activity d) DPH convenes DPH- Led COVID-19 Health Protection Board (a regular meeting that looks at the e) Ensure links to LRF/SCG
REGIONAL	Regional Lead Chief Executive in partnership with national support team lead, PHE Regional Director and ADPH lead a) Support localities when required when there is an adverse trend or substantial or cross-boundary outbreak b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and Local Resilience Forums (LRF)/ SCGs d) Have an overview of issues and pressures across the region especially cross-boundary issues	PHE Regional Director with the ADPH Regional lead together a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	Contain SRO and PHE/Joint Biosecurity Centre (JBC} Director of Health Protection a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources	PHE/JBC Director of Health Protection (including engagement with Chief Medical Officer (CMO} a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre