

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

8 DECEMBER 2020

COVID-19 LOCAL OUTBREAK CONTROL PLAN

Report from: Andrew Scott-Clark, Director of Public Health for Kent
County Council

James Williams, Director of Public Health for Medway
Council

Author: Logan Manikam, Interim Public Health Consultant

Summary

This report provides an update on steps taken to mitigate rising cases of COVID-19 across both Kent and Medway as it relates to the Local Outbreak Control Plan (LOCP). It also includes a summary of LOCP-related questions received from members of the public and answers provided by Public Health Officers (located in Appendix 1).

In view of the rapid evolution of COVID-19, the national and the Kent & Medway response, it was agreed at the Kent & Medway Joint Health and Wellbeing Board Agenda Planning Meeting that a PowerPoint presentation be delivered outlining; (1) the Kent & Medway experience over the course of the pandemic thus far and (2) our current response to COVID-19 since publication of this cover report. This will be presented at the upcoming meeting.

1. Budget and Policy Framework

- 1.1. As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Control Plan to reduce the virus' spread.
- 1.2. With provision of £300M in national government funding to support the Plan's delivery, the COVID-19 Local Outbreak Control Plan will follow national outbreak management standards and put in place local measures to prevent, identify, and contain COVID-19 outbreaks. This plan was published online on 30 June 2020.

2. Background

2.1 Responding to the Rise in Cases Nationally & Locally

- 2.1.1. According to a recent assessment made by the Health Protection Board, rates are continuing to rise across both Medway and Kent with most districts

having 50% to 100% more cases this week (w/c 16 November 2020) than the one just gone. It is hoped that the impacts of national lockdown will soon be detectable in local figures, though for the time being rates amongst Dartford, Gravesham, Swale and Thanet are of particular concern.

- 2.1.2. This trend, coinciding with those seen nationally, has resulted in more restrictive infection control measures being introduced, including a novel three-level Local Alert System and (most recently) the implementation of a new national lockdown.
- 2.1.3. This new national lockdown will run (provisionally) from 5 November 2020 until 2 December 2020. The government has released new guidelines on the restrictions on home, business and leisure that will be instated over this period and has announced plans to return to a more stringent three-tiered system upon exit. Kent and Medway Councils have since been informed that they will move into Tier 3 – Very High Alert – once lockdown ends. Information on how the restrictions that will come into force at this time will affect daily life is provided on [the Government's website](#).
- 2.1.4. In light of these new restrictions, both Kent and Medway Council have been required to cancel or postpone events that were set to take place on Council owned or private sites. The introduction of enhanced restrictions has the potential to impact on specific businesses and community wellbeing.
- 2.1.5. In recognition of the difficulties that come with monitoring and enforcing the new Local Alert System, additional resources to enable Local Authorities to deal with the enhanced restrictions arising from the national restrictions, have been provided through the Contain Outbreak Management Fund.
- 2.2. Local Outbreak Engagement Board (LOEB) Public Engagement Strategy
 - 2.2.1. In accordance with the recommendations made by the Joint Board on 17 September 2020, a form for residents to engage with the Joint Board regarding the LOCP will be made available online prior to each Joint Board meeting. For this meeting, the [form was hosted online](#) on the Medway Council website between 9 November 2020 and 23 November 2020; Kent residents were signposted to the link via the Kent County Council's COVID web pages.
 - 2.2.2. Appendix 1 to the report sets out the questions falling within the agreed criteria that emerged during this process and have been answered by stakeholders from both Kent and Medway Council. The Joint Board are invited to discuss the key themes and public concerns in the upcoming meeting.
- 2.3. Stress Testing Local COVID-19 Outbreak Control Plan
 - 2.3.1. Three additional exercise scenarios have been conducted since the last Joint Health and Wellbeing Board meeting. These included:

Food Manufacturer Outbreak Exercise

This stress test required attending stakeholders to consider how they would respond to increasing numbers of COVID cases within a food manufacturing facility. Understanding whether food handled by those who later tested positive would be considered dangerous for public consumption was integral to this case. In addition to this topic, discussion centred upon clarifying existing infection control measures within the affected company, what actions staff members should take, establishing a clear communications strategy, escalating containment measures and potential closure of all implicated sites.

