

OFFICIAL

Kent Resilience Forum



PREPARING FOR EMERGENCIES IN KENT AND MEDWAY



Local Outbreak (COVID-19) Control Plan

TO ACTIVATE THIS PLAN, GO TO SECTION 7.2

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(for the KRF COVID-19 Health & Social Care Cell)

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Date: June 2020

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Abbreviations

BAME	Black Asian & Minority Ethnic Groups
CAG	Confidentiality Advisory Group
CEO	Chief Executive Officer
CTAS	Contact Tracing Advisory Service
DHSC	The Department of Health and Social Care
DPH	Directors of Public Health
EHO	Environmental Health Officer
EPPR	Emergency Prevention, Preparedness and Response Team (SE regions, NHS England)
GDPR	General Data Protection Regulations
GP	General Practice
HPB	Health Protection Board
HSCC	Kent Resilience Forum – Health and Social Care Cell
JBC	Joint Biosecurity Centre
KCC	Kent County Council
KRF	Kent Resilience Forum
LA	Local Authority
LOEB	Local Outbreak Engagement board (Joint Health and Wellbeing Board)
LOCP	Kent and Medway Local COVID-19 Outbreak Control Plan
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership
MAIC	Kent Resilience Forum – Multi Agency Information Cell
MC	Medway Council
NHS	National Health Service
NHS T&T	NHS Test and Trace
NPI	Non-pharmaceutical interventions
PPE	Personal Protective Equipment
PHC	Public Health Consultant
PHE HPT	Public Health England South East - Kent and Medway Health Protection Team
KRF SCG	Kent Resilience Forum - Strategic Coordinating Group
SITREP	Situation Report
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
TCG	Tactical Coordinating Group
UTLA	Upper Tier Local Authority
ULA	Unitary Local Authority
VCS	Voluntary and Community Sector
WHO	World Health Organisation

Executive Summary

As part of the UK government's COVID-19 recovery strategy, the [NHS Test and Trace service](#) was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate, reduce the spread of infection, save lives, and help return life to as normal as possible for as many people as possible in a way that is safe, protects health and care systems, and restarts the economy.

Achieving these objectives requires a co-ordinated effort between local government, the National Health Service, Public Health England, police and other relevant organisations at the centre of outbreak response set out in a Local Outbreak Control Plan.

In Kent and Medway, the Kent Resilience Forum COVID-19 Local Outbreak Control Plan builds on existing health protection plans already in place between Kent County Council, Medway Council, Public Health England - South East, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners.

Summarised in 8 themes, the Kent Resilience Forum COVID-19 Local Outbreak Control Plan sets out how we aim to protect Kent and Medway's population by:

- Preventing the spread of COVID-19
- Identifying early and proactively managing local outbreaks
- Coordinating capabilities across agencies and stakeholders and;
- Communicating with and assuring the public and partners that the plan is being effectively delivered

The themes are;

1. Governance structures that have been established and are led by the Kent and Medway COVID-19 Health Protection Board and supported by the Strategic Coordinating Group of the Kent Resilience Forum, Kent County Council & Medway Council through the Kent and Medway Joint Health and Wellbeing Board. In addition, both Kent County Council and Medway Council have specific oversight arrangements to take account of their public duties and responsibilities (**Section 4**)
2. Arrangements to manage care homes & education setting outbreaks including defining monitoring arrangements, identifying potential scenarios and planning required responses (**Section 5**)
3. Arrangements in place to manage outbreaks in other high-risk places, locations and communities of interest including sheltered housing, transport access points & detained settings including defining monitoring arrangements, identifying potential scenarios, and planning required responses (**Section 5**)
4. Managing the deployment and prioritisation of services available for local testing which allows for a population level swift response. This includes delivering tests to isolated

individuals, establishing local pop-up sites and hosting mobile testing units at high-risk locations (**Section 6**)

5. Monitoring local and regional contact tracing and infection control capability in complex settings and the need for mutual aid, including developing options to scale capacity if needed (**Section 7**)
6. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (**Section 8**)
7. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (**Section 9**)
8. Communicating with the public and local partners in Kent and Medway; essential for managing outbreaks effectively (**Section 10**)

The Kent Resilience Forum COVID-19 Local Outbreak Control Plan, including its Appendices of setting specific action cards, should be read by the public alongside local decision makers, businesses, advisors and stakeholders most likely to be affected by COVID-19.

We are grateful to our teams and many colleagues from the Councils, Kent and Medway Clinical Commissioning Group, the Kent Resilience Forum, Public Health England and other organisations for their unwavering support and contributions in protecting Kent and Medway's population from COVID-19.



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1. Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China [1]. On 12 January 2020 it was announced that a novel coronavirus had been identified, this virus is referred to as SARS-CoV-2, and the associated disease as COVID-19 [2]. On 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic [3]. As of 25 June 2020, over 9.1 million cases have been diagnosed globally, with more than 473,000 fatalities [4]. The total number of confirmed cases in the UK is published by the Department of Health and Social Care (DHSC) and local numbers by Public Health England (PHE) are available [here](#) [5]

The UK Government's response strategy for managing the COVID-19 pandemic is now entering its next phase. Up to date information about the national response can be found [here](#) [6]. As places such as schools and shops start to open and as the [NHS Test and Trace service](#) [7] becomes more established, additional support is required to ensure this is delivered safely and effectively.

Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population's health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DPHs fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), Public Health England (PHE), National Health Service (NHS) organisations and other agencies.

As part of the UK Government's COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Control Plans by UTLA and ULAs. National government has provided LAs with £300 million additional funding to support delivery of these LOCPs.

1.1. Purpose & Scope

The Kent Resilience Forum COVID-19 Local Outbreak Control Plan (LOCP) will augment existing health protection arrangements in place within Kent and Medway. This plan will enable additional specific action to be taken to address COVID-19 outbreaks. Its aims and themes are set out in the **Executive Summary** (see page 6).

The LOCP is based on Public Health Outbreak Management Standards [9], and health protection functions for local government. These functions are outlined in "[Health Protection in Local Government Guidance](#) [10] placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with PHE and the Guiding Principles for Effective Management of COVID-19 at a Local Level [11]

The LOCP includes;

- Kent County Council (KCC) and Medway Council's (MC) resilience and recovery strategies including their work with key settings, communities, and populations to prevent, identify and control outbreaks, facilitate communication, and meet any additional needs.
- Specific roles, responsibilities, and individual arrangements for and between Kent Resilience Forum (KRF) partner organisations in preventing, identifying, and responding to COVID-19 outbreaks.
- KRF-wide information and communication flow maps including key processes to be followed proactively day to day (e.g. infection control) and in the case of COVID-19 outbreaks.
- Trigger points for escalation and deployment of certain processes
- Existing national, regional, and local level plans (e.g. Action Cards & Standard Operating Procedures) for high risk locations & vulnerable populations
- Proactive and reactive communications and engagement plans including prepared / example materials and data usage to tailor messaging.

Please see **Section 7.2** for instructions on how to activate this plan.

1.2. Linked plans

The LOCP builds on the following plans:

1. Kent and Medway, Surrey & Sussex PHE Centre Outbreak/Incident Control Plan
2. KCC – Major Emergency Plan
3. MC – Major Response Strategy
4. KCC – Emergency Recovery Plan
5. MC – Emergency Recovery Plan
6. KRF Pan Kent Strategic Emergency Response Framework
7. KRF COVID-19 Evacuation and Shelter Plan
8. KRF Media and Communications Plan
9. KRF Vulnerable People & Communities Framework
10. KRF Identifying & Supporting Vulnerable People Plan
11. KRF Pan Kent Strategic Recovery Framework

2. Kent and Medway in Context

An estimated 1.8 million people live in Kent and Medway [12]. KCC is an UTLA and is comprised of 12 borough & district councils inhabited by circa 1.5 million people [13]. MC is a ULA with circa 280,000 residents [14]. Together, they make up one of the most densely populated areas in England.

2.1 Health Needs of Residents

- Life expectancy at birth is similar to England's national average [15] in Kent and lower than national average in Medway for men (79.9 in Kent, 79.0 in Medway) and women (83.4 in Kent, 82.6 in Medway) [16].
- Adult smoking (15% in Kent, 14.7% in Medway) and overweight or obesity prevalence (64.2% in Kent, 69.6% in Medway) are similar to England's national average [16]. Obesity is known to be a COVID-19 risk-factor [17].
- Increasing age is known to be a COVID-19 risk factor [17] and 19.4% of Kent's [18] and 15.9% of Medway's residents [14] are aged 65+.
- Non-white ethnicity is also known to be a COVID-19 risk-factor [17]. In Kent, 6.6% of the population are of Black Asian and Minority Ethnic (BAME) origin with the largest single BAME group represented by Asian Indians at 1.2% of the total population [19]. In Medway, 10.4% of the total population identified as BAME with Asian Indians the largest proportion at 2.7% [20]
- A 2016 report found there to be significant inequalities in the health outcomes, health behaviours, risk factors and wider health determinants among Kent and Medway's residents, with premature mortality from respiratory disease 3 times higher amongst the most deprived compared with the least deprived [21].
- The mortality gap between least and most deprived is widening suggesting increasing health inequalities [15].

2.2 Health & Social Care Landscape

The *Kent and Medway Sustainability and Transformation Plan* is aiming to establish an Integrated Care System by April 2021 [22]. Organisations involved in the delivery and/or support of Kent and Medway's residents' health and social care needs include:

- 220 + General Practice (GP) Surgeries
- 24 Hospitals
- 342 Pharmacies
- 429 Dentists
- 42 Primary Care Networks
- 4 Integrated Care Partnerships (Dartford, Gravesham & Swanley; East Kent; Medway & Swale; and West Kent)
- 4 Acute Trusts (including 3 Foundation Trusts)
- 1 UTLA (KCC)

- 1 ULA (MC)
- 1 Mental Health Trust
- 2 Community Health Trusts
- 1 Ambulance Service
- 1 Clinical Commissioning Group (CCG)

2.3 The Impact of COVID-19

Cases

There have been 5,974 lab-confirmed cases of COVID-19 in Kent and Medway reported to PHE as of 20th June 2020 [23]. This is a rate of 321 cases per 100,000 population.

3. Legal Context

The DPHs in UTLA and ULAs have a statutory duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health. As such, they are responsible for developing the LOCP and will work closely with local partners to control and manage the spread of COVID-19 outbreaks as part of a single public health system. Specific legislation to assist in outbreak control of COVID-19 in the UK is detailed below.

3.1. Coronavirus Act 2020

Under the Coronavirus Act [24], the Health Protection (Coronavirus Restriction) (England) Regulations 2020 as amended [25] sets out the current restrictions and regulations in place as well as the powers that DPHs from UTLAs and ULAs can draw on in order to respond to a outbreak and control the transmission of COVID-19 in its area. They will have 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. The use of these powers should be an option of last resort where individuals or organisations are unable, unwilling, or opposed to taking actions that reduce the spread of this virus. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations see **Annex 9**.

Premises which form part of essential infrastructure will not be in scope of these powers and DPHs will therefore need to engage with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

In exercising any of these powers the UTLA/ULA must 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. UTLA/ULAs may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

3.2. Health Protection Regulations 2010 (as amended)

The powers contained in the suite of Health Protection Regulations 2020 as amended [25], sit with district and borough council and ULA Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 [26] allows a LA to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health.

The Health Protection (Part 2A Orders) Regulations 2010 [27] allow a LA to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

3.3. Data Sharing

There will be a proactive approach to sharing information between local responders, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004 [28]. Further details regarding data sharing and information governance can be found in **Section 8.4**

4. Theme 1 - Governance Structure

The *Guiding Principles for Effective Management of COVID-19 at a Local Level* sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and Public Health England Health Protection Team, are responsible for signing off the Local Outbreak Control Plan [11]

Alongside the development of LOCPs, it recommends the formation of three critical local roles in outbreak planning alongside community leadership. Additional cells and groups will also directly feed into the LOCP which includes the KRF COVID-19 Care Home Cell, the KRF COVID-19 Health & Social Care Cell & the KRF COVID-19 Contact Tracing Workstream. A summary of the Kent and Medway governance structure is outlined in **Figure 1**

4.1. Kent and Medway Health Protection Board

In line with above, the Kent and Medway COVID-19 Health Protection Board (HPB) was formed and convened on 1st June 2020. Led by the Public Health Departments of KCC and MC, the HPB links together established governance structures across KCC, MC, Public Health England South East - Kent and Medway Health Protection Team (PHE HPT), the 12 district and borough council Environmental Health teams, Kent Resilience Forum - Strategic Coordinating Group, Kent and Medway CCG and other key partners.

It meets weekly depending on operational requirements and serves to ensure effective system wide collaboration whilst providing strategic oversight for both the development and delivery of the KRF COVID-19 Local Outbreak Control Plan. The full list of members of the HPB can be found in the HPB Terms of Reference in **Annex 1**

4.2. Kent Resilience Forum – Strategic Coordinating Group

The Kent Resilience Forum is the Local Resilience Forum for Kent and Medway and within this sits the Strategic Coordinating Group (KRF SCG). The HPB will work with the KRF SCG who will

deliver the LOCP by working through pre-existing structures that are in place with local stakeholders and organisations. The KRF SCG will support local health protection arrangements working through the Tactical Co-ordinating Group (TCG) and the following cells:

- KRF COVID-19 Testing Cell
- KRF COVID-19 Health and Social Care Cell (HSCC)
- KRF COVID-19 Multi Agency Information Cell (MAIC)
- KRF COVID-19 Vulnerable People and Communities Cell
- KRF COVID-19 Contact Tracing Workstream

4.3. Kent and Medway Local Outbreak Engagement Board

As stipulated by the DHSC, there is a need for a Local Outbreak Engagement Board (LOEB) to provide political ownership & facilitate public and stakeholder engagement for the COVID-19 Local Outbreak Control Plan. In Kent and Medway, the LOEB will be the Kent and Medway Joint Health and Wellbeing Board. Operationally there are additional layers of engagement and governance, that sit within the structures of KCC and MC. These structures serve to enable the LAs to discharge their specific public health responsibilities. They also serve to ensure oversight of other elements of LA specific responsibilities. For example, there will be regular member engagement through the Kent Leaders Forum comprising elected council leaders from all LAs across Kent and Medway.

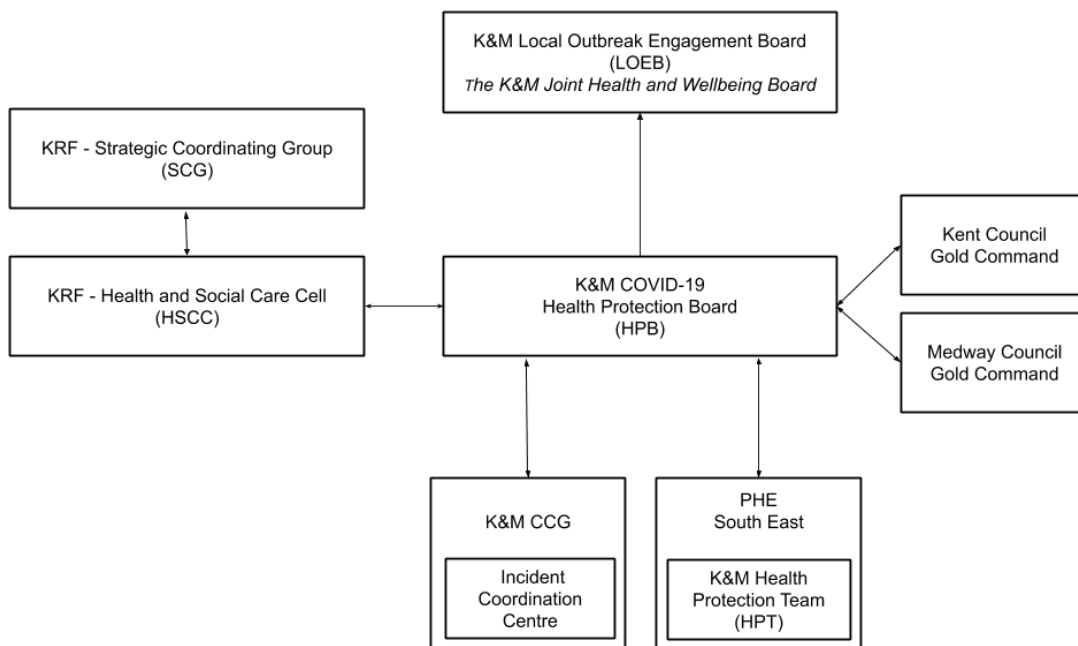


Figure 1 – Governance Structure of Local Boards

5. Themes 2 & 3 - Identification of Complex Settings

This section delineates the settings, places and communities that are considered high-risk or complex. This could be because there is a risk of significant onward transmission, or there are clinically vulnerable individuals based at that setting (e.g. care homes and schools).

