

HEALTH AND WELLBEING BOARD

1 SEPTEMBER 2020

REFERRAL FROM THE KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD: COVID-19 LOCAL OUTBREAK CONTROL PLAN BRIEFING

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Summary

This report provides an overview of the response and recovery strategy to protect Kent and Medway's populations from COVID-19 impacts. It describes actions that Kent County Council (KCC) and Medway Council (MC), in partnership with key stakeholders, have taken to develop the COVID-19 Local Outbreak Control Plan (LOCP).

The report also sets out the governance arrangements and framework, through which KCC and MC will collaborate to deliver their statutory functions to protect their populations and reduce the spread of COVID-19.

This report was considered by the Kent and Medway Joint Health and Wellbeing Board on 28 July 2020 and the comments of the Joint Board are set out at section 4 of the report.

1. Budget and policy framework

- 1.1. As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Control Plan to reduce the viruses' spread.
- 1.2. With provision of £300M in national government funding to support the Plan's delivery, the COVID-19 Local Outbreak Control Plan will follow national outbreak management standards and put in place local measures to prevent,

identify, and contain COVID-19 outbreaks. This plan was published online on 30 June 2020 (Appendix 1).

2. Background

- 2.1. Building on KCC and MC's existing health protection systems, a Kent and Medway COVID-19 Health Protection Committee (HPC) was established on 1 June 2020 to provide strategic oversight for both the development and delivery of the COVID-19 Local Outbreak Control Plan.
- 2.2. The HPC is led by KCC and MC's Directors of Public Health and consists of key partners from Public Health England's local health protection teams, NHS England & NHS Improvement to ensure an integrated response. Officer representatives from Kent's District Councils will also be fully involved given their environmental health responsibilities. Full membership details can be found in the HPC Terms of Reference set out in Appendix 2.
- 2.3. The HPC meets weekly and serves to ensure effective system wide collaboration. Reports will be provided to key stakeholders in line with paragraphs 2.4.8 and 3.1 of the report. It is, however, recognised that both Councils will maintain their own specific governance and oversight arrangements for their organisation's pandemic response.
- 2.4. In accordance with guidance from the Department of Health and Social Care and local adaptation, the Kent and Medway COVID-19 Local Outbreak Control Plan is centred around 8 core themes:

2.4.1. Care Homes and Schools

Planning for local outbreaks in care homes and schools including defining monitoring arrangements, potential scenarios and required response planning. Additional local guidance documents, tools and action plans have already been developed locally such as the COVID-19 health and safety checklist for school headteachers.

2.4.2. High risk places, locations, and communities

Identifying and planning how to manage high risk places, locations and communities of interest by defining preventative measures, outbreak management strategies and community engagement plans.

2.4.3. Local testing capacity

Several different testing services will be established to ensure that testing is accessible to the entire population. These include:

Regional Testing Sites (RTS)

These are a network of drive-through sites in the region. Currently there is a Regional Test Site in Ashford. Further work is ongoing to put in place an additional RTS in Manston.

Satellite Testing Sites

These are placed at sites that have a particularly urgent or significant need (i.e. hospitals, remote locations). There are currently satellite

sites on the Hoo Peninsula and at Medway Maritime Hospital NHS Foundation Trust.

Mobile Testing Sites

These travel regionally and service areas of Kent and Medway not covered by regional or satellite test sites. Currently, mobile units can be deployed to locations in Maidstone, Swale, Canterbury, Ashford, Dover, Folkestone and Medway. Work is ongoing to establish a site in Margate (pending the outcome of the establishment of an RTS at Manston).

Testing in Hospitals & Care Homes

Hospitals and Care homes are eligible for immediate, prioritised testing the event that a member of staff, patient or resident shows symptoms or has been notified to be in contact with someone who has the virus. They're also eligible for antibody testing as part of the government's surveillance strategy to allow for a better understanding of post-infection immunity as well as the UK population virus's prevalence.

Further Test Sites

The Department of Health and Social are in the process of developing localised testing innovations. These microsites could be placed in communities and enable people to walk or cycle to them.

2.4.4. Contact Tracing in Complex Settings

Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand & options to scale capacity if needed).

2.4.5. Data Integration and Monitoring

Receiving and acting on data and intelligence, including epidemiology and Early Warning indicators, provided from sources including the Public Health England Epidemiology Cell, NHS Test and Trace, the National Joint Biosecurity Centre and other local data sources.

2.4.6. Supporting and protecting vulnerable groups

Consideration of specific requirements to address the challenges faced by "Shielders" as well as other residents and groups who may need additional support due to self-isolation requirements and other challenges arising from the current situation.

2.4.7. Communications Strategy

Whilst not part of the national requirement, public communication is essential, primarily as it's the local authority responsibility to "warn and inform" but it also makes up a key standard in managing outbreaks effectively. There is a need to ensure individuals and specific communities are aware of the risks associated with increased COVID-19 mortality and morbidity and how they can protect themselves and others.

2.4.8. Formation of Local Boards

In addition to the HPC, additional local working groups and boards should be established to facilitate command and control and the delivery of the overall objectives.

