

## **MEDWAY HEALTH AND WELLBEING BOARD**

**13 APRIL 2021**

### **COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN BRIEFING**

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#### Summary

This report provides an update on the Local Outbreak Management Plan (LOMP) including top-level outcomes of recent stress tests made since the last update was presented to the Board on 16 February 2021.

#### 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 Management Plan (LOMP) - formerly known as the COVID-19 Local Outbreak Control Plan - to reduce the spread of the virus within the community.

1.2. On 25 February 2021, Department of Health and Social Care (DHSC) requested that the Local Outbreak Management Plan be updated to reflect the changed landscape of the pandemic and to consolidate the best practice that has emerged locally in its first year through the creation of a Best Practice Document. The objectives of these updates are outlined below:

- To ensure that updated fit for purpose local outbreak management plans are in place across England
- To identify any additional support Local Authorities may need from national or regional teams, particularly in relation to surge activity to detect new variants
- To identify good practice and local and regional level – most particularly in respect to Non-Pharmaceutical Interventions (NPIs) that can be used to reduce/prevent transmission of the virus and use this learning to inform regional and national policy

- To ensure there is effective governance and clarity on roles/responsibilities at all levels of response
  - To ensure Local Outbreak Management Plans reflect cross-cutting considerations, such as inequalities
  - To provide ongoing assurance and justification of the need for financial support from the COVID Outbreak Management Fund (COMF) and self-isolation fund.
- 1.3. Revisions and updates to the LOMP have been informed by the [COVID-19 Contain Framework](#), updated on 18 March 2021. The contain framework sets out how national, regional, and local partners will work with each other, the public, businesses, institutions, and other local partners in the community to prevent, contain and manage COVID-19 outbreaks.
- 1.4. Local authorities receive additional funding from central government through the Contain Outbreak Management Fund. This funding is directly allocated to support delivery of the objectives set out in the Contain Framework.

## 2. Background

### 2.1. ***Responding to the Rise in Cases Nationally and Locally***

- 2.1.1. Rates of COVID-19 in the UK have decreased substantially since the Medway Health and Wellbeing Board last convened. This decline in cases has been accredited to the success of the vaccination programme, lockdown measures, and symptomatic-free testing at scale.
- 2.1.2. On 22 February 2021, the Government announced the National Spring 2021 Roadmap out of Lockdown. This is a 4-step data-driven approach to enable the relaxation of restrictions. Before proceeding to the next step, the Government will examine the data to determine whether it is safe and feasible to progress to the next phase of opening. The four tests that inform the progress through each phase are:
- The rollout of the national vaccine programme continues successfully
  - Evidence showing vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
  - Infection rates do not risk a surge in hospitalisations and therefore do not put unsustainable pressure on the NHS
  - Assessments of the risks is not changed fundamentally by new Variants of Concern
- 2.1.3. The first step began with the reopening of schools on 8 March 2021. This step will also expand allowances for outdoor social gatherings and sports activities from 29 March 2021. Further steps on the National Spring 2021 Roadmap are as follows:
- Step 2, starting no earlier than 12 April 2021, will aim to see the return of non-essential retail, public buildings, leisure facilities, hospitality venues (for outdoor service) and personal care services (hairdressers

and nail salons). Most outdoor attractions and settings will also reopen although wider social contact rules will still apply to prevent indoor mixing between different households. Self-contained accommodation, including holiday lets for those in single households, can also reopen.

- Step 3, starting no earlier than 17 May 2021, will aim to see the end of most social contact rules. However, gatherings of over 30 people will remain illegal. Indoor entertainment will still apply the rule of 6 or 2 households although this will remain under close review.
- Step 4, starting no earlier than 21 June 2021, will aim to see the end of all legal limits on social contact, the reopening of nightclubs, large events, and performances. This step will potentially see the removal of all limits on weddings and other major life events.

