COVID-19 Local Outbreak Control Plan Stress Test

Overview

This document details a range of hypothetical outbreak scenarios which were successfully tested iteratively. The aim was to test the different processes that are outlined in the Kent and Medway Local Outbreak Control Plan and identify any areas that need to be further developed. The test scenarios included are:

1. A series of events occurs across a 4-day period that leads to a situation that is likely to result in the closure of a school and hotel in Medway and closure of a farm with onsite residential facilities in Kent.
2. Data that is reported at the HPB across a 4-month period that signals a rising tide and is likely to result in the decision to impose a local lockdown in Kent and in Medway

Version Control

Summary of changes	Issue number & date	Approved by
Report for the MHCLG + first 2 test scenarios and their outcomes.	v.1.0 31/07/2020	N/A

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Contents

PHE and MHCLG Report

Q1. Your readiness to deal with potential local restrictions on a geographic basis – thinking about boundaries of LAs particularly of those that would be easy/really difficult and what solutions there might be?

In Kent/Medway if we are considering a lockdown in multiple localities:

- From a health perspective we would want to look at these localities as one as they do fall under the single integrated care partnership
- Kent will deploy a full multi-agency command structure (SCG/TCG and supporting cells) to support the HPB decision making
- We may not use local authority geographical boundaries as this could be too broad. We may actually be more specific based on analysis of the data available. We would need to use this to justify our decision to ensure the community is on board. In all cases the LA's will collaborate to ensure appropriate and proportionate powers are aligned to deliver the required measures and outcomes
- Issuing notices to shut down venues/businesses will be more difficult for UTLA districts than for ULA. Would ensure that different district council representatives are involved in the conversations early on when an issue is first flagged.
- Communication is key and we would convene an incident control team early on to bring is all relevant stakeholders.
- Currently working/liaising with neighbouring SCG and national LRF on cross border LOP Ex

Q2. What support you would need for putting in place a local lockdown?

- Would it be possible to re-activate support measures available from national government for locally affected areas and whether there would further resources available from national gov (as national shielding team has already been disbanded)
- List of vulnerable people/shielders – will this be tailored to a particular locality where there may be more cases than the rest of the nation?
- Additional funding and financing for businesses that must close.
- Clarity of the impact a locally implemented lockdown will have on business interruption insurance and re-insurance.
- Additional flu immunisation capacity
- Early notification from central government if they want to intervene locally and to what extent/define the scope

Q3. Your views and best ideas about how escalation will work in practice/what the triggers will be?

- This is going to likely be a slow build where we keep an eye on seven-day average daily case rates and well as the trends in exceedance reports.
- Actively responding to soft intelligence from different agencies e.g. police reporting raves, no mask wearing. In addition, evidence from local analysis will inform our decision making.
- Anticipate and start out with bespoke smaller measures early on
- Decision to escalate may also depend on what is happening elsewhere and at a national level.

Further details of the outcomes of the scenario testing on the Kent and Medway COVID-19 Local Outbreak Control Plan can be found below

Test 1 - Overview

Tested at Meeting of the Kent and Medway COVID-19 Health Protection Board
Date 21 July 2020
Duration 1.5 Hours
Venue Microsoft Teams

Scenario Overview
Outbreaks had occurred in a school and hotel in Medway and on a farm, with onsite residence, in Maidstone, Kent. Members of one household are linked to each of those settings due to one family member who worked on the farm testing positive with COVID-19 initially. A series of events occurred that resulted in the 3 settings being required to close.

Aim
The aim was to clarify the details of the process leading up to the closure, to understand what the next steps were to facilitate this, who and what resources needed to be mobilised, what the resulting actions were.