These settings have been identified as complex settings by PHE HPT. This means there are specific arrangements for the prevention, identification and management of cases, community clusters or outbreaks in these settings (see **Section 7**)

The list of identified complex settings in Kent and Medway can be found in **Table 1**. Each setting has a specific action card embedded within the Appendix which are signposted from **Table 1**.

These cards;

1. outline the triggers, process and required response for each setting, the resource capabilities and capacity implications and what current plans are in place to support these settings.
2. have been designed to be used by those who have responsibility for an individual setting, providing a single point of access to key information on how to minimize outbreak risks and guidance on what to do if someone reports symptoms of or tests positive for COVID-19.
3. provide a transparent and consistent approach when working with PHE HPT, KCC/MC and other local partners and are intended to complement existing systems and processes for managing infectious diseases.

Table 1 – List of Complex Settings and the Location of their COVID-19 Action Cards

Complex Setting	Location of Action Card
Care Homes	Appendix 1
Schools & Other Educational Settings	Appendix 2
Other Health and Social Care Settings	Appendix 3
Shelter Refuges and Hostels	Appendix 4
Prisons & Detention Facilities	Appendix 5
Other Workplace Settings	Appendix 6
Transport arriving at Ports and Borders	Appendix 7
Other Transport	Appendix 8
Outdoor Settings	Appendix 9

6. Theme 4 - Testing

Testing & Contact Tracing (see **Section 7**) are a fundamental part of COVID-19 outbreak control. By monitoring COVID-19 closely, it should be possible to isolate infectious persons, prevent & mitigate outbreaks, and detect early warning signs of COVID-19's spread both locally and nationally. This section outlines the key steps of the local testing arrangements in place in Kent and Medway.

There are currently 2 types of test available for use, PCR antigen tests and antibody tests. For the purposes of the LOCP, we shall only discuss PCR antigen testing. This is the primary method used for testing, contact tracing and outbreak management in Kent and Medway.

6.1. Access to Tests

Depending on the situation and setting, there are different routes by which a person can access testing. [The NHS Test & Trace](#) (NHS T&T) system is the main route of public access to test for COVID-19 [29]. These includes home test kits, drive through regional test sites, satellite test sites, mobile testing units and dedicated local testing centres. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities. A summary diagram of testing is delineated in **Figure 2**

The NHS T&T locations for Kent and Medway are demand responsive. As of 24th June 2020, there were;

- Regional Test Sites in Ashford & Manston
- Satellite Testing Sites on the Hoo Peninsula and at Medway Maritime Hospital NHS Foundation Trust and;
- Mobile Testing Units available for deployment in Maidstone, Swale, Canterbury, Ashford, Dover, Folkestone and Medway. Work is ongoing to establish a site in Margate.

These will be updated, should additional testing capacity be brought online, or future models of testing emerge. Details of current locations of the Kent and Medway NHS T&T sites are available from hsc@medway.gov.uk.

In most cases, a person will only be eligible for testing if they are showing symptoms of COVID-19. However, in light of new evidence showing that people infected with COVID-19 who are either pre-symptomatic or have very mild or no respiratory symptoms (asymptomatic) can transmit the virus to others without knowing, there are instances where certain people/groups in Kent and Medway will be eligible for asymptomatic testing. This includes:

- Emergency admissions
- Elective patients tested prior to admission and, if negative, then re-tested upon onset of symptoms or after 5-7 days
- Elective patients tested prior to admission to the independent sector, by local agreement, for NHS patients and, if negative, then re-tested upon onset of symptoms or after 5-7 days

- Upon discharge to other care settings including care homes/hospices
- Untoward Incidents - Any untoward incident in terms of probable healthcare associated COVID-19.
- Outbreaks and Clusters - An outbreak, classed as two or more cases in a single setting. For example, if two patients in a ward test positive the whole ward (patients and staff) should be tested.
- If a healthcare worker tests positive the colleagues who they've been in contact with should be identified and tested (as part of Track and Trace).
- Periodic health and social care staff testing as part of PHE's SIREN study.
- Periodic testing of all eligible care home staff (including agency staff and volunteers) every 7 days and residents every 28 days. Eligible care homes are those with residents aged 65+ and/or with dementia.

Spare capacity for asymptomatic staff testing is not to be used outside of the above guidance. Further details on ensuring adequate testing access for Kent and Medway's workforce can be found in **Section 6.3** with **Figure 3** outlining testing routes.

6.2. Testing Results and Outcomes

National guidance for the public concerning test results can be found [here](#) [30]. In the event of a negative result, no further action is needed from the NHS T&T service. However, those who have been notified to have been in contact with a person with COVID-19 should [continue to isolate for the full 14 day period](#) [31]. In the event of a positive test result, contact tracing services will be initiated. Whilst cases identified through the NHS T&T testing services will automatically be referred onto the PHE Contact Tracing and Advisory Service (CTAS), some testing facilities, such as those at NHS trusts, may need to manually notify PHE HPT (HPU-kent@phe.gov.uk or 0344 225 3861) to ensure timely notification. Support for those that need to self-isolate can be found in **Appendix 11**.

6.3. Assuring Local Testing Capacity

An assessment of the current use of mobile, satellite and drive through testing units, levels of need and COVID-19 infection rates in Kent and Medway, will enable risk and interventions to be aligned to support outbreak management. Testing data will be reviewed by the KRF COVID-19 Testing Cell who have oversight of arrangements for testing of:

- Essential workers (including staff from Kent and Medway's local public sector agencies, national public agencies based in or assigned to Kent and Medway, suppliers of essential services/contractors, agency workers, interims or consultancies directly engaged by Kent and Medway's public agencies, and other organisations or businesses who are directly assigned to support the response). A list of essential workers can be found [here](#) [32]

- Wider resident testing as per government guidance (including care home residents and those in group living settings such as extra care, supported living and prisons in Kent and Medway)

The KRF COVID-19 Testing Cell reports to the HSCC & the HPB. See **Section 4** for further details of Kent and Medway’s governance arrangements.

KCC and MC will be required to support Pillar 1 of the national testing strategy [33]; to scale up NHS swab testing for those with a medical need and, where possible, the most critical key workers and also for outbreak management. If enhanced support and testing capacity is required, DPHs can escalate to the national government command structure.

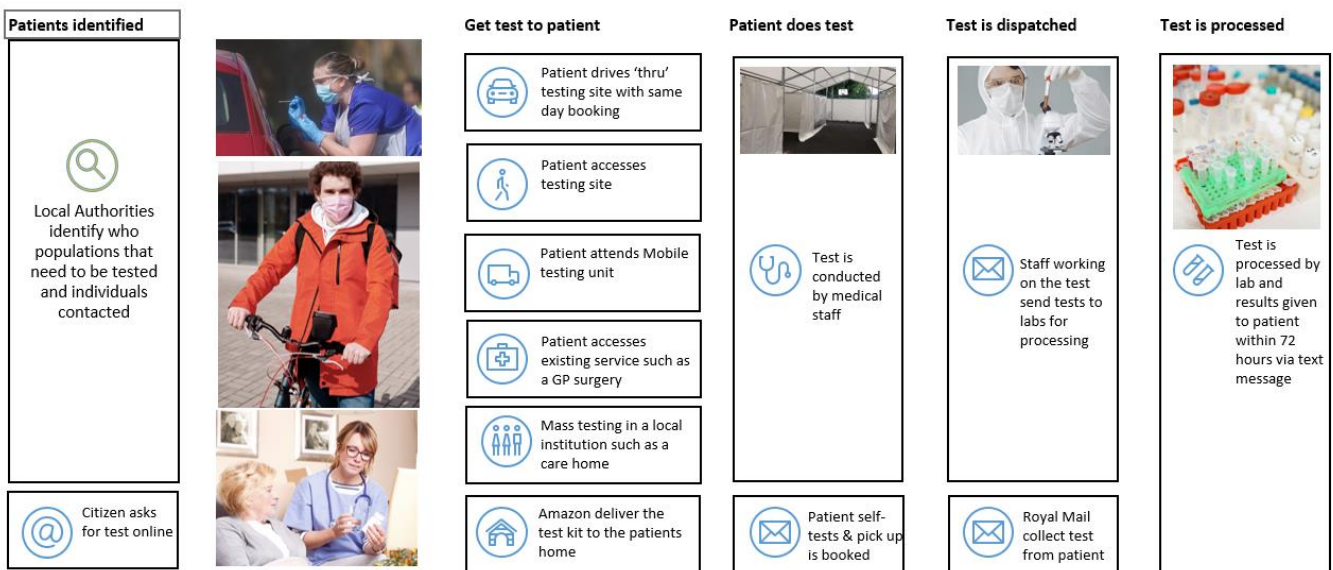


Figure 2 – Testing Delivery

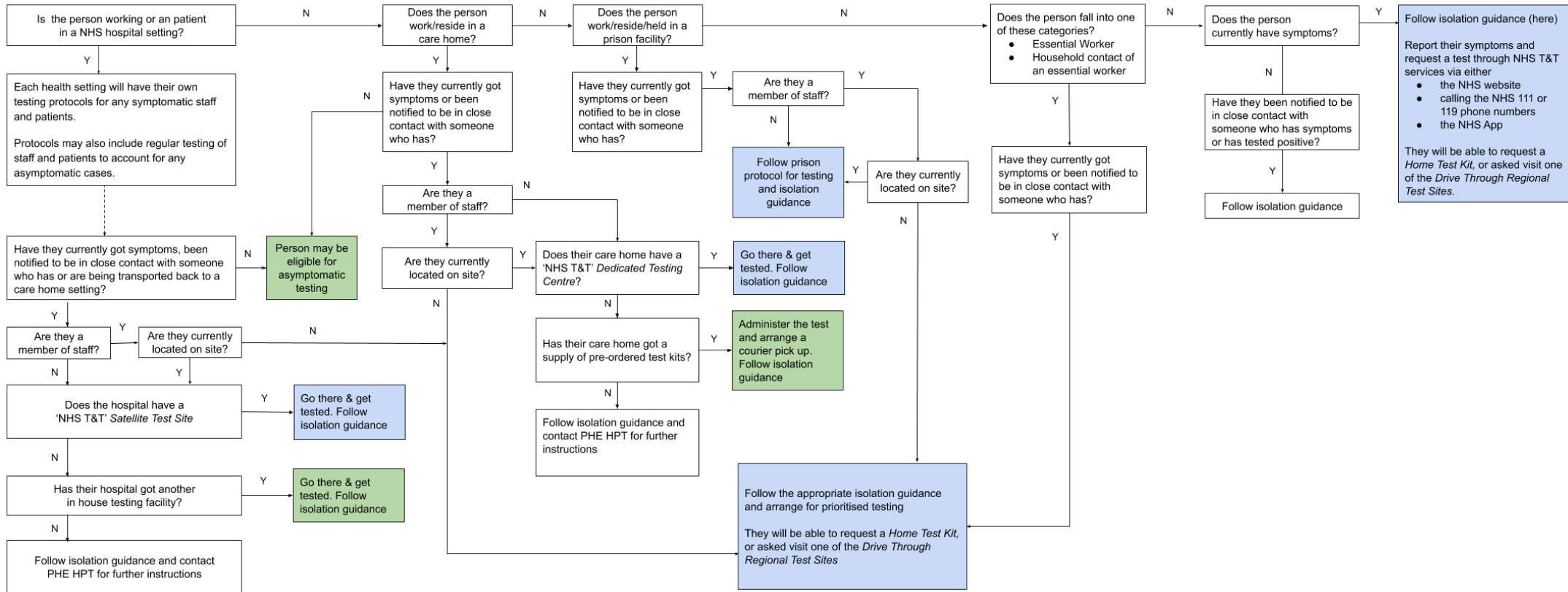


Figure 3 – Testing Access Routes

There are different routes by which a person may be able to obtain a test depending on their circumstances. BLUE boxes = testing facilities that are part of NHS Test and Trace system and results are therefore automatically fed directly through to PHE CTAS. GREEN boxes = testing facilities that need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

7. Theme 5 - Contact Tracing & Outbreak Management

7.1. Contact Tracing

The Trace component of NHS T&T is an integrated service to identify, alert and support those who need to self-isolate. It is run by the Contact Tracing and Advisory Service (CTAS) which is jointly led by NHS England and PHE and is made up of three tiers of contact tracers. The roles of each CTAS tier is outlined in **Figure 4**

All positive cases are initially referred to Tier 3 CTAS from a range of NHS T&T testing sources who will then obtain further information on details of places they have visited, and people they have been in contact with. These contacts are risk-assessed according to the type and duration of that contact. Those who are classed as ‘close contacts’ are contacted and provided with advice on what they should do e.g. self-isolate. Depending on the case or setting complexity, contact tracing and other health protection functions may be escalated to be handled by one of the higher CTAS tiers.

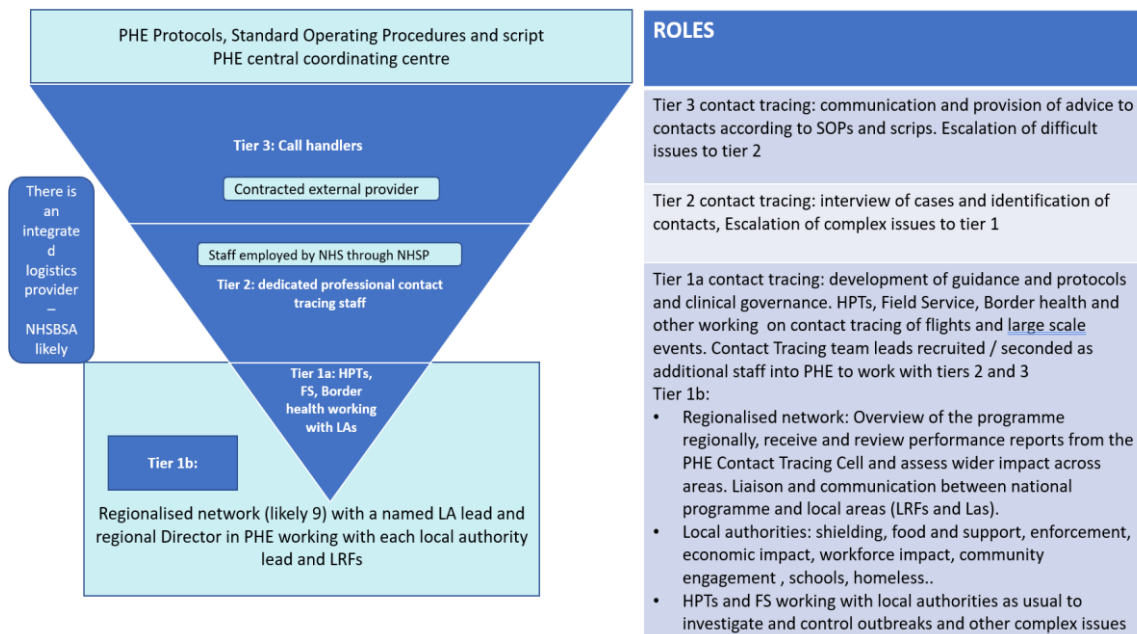


Figure 4 – Contact Tracing Advisory Service (CTAS) Contact Tracing Tiers

- **Tier 3** – Around 20,000 call handlers have been recruited by external providers under contract to DHSC to provide advice to contacts using national standard operating procedures (SOPs) and scripts as appropriate.
- **Tier 2** – Around 3,000 dedicated professional contact tracing staff have been recruited by NHS providers to interview cases to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. They will also handle issues escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts

- **Tier 1** – PHE HPT will investigate cases escalated from Tier 2. This will include those unwilling to provide information, healthcare and emergency services, complex and/or high-risk settings such as care homes, schools, prisons/places of detention, workplaces, health care facilities and transport where it hasn't been possible to identify contacts. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate.