2.1.4. As we commemorate one year since first going into lockdown, it is important to recognise how dramatically the virus itself has changed since that time. To date, three major Variants of Concern (VoCs) have shown signs of transmission within the population; most notably the UK variant (first potentially identified in Kent in December 2020). The UK variant has gone on to become the dominant form of COVID-19 in circulation nationally. Two subsequent variants, first identified in South Africa and Brazil, have also been sequenced within UK borders. They are monitored closely due to their potentially vaccine resistant qualities. All novel variants have shown signs of being more transmissible and potentially more deadly compared to the original COVID-19 pathogen. Detailed information on these new variants can be found [here](#).

2.1.5. No surge testing for new variants has been required in Medway. Surge testing was however undertaken for the South African variant in the ME15 postcode (Maidstone area) for 3 days from 2 February 2021. Over 9,600 test kits were disseminated. Initial findings have not at this stage identified new variants but sequencing of these tests is ongoing.

2.1.6. In addition to current National Spring Roadmap, the Director of Public Health (DPH) has taken several other measures to continue to limit the spread of COVID-19 in Medway including:

## 2.2. ***Asymptomatic Testing***

2.2.1. Medway Council has launched a mass COVID-19 rapid testing pilot for asymptomatic residents; the first of its kind in the South East of England. Medway Council has successfully launched five permanent sites and multiple pop-up sites for this purpose. The exact addresses of these five permanent testing sites are:

1. Chattenden Community Centre, Swinton Avenue, Chattenden, Rochester, ME3 8PH
2. The Student Hub (The Deep End), North Chatham Maritime, Chatham, ME4 4AG
3. The Oast House, Granary Close, Rainham, ME8 7SG.

4. Rochester Cathedral, Garth House, The Precinct, Rochester, ME1 1SX.
5. Medway Park, Mill Road, Gillingham, ME7 1HF.

2.2.2. Underpinned by Lateral Flow Tests (LFTs), this rapid testing pilot has enabled Medway Council to better understand levels of asymptomatic transmission in their communities. LFTs process human nasal swabs, throat swabs, or sputum samples with a Lateral Flow Device (LFD). If SARS-CoV-2 antigens are present in the person's sample, a coloured line appears on the device after 10-20 minutes, signalling a positive result; its absence – after 30 minutes of waiting - indicates a negative result.

2.2.3. This initiative is operating in accordance with a framework provided by the Department of Health and Social Care. Those eligible for testing are contacted via text, NHSNoreply or letter and can book online. The testing programme initially prioritised hotspot areas where disease transmission was highest; key and essential workers (and their dependents) across Medway including all blue light services, social care, education, the military and within critical infrastructure. As the disease was brought under control access was rolled-out to those unable to work from home. The programme is now ubiquitous. All Medway residents are encouraged to seek symptom-free testing each week. As of 22 March 2021, over 119,476 symptom-free tests have been conducted in Medway. This is a fantastic achievement.

### 2.3. ***The Vaccination Programme***

2.3.1. The management and roll-out of the vaccination programme is the responsibility of the Department for Health and Social Care (DHSC). Medway Council is working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area. To date, this programme has offered vaccination to the following key groups identified by the Joint Committee on Vaccination and Immunisation (JCVI):

- All residents in a care home for older adults and their carers
- All those 80 years of age and over and frontline health and social care workers
- All those 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals

2.3.2. Currently, all people aged over 50 years of age, those with underlying health conditions in younger individuals aged 16 to 64 and those with learning disabilities are now being invited for vaccination.

2.3.3. Vaccines are delivered by three types of vaccination sites:

1. Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service
2. Hospital hubs – using NHS Trusts across the country
3. Local vaccination services – made up of sites led by general practice teams collaborating via pre-established primary care networks and pharmacy teams through community pharmacies

All three vaccination delivery options are available in Medway.

- 2.3.4. As of 28 March 2021, 30,151,287 people have been inoculated with their first dose of vaccine. While in Medway as of 21 March 2021, 109,151 people have been given their first dose of vaccine.