Strategic Co-ordinating Group

There is already a multi-agency Strategic Co-ordinating Group (SCG) in place in Medway and Kent with the SCG part of the Kent Resilience Forum (KRF). The HPC will report through the SCG to co-ordinate and partner with the wider system to support delivery of the COVID-19 Local Outbreak Control Plan.

Local Outbreak Engagement Board (LOEB)

The aim of the Outbreak Engagement Board is to provide political ownership and wider public engagement and communication of the outbreak response.

3. Advice and analysis

- 3.1. Building on Section 2.4.8, in the event of an outbreak the HPC will work with the KRF who will deliver the COVID-19 Local Outbreak Control Plan by working through pre-existing structures that are in place with local stakeholders and organisations. The HPC will provide regular updates to the LOEB on the COVID-19 Local Outbreak Control Plan and outbreaks within the region. See Appendix 3 to the report for a summary of the governance structure.

4. Kent and Medway Joint Health and Wellbeing Board – 28 July 2020

- 4.1 This report was considered by the Kent and Medway Joint Health and Wellbeing Board on 28 July, the comments of the Committee were as follows:
- 4.2 The Director of Public Health for Medway introduced the report which had been co-produced with the Director of Public Health for Kent and provided the Joint Board with an overview of the response and recovery strategy to protect Kent and Medway's populations from Covid-19 impacts. It set out the Kent and Medway Local Outbreak Control Plan (LOCP), which covered eight key themes including governance, complex settings, arrangements for tracing and testing, outbreak management, how to support vulnerable populations and communications strategies. The report also recommended that the Joint Board fulfil the role of the Local Outbreak Engagement Board (LOEB).
- 4.3 Members then raised a number of questions and comments, which included:
 - 4.3.1 **Testing the LOCP** – reference was made to the ongoing testing of the LOCP, using scenarios that were being experienced elsewhere to learn from those and how best agencies and communities should respond.
 - 4.3.2 **Kent and Medway LOCP** – reference was made to the fact that the Plan covered the whole area of Kent and Medway and this was commended as it

helped partnership working with other agencies in the area that covered the whole geographic area of both Kent and Medway, such as one Clinical Commissioning Group and one Resilience Liaison Forum.

- 4.3.3 **Strategic responsibilities of each local authority** – clarification was made that the LOCP and LOEB would not absolve each individual upper tier local authority's from its own strategic responsibilities and reference was made to the additional layers of engagement and governance that would sit within the structures of both KCC and Medway Council to enable the two local authorities to discharge their specific public health responsibilities.
- 4.3.4 **Communication** – in response to a comment made regarding the Kent Resilience Forum (KRF) and the LOEB's role in communication strategies, the Director of Public Health for Medway explained that the KRF had responsibility through the Civil Contingencies Act in relation to the warning and informing elements of communication. In addition to that, there were also local Kent Protect/Medway Protect campaigns to champion the work of the local authority to reach out to certain groups, businesses etc in a tailored approach.
- 4.3.5 **Governance Structure** – clarification was sort in relation to the governance structure at figure 1 of the LOCP. In response, the Director of Public Health for Medway confirmed that existing gold command structures within each authority had been used. He added that the role of the Health Protection Committee was set out in the framework within the LOCP and provided assurance that existing mechanisms for escalation would be used. Communication and lines of engagement would be escalated through the governance structure when there was a need for wider consequential management, such as containment measures.
- 4.3.6 **Education** – concern was raised about how secondary schools would manage bubbles of students in year groups as well as the addition of young people possibly being invited back in the Autumn to sit the exams they had not been able to in the summer months. In response, the Director of Public Health for Medway explained that one of the tests of the LOCP and its effectiveness had focused on schools. He added that officers were working closely with schools to ensure appropriate risk assessments and guidance were in place to assist them. It was also confirmed by the Director of Public Health for Kent that more guidance from the Department for Education and Public Health England was anticipated to support schools further and in addition, work was underway to deliver the flu vaccine to all primary school aged children and those in year 7.
- 4.3.7 **Quarantine requirements** – clarification was sought about the most recent quarantine measures advice that had been issued by the Government. The Director of Public Health for Medway undertook to report back to the Member separately, once he had looked at the specifics of the guidance.
- 4.3.8 **Membership of the Health Protection Committee** – some errors to the membership were raised, in relation to organisations and job titles detailed at paragraphs 3.4, 3.5 and 3.6. Officers undertook to correct these.

4.3.9 **How to make populations ready** – in the context of vulnerable people, reference was made to the importance of ensuring those with underlying health conditions such as diabetes, hypertension and obesity, were reviewed and supported to help with the readiness of any further waves of Covid-19.

4.4 The Kent and Medway Joint Health and Wellbeing Board:

4.4.1 agreed, in principle, that this Board should fulfil the role of the Local Outbreak Engagement Board (i.e. to provide political ownership and public-facing engagement and communication for outbreak response) subject to formal agreement of both the Medway and Kent Health and Wellbeing Boards.