For the Kent and Medway localities, Tier 1 contact tracers are the PHE HPT available at HPU-kent@phe.gov.uk or 0344 225 3861. As outlined in **Section 7** and **Figure 5**, complex cases can be referred to PHE HPT contact tracers via several routes:

1. A positive case is identified by Tier 2 & 3 of NHS T&T to be complex or within a complex setting.
2. Through direct notification from a complex setting to the PHE HPT regarding either a symptomatic or confirmed positive case. Specific referral arrangements for each complex setting can be found in **Annex 4** with their action cards signposted from **Table 1**.

7.2. Outbreak Definition & Plan Activation

An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place/time [34]. The LOCP may be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type. It should be noted that most incidents/outbreaks will be managed through business as usual measures. This plan and the relevant mechanisms will only be activated following appropriate risk assessment and discussion by the HPB. In addition, should the DPHs determine there is an urgent need, they will use appropriate measures to activate this plan. Plan initiation may also be informed by other factors, for example, national government direction in the form of information received through the JBC. Final guidance is still awaited on specific JBC trigger factors, however **Table 3** provides an overview of the initial high level JBC triggers.

7.3. Outbreak Response

The PHE HPT will collaborate with KCC, MC, the 12 district and borough council Environmental Health teams, the KRF SCG, Kent and Medway CCG and other key partners to deliver this response. The outbreak response will be tailored to the nuances of each setting drawing on local intelligence (see **Section 8**). In the event of an outbreak the steps (varies by setting) listed in

Table 2 will be taken with a summary overview of the initial outbreak response to be found in **Figure 5** and setting specific outbreak response SOPs found in **Annex 4**. This is in line with the LA PHE Joint Action Plan SOP (**Annex 2**) and the National Government's [Contain Framework](#) [35]

Table 2 – Steps to be Taken in Response to an Outbreak

STEP 1 – Initial Risk Assessment & Contact KCC/MC Single Point of Contact (SPOC)
<p>After being alerted of new cases, community clusters or outbreaks, the PHE HPT will contact the relevant setting, and give infection control advice either by email or verbally. If it is decided that the setting is complex, the PHE HPT will then inform the KCC/MC SPOC by email or phone via the existing emergency planning route, depending on urgency, & have a joint discussion to develop a deeper understanding of what caused the issue, identify possible solutions and the next steps to be taken to as per below. KCC/MC and PHE HPT will also decide whether it is necessary to convene an Outbreak Control Team (OCT). This will depend on the complexity of the situation which is based on the expert risk assessment conducted by PHE HPT upon initial notification.</p>
STEP 2 – Infection Control & Response to Enquires
<p>If it is decided that an OCT should be convened, key members of the OCT and the resources required will depend on the nature of the setting and situation. The OCT will be responsible for coming up with the infection control plan moving forward including deciding the roles of the multi-agency response, the measures they will take and what resources will be required to deliver the response (Annex 3). The KCC/MC SPOC will also follow up with the setting’s occupational health departments or other points of contact and support the affected setting on operational issues (e.g. sourcing PPE, staff capacity, removal of dead bodies & care provision). Any situation updates are fed back to PHE HPT and/or OCT.</p>
STEP 3 - Perform Enhanced Testing & Contact Tracing
<p>Testing of people within complex settings may be advised by the OCT. Testing will be done in collaboration between PHE and partners including mobilising existing Mobile Testing Units where necessary. Depending on the prevalence of cases within that LA and if it is identified as an Area of Concern on the Contain Framework Local Authority Watchlist, people in the community may also be encouraged to get tested. KCC and MC may need to supplement testing and contact tracing efforts though NHS mutual aid, mutual aid from environmental and public health teams at district and borough councils, external partners who have undergone training (see Section 6.3). National government support may also be available if the LA goes on to be identified as an Area of Enhanced Support on the Contain Framework Local Authority Watchlist.</p>
STEP 4 – Continue to Monitor Intelligence
<p>The setting & LA area will continue to be monitored closely using regular intelligence updates as detailed in Section 8.</p>
STEP 5 – Facilitate Closures and/or Targeted Restrictions
<p>If the virus continues to spread, activities at certain locations may be restricted or individual workplaces or buildings that have been the source of an outbreak will be required to close (see Section 3.1). If a tactical response is required at this point, the DPH will escalate to the KRF SCG (see Section 10 and Annex 9). 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.</p>
STEP 6 – Escalate Concerns & Local Lockdown

If all previous measures taken are unable to stop the spread of the virus within the community or the scale/type of outbreak calls for the use of wider or more intrusive powers, then decision-making will be escalated to the national level. Escalation to this point will be based on LAs identified as Area of Intervention on the Contain Framework Local Authority Watchlist as well as other local intelligence. In this instance more severe lockdown restrictions will be put in place locally that diverge from the measures throughout the rest of England. Depending on the nature of the outbreak, this may include the closure of all non-essential services and businesses across local areas, with travel in and out of the area will be restricted, bespoke measures implemented for people who are shielding and people will be encouraged to stay home (**Annex 7**). If this is required then, the KRF SCG will be activated (see **Section 10**) and additional multi-agency national incident resource will be deployed to bolster local resources to respond to the incident.

7.4. Infection Control

There are additional measures and support mechanisms in place through KCC and MC to help complex settings in the region prevent COVID-19's spread. National guidance on preventing the spread of infection in specific settings can be found in setting specific action cards located in the **Appendix** and covers social distancing, hand hygiene, PPE, isolation and enhanced cleaning measures. In the event that non-compliance to COVID-19 control measures is noted, please refer to **Annex 9** on compliance and enforcement

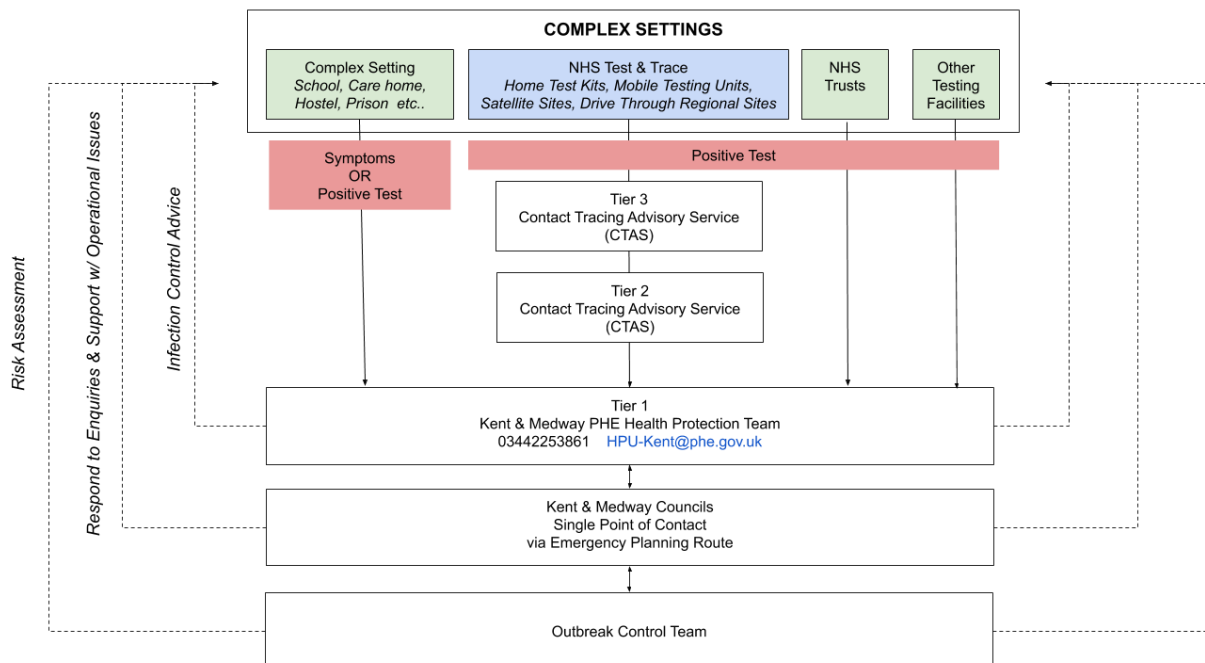


Figure 5 – Referral Routes of Cases in Complex Settings to the PHE HPT and the Required Responses. The different routes by which a positive or suspected case of COVID-19 in a complex setting can be referred to the PHE HPT. BLUE boxes = testing facilities that are part of NHS T&T

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system and results are therefore automatically fed through to PHE CTAS. GREEN boxes = testing facilities that may need to manually notify PHE HPT of a positive test result to ensure timeliness of notification.

8. Theme 6 - Data Integration & Analytics

This section should be read in conjunction with **Sections 4.1 & 7.3**. There are a number of local, regional and national data sources available to the HPB's members and its partners in establishing and mitigating COVID-19's spread in Kent and Medway. This section details the; (1) objectives of data integration & analytics, (2) data sources & arrangements, (3) data integration & (4) information governance.

8.1. Objectives

The available data will be used to:

- Review daily data on testing and tracing;
- Identify complex outbreaks so that appropriate action can be taken in deciding whether to convene an outbreak control team (see **Section 7.3**);
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Kent and Medway to refine our understanding of high-risk places, locations and communities;
- Ensure that those who require legitimate access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

8.2. Data Sources & Arrangements

The PHE HPT, PHE – Epidemiology Cell, JBC, MAIC, and Kent and Medway CCG – Modelling Group are all responsible for providing and overseeing two or more types of data reports. Further information on current data reports, the areas of data they cover, contact details for data integration & analytics updates and key considerations for producing a COVID-19 situation report (SITREP) are shown in **Annexes 5 & 6**. In addition, details on the sources of information regarding vulnerable people can be found in the *KRF Identifying & Supporting Vulnerable People Plan* which is available from Resilience Direct.

8.3. Data Integration

One of the key themes of local government planning is integrating national and local data and scenario planning through the JBC Playbook (e.g. data management planning including data security & data requirements including NHS linkages). This requires cross-party and cross-sector working via the KRF, NHS Integrated Care Systems and Mayoral Combined Authorities. All enquiries regarding this should go to england.riskstratassurance@nhs.net.

The JBC *COVID-19 Outbreak Management Toolkit for England* states that according to the risk level within an area based on key metrics, there will be different guidance on how to provide Non-Pharmaceutical Interventions. To determine the risk level, both quantitative and qualitative data will be utilised with **Table 3** stating the threshold of each risk level.

This data is however not granular or timely enough to inform a system management approach to COVID-19 outbreak management. Therefore, as part of the delivery of the LOCP, the HPB are currently developing a regular situation report (SITREP) that will involve the amalgamation of several data sources. This will assist in;

1. **Early warning and surveillance** – to identify potential outbreaks / clusters that may be discernible by time, place (i.e. workplace setting, residence), location
2. **Scenario forecasting and simulation modelling** – to inform us how these outbreaks may have an impact on Kent and Medway's wider health and care systems (e.g. hospital admissions and deaths management)

8.4. Information Governance

Ordinarily, due to the sensitive nature of the health information being shared across local organisations, Kent and Medway LAs would set up data recording and sharing agreements in line with General Data Protection Regulation (GDPR). These arrangements allow for collaborative data sharing between NHS colleagues, PHE partners and Kent and Medway LAs. Applications would also be made for 'Section 251 support' from the Confidentiality Advisory Group for the sharing of information without consent for research and non-research activities.

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 [28] requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. This has subsequently been replaced by the *Data Sharing in Emergency Preparedness, Response and Recovery* guidance which, as of June 2020, is out for consultation.

In addition, the Secretary of State for Health and Social Care has issued a general notice under the Health Service Control of Patient Information Regulations 2002 [35] to support the response to COVID-19. This allows NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. The notice is currently in force until 30th September 2020 and provides a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. Agencies should therefore assume they are able to adopt a proactive approach to sharing the data they need to respond to COVID-19.

This approval applies to the use of GP and Secondary Care data but does not cover disclosure of social care data for risk stratification. Where social care data are to be used, then the relevant parties will need to assure themselves of a legal basis for the disclosure and linkage of data for this purpose. This will be achieved either by using third party and pseudonymised data, or with consent.

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Finally, the *Kent and Medway Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within Kent and Medway and includes sharing information during incident response.

Table 3 – Joint Biosecurity Centre Risk Level Thresholds

Risk Level	Quantitative	Qualitative
Low	<ul style="list-style-type: none"> • Average (seven day) daily new positive confirmed cases of COVID19 is <1 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is <0.1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 80% or more contacts within 48 hours. • Continuous monitoring of trends in local measures show low-risk 	<ul style="list-style-type: none"> • There is no data or intelligence reports suggesting an outbreak in the area. • There are no identified additional concerns about socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.
Medium	<ul style="list-style-type: none"> • Average (seven day) daily new positive confirmed cases of COVID19 is 1 to 10 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is 0.1 to 1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 70% or more contacts within 48 hours. • Continuous monitoring of trends in local measures show medium risk 	<ul style="list-style-type: none"> • Multiple outbreaks (5 to 10) are identified in low to medium risk settings, which are contained to those settings and a small geographic area • There are very small concerns or outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups.
High	<ul style="list-style-type: none"> • Average (seven day) daily new positive confirmed cases of COVID19 is >10 per 100,000 resident population • Average (seven day) daily new hospital admissions of COVID19 is >1 per 100,000 resident population • Contact tracing teams are tracing & advising to isolate 70% or less contacts within 48 hours. • Continuous monitoring of trends in local measures show high-risk 	<ul style="list-style-type: none"> • Multiple outbreaks (5 to 10) are identified in medium to high risk settings and multiple geographic areas. Local teams are unable to effectively respond to the outbreak. • There are outbreaks in socially vulnerable populations, clinically vulnerable populations, or hard to reach groups; which requires local teams to gain further resources to contain the outbreak.

9. Theme 7 - Supporting Vulnerable Populations

This section details the support provided to Kent and Medway residents at risk of COVID-19 and/or their impacts. In Kent and Medway, the KRF COVID-19 Vulnerable People and Communities Cell has oversight of the arrangements in place to support vulnerable populations.

These populations may have increased vulnerability due to any combination of the following factors:

1. Socially vulnerable and impacted by restrictions including the requirement to self-isolate
2. Those at higher risk of transmission
3. Those at higher risk of death from COVID-19

Their needs may be far reaching and include:

1. enhanced communication of transmission risks and public health advice,
2. help accessing testing,
3. financial, food and/or housing support &
4. support with mental and physical healthcare.

The current list of identified vulnerable populations in Kent and Medway can be found in **Table 4**. A list of population specific action cards within the Appendix which are signposted via **Table 4**. These cards:

- outline the available support structures, services, and organisations, both locally and nationally, specific to population needs
- identify areas where arrangements may still need to be made.

In addition, details on the sources of information regarding vulnerable people can be found in the *KRF Identifying & Supporting Vulnerable People Plan* which is available from the Resilience Direct. This may need to be reactivated in the event of a local lockdown (see **Section 7.3**). Please refer to **Section 8** and **10** that describe the data analytics and communications strategies specific to these populations.

Table 4 – List of Vulnerable Populations and the Location of their COVID-19 Action Cards

Vulnerable Population	Location of Action Card
Clinically Extremely Vulnerable People (Shielders)	Appendix 10
Those who are Self Isolating	Appendix 11
Black, Asian and Minority Ethnic (BAME) Communities	Appendix 12
Sex Workers	Appendix 13
Substance Misuse	Appendix 14
Homeless	Appendix 15
Learning Disabilities	Appendix 16
Travelling & Migrating Communities	Appendix 17
Asylum Seekers	Appendix 18

10. Theme 8 - Communication & Engagement Strategy

To ensure the impact of COVID-19 in Kent and Medway is minimised, it is crucial that there are clear communication lines between key stakeholders and the general public. This section outlines the Kent and Medway multi-agency communications and engagement strategy.