Test 1 – Scenario & Tasks

Saturday 18/07/2020

Tier 3 contact tracers have been notified of a Janet Smith who has tested positive for COVID-19. They call her up to get her details:

- She lives in Medway with her husband and daughter but works at a Farm in Maidstone. Her husband works as a concierge at a hotel in Medway.
- The farms she works at has on site residence for seasonal workers.
- None of her family have been self-isolating since the onset of her symptoms (Tuesday 14/07/2020). Both she and her husband have been going into work every day since because she couldn't afford to go on statutory sick pay and was actually feeling much better the next day and thought it was a false alarm.
- Her daughter attends a Primary School in Medway and has also continued going to school since the day her mother started showing symptoms.

Her case is escalated to Tier 1 contact tracers, the Kent & Medway PHE HPT, who make Janet aware that she and her family need to self-isolate. She agrees that they will. They gather information from Janet about her movements around and contacts within the farm. The HPT are aware that the Primary School had an outbreak 2 weeks ago.

PHE HPT then contacts the management team at the Farm to undertake an initial risk assessment regarding the farm contacts of Janet and she works across the farm estate interacting with multiple workers.

The hotel notifies PHE HPT that 2 of their staff are absent from work and that 3 of their guests are showing symptoms of Covid19 after Janet's husband has informed them he is self-isolating.

PHE HPT informs the DPHs at KCC and MC. Given the settings and initial risk assessment, they decide it is necessary to convene separate OCTs for the farm and the hotel.

Sunday 19/07/2020

The Farm outbreak OCT agrees that extended testing of the farm staff is necessary and request an MTU is deployed. It was also recommended that the farm should temporarily close.

The MTU arrives at the farm and start by testing all staff that worked in close proximity to Janet

Monday 20/07/2020

The Primary School Headteacher notifies PHE HPT that 3 students & the teacher from the same class as Janet's daughter were absent from school today and that 2 students from another class have confirmed to be positive for COVID-19. This brings the total cases to 5 confirmed and 17 suspected at the school in the last 2 weeks, out of a total of 519 students.

PHE HPT informs the DPH at MC. They decide to convene an OCT for the school.

The MTU at the farm continue to test more staff.

A separate OCT is held for the hotel. It is agreed that urgent testing of the suspected cases should be arranged and they should self-isolate pending results

Tuesday 21/07/2020

The results from the first round of MTU tests at the farm are in. 76 of the 220 staff who were tested on the 19/07/2020 have come back positive for COVID-19. The OCT recommends that the farm should remain closed and all residential staff should remain in isolation on site.

3 students at the Primary School who were suspected to have COVID-19, have tested positive including Janet's daughter all in different bubbles. A further 5 cases are now also suspected. The OCT agrees that the school should close pending deep clean and confirmation of adequate staffing to reopen.

The hotel calls PHE to let them know that one of their guests who was previously showing symptoms has now taken seriously ill and has gone to hospital. Janet's husband also tests positive. This brings the total to 5 suspected and 1 confirmed.

Task
What additional actions should the OCT consider?

Test 1 – Outcomes

Discussion was structured around 8 themes:

1. ***Clarification about PHE HPT's role prior to calling OCT***
   - Contacts of cases (even if they were from a high-risk setting) would not be routinely offered testing by PHE HPT unless they subsequently developed symptoms, or there was evidence of an outbreak that required further investigation in that setting
   - The initial risk assessment by PHE HPT would determine this and is key to dictating next steps.
   - It's the hotel that notifies PHE HPT (and not the other way around) that they have staff absent from work and three guests showing symptoms so PHE HPT would be looking at that as a separate outbreak and not necessarily link it to the initial farm case at this stage.

2. ***Clarification when & how an OCT is called***
   - Would only go through emergency planning route to contact EHO out of hours as PHE HPT are in contact with them all the time. Contact with the LA would either be directly with the EHO or through the LTLA SPOCs
   - Multiple likely cases in a hotel and the school setting would be appropriate to call OCTs as there are complexities around communications and decisions around closing the settings.