4.4.2 recommended to both Councils' Health and Wellbeing Boards that they formally delegate the function of the Local Outbreak Engagement Board (LOEB) to this Board and agree the terms of reference of the LOEB to be fulfilled by this Board.

5. Developments since July 2020

5.1. The Contain Framework was published by central government on 17th July. This details the plans for how local and national partners will work together and with the public at a local level to prevent, contain and manage outbreaks.

5.2. It includes details of a weekly watchlist of specific unitary and lower tier local authorities identified as areas of concern, areas receiving enhanced support from NHS Test and Trace, and areas where national interventions are being taken, as determined by Department of Health and Social Care ministers and the Chief Medical Officer at the Local Action Committee.

5.3. It also includes an outline of the options available to DPHs to respond to cases of the virus, including accelerated testing of asymptomatic people and increased public health messaging.

5.4. Additional powers have also been granted to DPHs under the Coronavirus Act, the Health Protection (Coronavirus Restriction) (England) Regulations 2020 as amended, which gives them the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

6. Risk management

6.1. There are several known risks which include; (1) compliance & effects of social distancing measures, (2) 2nd wave occurring, (3) further excess deaths (if 2nd wave occurs during flu season) and (4) additional pressure on Kent & Medway's health and social care systems. The HPC will consider & aim to

mitigate all these risks via the delivery of the COVID-19 Local Outbreak Control Plan.

7. Consultation

7.1. The COVID-19 Local Outbreak Control Plan has been developed in consultation with a wide range of stakeholders including Kent's District Councils, Kent Resilience Forum, Kent and Medway Clinical Commissioning Group, NHS England and Improvement, General Practitioners, NHS Trusts, Public Health England (Kent and Medway Health Protection Team, Contact Tracing Cell), Kent Police, British Transport Police and the Kent Fire and Rescue Services. Public and patient input will be solicited via Health Watch and other local organisations.

8. Climate change implications

8.1. Not applicable.

9. Financial implications

9.1. As described in paragraph 1.2 of the report, financial resources have been allocated to Medway Council and Kent County Council through the Local Authority test and trace service support grant, allocations for which have used the 2020/21 Public Health Grant allocations as a basis for distributing the funding. Medway Council received £1,592,918 and Kent County Council received £6,311,401. This non-recurrent funding covers an 18-month period and will be earmarked for health protection and recovery activities outlined in the COVID-19 Local Outbreak Control Plan.

10. Legal implications

10.1. Kent County Council and Medway Council, under the leadership of the Directors of Public Health, have a statutory duty to protect the population's health by responding to and managing communicable disease outbreaks which require urgent investigation and presents a public health risk.

10.2. The legal context for the Councils' response to COVID-19 sits within the following Acts:

- The Coronavirus Act 2020
- Health and Social Care Act 2012
- Public Health (Control of Disease) Act 1984

10.3. The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012 for a time limited period of four years from 1st April 2020.

10.4. The Joint Board seeks to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner

and ensure collective leadership to improve health and well-being outcomes across both local authority areas.

10.5. The Joint Board is advisory and may make recommendations to the respective Kent and Medway Health and Wellbeing Boards.

10.6. The duties of Health and Wellbeing Boards, established by s.195 of the Health and Social Care Act 2012 and set out in the existing Terms of Reference for Medway's Board include the following:

- To encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway.
- To encourage persons who arrange for the provision of any health related services (i.e. services that may have an effect on the health of individuals but are not health or social care services) in Medway to work closely with the Board.
- To encourage persons who arrange for the provision of any health or social care services in Medway and those who arrange for the provision of any health-related services in its area to work closely together.
- To involve users and the public in the work of the Board, as appropriate.

10.7. As such, the Kent and Medway Joint Health and Wellbeing Board is able to take on the function of the Local Outbreak Engagement Board (LOEB) referred to in paragraph 2.4.8, provided the role of the LOEB remains advisory.

10.8. The terms of reference of Medway's and Kent's Health and Wellbeing Boards are set out in Appendices 4 and 5 of the report respectively.

11. Recommendations

11.1 The Health and Wellbeing Board is asked to consider the comments of the Kent and Medway Joint Health and Wellbeing Board set out at section 4 of the report and agree:

- a) that the Kent and Medway Joint Health and Wellbeing Board fulfils the role of the Local Outbreak Engagement Board (LOEB) (i.e. to provide political ownership and public-facing engagement and communication for outbreak response).
- b) to formally delegate the function of the LOEB to the Joint Board and agree the terms of reference of the LOEB to be fulfilled by the Joint Board.

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Appendices

- Appendix 1 – COVID-19 Local Outbreak Control Plan
- Appendix 2 – Health Protection Committee Terms of Reference
- Appendix 3 – Governance Structure
- Appendix 4 – Medway Health and Wellbeing Board Terms of Reference
- Appendix 5 – Kent Health and Wellbeing Board Terms of Reference

Background papers

Local Outbreak Control Plans (Department of Health and Social Care, 22 May 2020)