There are already several well-established internal communication channels between working groups and committees involved in Kent and Medway's COVID-19 planning and response. If closures, targeted restrictions or local lockdowns (see Section 7.3) are required:

1. PHE HPT will initiate a joint discussion with the KCC/MC SPOC, as described in **Section 7.3**
2. Together they will decide what response is required and communicate this to the KRF SCG.
3. If the KRF SCG is sitting, then the KCC/MC SPOC and/or the PHE HPT will contact the Chair of the KRF SCG to advise them that they are activating this plan. If the KRF SCG isn't sitting, then the KCC/MC SPOC and/or the PHE HPT will contact the KCC Duty Emergency Planning Officer (DEPO) who will activate the KRF SCG via the procedures outlined in the *KRF Pan Kent Strategic Emergency Response Framework*.
4. Other KRF cells, such as the KRF COVID-19 Vulnerable People and Communities Cell, may also need to be activated by the KRF SCG.
5. The KRF SCG will ensure all activities, including COVID-19 response updates, are then communicated to local, regional and national partners as well as other key stakeholders via the KRF - Media & Communications Cell.
6. If the DPHs and LA CEOs decide an operational response is required, the KRF SCG will communicate this to the KRF TCG who will coordinate the response as detailed in the *KRF Pan Kent Strategic Emergency Response Framework*. Communication to the KRF TCG may relate to LOCP activities including; (1) implementation of local outbreak control measures such as a local lockdown, (2) facilitation of closures & (3) quarantine.

Outlined below are specific communications components for the; (1) general public. (2) complex settings (read in conjunction with **Section 5 & 7**) & (3) voluntary organisations (read in conjunction with **Section 9**)

10.1. The Public

Communication and engagement with the public during a major incident will generally be coordinated by the KRF SCG in a manner that is consistent with the *KRF Media & Communications Plan*.

This comprises;

1. Wider public warning and informing messaging including:
 - Scam or fake news and messaging relating to COVID-19
 - Identified outbreaks in their local area
 - Implementation of local outbreak control measures

2. Communications campaigns pertaining to the latest government advice & guidance including:
- Understanding where to access information regarding COVID-19
 - Understanding the importance of testing and where to get tested
 - Understanding the requirements and rationale for self-isolation of asymptomatic contacts
 - Data privacy assurance that their personal information will be held in the strictest confidence & will not affect matters such as immigration status or reveal illegal activities.
 - Awareness of local and national support that is available
 - Correct usage of facemasks and handwashing

The KRF SCG will especially consider how this information is communicated to vulnerable populations such as high-risk groups (BAME, shielders), marginalised groups (homeless, gypsy roma and traveller communities) or those that may experience barriers to accessing updates (learning disabilities) to ensure they are reached alongside communicating any population specific guidance

The KRF SCG will use a range of methods to ensure information is distributed in a timely manner. They will work together with the KRF COVID-19 Vulnerable People and Communities Cell to ensure they reach vulnerable populations. They will also leverage existing relationships with community and faith leaders alongside digital engagement tactics such as targeted advertisement for areas with high infection rates using social media.

In addition, the LOEB will play an essential role in ensuring a two-way process of communication. They will empower the public and businesses to share the challenges and opportunities they have experienced through implementing COVID-19 measures, allowing for learning.

It is also critical that media and news outlets are provided with timely and accurate advice, information, and formal statements. The media team will be responsible for monitoring and managing all information obtained from and provided to the media by KCC & MC.

10.2. Complex Settings

KCC & MC already have strong well established communications with complex settings identified in **Section 5**. The communication sources, forums and key contacts at KCC and MC for complex settings can be found in **Annex 8**.

10.3. Voluntary and Community Sectors

Kent and Medway's voluntary and community sector organisations are delivering a wide offer to advocate for and meet the needs of Kent and Medway's residents via the KRF COVID-19

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Vulnerable People and Communities Cell who will build on existing relationships with these organisations to communicate how to;

1. Identify the needs and provisions of the local population
2. Build support and workforce capacity to respond to increases in need

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Appendix 1 – Care Homes

<p>Including</p> <p>Residential Homes, Nursing Homes, Supported Living Settings, Extra Care Settings, Domiciliary Care, Learning Disabilities Settings (homes and day care units), Physical Disabilities Settings and Mental Health Settings (for NHS settings, please also see Appendix 3).</p>
<p>Objective</p> <p>The objective is to identify new cases of COVID-19 early, control the spread of the virus and reduce deaths from COVID-19 in care homes in Kent and Medway.</p>
<p>Context:</p> <p>There are 613 CQC registered adult care homes in Kent and Medway.</p> <p>The ownership types include:</p> <ul style="list-style-type: none"> • 496 privately owned • 104 voluntary/non-for-profit • 1 NHS service • 12 local authority owned <p>The type of care homes includes:</p> <ul style="list-style-type: none"> • 489 Residential homes (care only) • 124 Nursing homes (care home with nursing)
<p>What's already in place:</p> <p>All partners within the HSCC have worked closely with several partner organisations to implement a package of measures to support care homes in Kent and Medway to prevent and respond to outbreaks, including:</p> <ul style="list-style-type: none"> • PHE has an outbreak management plan for use in care homes to support in identifying and escalating new suspected cases of COVID-19 • British Geriatrics Society has released a good practice guide for COVID-19: Managing the COVID-19 pandemic in care homes for older people • The NHS has offered training in infection control for care home staff • The NHS has committed that all care homes will be supported via primary care and community support • The UK Government is offering all care homes a support package • Care homes with residents who have a certain degree of frailty have access to 'extra-care schemes' support • Care home outbreaks are to be managed through Pillar 1 testing. • Eligible care homes staff and residents will also receive regular asymptomatic testing including agency staff and volunteers (staff every 7 days and residents every 28 days) via Pillar 2 testing. Care homes can register for this via the government digital portal <p>As of 22nd July 2020, DPHs in at KCC and MC will assess the level of community transmission in their area and announce whether care homes locally are able to consider allowing visitors. The decision of whether to permit visitation, to what extent and in what circumstances, is then for the provider and managers of each individual care home to make.</p>

Each care home is responsible for developing a visitation policy, and undertaking a dynamic risk assessment following the guidance set out [here](#). They should consider the significant vulnerability of their residents, their outbreak status, their readiness as an organisation and ensure strict infection control measures are in place, including face coverings for all visitors.

If a care home suspects a case or in the event of an outbreak, the home should rapidly impose visiting restrictions and follow the outbreak process outlined below. If there is evidence of further spread of the virus in the local community, DPHs will inform the relevant care homes and visitation will also be stopped.

What else will need to be put in place:

- Antibody testing is soon to be rolled out to care homes, booking system to be set up.
- Asymptomatic testing in domiciliary care settings is contingent on the results of the PHE prevalence study which is due shortly
- Asymptomatic testing for extra care and supported living settings is still to be decided
- Testing arrangements for individuals prior to a new care home admission or transfer to another care setting (excluding hospital) still need to be put in place.
- A children homes SOP is currently in development which incorporates established processes and procedures to ensure staff are aware of how to access testing for symptomatic children and how to respond to an outbreak.

Local outbreak triggers & process:

This is considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event that one of their staff or residents has received a positive test result or if the care home has reason to believe there is an outbreak, all visitation should be stopped and the PHE HPT should be contacted immediately.

An outbreak in a care home is suspected if there is either:

- A single new clinically suspected or confirmed COVID-19 positive case

PHE HPT will then:

- Conduct a situation assessment. Investigations should include testing as per the request or advice of the PHE HPT, clinicians or GP that has attended and reviewed the case.
- If there is a suspected outbreak after conducting investigations, PHE HPT will provide advice on infection prevention and control. Care homes should also complete the [Immediate Infection Control Checklist](#)
- The HPT will then order a batch of tests for rapid testing of the whole care home (residents and staff) through the local Pillar 1 testing capacity. This should then be repeated on day 4-7 for all staff and residents who initially tested negative to reduce the false negative risk
- PHE HPT will consider the outbreak's spread and severity, current control measures, the wider context and will jointly consider with KCC/MC the need for an OCT. Together they will continue to engage with the care home throughout the course of the outbreak.
- Re-testing after 28 days from the last suspected case will be provided through Pillar 2 to confirm the outbreak has ended.

- Once the outbreak is confirmed over, if an area is closed to admissions, the criteria for reopening as a minimum should be; (1) no new symptomatic cases for a period of 14 days, (2) existing cases to be isolated/cohorted and symptoms should be resolving, and (3) there should be sufficient staff to enable the facility to operate safely.

Resource capabilities and capacity implications:

Staffing

- Additional infection prevention and control training and support for care homes with outbreaks

PPE

- Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE portal for small care homes (less than 24 beds)

Links to additional information:

- [Coronavirus \(COVID-19\): Adult Social Care Guidance](#)
- [Apply for Coronavirus Tests for a Care Home](#)
- [BGS COVID-19: Managing the COVID-19 pandemic in care homes for older people](#)
- [Update on policies for visiting arrangements in care homes](#)

Appendix 2 – Schools, Early Years & Other Educational Settings

<p>Including: Primary and secondary, early years, SEND, day cares, nurseries, alternative provisions for schools, school transportation, boarding schools, further education, foster homes</p>	
<p>Objective: To identify new cases of COVID-19 early, control the spread of the virus and enable all educational and early years settings in Kent and Medway to fully reopen.</p>	
<p>Context:</p> <p>In Kent and Medway, there are:</p>	
<ul style="list-style-type: none"> • 829 Childminders • 31 Academy Nursery • 10 Creche • 273 Day Nursery • 49 Holiday Club • 54 Home Childcare- Registered Nanny • 35 Maintained Nurseries • 43 School Nurseries • 34 Nursery Units of Independent Schools 	<ul style="list-style-type: none"> • 93 Out of School Club • 301 Parent and Toddler Group and preschools • 41 Private Nursery School • 2 Tuition • 662 Primary Schools • 221 Secondary Schools • 190 16 to 18 schools/colleges • 22 Special schools • 58 Independent schools • 4 Universities • 20 Ofsted registered children homes
<p>What's already in place:</p> <p>As schools start to partially reopen, procedures have been put in place to implement national guidance on effective protective measures to reduce risks to staff and pupils including</p> <ul style="list-style-type: none"> • From week commencing 1 June, primary schools have welcomed back children in nursery, reception, year 1 and year 6, alongside priority groups. From 15th June, secondary schools, sixth form and further education colleges will offer some face-to-face support to supplement remote education of year 10, year 12, and 16 to 19 students who are due to take key exams next year, alongside full time provision they are offering to priority groups • Nurseries and other early years providers, including childminders, have begun welcoming back all children. • Special schools, special post-16 institutions and hospital schools will work towards a phased return of more children and young people without a focus on specific year groups. • PHE has an outbreak management plan for use in schools to support in identifying and escalating new suspected cases of COVID-19 • Priority access to testing is available to all essential workers and their households. This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Essential workers, and those who live with them, can book tests directly online. • In Medway, Public Health support around COVID-19 related issues is given to schools via the weekly Head Teachers reference group 	
<p>What else will need to be put in place:</p>	

- PHE are currently finalising several draft SOPs for test and trace of single cases and outbreaks in educational settings including childminders, nurseries & special schools
- KCC and MC are developing a SOP which will incorporate established processes and procedures to ensure schools, parents, county councils, and healthcare colleagues are aware of how to access testing for symptomatic people and how to respond to an outbreak.

Local outbreak triggers & process:

This is considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event that one of their staff or students has received a positive test result or if the school has reason to believe there is an outbreak, the PHE HPT should be contacted immediately.

An outbreak in an educational setting is suspected if there is either:

- Two or more confirmed cases of COVID-19 among pupils or staff in a setting within 14 days or;
- An increase in pupil absence rates, in a setting, due to suspected or confirmed cases of COVID-19

The PHE HPT will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take.

Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include;

- Cleaning in the workplace for cleaning and waste management;
- Ensure parents and staff are aware of what has happened, and the actions being taken;
- Closure: this is rarely needed to control an outbreak and should only be done following advice from the PHE HPT and discussion with KCC/MC and Regional Department of Education REACT team

When a child, young person or staff member develops symptoms compatible with COVID-19, they should be sent home and advised to self-isolate for 7 days and arranged to be tested. Schools are to obtain PPE from procurement lines and refer to Education Department for government PPE support prior to requesting KRF support. Where the child, young person or staff member tests negative, they can return to their setting and their household members can end their self-isolation.

Resource capabilities and capacity implications:

- A KCC/MC SOP on supporting when an outbreak among staff has been identified and control measures need to be implemented

Links to additional information:

- [Coronavirus \(COVID-19\): guidance for schools and other educational settings](#)
- [Actions for education and childcare settings to prepare for wider opening from 1 June 2020](#)
- [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)

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- [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)
- [COVID-19: cleaning in non-healthcare settings](#)
- [Coronavirus: travel guidance for educational settings](#)
- [Supporting children and young people with SEND as schools and colleges prepare for wider opening](#)
- [Planning guide for early years and childcare settings](#)
- [Actions for early years and childcare providers during the coronavirus outbreak](#)

Appendix 3 – Health and Social Care Settings

<p>Including: GPs, Birthing centres, Mental health Trusts, Acute trusts, Community Health Trusts, Dentists, Child health Services, Ambulance, Social Work & Home visits (for care homes see Appendix 1)</p>
<p>Objective: The objective is to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, Mental Health and Community Trusts ensuring that any outbreaks are managed quickly and efficiently.</p>
<p>Context: In Kent and Medway, there are:</p> <ul style="list-style-type: none"> • 382 GPs • 342 Pharmacies • 429 Dentists • 24 Hospitals • 1 Mental Health Trust • 2 Community Health Trusts • 4 Acute Trusts (including 3 Foundation Trusts) • 1 Ambulance Service <p>There are also local social work, home visit & child health services available for residents.</p>
<p>What's already in place:</p> <ul style="list-style-type: none"> • PHE has an outbreak management plan for use in community and primary care for identifying and escalating new suspected cases of COVID-19 • All NHS Trusts have outbreak management plans to support in identifying and escalating new suspected cases of COVID-19 • SOP for GP surgery is released by the NHS and Royal College of General Practitioners guidance for GPs are provided on their website. • SOP for Community Pharmacy is released by the NHS • SOP for dental practice on urgent dental care and phased transition are released by the NHS. • SOP for community health services is released by the NHS • Legal guidance for mental health, learning disabilities and specialised commissioned mental health services is released by the NHS. • Information for ambulance services can be found on the designated page of the NHS website. • Infection control, PPE, clinical waste and environmental decontamination guidance are available on the designated page of the NHS website.
<p>What else will need to be put in place:</p> <p>General Practices and Walk-in Centres</p> <ul style="list-style-type: none"> • Antibody testing for staff and patients <p>Community Pharmacy</p> <ul style="list-style-type: none"> • Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)

- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

Mental Health and Community Trusts

- A KCC/MC SOP on supporting the Mental Health and Community Trusts when an outbreak in the workplace or homes that they care for has been identified and control measures need to be implemented

Ambulance Services

- A KCC/MC SOP on supporting the ambulance services when an outbreak among staff has been identified and control measures need to be implemented

Local outbreak triggers & process:

- If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and LA the need for an OCT.

Resource capabilities and capacity implications:

- Vehicles with aerosol generating procedures need to follow a thorough decontamination procedure. An appropriate auditing procedure should be in place to ensure decontamination is being conducted accurately in ambulances.