MidKent College Outbreak Exercise

This stress test required attending stakeholders to consider how they would respond to escalating COVID cases amongst MidKent College students and faculty members. It was vital to consider routes of transmission both inside and outside of the college. Discussion focused upon contact tracing, communications with students, parents and faculty members, transportation and implementing changes to teaching methods, classroom structure and recreational facilities.

Domiciliary Care Outbreak Exercise

This stress test required attending stakeholders to consider how they would respond to an outbreak of COVID cases within a domiciliary care setting. Here, carers interact with their patients in their own homes and therefore run the risk of spreading infection across multiple households after being exposed to one case. This case brought up identified key issues that included test eligibility and who should self-isolate.

- 2.3.2. A stress test dedicated to discussing what actions would need to be taken in response to a hypothetical COVID-19 outbreak at a major UK transport checkpoint in the context of EU exit is scheduled for 26 November 2020. Stakeholders from the Department for Transport (DfT), HM Revenue and Customs and the Border and Protocol Delivery Group of the Cabinet Office will attend this exercise.

2.4. Changes to testing protocols

- 2.4.1. Testing protocols have had to adjust to meet the increase in demand seen over the last few months. For example, Primary Care Teams are now able to access PCR tests for their practice staff and dependants. In specific cases, GPs can also order tests for some vulnerable patients. GP practices do not undertake routine population testing and any individuals requiring testing should use the standard routes, online or through calling 119. All health and social care staff can access antibody testing through an online service, bookable through the government COVID testing website. Testing for staff and residents living in extra care and supported living settings will now receive PCR testing. The eventual aim will be to establish a regular programme of repeat testing for these settings, similar to that currently employed in nursing and care homes.

- 2.4.2. The development of rapid-testing technologies has facilitated a number of population surveillance studies into the prevalence of asymptomatic COVID cases. Medway Council and Kent Council are currently initiating a pilot programme using lateral flow testing (LFTs) to help identify positive cases and reduce disease transmission in the community.
- 2.4.3. The Councils have also spent time considering how the adverse weather conditions associated with the winter months might impact testing infrastructure and capacity. An initial 'winterification' plan of all sites – regional, local, mobile and satellite is being developed by the Department for Health and Social Care (DHSC). Both Kent and Medway are working with the DHSC to ensure testing is available in all settings throughout the winter system.
- 2.4.4. Local Authorities have been asked to support NHS test and trace capability by handling cases that the national system cannot locate. Both Medway and Kent Council are recruiting and training the staff needed to enable effective local test and trace.

2.5. COVID-19 Designated Settings

- 2.5.1. COVID positive patients who are returning from hospital to residential care must be placed within designated settings. These designated settings are nominated by the Local Authority to the Care Quality Commission (CQC) and are required to pass a CQC Infection Protection & Control (IPC) assurance process. Designated settings must also be staffed by a separated team who will be able to zone/ cohort positive patients away from others living within the home. Patients should reside in this designated setting for 14 days before moving into a longer-term placement at an alternative residential or nursing home (as required).
- 2.5.2. Kent and Medway Council have worked together to identify sites that could work as designated settings. A total of 11 sites were submitted for inspection by the required date with was 4 November 2020. 2 sites were not assessed as meeting CQC standards and further work is being undertaken with the CQC to increase local capacity. Sites that have been deemed fit for purpose by the CQC collectively contribute over 150 beds to support care home residents transitioning back from hospital. Given the potential for an increase in COVID-19 admissions and discharges, further reserve sites may need to be identified should demand exceed supply over the winter months ahead.

2.6. Addressing accelerating health inequalities

2.6.1. It is clear that the pandemic has brought pre-existing health inequalities in both Kent and Medway into sharp relief – particularly those affecting the lives of BAME communities, the elderly and those with pre-existing medical conditions.