3. ***Who should be included in the OCT***
   - Main members of OCT would include PHE HPT (Chair), DPH, EHO from relevant DC, communication teams, PHE FES team
   - Depending on initial risk assessment by PHE HPT, type of setting, urgency and statutory duties, others to consider would be
     - HSE (if it is a workplace)
     - Someone from the testing service – if further testing may be required
     - Setting manager - depends on what sort of relationship we have achieved and if they are on board and communicative. It will be a judgment call.
     - Community infection control team - They're only involved if it is a healthcare setting
     - Trading standards
     - FSA (if food is involved)
     - Other DC departments (education, housing)
     - Medway commercial group (facilities management of schools)
   - Communications must always form part of the OCT agenda
   - Process may differ slightly for Medway as no DCs and therefore statutory roles are slightly different.

4. ***Decision to look at these as 3 separate incidents rather than combining***
   - It is too complex to manage these 3 outbreaks as one, should approach them as 3 separate incidents.

5. ***Deployment of additional testing services***
   - Representative of testing service should be part of OCT
   - Further risk assessment by OCT would determine whether there may be need for additional testing.
   - If the situation calls for the deployment of MTUs, this would be decided at the OCT meeting and organised and resourced by the DPHs. National team not required to get involved

6. Decisions to close

- There are a number of reasons why a setting needs to be closed e.g. business continuity issues, school are close to the holidays, inability to achieve adequate control measures through other means.
- Decision will be made by OCT and based on risk assessment
- Definition and scope of "closure" and "lockdown" need to be made clear from the beginning. E.g. the farm, can all the workers remain isolated on site but still be allowed to work or with the hotel, can UK resident go home, or must everyone remain on site?
- Will need to be decided if a scenario is business as usual (most outbreaks/some closures) and what needs to be escalated to an SCG (where the incident requires additional multi-agency involvement outside of business as usual i.e. the farm, as demonstrated in Herefordshire). This decision to escalate needs to be made clearer in LOCP.

7. What needs to be considered in the event of closure

- Additional support – food, shelter, water, clinical issues, language, pastoral, financial, health and safety – will need to be considered.
- Resourcing and organisation of this is likely to be picked up by the DC/LA & then maybe also the SCG. Needs to be explored if something already exists that can be re-started or if something completely new needs to be formed
- Implications for wider community that maybe be affected by the outbreak needs to be considered (e.g. minibuses that are being used to transport workers, also then used for care home residents?) and support for them as well.
- Powers may need to be invoked, depending on the resistance that is put up by the setting or persons required to isolate. There are a number of them that can be utilised. OCT will need to determine the most appropriate.

8. Communications strategy

- Communication is always a core part of OCT and multiple comms teams are likely to be involved
- Stakeholders to communicate to need to be identified initially (media, public, NHS, SCG chairs, DC CEOs, cabinet members, other orgs). Because it is COVID-19, this will need to be a slightly elevated levels of stakeholders that needs to be contacted, compared to other disease OCTs.
- What needs to be communicated to these stakeholder needs to be identified as well as when and how and will depend on the decisions made by the OCT
- Many of the stakeholders that need to be contacted will already be receiving regular updates (e.g. SCG and DC CEOs) , so it's really about continuing to use those channels and keeping them in the loop so that they're not surprised by anything that suddenly happens (e.g. if an action/resource is required from them later on such as the police being involved in the farm lockdown scenario)
- Need to ensure consistent messaging and clarity on communications from lead organisations

Test 2 (Part 1) - Overview

Tested at Meeting of the Kent and Medway COVID-19 Health Protection Board
Date 28 July 2020
Duration 1.5 Hours
Venue Microsoft Teams

Scenario Overview

Between August and November 2020, a gradual increase in community spread of COVID-19 is seen in both Medway and Swale, Kent. A range of infection control measures are put in place over time to try and stem the spread of the virus. By November however, the situation has escalated to the extent that it is decided a full local lock down is required in both Medway and Swale.