Links to additional information:

- [Primary Care COVID19 guidance](#)
- [SOP for GP surgery](#)
- [RCGP's website.](#)
- [SOP for Community Pharmacy](#)
- [SOP for urgent dental care & phased transition](#) for dental services
- [SOP for community health services](#)
- [Legal guidance for mental health, learning disabilities and specialised commissioned mental health services](#)

Appendix 4 – Shelters, Refuges, Hostels & Other Temporary Accommodation

<p>Including: Homeless shelters, domestic abuse refuges, caravan parks, hotels, and any other facilities providing temporary accommodation</p>
<p>Objective: To closely monitor cases of COVID-19 amongst homeless, vulnerable populations, survivors of domestic abuse/their children and any others living in temporary accommodation, ensuring any outbreaks are managed quickly and efficiently.</p>
<p>Context:</p> <ul style="list-style-type: none"> • The homeless shelters/accommodation sector include temporary accommodation hostels, B&B, housing association, local authority, private sector properties leased by LAs or Housing Associations and “other” types including private landlords. • The domestic abuse refuges in Kent and Medway are offered by Domestic Abuse Support Services which includes emergency safe accommodation, where survivors of domestic abuse and their children are housed.
<p>What’s already in place:</p> <ul style="list-style-type: none"> • Hostels, shelters & other temporary accommodation settings should continue to follow guidance for hostels or day centres for people rough sleeping, for domestic abuse safe accommodation or advice for other accommodation providers in order to reduce risk.
<p>What else will need to be put in place:</p> <ul style="list-style-type: none"> • As we start to prepare for recovery and transition those in temporary safe accommodations into longer term housing, there is a need for testing to be extended to those who are asymptomatic. There may resistance on the part of landlords/ladies to house vulnerable populations without a negative COVID-19 test. An SOP must be developed by KCC and MC to inform housing managers of alternative solutions to finding appropriate accommodation for this population in case challenges are encountered. • An OCT may be required for current emergency accommodation sites. Issues may arise regarding sharing confidential health information with housing managers.
<p>Local outbreak triggers & process:</p> <ul style="list-style-type: none"> • If one of the staff or residents in this setting has received a positive test result or if an outbreak is suspected, PHE HPT should be contacted immediately. • PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include; <ul style="list-style-type: none"> ○ PPE and face coverings; ○ Handwashing and respiratory hygiene or hand sanitisers ○ Social distancing; ○ Cleaning and waste management to maintain hygiene; ○ Workforce management;

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- In the case of cramped temporary housing accommodation which does not have space for social distancing and hand washing facilities may be shared, other measures may have to be taken as specified by the OCT

Resource capabilities and capacity implications:

Links to additional information:

- [Working safely during coronavirus](#)
- [COVID-19: guidance for domestic abuse safe accommodation provision](#)
- [COVID-19: cleaning in non-healthcare settings](#)
- [NHS test and trace: workplace guidance](#)
- [COVID-19 Advice for Accommodation Providers](#)
- [Staying alert and safe \(social distancing\)](#)
- [COVID-19: guidance for hostel or day centre providers of services for people experiencing rough sleeping](#)

Appendix 5 – Prisons & Detention Facilities

<p>Including: Custody services & prison escorts, detention/immigration removal centres, approved premises</p>
<p>Objective: To reduce the risk of transmission and eliminate new cases and deaths from COVID-19 in prisons and places of detention in Kent and Medway.</p>
<p>Context:</p> <ul style="list-style-type: none"> • There are 8 prisons in Kent and Medway – 4178 prisoners • There are no detention/immigration centre in Kent and Medway • There are 100 Approved Premises in Kent and Medway – 89 staffed and run by the National Probation Service (part of Her Majesty’s Prison and Probation Service) & 11 staffed and run by private providers under contract to Her Majesty’s Prison and Probation Service • Ten of the 100 Approved Premises also work in partnership with a specialist NHS mental health provider. • Capacity across Approved Premises in Kent and Medway is over 2,000 places with staffing includes probation staff, contracted cleaners, chefs and facilities management staff & third sector organisations delivering interventions and resettlement services
<p>What’s already in place:</p> <ul style="list-style-type: none"> • Her Majesty’s Prison and Probation Service and PHE have worked together to produce detailed operational guidance for the prevention, identification, escalation and management of outbreaks in custodial settings, including compartmentalization/cohorting arrangements. • An Exceptional Delivery Model was put in place for all Approved Premises, which includes the following features; <ul style="list-style-type: none"> ○ The temporary closure of a small number of Approved Premises to ensure operations could be maintained. ○ The suspension or modifying of activities incompatible with social distancing. ○ All rooms became single occupancy. This was achieved through expediting move on plans for residents where the risk they presented to the public was sufficiently low, and the introduction of a priority referral process which ensured the remaining capacity was appropriately targeted.
<p>What else will need to be put in place:</p>
<p>Local outbreak triggers & process:</p> <ul style="list-style-type: none"> • If a COVID-19 outbreak is suspected in a prison or detention facility, the PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. • The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include; <ul style="list-style-type: none"> ○ PPE and face coverings; ○ Handwashing and respiratory hygiene; ○ Social distancing; ○ Cleaning and waste management to maintain hygiene;

- Workforce management;
- Bespoke advice for the particular circumstance in each case.
- Cessation of all social visits
- All detainees with suspected or confirmed COVID-19 transported and managed according to the transportation and transfer guidance.
- Any staff member showing symptoms should be sent home immediately and they must follow Government guidance

Resource capabilities and capacity implications:

- Prison officers to enforce control measures and escort and transport detainees who need to be transferred
- Healthcare staff to test both detainees and prison staff

Links to additional information:

- [COVID-19: prisons and other prescribed places of detention guidance](#)
- [Working safely during coronavirus](#)
- [COVID-19: prisons and other prescribed places of detention guidance](#)
- [Coronavirus \(COVID-19\): courts and tribunals planning and preparation](#)
- [Courts and tribunals tracker list during coronavirus outbreak](#)
- [HMCTS weekly operational summary on courts and tribunals during coronavirus \(COVID-19\) outbreak](#)
- [Cleaning in non-healthcare settings](#)
- [Coronavirus \(COVID-19\) and prisons](#)
- [COVID-19 getting tested](#)
- [National contingency plan for outbreaks in prisons and other places of detention](#)
- [Approved Premises](#)

Appendix 6 – Other Workplace Settings

Including: Construction site/outdoor working, manufacturing, food delivery, takeaways & mobile catering, in-home workers (e.g. plumbers, cleaners and in-home beauticians etc.), retails/shops, factories, power plants, food processing plants, armed forces & courts, leisure centres, sports clubs, gyms, pools, salons, and faith/religions settings.

Objective: To identify and eliminate all cases of COVID-19 in workplaces to protect employees, visitors and customers during the gradual restarting of the local economy and movement of the population.

Context:

- There are various types of construction and outdoor work settings in Kent and Medway. They include a significant number of waste management facilities/services of medium size (10-500 employees) and several water and wastewater treatment sites, laboratories, power plants and call centres;
 - Kent and Medway have 2,490 food and drink production enterprises as at 2019.
 - Kent and Medway have 71,435 manufacturing businesses as at 2019.
 - Food delivery has played an important role in the consumer sector in Kent and Medway delivering food and edible items to home environments.
 - The Armed Forces community in Kent and Medway includes Army, Royal Navy and Royal Air Force (RAF);
 - **Army** - 11th Infantry Brigade (South East); Royal Regiment of Artillery; (3rd Battalion PWRR; 103 REME battalion; 254 Medical Regiment & 220 Medical Squadron; 1 RSME Regiment, 259 Field Squadron & 101 Engineering Regiment; 39 Engineering Regiment (Hybrid)
 - **Royal Navy** - Royal Navy (Medway) Reserve & The Royal Marines Reserve Unit in London
 - **RAF** - 360 reserves; 6360 cadets & cadet volunteers; 29 Cadet Force Units
- In addition, in Kent and Medway,
- There are 4 county & family courts
 - There are 12 leisure centres, many independent gyms and sports clubs.

What's already in place:

The NHS T&T service supplements risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate, however, it does not change the existing guidance about working from home wherever possible. Employers should continue to follow the [guidelines to prevent the spread of COVID-19](#) to reduce risk. In the event of an outbreak, employers should immediately inform the PHE HPT. Employers must;

- Carry out a COVID-19 risk assessment following the Health and Safety Executive guidance;
- Develop cleaning, handwashing and hygiene procedures in the workplace;
- Help employees to work from home; discuss home working arrangements and ensure they have the right equipment for remote working;
- Maintain 2m social distancing, where possible; put up signs to remind workers and visitors of social distancing guidance and use tape to mark 2m distance between workspaces where appropriate;

- Where people cannot be 2m apart, manage transmission risk by using screens or barriers to separate people from each other and staggering arrival and departure times;
- When necessary, consider methods to reduce frequency of deliveries
- A number of practical safety measures including new signs, street markings and temporary barriers to ensure Kent and Medway's high streets are ready for when businesses are able to open and trade safely.

The communications team at KCC is working with different departments within KCC and Kent DCs (trading standards, community wardens, town planning, environmental health), other public sector teams (police enforcement officers) and private sector organisations (e.g. federation for small businesses) who already have direct links with businesses. They will work together to ensure business in Kent are supported and that they are adhering to infection control guidance.

What else will need to be put in place:

- A KCC/MC SOP on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented

Local outbreak triggers & process:

- If a COVID-19 outbreak is suspected in a workplace setting, the workplace will inform PHE HPT and KCC/MC will undertake a risk assessment and conduct a rapid investigation and advise on the most appropriate action to take. Depending on the risk assessment outcome, the PHE HPT and KCC/MC may establish an OCT to help manage the situation. The OCT will lead the Public Health response and investigations and put appropriate interventions in place. This may include;
 - PPE and face coverings;
 - Handwashing and respiratory hygiene;
 - Social distancing;
 - Cleaning and waste management to maintain hygiene;
 - Workforce management;
 - Management of customers, visitors and contractors;
 - Control of inbound and outbound goods;
 - Self-isolation
- Symptomatic individuals should access testing in line with current advice. Advice and information provided through contact tracing should be followed by all symptomatic individuals and their contacts.

Resource capabilities and capacity implications:

- Staffing to;
 - Develop communications plan and SOPs,
 - Monitor workplaces as part of prevention work;
 - Visit non-compliant workplaces to enforce control measures;
 - Visit workplaces with outbreaks to advise on/enforce control measures;

Links to additional information:

- [NHS test and trace: workplace guidance](#)

- [Working safely during coronavirus](#)
- [Guidance on prioritising waste collection services during coronavirus \(COVID-19\) pandemic](#)
- [Guidance for Managing Household Waste and Recycling Centres \(HWRCs\) in England during the coronavirus \(COVID-19\) pandemic](#)
- [Information on the water industry and Coronavirus \(COVID-19\)](#)
- [Guidance for food businesses during COVID-19](#)
- [Cleaning in a non-healthcare setting](#)
- [Need FSA guidance for food businesses on COVID-19](#)
- [Guidance for restaurants offering takeaway or delivery](#)
- [Food Handlers - Fitness to work](#)
- [Guidance for working in, visiting or delivering to other people's homes](#)
- [COVID-19: investigation and initial clinical management of possible cases](#)
- [Find your local Health Protection Team in England](#)

Appendix 7 – Transport Arriving via Trains, Ports & Borders

<p>Including: All transport that has arrived in Kent and Medway that originated outside the UK (except those listed in Appendix 8). This includes freight/lorry drivers, cruise ships and trains</p>
<p>Objective: To prevent and control the spread of imported cases of COVID-19 from overseas travellers entering into the UK</p>
<p>Context:</p> <p>In Kent and Medway there are 4 ports and a harbour.</p> <ul style="list-style-type: none"> • Port of Whitstable: fishing, small commercial • Port of Ramsgate: fishing, leisure, lifeboat • Port of Dover: ferry, leisure, commercial/cargo, cruise terminals, lifeboat • Folkestone: difficult, largely derelict <p>In Medway, the ports include Chatham Docks, Chatham Reach and Upnor Reach</p> <p>There is a high-speed international train service from Paris, France, that goes via Ebbsfleet International and Ashford International and ends at London St. Pancras International</p> <p>Buses and cars arriving in Folkestone from France via the Eurotunnel</p>
<p>What's already in place:</p> <ul style="list-style-type: none"> • UK travel quarantine rules have come into effect requiring all people arriving in the UK to self-isolate for 14 days. People arriving by plane, ferry or train – including UK nationals – will have to provide an address where they will self-isolate and face fines of up to £1,000 if they breach the rules. • Check points have been set up on roads in line with KCC Brexit preparedness plans
<p>What else will need to be put in place:</p> <ul style="list-style-type: none"> • Provision of support for food and medical supplies for the 14 days self-isolation period in the event of an outbreak on a cruise ship • Driver welfare provisions
<p>Local outbreak triggers & process:</p> <ul style="list-style-type: none"> • For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks. • For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises. PHE HPT will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the KCC/MC the need for an OCT
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none"> • Provision of support for food and medical supplies during the 14 days self-isolation period
<p>Links to additional information:</p> <ul style="list-style-type: none"> • COVID-19: Shipping and seaports guidance • Arrangements for driver welfare and hours of work during the coronavirus outbreak • Border control

Appendix 8 – Other Transport

<p>Including: Bus, Taxi, Walking & Cycling, Private cars, Car sharing</p>
<p>Objective: To identify and eliminate all cases of COVID-19 in any other method of transport to protect employees, visitors and customers during the gradual restarting of the local economy and movement of the population.</p>
<p>Context: In Kent and Medway, there are:</p> <ul style="list-style-type: none"> • 199 private car hire companies • 18 coach service operators
<p>What's already in place:</p> <ul style="list-style-type: none"> • It is currently compulsory to wear a face covering on all public transport including private hire cars. • Car sharing or public transport should be discouraged as possible.
<p>What else will need to be put in place:</p> <ul style="list-style-type: none"> • A mobile app or similar, to contact trace all public transport contacts
<p>Local outbreak triggers & process:</p> <ul style="list-style-type: none"> • Public transport associated with an area where there is a localised community outbreak will need to be considered by the OCT • However, this can only become a reality when the mobile phone app is in place nationally, the majority of the public use it, and the government decides how to respond to increased incidence of COVID-19 associated with a particular transport route/hub.
<p>Resource capabilities and capacity implications:</p>
<p>Links to additional information:</p> <ul style="list-style-type: none"> • Coronavirus (COVID-19): safer travel guidance for passengers • Bus Operator Directory • Private car hire Directory

Appendix 9 – Outdoor Settings

<p>Including: Parks and green spaces, outdoor gyms, entertainment resorts, tourist attractions, beaches, playgrounds, pools, funeral grounds, zoos</p>
<p>Objective: To ensure compliance to social distancing measures to manage transmission risks and deaths from COVID-19 in outdoor community settings in Kent and Medway</p>
<p>Context: Public parks and green spaces. Green spaces will typically include parks, recreation grounds, publicly accessible playing fields, public open spaces associated with housing developments and public burial grounds. These areas are likely to be enclosed by a variety of boundaries with ‘pinch points’ at entrances.</p>
<p>What’s already in place:</p> <ul style="list-style-type: none"> • In England, Kent and Medway residents can leave their home to exercise and spend time outdoors for recreation, sports and other activities with their household or support bubble or in groups of up to 6 people from another household or support bubble • Currently overnight stay is not allowed (with some exceptions) with campsites and caravan parks closed. • All staffs should wear face masks if social distancing is not feasible. • PHE released a guidance for providers of outdoor facilities on the phased return of sport and recreation in England
<p>What else will need to be put in place:</p>
<p>Local outbreak triggers & process:</p> <ul style="list-style-type: none"> • Symptomatic individuals should access testing in line with current advice. Advice and information provided through contact tracing should be followed by all symptomatic individuals and their contacts.
<p>Resource capabilities and capacity implications:</p> <ul style="list-style-type: none"> • Staffing to monitor compliance and impose social distancing measures in outdoor community settings
<p>Links to additional information:</p> <ul style="list-style-type: none"> • Working safely during coronavirus • Coronavirus (COVID-19): safer public places - urban centres and green spaces • Coronavirus – guidance on accessing green spaces safely • Cleaning in non-healthcare settings • NHS test and trace: workplace guidance • Guidance for people who work in or run outdoor working environments

Appendix 10 – Clinically Extremely Vulnerable (Shielders)

Objective:

The objective is to support clinically extremely vulnerable people whilst shielding at home

Context:

Emerging research suggests that certain groups of people are at enhanced risk of developing severe COVID-19 if they contract the virus, based on their underlying comorbidities. The government has recognised that some people are at higher risk of severe illness from SARS-CoV-2 (clinically vulnerable people) and a smaller minority with specific serious medical conditions are at even higher risk of severe illness (clinically extremely vulnerable). Those who are classified as clinically extremely vulnerable changes depending on the severity of the outbreak nationally. Those who are on [the shielded patients list](#) should follow the guidance below.

23 March 2020 - clinically vulnerable people were advised to stay at home as much as possible, and to minimise social contact when they went out. Clinically extremely vulnerable people were asked to shield at home (shielders).

1 June 2020 - this advisory guidance was relaxed, but not lifted, in order to allow clinically extremely vulnerable people to leave their homes and meet with one other person. It is recognised, however, that some individuals may not feel comfortable leaving their homes during this current period. There are, therefore, still significant restrictions placed upon these individuals which will continue to impact upon their daily lives.

6 July 2020 - the guidance for the clinically extremely vulnerable will be relaxed to allow shielded individuals to meet up to 6 people from other households outdoors, socially distanced, and to form support bubbles if they live alone or are a lone adult with a dependent under 18. They no longer need to observe social distancing with other members of their household

1 August 2020 - the clinically extremely vulnerable can stop shielding. The guidance will be updated to allow this cohort to go to the shops and places of worship, while following rigorous social distancing rules.