2.6.2. The BAME System Plan was launched to help better understand the contributing factors behind the disproportionate numbers of COVID cases and fatalities seen within BAME groups. A programme of work – called ‘turning the tide’ – is now underway in Kent and Medway to look systemically across the health and social care system to understand population vulnerabilities and provide targeted interventions to offset them.

2.7. Preparing for a vaccination

2.7.1. The UK government currently has signed deals for six potential coronavirus vaccines. These includes the AstraZeneca/Oxford University vaccine (now in phase three trials - the last step to becoming licensed) and the Pfizer and BioNTech offering. Recent announcements indicate at least 2 of these vaccines have proven to be effective, however additional steps to ensure safety need to be taken prior to full licensing in the UK.

2.7.2. The implementation date for the COVID-19 vaccination has been brought forward considerably with delivery for priority groups (over 80s, care home residents, health and social care staff and other key workers). Planning is in place to initiate vaccination of these groups in early December 2020 (pending licensing). There will be a rapid expansion to other cohorts from mid-December onwards with the aspiration that this programme will meet full capacity by mid to late February 2021 and be completed by late spring 2020.

2.7.3. Delivery methods will include:

- Mass fixed sites known as Large-Scale Sites – these will likely be conference or sports venues
- Temporary sites known as Community Sites – these will likely occur in primary care facilities
- A roving model – the details on these mobile options are still being finalised but they will aim to target harder to reach and more vulnerable communities such as care home residents and housebound patients.

2.7.4. Logistical support is being provided by range of government departments including military planners. Traditional providers of vaccinations (local immunisation teams, GPs) will be used to support delivery. Other qualified staff will be co-opted as necessary.

2.7.5. A dedicated COVID-19 Vaccination Cell has been set up under the Incident Control Centre (ICC) within Kent and Medway’s CCG to ensure there is appropriate governance over this process. Kent and Medway CCG are working through the Kent Resilience Forum to ensure the vaccination programme is in place.

2.8. Preparing for Britain's exit from the EU

- 2.8.1. At this moment in time, leading figures within the NHS are emphasising the need to plan ahead for the parallel impacts of COVID-19, winter flu and the exit from the EU. Britain's transition away from the EU ends on 31 December 2020. Any significant disruption arising from EU exit has the potential to severely impact on the local economy and wellbeing of the population of Kent and Medway.
- 2.8.2. There is a multi-agency planning cell, involving all government departments and local stakeholders, reviewing the potential impact of EU exit on Kent and Medway and putting in place appropriate mitigation to offset any issues related to critical supplies, movement of goods and people and COVID-19 containment, management, testing and vaccination programmes.

3. Risk Management

- 3.1. By running stress test exercises on a variety of scenarios related to the LOCP, as outlined in Section 2.2, we aim to minimise the risks associated with similar events occurring by (i) identifying any gaps within the LOCP (ii) creating awareness of the communication channels that exist between the agencies (iii) creating awareness of the roles of different agencies (iv) clarifying the escalation triggers and process (v) identifying areas where additional support may be required (vi) identifying any potential challenges and their solutions (vii) identifying actions that need to be taken and when.

4. Financial Implications

- 4.1. As a result of recent changes made to the Contain Outbreak Management Fund, additional resources are now available for eligible councils who need support in enforcing Local COVID Alert Levels in their communities.
- 4.2. A payment of up to £8 per head of population will now be provided to all Local Authorities. This is in line with national restrictions that are currently in place until 2 of December 2020. Kent County Council and Medway Council each have a separate allocation through the Contain Outbreak Management Fund. Access to the funding and monitoring of activity is managed via local arrangements through Kent County Council for onward disbursement to districts and boroughs and Medway Unitary Authority directly. Monitoring and oversight of expenditure is managed through the Contain Programme Regional Convenor for the South East and should be used to support all related COVID-19 specific response. There is a detailed framework that sets out key activities associated with this funding which will evolve and be tailored to local need; this is included in Appendix 2.