Aim

Understand what the next steps are at each stage of a rising tide scenario that leads to a lock lockdown. Determine who and what resources need to be mobilised, what the resulting actions are and who will be responsible for taking these actions forward.

Test 2 (Part 1) – Scenario & Tasks

Scenario

August

- Central government has allowed venues such as casinos and bowling alleys to open and larger events such as weddings to take place.
- The 7-day rolling average daily case rate in Medway and Swale is first flagged as being higher than other districts in Kent (now around 1.8 and 1.5 per 100,000 respectively).
- Almost all cases are attributable to certain settings which have already been isolated and controlled by PHE HPT.
- The weather has been amazing for the last few weekends and the police have let the DPHs at both KCC and MC know that beaches, pubs and other public spaces across Kent and Medway were packed and social distancing measure were not being adhered to.
- The SCG has sent out comms reminding people to remain socially distant & has stepped up their patrol measures.

Early September

- Schools & Universities have gone back after the summer holidays.
- Multiple schools across Kent and Medway have reported cases of students who have tested positive. Many of those students have recently travelled to France and the Netherlands. PHE HPT have advised affected schools regarding IPC measures and the LA has sent out broader comms.
- EHO at Swale DC has been informed of a worker from a food processing factory who has become seriously ill with COVID-19 so they inform they DPH at KCC. A series of events leads to an MTU being deployed and 76 of the 220 staff test positive but are mostly asymptomatic. The factory is unwilling to close. DPH at KCC exercises their powers to close it. The DHSC is informed that this has happened.
- The 7-day rolling average daily case rate in Medway and Swale continues to rise and is much higher than most other districts (now around 2.3 and 1.9 per 100,000 respectively).
- Most of the cases are still attributable to certain settings, schools and the factory, which have already been isolated and controlled by PHE.
- The BTP have reported that the number of people using public transport, especially at rush hour, is almost back to pre-pandemic levels.

Late September

- The end of the month sees an alarming upward trend in the 7-day rolling average of daily case rate in Medway and Swale (now around 3.4 and 3.0 per 100,000 respectively).
- Medway Maritime Hospital has also flagged a sudden increase in COVID-19 admissions. Many of their patients have recently been abroad.
- NHS 111 calls have been increasing across Kent and Medway
- Several residential areas scattered around Swale and Medway have been flagged on the outbreak map
- PHE HPT raises concerns that many of these cases are no longer able to be attributed to a particular setting or event
- Adherence of mask wearing on public transport and in shops/supermarkets is reported to be really poor this month.
- The DPHs decide to cancel events in Medway and Swale. The DPHs informs DHSC and the SCG. Communications are sent out to the public about this.

Early October

- By the middle of October Medway & Swale are raised as "Areas of Concern" on the Contain Framework Local Authority Watchlist by the DHSC who have been in contact with the DPHs
- The 7-day rolling average of daily cases in Medway and Swale continues to rise albeit a little more slowly (now around 3.9 and 3.5 per 100,000 respectively).
- Communications are sent out to advise those on the shielders patient list to remain at home as much as possible as possible and for the public to be vigilant or risk further measures.
- Further investigation is undertaken to determine what is contributing to the rapid spread of the virus
- Admissions to Medway Maritime Hospital continued to rise and so have the number of deaths.
- PHE HPT have investigated and there are no clear links between many of the cases now being seen
- More residential areas in Swale and Medway have been flagged on the outbreak map

Late October

- Medway & Swale are raised as "Areas of Enhanced Support" on the Contain Framework Local Authority Watchlist by the DHSC who have been in contact with the DPHs
- The 7-day rolling average of daily cases in Medway and Swale continues to rise (now around 4.8 and 4.4 per 100,000 respectively in the last week of October).
- DPHs at KCC and MC have set up additional MTUs at community hubs in Medway and Swale to encourage residents to get tested.
- Communications have gone out to residents urging residents to get tested if they are showing any symptoms and to advise the to remain at home as much as possible.
- DPHs decide to close pubs & restaurants in Medway and Swale, the SCG is informed and comms are set out to businesses and the public.
- Those on the shielded patients list living in Medway and Swale have been asked to start shielding again
- The police have reported a number of underground raves around Halloween.