In the event of a local lockdown, guidance and the support to shielders may suddenly change. Therefore the most up to date information and guidance can be found [here](#).

What's already in place:

Government coronavirus support service: shielders register [here](#) or by calling the dedicated helpline on 08000288327, even if they do not currently need help. This provides (1) weekly box of basic food supplies (to stop as of 1 August 2020) (2) priority access for supermarket deliveries, and (3) help for meeting basic care needs. If an individual is concerned about support after 1 August 2020, they should contact their local authority.

Local general support

- Kent Together is working with system partners to organise help for vulnerable people: register [here](#) or at 0300419292 (24/7 helpline)
- [Red Zebra](#) in Kent is providing social prescribing, emergency food parcels and support isolated individuals
- [NHS Volunteer Responders](#) can help with shopping, collecting medications, and offer a friendly chat
- There are a number of organisations in Medway that are offering support with shopping, essential tasks and befriending. These include The Salvation Army, The Diocese of Rochester and WHOO Cares.

Food:

- Support from family, friends and neighbours (includes provision of culturally familiar foods)
- Mutual aid groups
- Community food projects
- Food parcels <https://www.helpingthehomeless.org.uk/COVID-19-work>
- Medway vulnerable people support hub and voluntary and community sector (VCS) assisting with shopping pickup and delivery (e.g. Walderslade Together, Salvation Army Gillingham, Second Chance Charity)
- Essential [emergency food project](#) for shielders in Medway
- Priority supermarket food slots

Medications:

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service
- Some VCS organisations are picking up prescriptions on behalf of vulnerable people (e.g. Salvation Army Gillingham, WHOO cares)

Mental health:

- Helplines: national Samaritans 24/7; Kent and Medway NHS and Social Care Partnership Trust 24/7 (0300 222 0123)
- GP support
- Free, accessible services open to self-referral for Kent and Medway can be found [here](#)
- If the resident is an existing patient, the treating secondary care mental health team

Social isolation and loneliness: likely to have increased prevalence amongst shielders

- Telephone befriending, such as by [Medway Voluntary Action](#), CarersFIRST, and AgeUK Medway

Income and Employment: shielders who now have reduced or no income streams

- Medway council tax reduction scheme
- Other funding sources are available through Citizens Advice and Kent Support and Assistance Service

- Those shielding will be eligible for Statutory Sick Pay (SSP) based on their shielding status until the 31 July. SSP eligibility criteria apply
- From 1 August 2020, if clinically extremely vulnerable people are unable to work from home but need to work, they can, as long as the business is COVID safe.
- If employers cannot provide a safe working environment, they can continue to use the Job Retention Scheme for shielded employees who have already been furloughed.

What else will need to be put in place:

Physical health:

- Health promotion activity/campaign to reduce risk of non-communicable disease (cardiovascular etc) from physical inactivity in shielders
- Communications to encourage shielders to seek medical attention if needed during the pandemic – some may be reluctant to attend hospital due to myths and fears around COVID-19.

Mental health:

- Shielding is likely to negatively impact upon individuals' mental health, exacerbating existing diagnoses, and precipitating new issues
- Need to address the gap in mental health services to both Community Support Hubs and housing services, particularly from secondary care

Social isolation and loneliness:

- Local offers which minimise or mitigate against digital exclusion and language barriers

Financial hardship:

- It is important that the council does all it can to support these individuals. This may be through payment holidays (for rent where the council is the landlord, council tax payments), or hardship grants if available.

Resource capabilities and capacity implications:

Links to additional information:

Updated national guidance for clinically extremely vulnerable people who have been asked to shield is outlined [here](#).

Appendix 11 – Those Who are Self-Isolating

<p>Objective:</p> <p>The objective is to support people in isolation including those who may be shielding or self-isolating</p>
<p>Context:</p> <p>In the event someone becomes symptomatic or is informed by NHS T&T contact tracing services that they have been in contact with someone who has tested positive with COVID-19, they will need to immediately self-isolate for a period of 7 or 14 days, respectively. Depending on the context, their household contacts may also need to immediately self-isolate. Given that the request for self-isolation will be sudden, it is important that the impact on these individuals is considered.</p> <p>Many residents will have sufficient supplies and networks to draw upon to last them the duration of isolation. However, some residents will not. They should have rapid access to sufficient resources, such as food and medications, to see them through self-isolation, to ensure maximum compliance.</p>
<p>What's already in place:</p> <p>Local general support</p> <ul style="list-style-type: none"> • Kent Together is working with system partners to organise help for vulnerable people: register here or at 0300419292 (24/7 helpline) • Red Zebra in Kent provide social prescribing, emergency food parcels and support isolated individuals • NHS Volunteer Responders can help with shopping, collecting medications, and offer a friendly chat <p>Food:</p> <ul style="list-style-type: none"> • Support from family, friends and neighbours – can provide more culturally familiar foods • Mutual aid groups • Community food projects • Medway vulnerable people support hub and VCS - assisting with shopping pickup and delivery (e.g. Walderslade Together, Salvation Army Gillingham, Second Chance Charity) • Essential emergency food project for shielders in Medway <p>Medications:</p> <ul style="list-style-type: none"> • Some VCS organisations are picking up prescriptions on behalf of vulnerable people (e.g. Salvation Army Gillingham, WHOO cares) <p>Mental health:</p> <ul style="list-style-type: none"> • Helplines: national Samaritans 24/7; Kent and Medway NHS and Social Care Partnership Trust 24/7 (0300 222 0123) • GP support

- Free, accessible services open to self-referral for Kent and Medway can be found [here](#)
- Treating secondary care mental health team if resident is an existing patient

Social isolation and loneliness: likely to have increased in prevalence amongst shielders

- Telephone befriending, such as by [Medway Voluntary Action](#), CarersFIRST, and AgeUK Medway

What else will need to be put in place:

Medication

- Pharmacies in England have been contracted to deliver medications to shielders as part of the community pharmacy pandemic delivery service, and may be able to extend this to those self-isolating (need to ensure robust local arrangements)

Childcare

- Plans for emergency childcare arrangements if no parent/guardian is fit to care for a child – will likely involve children’s social services

Data on demand for help amongst self-isolators

- Regular analysis of NHS T&T data may help identify trends in numbers of residents being asked to self-isolate, and help pre-empt surges in need amongst them

Mental health

- Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Resource capabilities and capacity implications:

As the NHS T&T system develops, it is likely that more Kent residents will be required to self-isolate. This could overwhelm the existing infrastructure for support with food shopping and collecting medications.

Links to additional information:

Appendix 12 – Black, Asian, and Minority Ethnic (BAME) Communities

Objective:

The objective is to reduce new cases, and mitigate against the disproportionate impact, of COVID-19 amongst BAME communities.

Context:

Recent evidence reviews consistently show that BAME individuals are overrepresented in those who have died from COVID-19 [17]. In Kent, 6.6% are of BAME origin with the largest single BAME group represented by Indian ethnicity 1.2% of the total population. In Medway, 10.4% of the total population identified as BAME with Asian Indian accounting for the largest proportion with 2.7% (see section 2). PHE have also published a [report on the impact of COVID-19 on BAME communities](#), following stakeholder engagement, with clear recommendations for future action.

What's already in place:

- BAME networks: [Kent and Medway NHS and Social Care Partnership Trust BAME network](#) and [Medway Diversity Forum](#). These are trusted BAME networks, which will be important in both helping shape future work around BAME populations, and also help to recruit residents for engagement
- A communications strategy is being developed locally to provide local and national guidance in multiple languages and through other appropriate methods to ensure accessibility for all residents. This will include working with business who employ or are run by BAME populations to produce a variety of media such as videos to ensure all guidance related to businesses is accessible.
- Bespoke testing offers for the more vulnerable communities are being set up

What else will need to be put in place:

Data

- Comprehensive and quality ethnicity data collection and recording for local COVID-19 tests to allow better monitoring of disparities in those being diagnosed with COVID-19.

Rapid needs assessments

- These should be undertaken for local BAME populations, incorporating proactive participatory resident engagement to understand local and personal perspectives. Actions which arise from these should be co-produced with BAME residents. Engagement should be a continued process, instead of a one-off exercise.
- Existing, trusted BAME networks, such as the [Kent and Medway NHS and Social Care Partnership Trust BAME network](#) and [Medway Diversity Forum](#), may be helpful to recruit participants for engagement.

Culturally competent individualised occupational risk assessments

- Increasing numbers of employers, including the Greater London Authority (Transport for London, The Metropolitan Police, London Fire Brigade) and the NHS, are conducting enhanced risk assessments for BAME staff to mitigate the disproportionate effect of COVID-19 on BAME individuals. Although this may be harder to enforce across all employers in Kent

and Medway, both councils can lead by example to ensure that BAME council employees, particularly public-facing workers, are risk assessed to see if additional precautions can be implemented to reduce the risk of exposure to, and acquisition of, COVID-19.

Culturally competent communications:

- Communications plans should be developed in tandem with community and faith leaders to increase reach, mitigate the fear and stigma in communities arising from headlines around BAME and COVID-19, and to encourage communities to take full advantage of interventions (e.g. contact tracing, antibody testing etc)

Equitable access to education:

- BAME families may be reluctant to send their children back to school, for fear of increasing the risk of contracting SARS-CoV-2. Engagement with local BAME residents is needed to understand if this is an issue, and to what extent.
- Families who do not send their children back to school should be supported to ensure the children receive equitable access to education and are not disadvantaged. In partnership with local schools, this may include supplying tablets/laptops to families who cannot afford them, so that they can maintain schooling virtually.

Resource capabilities and capacity implications:

Staffing to rapidly mobilise the above actions

Links to additional information:

PHE [report on the impact of COVID-19 on BAME communities](#)

PHE report on the [disparities in risks and outcomes of COVID-19](#)

Doctors of the World have published translated COVID-19 advice in 60 languages (written and audio), available [here](#)

Appendix 13 – Sex Workers

Objective:

The objective is to support sex workers during COVID-19, including those who may need to shield or self-isolate

Context:

Sex workers are amongst the most marginalised groups in society, and will likely have been, and continue to be, disproportionately impacted by COVID-19

The social distancing measures enforced during the pandemic will have significantly disrupted their ability to generate income. Sex work between consenting adults is legal in the UK (although associated activities, such as soliciting, are illegal). There is therefore some financial assistance available, in the form of the government's coronavirus job retention scheme for furloughed workers, but only if they were already registered as self-employed. It is unclear to what extent sex workers will benefit financially from this scheme.

Some sex workers may have been unable to stop 'in-person services' because of their financial difficulty, which will expose them to greater risk of contracting SARS-CoV-2. They may also act as vectors of infection. Others still may be impacted by the changes made by healthcare services, which may reduce accessibility to protective equipment (condoms, dental dams, femidoms etc) and timely consultation and investigations for sexually transmitted infections.

Sex workers are likely to experience or have experienced stigma and/or exploitation. It is important to recognise why contact tracing as part of the NHS T&T system may require particular sensitivity (in addition to the confidentiality afforded to all contacted) when it concerns a sex worker. This will be vital in securing their continued cooperation.

What's already in place:

General support

- National: [Beyond the Streets](#)
- In Medway: [Caring Hands](#) in the community (homeless and marginalised people); Street Pastors all offer support to sex workers. One Big Family also support sex workers in Medway.
- Specific needs that emerge from financial hardships, such as food and accommodation, may be addressed through joined approaches with VCS organisations (emergency food parcels, regular food deliveries) and other LA workstreams (homelessness)

Protective equipment:

- Continue to make protective equipment freely available (condoms, dental dams, femidoms etc) e.g. [METRO charity](#) offering free condoms, testing and sexual health advice and support in Kent and Medway for those aged 13-25y

Access to healthcare:

- Existing sexual health clinics are being kept open, as far as possible, to allow sex workers to maintain good sexual health e.g. [Clover Street \(Medway sexual health hub\)](#) which still

accepts new attendances, but on an appointment-only basis or through telephone triage to access a virtual or clinic appointment

What else will need to be put in place:

Financial hardship schemes:

- As above, which may obviate the need to continue in-person sex work during the pandemic

Access to healthcare:

- Encouraging STI testing particularly throughout the COVID-19 pandemic e.g. the Breaking the Chain: Time to test campaign

Resource capabilities and capacity implications:

Links to additional information:

Test now stop HIV campaign [website](#)

Appendix 14 – Substance Misuse

<p>Objective:</p> <p>The objective is to support substance misusers during COVID-19, including those who may need to shield or self-isolate</p>
<p>Context:</p> <p>Substance misusers can face additional risks compared to the general population, associated with their substance misuse behaviours, environments and/or care. The rising drug misuse death rates in England over recent years has largely been attributed to the ageing opiate-misusing population, many of whom have long drug careers and high physical morbidity. Moreover, recent literature suggests that people who use drugs are disproportionately affected by chronic medical conditions, such as COPD and cardiovascular disease. This means that they are also likely to be more vulnerable to severe COVID-19.</p> <p>The government’s guidance for commissioners and service providers of substance misuse services outlines the key expectations of these specialist services during the COVID-19 pandemic. Of note:</p> <ul style="list-style-type: none"> • substance misuse services should stay open for existing and new service users • changes will need to be made to medication prescribing and dispensing in accordance with rules on social distancing • harm reduction measures, such as naloxone, thiamine, needle exchange, and e-cigarettes, should continue and be increased if possible
<p>What’s already in place:</p> <ul style="list-style-type: none"> • Alternative substance misuse service arrangements: adapted to follow social distancing guidance, whilst still maintaining access for new and existing clients, and ensuring uninterrupted prescribing of opioid substitution therapy (OST) • Arrangements for prescribing and collection of OST if service users need to self-isolate suddenly
<p>What else will need to be put in place:</p> <p>Naloxone:</p> <ul style="list-style-type: none"> • Widen access to take-home naloxone, as well as training in its use, as this can prevent fatal opioid overdoses. There is an increased risk of potentially fatal overdoses if individuals restart drug use following a period of abstinence (e.g. from disrupted street drug supply) <p>Communications:</p> <ul style="list-style-type: none"> • Specific health promotion messages targeted to this cohort (e.g. not sharing any drug paraphernalia where respiratory droplets may be transmitted, such as cannabis joints, cigarettes, vapes, inhalation devices) <p>Harm reduction:</p> <ul style="list-style-type: none"> • Continue testing for blood borne viruses where possible to identify and treat them early; continue operating needle exchange services to prevent blood borne viruses and reduce risk of skin and soft tissue infections. Risk of infection with SARS-CoV-2 is increased for those

sharing drug paraphernalia

Meaningful activity:

- These are helpful to upskill service users, and to distract any urges to relapse. Many activities in substance misuse treatment and recovery are face-to-face: groups, key working, education, training and employment activities. They will need to be delivered via alternative routes, such as online sessions, but some service users may not have the resources or ability to access the internet

Detoxification:

- Government guidance currently recognises that community drug and alcohol detoxification may need to be deferred during the pandemic, but options will need to be considered to restart this where possible, as deferral will not be sustainable

Resource capabilities and capacity implications:

Staffing – need business continuity plans to be agreed locally in the event of significant staff absence due to illness

Demand for substance misuse treatment services may increase during, and after, the pandemic:

- Disruption to illicit drug markets because of COVID-19 may lead to reduced street supply of illicit drugs. This may increase demand for drug services
- The increased stress resulting from the general pandemic may increase the prevalence of alcohol use disorder, given that stress is a strong risk factor for its onset and maintenance.

Links to additional information:

Government's [guidance for commissioners and service providers of substance misuse services](#)

Appendix 15 - Homeless

Objective:

The objective is to support homeless people during COVID-19, including those who may need to shield or self-isolate, and prevent outbreaks within this vulnerable population and support outbreak management

Context:

Homeless people experience significant health inequalities compared to the housed population and are disproportionately affected by a tri-morbidity of poor physical health, poor mental health, and increased rates of substance misuse. This contributes to accelerated morbidity and mortality: the age of death is significantly lower for homeless people than the general population, at 47 years for men (versus 79.5 years in the general population), and 43 years for women (versus 83.1 years in the general population). In sum, this means homeless people are therefore at greater risk of severe COVID-19, and more vulnerable to the impacts of COVID-19.