5. Legal Implications

- 5.1. Kent County Council (KCC) and Medway Council, under the leadership of the Directors of Public Health, have a statutory duty to protect the

population's health by responding to and managing communicable disease outbreaks which requires urgent investigation and presents a public health risk.

- 5.2. The legal context for the councils' response to COVID-19 sits within the following Acts:
 - The Coronavirus Act 2020
 - Health and Social Care Act 2012
 - Public Health (Control of Disease) Act 1984
- 5.3. The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012 for a time limited period of four years from 1 April 2020.
- 5.4. The Joint Board seeks to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and ensure collective leadership to improve health and well-being outcomes across both local authority areas.
- 5.5. The Joint Board is advisory and may make recommendations to the respective Kent and Medway Health and Wellbeing Boards.
- 5.6. As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Control Plan to reduce the viruses' spread.
- 5.7. The Coronavirus Act 2020, Health Protection (Coronavirus Restriction) (England) Regulations 2020 now gives DPHs the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. DPHs are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

6. Recommendations

- 6.1. The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note this update report and the questions submitted by members of the public on the Local Outbreak Control Plan together with the responses provided by stakeholders from both Kent and Medway Council (Appendix 1).
- 6.2. The Kent and Medway and Joint Health and Wellbeing Board is asked to agree that the questions submitted by members of the public on the Local Outbreak Control Plan together with the responses set out at Appendix 1 to the report are published on each Council's website in accordance with the agreed engagement strategy.

Lead Officer Contact

Dr Logan Manikam, Interim Public Health Consultant

E: logan.manikam@medway.gov.uk

Appendices

Appendix 1 - Public questions on the Local Outbreak Control Plan and Answers

Appendix 2 - Appropriate activities for Contain Outbreak Management Fund support

Background papers

None

Appendix 1 – Public questions on the Local Outbreak Control Plan and Answers

Questions from the public were clustered around 5 themes:

1. Fines:

Q: Should Bailiff threats and visits - especially those involving clinically vulnerable individuals - be suspended during the crisis period? (Medway)

A: All enforcement agency action and all recovery action were suspended during the first and second lockdown; Direct Debits were continued to be collected, however, and agencies have only communicated with individuals (electronically) who were already working on their repayments prior to lockdown. There has been no court action during this time, and none are currently planned.

Q: Will vulnerable parents be fined if they can't send their children into school and can't find anyone else to do it on their behalf? (Medway)

A: Policies relating to school attendance and direct liaison are matters for individual headteachers to handle. There is national guidance and support available for anyone who is clinically extremely vulnerable.

2. Data:

Q: Should the total/ rolling numbers of KCC/MC pupils and school staff members who have contracted COVID-19 be publicly available information?

A: The publication of any data on outbreaks or incidents in a school setting follows the current national guidance. Any data that could be potentially identifying – including totals or rolling numbers of KCC/MC pupils and school staff members who have come down with the virus – would violate data protection legislation and would therefore not ever be made publicly available.

Q: Does the infection rate published for Medway include hospital patients who actually come from other areas? If it does, how will it affect any further restrictions/ virus control methods placed on Medway residents? (Medway)

A: Rates of infection that are published online and reported nationally only reflect cases amongst those who are registered as living in Medway. Non-Medway residents who are in hospital for COVID-19 would not have their data entered into this reporting and would not impact Tier Classification or other virus control methods.

3. Day Centres:

Q: Should day centres for the elderly still be open? Why can't care be provided at home rather than up to 15 people mixing at once? (Medway)

A: When the first lockdown occurred, all day care/ support providers were required to close their buildings in accordance to guidance at that time. The loss of, or reduction in, these services during the COVID-19 crisis proved to be hugely challenging for those who used them and their families and carers, often resulting in significant mental and physical decline amongst all mentioned. As such, we enacted the guidance and exceptions rule within Public Health England regulations to keep these services open in the second lockdown with significant restrictions in place. Only those who have the greatest need of these services are provided with access to them, for example, and regular quality and assurance visits are undertaken by Council staff to ensure those services that are open comply with government guidance.