Early November

- Medway Maritime Hospital has raised concerns about capacity issues as they are now also starting to get flu admissions alongside an increase in COVID-19 admissions. Increases in COVID-19 admissions is also being seen at other Hospitals in Kent.
- The 7-day rolling average of daily cases in Medway and Swale is now around 5.7 and 5.3 per 100,000 respectively. And surrounding districts are also starting to see an increase
- Medway & Swale are raised as "Areas of Intervention" on the Contain Framework Local Authority Watchlist by the DHSC who have been in contact with the DPHs.
- They decide a full local lockdown is required.

Tasks

At the end of each section please consider the following key questions (if applicable):

Where would these epi reports be considered?
What actions should be taken at this point, by who & by when?
What groups would be set up to investigate/make decisions?
What communications need to go out? (SCG, public, gov, media…)
Which actions are BAU and which require escalation?
Should we consider Medway and Swale together as one geographical boundary?

At the end of the final section:

What are we asking of the SCG & how will this decision be taken forward?

What is central government's involvement at this point?

Test 2 (Part 1) – Outcomes

Discussion was structured around 9 themes:

1. ***Clarification of usefulness and interpretation of daily exceedance reports***
   - Exceedance reports are limited in what they can tell us and do not give full a picture. They help to identify whether cases are in excess of what would be usually seen on a 10-day period based on the regression model.
   - They can be distracting: more noise than actual trends. A locality can appear RED on the list because there has been a couple of days where it has had a few cases against a background of very, very low numbers over quite a long period of time. The opposite can also occur where a locality may appear lower on list of exceedances list but in fact be experiencing a trend of a steady rise in cases and should therefore be of potential concern.
   - PHE is working on trying to improve the usefulness of this report.
   - Seven day average daily case rates are therefore probably more helpful to understand your trends overall and looking at the overarching sort of epidemiological curve and then alongside this, the trend line in the exceedances reports, as opposed to whether a locality is flagged red or not.

2. ***Communications between KCC/MC and SCG***
   - Information is shared on a weekly basis to the SCG by members of this meeting therefore sufficient cross-fertilisation of information already
   - If an ICT is convened, then SCG members would be included where appropriate

3. ***Considering Medway and Swale together as one geographical boundary***
   - Helpful to group the two together from an epidemiological perspective, however, in terms of response it may complicate things
   - Swale may become of concern when wanting to issue notices to shut down venues – Swale DC will have to be involved in closure of council run venues in Swales' jurisdiction.
   - If things begin to escalate then joining areas, leaders and respective cabinet members may be ideal
   - As long as it is possible to explain the rates of cases in the individual boroughs (i.e. it is being caused by a cluster of cases or a care home outbreak) then the two can be managed separately; when rates don't decrease or cannot be explained then things must be escalated
   - Regardless of whether the two boroughs are joined or not, cross border issues will always be managed through communication with members of that area

4. ***Considerations when ramping up T&T capacity***
   - Some challenges around how we utilize tier two and three to do that contact tracing that will need to be part of the OCT discussions including the coordination information provision and follow up is being determined and ensure this is undertaken in a timely fashion
   - If testing does need to be scales up, what would be better to use MTU (pillar 2) or pillar 1 testing? Both have pros and cons which will need to be weighed up depending on the situation.
   - MTUs have the scale and pace to deploy and do the tests quickly. However, as it is Pillar 2, it goes through the national system satellite path labs. Therefore, it takes longer to get the results back and PHE HPT don't necessarily get all the granular level data when they get notified of these results.
   - Conversely, Pillar 1 testing is a local NHS response with a tried and tested system that we know works and can be assured PHE HPT is getting more detailed data reported back. However, this is not able to be deployed as easily and the local path lab may also have more limited capacity which will need to be managed carefully.