During the pandemic, councils have delivered a humanitarian response commensurate with the scale of both the crisis and level of need. On 26th March 2020, the Ministry of Housing, Communities & Local Government asked all LAs to source emergency accommodation for all rough sleepers, or those at risk of rough sleeping, and homeless people living in accommodation conducive to self-isolation, as part of an '[everyone in](#)' strategy - irrespective of their statutory entitlement to public funds. This has been achieved in the main by sourcing vacant self-contained units in hotels and bed & breakfasts, with individuals allocated private rooms with ensuite bathroom facilities. This requirement, however, is likely to end in the near future, with contracts between some LAs and hotels terminating towards the end of June/beginning of July. The government has also stated that the law regarding no recourse to public funds still remains in place, so the assistance that LAs can lawfully provide is limited.

What's already in place:

Emergency accommodation

- In Medway, rough sleepers have been offered emergency accommodation in a local hotel and shared accommodation.
- One Big Family [Kent](#) are helping in Medway to support people. People are provided with three meals per day in a hotel
- A dedicated practice nurse is in place at Halfway Surgery in Chatham to specifically support the homeless population in Medway and encourage this population group to access services and register with a GP. In Medway, homeless nurses at Halfway Surgery are working with people who have No Recourse to Public Funds. Rapid return to country of origin does not allow for re-entry. Rough Sleeping Initiative teams are working to assist them in accessing legal support. British Red Cross can assist them in finding, returning or putting them in accommodation for a period of time. One Big Family, Medway Street Angels, Gillingham Street Angels, Caring Hands and Salvation Army are all supporting people with No Recourse to Public Funds.

Substance misuse:

- Specialist service in-reach: provides wraparound support for homeless substance misusers. They can help accommodation staff troubleshoot substance misuse issues. They can also ensure smooth continuity of opioid substitution therapy prescribing to minimise the need to leave accommodation, and reduce the risk of relapse
- 'Wet' accommodation may be necessary to prevent potentially fatal alcohol withdrawal. It may be necessary to provide alcohol in small quantities to prevent withdrawal, and secure cooperation

What else will need to be put in place:

Medication:

- Develop relationships with local pharmacy to facilitate continued access to medications, including opioid substitution therapy. May require nominated staff members to collect medication, or pharmacies to deliver to accommodation sites
- There have been problems with scripts for people who have been symptomatic in Medway. Turning Point are now delivering in Medway weekly pick-ups instead of daily. There are shared co-produced risk assessments for individuals relating to COVID-19 and support plans in hospital.

GP:

- Work to ensure this cohort is registered with a GP

Isolation Facilities:

- Work to ensure that for isolation purposes no more than one adult is housed in one room and that appropriate facilities are in place in case there is another wave of the pandemic to shield those where necessary

Food:

- Provision (3 meals a day, beverages etc) delivered to all homeless people living in emergency accommodation to prevent individuals from leaving their accommodation unnecessarily whilst self-isolating or shielding – this is likely to be achieved by continuing the Community Support Hub (KRF Vulnerable People and Communities Cell)

Moving on/exit strategies:

- Emergency accommodation in the form of hotels and B&Bs are not sustainable, and the requirement on LAs to house everyone is likely to come to an end shortly.
- Exit strategies need to be developed to provide an offer of support to everyone in emergency accommodation to minimise the risk of individuals returning to sleeping rough, which may include moving residents onto more long-term housing (supported, private rented, social housing) or back to areas where they have a local connection.
- Currently in Medway, each client has a move on plan working with Medway Council housing options/Rough Sleeping Initiative team

No recourse to public funds:

- Moving on strategies for people with no recourse to public funds are particularly important but challenging. The government has stated that the law regarding no recourse to public funds remains in place (Luke Hall MP letter to LAs, 28th May 2020), so it is currently unclear what move on options local authorities can lawfully provide with respect to no recourse to public funds individuals. These will need to be considered with reference to the councils' duties under the Care Act 2014.

Substance misuse:

- Widen distribution of naloxone to mitigate against risk of overdose, as residents may be more likely to overdose if their use of opiates has been interrupted

Mental health in-reach:

- Delivered either by local teams (need to negotiate and agree terms) and/or remotely by existing treatment team if resident is a patient under their care. Need to address the gap in mental health services to both Community Support Hubs and Housing services, particularly from secondary care

Physical health in-reach:

- This gives the opportunity to provide routine medical care to a cohort who are more likely to delay seeking healthcare, and more likely to depend on unplanned emergency services. This is currently in place in Chatham.

Meaningful activity:

- Resident should have access to meaningful activity, given that education, training and employment opportunities are likely to have been paused during this period. This might include TVs, smartphones, internet access, books, and distraction packs

Community homeless provisions:

- Plans to allow community venues, such as soup kitchens, to re-open must consider how to overcome the challenge of social distancing (and lack of compliance with this guidance)

Resource capabilities and capacity implications:

- Staffing levels may become precarious in the event of a second peak – business continuity plans to be agreed
- Housing all homeless people is costly, and the future of national government funding remains unclear
- As the pandemic progresses, there may be new flows of rough sleepers/homeless people into Kent and Medway. Further accommodation may need to be sought for them, which will add pressure to scarce emergency accommodation placements and limited funds

Links to additional information:

NHS England and NHS Improvement [COVID-19 clinical homeless sector plan](#)
Groundswell's [coronavirus advice for people experiencing homelessness](#)
Government [guidance for substance misuse commissioners and providers](#)
[Efforts to protect homeless people from COVID-19 in UK](#)

Appendix 16 – Learning Disabilities

<p>Objective:</p> <p>The objective is to support people with learning disabilities during COVID-19, including those who may be shielding or self-isolating</p>
<p>Context:</p> <p>Supporting people with learning disabilities takes skill and time. They may not understand concepts such as social distancing and self-isolation. They may require information in alternative formats. Service providers have highlighted the fear of those with a learning disability and their carers. These concerns will need to be considered when suggesting or providing testing for COVID-19. People with a learning disability can often have poorer physical and mental health than other people, which could increase their risk of developing severe COVID-19.</p>
<p>What’s already in place:</p> <p>Alternative communication formats to meet the needs of people with learning disabilities:</p> <ul style="list-style-type: none"> • NHS England guidance on learning disabilities and COVID-19: legal guidance; supporting patients unwell with COVID-19 in learning disability facilities; managing patients with a learning disability during COVID-19 • Mencap advice for people with a learning disability and families • Social care institute for excellence COVID-19 guide for care staff supporting adults with learning disabilities • COVID-19 videos for people with learning disabilities produced by Surrey and Borders Partnership NHS Trust <p>General support</p> <ul style="list-style-type: none"> • Adult Learning Disability Health Team (Medway Community Healthcare) – for adults (18+) with a learning disability and registered with a Medway GP • Learning Disability Team (Kent Community Health NHS Foundation Trust) for adults only • Choice Support Kent, Medway and Essex – supporting people with autism, learning disabilities and mental health need • Under Kent SEND local offer find guidance for families during COVID-19 outbreak <p>Mental health:</p> <ul style="list-style-type: none"> • Medway Mental Health of Learning Disability Service, which accepts self-referrals <p>Physical health</p> <ul style="list-style-type: none"> • Learning disability annual health checks are part of the solution to prevent further morbidity and premature mortality. These have currently been paused in light of COVID-19 but work is ongoing to reset these
<p>What else will need to be put in place:</p>
<p>Resource capabilities and capacity implications:</p>
<p>Links to additional information:</p>

Appendix 17 – Traveller & Migrating Communities

<p>Objective:</p> <p>The objective is to support people from Gypsy, Roma, Traveller and other migrating communities</p>
<p>Context:</p> <p>Gypsy, Roma and Traveller communities experience severe health inequalities, with higher prevalence of some long-term conditions, which may make them more vulnerable to developing severe COVID-19. Shielding and self-isolation may be difficult for members of these communities due to the often confined and communal households, even when considering bricks and mortar accommodation, and restricted living conditions on accommodation sites. Some families will no longer have access to places they may have relied on for water and cleaning purposes, such as leisure centres, churches and petrol station toilets. Others may struggle to find permanent sites on which to pitch.</p>
<p>What's already in place:</p> <ul style="list-style-type: none"> • There is a traveller service in KCC and work is also being done between KCC and Kent Community Health NHS Foundation Trust on working with the Roma community in East Kent and Gravesham. • In Medway, the Community Safety Team will offer welfare checks if there are any incursions. They can also support access to local health services. • Bespoke testing offers for the more vulnerable communities are being set up <p>Accessible communication:</p> <ul style="list-style-type: none"> • Specific guidance developed by Friends Families and Travellers for members of these communities • Straightforward videos by The Travellers' Times offering general COVID-19 advice and FAQs <p>Equitable access to education:</p> <ul style="list-style-type: none"> • It is important that children in these communities are not disadvantaged due to digital exclusion or physical access to mainstream schooling. • 'Tutors for GRT' project by Traveller Movement and King's College London's RomBelong programme to connect pupils to volunteer tutors, via WhatsApp video calls, Zoom, or e-mail <p>Access to healthcare:</p> <ul style="list-style-type: none"> • Gypsy, Roma and Traveller communities are already entitled to register with a GP if they reside within their practice boundary, even if they do not have proof of identification/address.
<p>What else will need to be put in place:</p> <p>Accommodation:</p> <ul style="list-style-type: none"> • Shielding and self-isolation may be difficult in confined and communal households. Local authorities may need to support these communities in accessing suitable accommodation from which to shield/isolate

- Families may be left without basic amenities (running water, sanitation, electricity) as permanent pitching sites, or places they normally rely upon, are closed or in short supply
- Need to consider LAs response to unauthorised encampments during this pandemic given above pressures on permanent sites – can consider '[negotiated stopping](#)', or installing temporary rubbish disposal, washing and toilet facilities where possible

Communications:

- Future communications must be culturally competent and disseminated in accessible formats and languages for all members of these communities to understand
- Nomadic communities may lack internet access, which may limit their access to health guidelines, education and other online support resources. Temporary WiFi devices may be a quick solution to digitally connect these communities

Equitable access to education:

- Closure of schools and the switch to online learning may disadvantage pupils from these communities. Supplying digital devices (e.g. tablets, laptops) and WiFi access may make home learning easier.

Engagement:

- Need to understand their perspectives, and what support they require from ILAs, incorporating proactive participatory resident engagement where possible. Engagement should be a continued process, instead of a one-off exercise.

Access to healthcare:

- Disseminate accessible information to Gypsy, Roma and Traveller communities to explain their right to register with a GP (see this [leaflet](#)). This will be a helpful starting point in addressing the stark health inequalities these communities experience

Resource capabilities and capacity implications:

- Accommodation sites will already be under pressure
- Funding to be able to provide digital and WiFi devices for children in these communities to continue home learning

Links to additional information:

Friends Families and Travellers [service directory](#) of Gypsy and Traveller support organisations

Friends Families and Travellers [guidance](#) for local authorities to support people living on traveller sites, unauthorised encampments and canal boats

Chartered Institute of Housing [guidance](#) on assisting Gypsies and Travellers during the COVID-19 crisis

Lord Greenhalgh's [letter to local authorities](#) on mitigating impacts on gypsy and traveller communities

Doctors of the World have published translated COVID-19 advice in 60 languages (written and audio), available [here](#)

Appendix 18 – Asylum Seekers

<p>Objective: The objective is to support asylum seekers including unaccompanied asylum-seeking children</p>
<p>Context: There are 3 centres in Kent housing recent unaccompanied asylum-seeking children. Quarantine takes place in accommodation in Oakwood House for two weeks before being moved to Milwood or Appledore. In addition to current COVID-19 concerns, additional quarantine has been needed because there are active cases of tuberculosis (TB) in the camp at Calais. TB testing in unaccompanied asylum-seeking children has therefore also been required.</p>
<p>What’s already in place: Government asylum support, including the asylum helpline for free help with asylum support or short-term support</p>
<p>What else will need to be put in place:</p> <p>Communications</p> <ul style="list-style-type: none"> • Culturally competent communications, available in multiple languages, to help asylum seekers access appropriate health prevention and promotion materials <p>Accommodation</p> <ul style="list-style-type: none"> • This will need to be sought to allow individual asylum seekers to quarantine on arrival
<p>Resource capabilities and capacity implications: Limited accommodation: quarantine requires each unaccompanied asylum-seeking children to have their own room for 14 days. There has been a need to find additional space to house all unaccompanied asylum-seeking children as numbers arriving in the ports continue to arrive.</p>
<p>Links to additional information: Government guidance for children’s social care services on UASC</p>

Annex 1 – HPB Terms of Reference



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(002).pdf

Annex 2 – LA PHE Joint Action Plan SOP

This SOP provides a suggested framework for working across PHE HPT, KCC/MC and other relevant organisations in response to a COVID-19 outbreak. This SOP supports the effective delivery of the LOCP by defining the specific roles and responsibilities of individual partner organisations. This response specific to Kent and Medway is detailed within **Section 7.3** and **Table 2** of the LOCP and includes the process by which an OCT will be convened, or a local closures, restrictions and lockdowns enforced. Further details relating to the escalation and implementation of a local lockdown can also be found in **Annex 7**.




























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SOP OUTBREAKS (002)

Annex 3 – Financial Plan and Risk Management

It has been assumed that additional funding provided to KCC/MC by the central government will be sufficient to cover all activities required. Out of the total £300 million test and trace service support grant provided to local authorities, the allocations for MC was £1,592,918 and for KCC £6,311,401. More detail of the conditions of the allocations can be found [here](#). Budgetary and financial planning will be undertaken in consultation with OCTs (see **Table 2**) and any other project workstreams involved that are involved in the LOCP with funding allocated accordingly. There are also additional resources that can be drawn on depending on the departments and other organisations involved including that which is set out in the CCG memorandum of understanding as well as what is normally within the KCC/MC budget for outbreak control which does not cover NHS costs.

A risk register is being developed in accordance with KCC and MC's risk management strategy and will identify key risks that may threaten the success of the LOCP. The key risks will be agreed and added to the logs along with proposed mitigations. The risks register will be maintained and reviewed, and significant entries will be escalated to the HPB for further action or escalation as required.