4. *Essential shops:*

Q: Why are you allowing shops such as B and M to open? They are not essential shops and are encouraging people to mix in these types of stores when there is no need. To control the spread, opening of shops should be limited to food shops and shops selling essential repair items. It doesn't matter how many plans you come up with until you stop people going out for non-essential items and journeys the virus will continue to spread. (Medway)

A: Both Medway and Kent County Council adheres strictly to government guidelines as to which types of premises are permitted to open during lockdown. Both Councils ensure that all retailers comply with the relevant regulations and has the power to close those that do not under the Coronavirus Act (2020). If any resident feels that a particular shop is failing in its duties to protect its customers or is open inappropriately through lockdown, they should refer to Police.UK's online reporting tool. This '[Tell Us About](#)' page asks the public to provide the address where they believe a breach of COVID-19 measures is - or has been - happening.

5. *School closure:*

Q1: With the increase in cases throughout Medway - especially amongst school-aged children – isn't it time schools closed? Many local schools are closing for 2 weeks. (Medway)

Q2: Why are the schools and colleges still open with such high transfer of this virus? It's obvious that students are bringing home the virus into households and risking lives of families and wearing masks in classrooms are still not mandatory. (Medway)

Q3: Why are the schools and colleges still open with such high transfer of this virus? It's obvious that students are bringing home the virus into households and risking lives of families and wearing masks in classrooms are still not mandatory. (Medway)

Q4: Will school closures be considered from the 2nd of December onwards?

Q5: Why don't all schools close and why don't you set up proper online learning for the school children? (Medway)

Q6: Can schools be closed? Outbreaks are disproportionately affecting teaching and adult staff in schools and it is no longer safe for children to attend. A two/three-week complete closure of all schools will surely help clear the spread at schools and onwards into the community. (Medway)

Q7: As infection rates in schools are rising, do you plan to close schools to provide a 'fire break'? (Medway)

A: In accordance with national guidelines, schools will continue to stay open even as Kent and Medway enters into Tier 3. In any instance where a case or outbreak occurs, the school in question is risk assessed and appropriate action is taken to safeguard all individuals involved with consideration of the community at large. The decision to close an affected school is at the discretion of the Headteacher. In accordance with Department for Education guidelines, Headteachers are also tasked with resourcing appropriate online learning portals and platforms for their remote students. The Council acts to provide advice and guidance to schools as required and requested.

Appendix 2 – Appropriate activities for Contain Outbreak Management Fund support

Financial support for Local Authorities at Local COVID Alert Level Medium and High is to fund the following activities:

- a. Targeted testing for hard-to-reach groups out of scope of other testing programmes.
- b. Additional contact tracing.
- c. Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
- d. Delivery of essentials for those in self-isolation.
- e. Targeted interventions for specific sections of the local community and workplaces.
- f. Harnessing capacity within local sectors (voluntary, academic, commercial).
- g. Extension/introduction of specialist support (behavioural science, bespoke communications).
- h. Additional resource for compliance with, and enforcement of, restrictions and guidance

Financial support for Local Authorities at Local COVID Alert Level Very High has a broader scope, to support local economies and public health. It is expected that this includes activities such as (this list is not exhaustive):

- a. Measures to support the continued functioning of commercial areas and their compliance with public health guidance.
- b. Funding Military Aid to the Civil Authorities (marginal costs only).
- c. Targeted support for school/university outbreaks.
- d. Community-based support for those disproportionately impacted such as the BAME population.
- e. Support for engagement and analysis of regional areas to assess and learn from local initiatives.
- f. Providing initial support, as needed, to vulnerable people classed as Clinically Extremely Vulnerable who are following tier 3 guidance.
- g. Support for rough sleepers.

Along with criteria for local alert levels, these lists will likely evolve over time. Updated guidance is provided on gov.uk. Local Authorities should liaise with their Contain Regional Convenor, JBC Regional Lead and MHCLG on the details of expenditure and the monitoring of outcomes.