5. ***Communications for the return of school year***
   - National and local communications will probably be going out around this
   - Transport to school will need to be considered in these comms – impossible to avoid public transport entirely
   - Will be easier to contain any outbreaks or shut a school, if needed, because of the structure of a school setting

6. ***Benchmarking against what is happening nationally***
   - Compare to other areas in the country to establish whether there are similar trends elsewhere or if this is a localised issue
   - Check what measures are being put in place elsewhere before deciding upon actions as there may be national measures are also being stepped up.
   - Conversations between JBC and DPHs daily so the information on national decision making is flowing through.

7. ***The need to convening a separate Incident Control Team (ICT), when to do this and their role***
   - HPB should act as safety net and provide a helicopter view of the situation. Do not want to push aside all routine business and take eye off the ball
   - Currently, it is reasonable to manage issues in the weekly meetings. However, in a rising tide situation, it is appropriate for DPH/deputy to call an ICT to allow for dedicated time for discussing the situation in full and what additional IC measures may need to be put in place.
   - There already a lot of people present on the HPB, so calling separate ICTs will enable addition of a more tailored set of appropriate stakeholders and will also reduce opportunity for other issues in a locality to be missed due to utilising one space for many different conversations
   - ICT should be called when we start to see lots of different locations flagging or if there are community cases with no obvious immediate links between them – especially if take alongside increasing incidence rates.
   - Also consider ICT if we see a scenario where we may need additional capabilities of the SCG to deploy whether it is community safety, colleagues, police, uniformed officers. Particularly if we are anticipating similar challenges elsewhere and if messaging and communications needs to start picking up, especially if now dealing with media scrutiny or we need to warn and inform the public.
   - Further in depth analysis around ethnic background, socioeconomic groups etc.. to identify whether there are subgroups within the affected population that are more prominent than others to identify if we can do any heightened targeting of messaging or increased support. Would also contribute to the justification for any decisions made by the ICT as this will be needed to obtain community support.
   - All decisions made should in partnership/consultation with people in the community who would be affected.
   - Decisions will also be based on discussions between the DPHs and JBC in terms of what measures they think would be more effective at a local level (bespoke or use what is in the playbook)

8. ***The need to anticipate and respond early***
   - Any measures taken will take 4 weeks for there to be an effect. If a hospital is already reporting that it is not coping then at that point its already too late, need to anticipate this happening.
   - Start out with bespoke smaller measures early – especially in response to soft intelligence e.g. police reporting raves, no mask wearing.

9. Ramping up flu immunisation capacity and determining priority

- Vaccination programme will be starting as soon as the vaccine supply comes in as expected, early in October.
- Going to be offered to a wider age bracket of people this year (aged 50+ most likely), but this will depend on availability) and be done in phases starting with the older age-groups.
- If a local lockdown in in force, then this will become more difficult to deliver the vaccination (so may need to think about additional capacity and where this would come from) but the lockdown will also likely help with preventing flu transmission.
- If the vaccination programmes are underway during this scenario, consideration will be given to enhancing and bringing forward flu or COVID vaccination around the lockdown zone to try to create a ring of immunity.
- If there is competition for capacity between a Flu and a COVID vaccine, then the COVID vaccine would take priority.
- Would also prioritise giving as many people as possible 1 dose of COVID vaccine rather than prioritising 2 doses
- Flu plan (locally and national) will need to be adapted to anticipate these challenges in logistics. Although there is going to be a national system coming into place, we will also need to maintain local vigilance until we are confident in the system.
- There may also be incorporation of antivirals. However, whilst important, this should not distract from vaccine planning

Test 2 (Part 2) – Overview

Tested at Meeting of the Kent Resilience Forum COVID-19 Strategic Coordinating Group
Date 29 July 2020
Duration 1.5 Hours
Venue Teleconference

Scenario Overview

Between August and November 2020, a gradual increase in community spread of COVID-19 is seen in both Medway and Swale, Kent. An Incident Control Team (ICT) is formed and they put in place a range of infection control measures are put in place over time to try and stem the spread of the virus. Several organisations have already escalated slightly and put in some emergency planning processes. By November however, the situation has escalated to the extent that the ICT decides a full local lockdown is required in both Medway and Swale. The DPHs of Kent and Medway Council escalate to the SCG to ask for their support in implementing this response and communicating to the public.