Annex 4 – SOPs for Testing, Contact Tracing and Outbreak Response in All Complex Settings

Setting	Care & Residential Homes (including LD)	Schools, Early Years & Other Educational Settings (including SEND)						Hospitals	Community & Primary Care	Shelters, Refuges & Hostels	Workplace	Prison
Referral SOP		 Schools, Early Years & Education Settings						 Hospital Referral SOP.pdf	 Primary Care Referral SOP.pdf	 COVID-19 CTC SOP homeless_asylum resi	 COVID-19 CTC Workplace SOP - Tier	 20200708SECovid_19 PrisonAndOtherPlaces
Response SOP	 PHE Courier Model Swabbing Process-OLCourier Model Proces	 School & Educational Settings Response SC							 COVID-19 CTC SOP community healthcare			
Single Case and/or Outbreak Management SOP		Schools  COVID-19 SOP school outbreak V01.t  COVID-19 SOP school case V01.00.pc	SEND  COVID-19 SOP Special School single	Nursery  COVID-19 SOP nursery case V01.00.p  COVID-19 SOP nursery outbreak V01.	Childminder  COVID-19 SOP childminder case V01.  COVID-19 SOP childminder outbreak	Boarding School  COVID-19 CTC SOP Single Case and Outb	University  COVID-19 CTC SOP University and Hall of  SOP Universities and Halls of Residences Si	 KCHFT Outbreak policy.pdf  Pandemic Influenza Plan [RWF-OPPCS-NC  EKHUFT Flu Pandemic Business Continuity Pl  MFT - Pandemic Flu Plan.pdf  KMPT COVID19 Outbreak Plan.pdf  EPRR PANDEMIC PLAN JULY 2020.docx Awaiting plans from DGT (under review). SEACAMB COVID-19 response plans are to be obtained directly from anne.harvey@secamb.nhs.uk				
Infection Control	Public Health England Health Protection Team (PHE HPT) will provide initial infection control support when undertaking risk assessment. Outbreak Control Team (OCT) may be required to provide enhanced infection control pending discussions between PHE HPT and KCC/ MC (see Section 7.3)											

Annex 5 – Data Reports & Fields

There are several reports that are essential to the delivery of the LOCP which will be sent to the HPB and to other relevant Kent and Medway LA colleagues. It is understood PHE are moving towards distributing their daily reports via a SharePoint site for which Directors of Public Health (DPH) should have access to. To obtain these reports please contact either

david.whiting@medway.gov.uk or abraham.george@kent.gov.uk

Report Name	Frequency	Source	Measure	Purpose
Surveillance Report	Daily	Public Health England	LA contain framework watchlist	Inform local risk assessments and response
Exceedance Report	Daily	Public Health England	10 day Pillar 1 & 2 cases by LA and their exceedance rating	Inform local risk assessments and response
Contact Tracing Report	Daily	Public Health England	The number of new cases and contacts reported via NHS T&T provided at the DC LA and UTLA level	Capacity & Workforce Planning Inform local risk assessments and response
Line list of new outbreaks and situations	Daily	Public Health England	Individual level data (anonymised) of all new cases	Inform local risk assessments and response
Reports on Outbreaks and Complex Situations in PHE SharePoint Folder (DPHs have access)	N/A	Public Health England	Suspected outbreaks or spatio-temporal clusters of positive cases in complex settings such as care homes and education settings including schools	Inform local risk assessments and response
Local R Value Report	Weekly	Kent and Medway CCG COVID-19 Modelling Group	Calculations of the local R values based on evidence and data from the NHS T&T	Inform local risk assessments and response
Modelling Dashboard	Daily	Kent and Medway CCG COVID-19 Modelling Group	12 measures including cumulative cases, cumulative deaths and sickness rates at a DC LA and ULA level	Inform local risk assessments and response
CCG SITREP	Daily	Kent and Medway CCG – Business Intelligence Cell	Hospital admissions, deaths, active cases	Inform local risk assessments and response
DHSC Regional Dashboard	Daily	Gov.uk website here	Lab confirmed cases of COVID-19, total and rate of all cases	Inform local risk assessments and response. And is what some media is using to report figures
Daily contact tracing reports	Daily	NHS Test and Trace Webtool	Daily summary of contact tracing numbers (cases and contacts) in each UTLA area	Inform local risk assessments and response
Weekly contact tracing	Weekly	NHS Test and Trace	Weekly summary of	Inform local risk

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reports		Webtool	contact tracing epidemiology and outcomes with regional and UTLA focus	assessments and response
Weekly contact tracing quality and monitoring report	Weekly	NHS Test and Trace Webtool	Key operational metrics on contact tracing.	Audit data collection and surveillance
PHE NICC Contact Tracing SITREP Slides	Daily	NHS Test and Trace Webtool	Slides summarising contact tracing activities at PHE regional level and COVID-19 outbreaks	Internal report and not for external circulation
Contact Tracing Performance Reports	Real-time	NHS Test & Trace Webtool; Synergy CRM	Need basis report to audit the quality of contact tracing performance	Audit data collection and surveillance
Mapping of high-risk areas	N/A	KCC/MC	1. Different key locations/assets 2. Testing data from PHE (residential postcode, timestamped) 3. Before COVID-19, from the HPU report every day	Inform local risk assessments and response
Situation Report	Weekly – presented to HPB	KCC/MC	Summarised data from a range of reports	Inform local risk assessments and response
NHS Shielded Patients List (SPL)	Daily	Shielding Directorate – UK Gov	Individual person level	Shielder support planning

The data and their relevant reports can be summarised into the following 6 areas outlined in the table below:

Data Areas	Data Source
Information about testing	<ul style="list-style-type: none"> PHE TTI or Pillar 2 daily figures on number of COVID19 positive cases Contact details figures traced by upper-tier local authority (UTLAs)
Information on cases	<ul style="list-style-type: none"> PHE daily figure from COVID19 tracker in GOV.UK website Exceedance probability or report computed using expected cases by low-tier local authority (LTLAs) A district case tracker report (aggregated data of national COVID19 tracker) by the MAIC (Multi Agency Information Cell) team under the KRF
Information on hospital admissions	<ul style="list-style-type: none"> Daily situation report (SITREP) from Kent and Medway CCG COVID-19 Modelling Group
Information of mortality	<ul style="list-style-type: none"> PHE COVID19 tracker from GOV.UK website Office for National Statistics (ONS) Kent and Medway CCG COVID-19 Modelling Group SITREP for hospital mortality Analysis of local death registration data provided by deaths Management Process Group of local registrar offices in Kent and Medway
Scenario forecasting	<ul style="list-style-type: none"> A special cell has been set up and led by the Kent & Medway CCG

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	<ul style="list-style-type: none">• External expert team utilizes aggregated data analyses for assumption building
Qualitative	<ul style="list-style-type: none">• KCC Public Health specialist provides additional information from local and regional PHE teams specifically on care home and residential home outbreaks

Annex 6 – SITREP Key Considerations

These are the considerations that are currently being taken into account with the development a local SITREP for Kent and Medway. Further details to be provided in Version 2.0

Examples of surveillance and forecasting where additional person level data can help:

- Kent & Medway covers a population of almost 1.9 million people spread across 12 districts + Medway Unity Authority. Current case and death rates vary significantly district by district. It is not clear how and why case rates are higher in one district compared to others and to what extent is it due to higher reporting or testing rates across different testing centres – hospital vs drive thru vs mobile, or whether it is a data quality / statistical artefact issue, e.g. lack of postcode data.
- Explaining the origin of recent small spikes in cases in some districts, particularly whether they originated in hospital or in the community
- Kent has an exceptionally high number of test-positive cases. Is this due to high testing rates compared to other areas and, if so, are the overall testing rates evenly distributed across the region?
- For scenario modelling, assumption building is critically dependent on regular information about overall daily testing (pillar 1 and 2) as well as positivity and contact tracing rates. These figures are used to derive testing rates, expressed as a proportion of (modelled) daily new cases.
- From a deaths management perspective, our reasonable worst case scenario suggests a larger second wave commencing in October and peaking in January, but the key assumptions in predicting this, i.e. effectiveness and compliance in social distancing and lockdown are uncertain, given the recent changes in national policy and public response to them. Our Local Resilience Forum therefore needs **sufficient lead time and early warning** for preparation and planning contingency measures such as stepping-up additional mortuary capacity, usually a minimum of 4 to 6 weeks in preparation for the second wave. Access to linked person-level data will enable us to provide this early warning.

Suggested Data Fields

Suggested data field	Rationale
NHS Number	Necessary for data linkage with other datasets for local COVID19 surveillance as well as modelling
Contact with 111	Information on onset of symptoms
Test site	Compare and contrast testing rates by site
Postcode	Spatial analyses to illustrate evolving nature of pandemic at district (or lower level)
Age	Baseline characteristics necessary for population health analytics and COVID19 surveillance
Sex	Baseline characteristics necessary for population health analytics and COVID19 surveillance
Ethnicity	Support toward local BAME risk assessment work as well inform local outbreak control management plans
Date of test	Analysis of testing rates over time

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Test positive / negative	Necessary to understand proportions of test positivity / negativity that will help predictive and scenario modelling of local outbreak
Place of work / Occupation	Part of broader risk assessment that will help towards local outbreak control management plans
Hospital / community acquired	Essential to understand outbreak origins

Local COVID-19 Analytics Response

The CCG together with other partners is already developing a locally linked dataset that will undertake the following:

- The daily production of real time intelligence to measure the excess burden of COVID-19 on health and care service usage as well as the effect on routine health and care service delivery
- Pro-actively segment, risk stratify and identify vulnerable / high risk groups that need to be 'shielded' from the effects of COVID-19 as part of the local emergency resilience planning work
- Simulate and forecast the effects of COVID-19 alongside local effectiveness of social distancing, testing and treatment on service usage and population mortality right through to recovery
- Trends within NHS settings as provided by the Directors of Infection Prevention and Control

Multi Agency Information Cell (MAIC)

As part of the Kent Resilience Forum, the purpose of the MAIC is to source, access, analyse, display and disseminate situational information. It shares information with key stakeholders and partners, both locally and nationally e.g. the district case tracker mentioned above. More recently the MAIC has been tasked to set up the 'Societal Behavioural Cell' / task and finish group to review and predict / model public behaviours in light of some of the COVID-19 restrictions using a variety of data sources such as GPS mobility data, traffic congestion analysis, CCTV, and social media output. Such data might be in scope for our SITREP.

PHE Data Working Group

A meeting took place on 12th June with PHE colleagues facilitated by Alison Barnett Regional DPH. Discussion centred around the rationale and purpose of access to PHE data for the purposes mentioned above and information governance arrangements required. While it was also recognised that there is variation across LAs in their capacity to undertake analysis using such data, it was broadly agreed to agree and authorise release of a core dataset that all LAs would want.

Annex 7 – Local Lockdown

Escalation Process

A local lockdown requires more intrusive powers than those allowed to UTLA and ULA under the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. Decision-making will therefore be escalated to the national level. The escalation process specific to Kent and Medway is outlined within **Section 7.3** and **Table 2** and is in line with the National Government's [Contain Framework](#).

Triggers and Scenarios

The triggers that instigate a local lockdown will be decided on a case by case basis and thus any resulting scenarios may differ. However, a number of triggers and local scenarios will be identified and stress tested. These are outlined in **Annex 10**.














Restrictions & Regulations

In the event of a local lockdown, it is likely that the following additional measures will apply:

- Extensive communications, with widespread community engagement to reach the groups directly affected by the outbreak, delivered in the languages most relevant to the local community and guidance to improve preventative measures (for example increase the frequency of hand washing or cleaning in response to a potential outbreak, face coverings, bubbles)
- Accelerate and expand channels for local testing, symptomatic and asymptomatic individuals around the outbreak (e.g. students, customers, staff who may have been exposed but are not showing symptoms, types of workforce, houses of multiple occupancy)
- Enhanced inspection regime for businesses
- Closure of certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)
- Cancel organised events (for example sporting events, concerts, weddings, faith services)
- Closure of outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)
- Encourage working from home (for example instigating working from home measures where this is feasible)
- Limit schools to set year groups (for example year groups with forthcoming assessments or which are important for transitions between school phases)
- Close schools (for example close impacted schools with the exception of vulnerable children and children of critical workers)
- Travel or movement restrictions could be applied for example only travel for key workers
- Bespoke measures for people who are shielding

Additional restrictions may also be required depending on the situation. These will then be reviewed every 14 days based on discussions and data reviews undertaken by national government, DPH and the HPB.

Annex 8 – List of KCC & MC Contacts, Information Sources and Forums for Each Complex Setting

	Care and residential homes (including LD)	Schools, Early Years & Other Educational Settings	Shelters Refuges & Hostels	Workplace	Prison	Hospitals and health care	Food Settings	Shops & Retail	Ports	Other (Public Transport, Community settings)
Key KCC / MC Contact	Allison Duggal Colin Thompson Su Ormes	Wendy Jeffreys Colin Thompson Paul Clarke	Allison Duggal Jess Mookherjee Mark Breathwick	Allison Duggal Andrew Scott - Clark	Allison Duggal Andrew Scott -Clark	Allison Duggal Colin Thompson		Allison Duggal Andrew Scott - Clark	Allison Duggal Andrew Scott - Clark	Allison Duggal Andrew Scott -Clark
Forums/Meetings	Adult Social Services KRF – Care Home Cell (weekly)	Head teacher reference Group meetings (weekly)	COVID –19 Services meeting (weekly)			Weekly ICP meeting to discuss COVID-19				
List of locations & their contact details	 complete list of 74 medway care homes.  Care Home - All commissioned provid	 Copy of Private school data Medway.:  early years settings.xlsx  School database - Medway.csv	 Homeless hostels shared accomodation	 Copy of Medway - companies 250+ emp  workplaces.csv			 Seasonal Workers Register.xlsx  Seasonal Workers_Medway Uni  Food Register.xlsx  large food processing contact.dc			 Utility industry contacts .pdf

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Annex 9 - Compliance and Enforcement Strategy

Detention Under the Coronavirus Act 2020 & Related Legislation

From the outset of the COVID-19 pandemic the national position towards enforcement has been a four-step (4E) approach; Engage, Explain and Encourage before moving onto Enforcement (used only as a last resort when absolutely necessary). Where individuals refuse to comply, or repeatedly breach the legislation, officers may be able to prosecute and issue them with fixed penalty notices.

Powers under the Coronavirus Act 2020 [25] are mainly public health led and are to support public health officers in the testing and isolation of individuals where needed, to avoid further COVID-19 virus transmission. These powers will seldom be used and only when requested by a public health officer (save for where totally impractical to do so);

- A PHE Public Health Officer can direct or remove a person to a place suitable for screening and assessment.
- They can ask a police constable to support this process if necessary, but this should occur only in the most exceptional circumstances
- A constable must seek the advice of a public health official in judging whether they have reasonable grounds to suspect a person is potentially infectious unless this is impracticable.
- If an officer has reasonable grounds, they can remove a person to a place suitable for screening and assessment or keep the person at that place until a public health officer can assess them.
- Details of what constitutes reasonable grounds can be found in the full Coronavirus Act
- Anyone contravening any of these requirements commits an offence, which can be enforced with a fixed penalty notice and is punishable on summary conviction by a fine.

Police powers under the Health Protection (Coronavirus Restriction) (England) Regulations 2020 [26] are mainly about enforcing the following guidance:

- Staying overnight: No person may, without reasonable excuse, stay overnight at any place other than the place where they are living, or where their linked household are living. Exceptions apply.
- Gatherings: A person may leave and remain outside of the place where they live for any reason. However, no person may participate in a prohibited gathering which takes place in a public or private place (exceptions apply).
- Outdoors: Gatherings of more than six people are not permitted.
- Indoors: No gatherings are permitted.
- Face coverings: No person may, without reasonable excuse, use a public transport service without wearing a face covering. Exceptions apply. Breaches of this regulation can be dealt with by the relevant public transport operator or the police.
- Business closures: Requirements for the closure of premises and businesses. Local authorities and Trading Standards will lead on enforcing and monitoring business closures.

The Health Protection (Coronavirus, International Travel) (England) Regulations 2020 [38] requires passengers to self-isolate for 14 days;

- Public Health England (PHE) will contact a sample of arrivals who are required to self-isolate, to check that they are self-isolating. If PHE have concerns that a person is not self-isolating, they will refer this information to a triage centre.
- The triage centre will review this information and, where there is a requirement for follow-up enquiries and action, they will make referrals to police forces.
- The police force will risk-assess the referral and, if appropriate, police officers will visit the address provided by the individual as the place where they are self-isolating within the 14-day period to determine compliance with the regulations.
- The police can direct a person to return to where they are self-isolating or remove them to the place where they are self-isolating or if not practicable or appropriate remove them to accommodation facilitated by the Secretary of State.
- Police forces will collate and email all referral outcomes to the triage centre
- Officers will only use these powers where it is a necessary and proportionate means of ensuring compliance with the requirement to self-isolate. All attempts to Engage, Explain and Encourage will be utilised before moving on to Enforcement.
- Anyone contravening any of these requirements commits an offence, which is punishable on summary conviction by a fine.
- The need for the restrictions or requirements imposed by these regulations will be reviewed by the Secretary of State at least once every 28 days

Detention Process

In Kent & Medway, if Kent Police decide to detain, a PHE Public Health Officer should be consulted in order to provide advice prior to these powers being utilised. The PHE Public Health Officer may convene an incident team meeting to explore options and requirements to support isolation and testing where required.

Breach Scenarios

There are various scenarios where a person may be in breach of the Coronavirus Act 2020 [25] & related legislation listed above. These will fall broadly under the following 3 scenarios:

1. Urgent transfer to the North Kent COVID-19 custody cell by Kent Police – detention and duration will be governed by the Police and Criminal Evidence Act 1984 [39]
2. Someone who does not wish to self-isolate within their own home for safe-guarding reasons
3. Someone who could self-isolate at home but is declining to comply

This is not an exhaustive list of situations (e.g. management of the homeless community, quarantining at ports of entry) with arrangements for the application of the Coronavirus Act in these settings at the discretion of the PHC on call who may need to consult borough / district

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council Environmental Health teams and / or their respective legal teams. Further details can be obtained from the Kent Resilience Direct.

Annex 10 - Stress Testing LOCP

Planning

The LOCP will be put through a stress test to ensure that the all systems, triggers and processes that are currently outlined are able to be operationalised in the event of an outbreak. This will also allow for further improvements to be made to the LOCP. This will involve scenario planning for areas across both Kent and Medway which will be in consultation with the KRF & PHE HPT.

Scenarios & Solutions

[Awaiting review]