Aim

To review the escalation process of the COVID-19 Health Protection Board (HPB) to the SCG and understand the strategic issues for the SCG in moving forward with the recommendations made by the HPB in the event of a local lockdown. To ensure these are in line with the COVID-19 Local Outbreak Control Plan.

Test 2 (Part 2) – Scenario & Tasks

Scenario

- Between August and November 2020, a gradual increase in community spread of COVID-19 is seen in both Medway and Swale, Kent.
- The HPB have acted outside of BAU and convened an Incident Control Team (ICT)
- ICT put in place a range of infection control measures over time to try and stem the spread of the virus (including cancelation of events (late Sept) and closure of pubs & restaurants in both Medway and Swale (late Oct))
- The SCG has been kept informed about the progress of the situation during these months.
- By November however, the situation has escalated to the extent that both Medway and Swale have been listed as "Areas of Intervention" on the Contain Framework Local Authority Watchlist by the DHSC who have been in contact with the DPHs
- Medway Maritime Hospital has also raised concerns about capacity issues
- The ICT decides that a full local lockdown is required in both Swale and Medway and that the following needs to be implemented:
  - Travel & movement restrictions should be applied (travel for key workers only)
  - Outdoor public areas to be closed (parks, playgrounds, beaches, esplanades, outdoor swimming pools)
  - All non-essential businesses to be closed (e.g. shops, cafes, gyms & recreation centres as well as certain offices, labs, factories & warehouses depending on the nature of their business – ICT to determine full list in advance)
  - Organised events cancelled
  - Expansion of community COVID-19 testing services and flu immunisation services
  - Shielded and vulnerable persons need to isolate & support measures for them need to be re-activated
  - People will only be allowed to leave home only for the following reasons; shopping for essentials, exercise & medical/care needs. This will either be by themselves or within their household group.
  - The public (in Medway and Swale + wider) need to be informed of these new measures
- DPHs of Kent and Medway Councils escalates to the SCG to ask for their support in implementing this response and communicating to the public.

Tasks

Task 1 - Clarification of the escalation process to SCG

Task 2 - Consider the following key questions

- Do we view Swale and Medway as one system or separately? (resources allocation, travel between?)
- What actions should be taken at this point, by who and by when?
- Which KRF cells need to be stood up?
- What resources/support may be required?
- What communications need to go out? (how can SCG and KCC/MC work together for public warning & informing?)
- What additional legal powers need to be drawn on?
- What if central government want to get involved?
- What if the closure/local lockdown needs to be extended, time/area?

- Any threats/risks?

Task 3 – Does anything else need to be considered?

Task 4 – Questions and AoB

Test 2 (Part 2) – Outcomes

Discussion was structured around 7 themes:

1. ***Legal Powers***
   - Early communication to the public around new legal powers to try and bring them on board and help them understand this is part of the "Protect Kent, Protect Medway" strategy.
   - We do not actually want to get to point where we are forced to use the powers – we would hope that people would be compliant and understand why we are doing this which comes down to good communications and justification of decision making.
   - So many powers for enforcement that lie within different agencies. Although SCG is very used to dealing with the suite of the different powers available to ULAs and UTLAs it would be good to clarify what they are and in what situations we would want to use them.
   - Should involve legal teams/departments involved in the decision-making process with regards to using powers

2. ***Incident Control Team Formation, Decision Making and Escalation Process***
   - ICT will be made up of:
     - Members of HPB (as appropriate)
     - Members of the SCG
     - District council representatives from trading standards, environmental health and other relevant teams as they would hold many of the details related to businesses and also be able to issue and enforce the decided direction.
     - Other partners as deemed appropriate by HPB (e.g. legal representation)
   - It is essential that the ICT are very clear in their decisions as to:
     - What is and is not allowed (e.g. closure of restaurants but is takeaway still allowed?)
     - If lockdown, what exactly the geographical boundary is and why (because this will need to be justified to the public to help ensure their cooperation)
   - Decisions made by the ICT will then be escalated through the Emergency Planning route via Gold Command. If SCG is not stood up, then they would be via the response plan. This will be similar to what happened in the lead up to national lockdown in Feb 2020. This escalation will not come as a surprise as DPHs will ensure that the SCG is informed at each step of the decision-making process in a rising tide scenario.

3. ***Communications***
   - The communications group would be convened which would bring in partners from police, PHE, KCC, MC, KCC, Kent fire as well as stakeholders from different local settings (district councils, parish councils, faith leaders, local businesses) and potentially also central gov. How is this going to be communicated to the public.
   - Important to bear in mind that local authorities may not always be the most appropriate channels as there is sometimes a lack of trust from authority figures regarding comms, which is why it is so important to use our community leaders and partners.
   - We would likely also be getting media coverage so need to pre-empt this and have responses ready.
   - A range of communication means will need to be deployed from targeted social media messaging, to printed media to post through letterboxes as well as boots on the ground. Will also be dictated by area and settings affected.
   - NHS comms would likely be in full swing at this point as they would need to communicate any changes with how people should be accessing their services.

- In the instance that there is blaming of certain or communities/hate crime or lack of community cohesion, the various communication teams will need to be prepared to combat this (they have been doing some of this already) especially in response to what the media might put out.
- Need to work closely with different affected settings (i.e. schools)

4. Support for Vulnerable People

- Vulnerable People Cell to be stood up
- Helpline and community hubs to be re-activated (if not currently stood up)
- MHCLG will need to go back and consult colleagues to see if it would be possible to re-activate support for affected areas and whether there would further resources available from national gov (as national shielding team has already been disbanded)
- KCC and MC to ensure they have the most updated gov list of vulnerable people/shielders

5. Other Resources

- May need to draw on mutual aid from other district councils
- Unsure if there is going to be any additional funding and financing for businesses that must close. May also need to consider the impact this will have on claims under business interruption insurance and re-insurance with this having already been an issue with the first initial lockdown and is currently under review by the Financial Conduct Authority.
- Additional cells may need to be stood up if required e.g. supply chain cells, death process
- If military support is required, they have a testing reserve that can be made available, but they no longer running MTU which have now been handed off to private contractors.
- National government will probably be involved at this point and may offer other additional support.

6. Joint or Separate Response

- From a health perspective we would want to look at both Medway and Swale as one as they do fall under the single integrated care partnership
- The would be 1 SCG and TCG for this
- We may not want to want to use the council geographical boundaries and actually be more specific. This was one of the points raised when it came to the Leicester lockdown as it was thought that the boundaries were set too broadly. Whatever the decision, this will need to be evidenced by data as we are impacting upon people's liberties and we do not want to get pushback from the community that risks unrest and public disorder.

7. Other

- Contingency planning should take place within the tactical groups for various what if scenarios
- JBC action cards for different settings will be added to LOCP which can help inform the response
- Draw on learning from similar situations that have occurred in other regions as much as possible.

Summary

Overall, this situation is very similar to what has happened previously in March 2020. The real difference here is that this time around, because it is no longer a national directive, we need

1. To very clearly define the scope of the lockdown (geography and what is/isn't allowed)
2. To determine the legal powers that need to be used
3. To justify the reasons for the decisions made and back this up with data
4. Strong, joined up communications locally