#### 2.4. **Safe Return to Face-to-Face Education**

- 2.4.1. 8 March 2021 saw the return of primary, secondary students to school. University students on practical courses requiring face-to-face on campus teaching were also allowed back on campus.

- 2.4.2. All staff and pupils in secondary schools complete asymptomatic lateral flow testing at home. Testing in some cases is also available at secondary schools, colleges and other educational settings for those pupils who are unable to get tested at home. Staff are mandated to do tests twice per week. Pupils and their family members (households) are currently encouraged to participate in testing and are provided with access to home test kits. Students can collect test kits from schools. Family members must collect home test kits from local walk-in, drive-in test centres. Primary school pupils are exempt from this programme, however, primary school staff and parents and carers of primary school pupils are requested to undertake testing twice per week.

- 2.4.3. Staff, pupils and household members must report any positive results to NHS Test and Trace as soon as the test is completed either online or by telephone. Anyone testing positive following a home lateral flow test must also then access PCR tests. If the latter is positive they will be required to self-isolate for the required 10 days.

#### **Face coverings**

- 2.4.4. Students from the age of 11 and above are advised to wear face coverings in all inside areas, including classroom and social settings, unless social distancing can be maintained. All adults, including staff and visitors, should wear face coverings when moving around the premises, outside of classrooms and in corridors and communal areas. Children in primary school are exempt from this requirement.

#### **Avoiding Gatherings**

- 2.4.5. Schools are advised to consider staggered starting and finishing times in the school day to reduce the likelihood of congregations and household mixing from occurring where possible. This should not, however, reduce the amount of time children spend in school overall. Parents are advised to follow process that has been agreed for drop-off and collection procedures; congregating at the school gate is not permitted, car-pooling is to be avoided and coming on-site without an appointment is prohibited.

## 2.5. ***Monitoring Events over the Course of the National Spring Roadmap***

- 2.5.1. In light of restrictions associated with National Lockdown, the vast majority of events in Medway have been cancelled. However, mass gatherings and events scheduled later in the year will continue to be risk assessed by the Kent Resilience Forum Societal Cell and COVID-19 Enforcement and Restrictions Cell in close consultation with Roadmap allowances and restrictions.

## 3. Risk Management

- 3.1. By running stress test exercises on a variety of scenarios related to the LOMP, we aim to minimise the risks associated with similar events occurring by (i) identifying any gaps within the LOMP, (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 and (vii) identifying actions that need to be taken and when.

## 4. Consultation

- 4.1. Stress Testing the LOMP as described in section 3.1 of the report, has and continues to be undertaken in consultation with partner agencies across Kent and Medway as well as stakeholders from other local authority areas where relevant. Stakeholders from national agencies are also invited where relevant.

## 5. Financial Implications

- 5.1. As a result of changes made to the Contain Outbreak Management Fund, additional resources are now available for eligible councils who need support in enforcing Local COVID regulations in their communities.
- 5.2. Initial funding was provided through the Test, Track & Trace Support Grant using 2020/21 Public Health allocations as a basis for distribution. Additional funding of £8 per head of population for those Local Authorities in the highest tier of national restrictions was in place up to 2 December 2020. Since then, the funding has been £4 per head of population per 28 days for those Upper Tier authorities in the highest tier of restrictions. In addition, the DHSC have committed to fully fund the cost of the testing programme.
- 5.3. Monitoring and oversight of expenditure is managed via the Contain Programme Regional Convenor for the South East. There is a detailed framework that sets out the key areas that can be funded; these will evolve over time and are tailored to local need.
- 5.4. As mentioned in Section 1.2, the LOMP updates requested by the DHSC were made to inform how monies from the Council Outbreak Management Fund (COMF) should be allocated going forwards on a 'greatest need' basis.

## 6. Legal Implications

- 6.1. Medway Council, under the leadership of the Director of Public Health, has 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.
- 6.2. 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
- 6.3. 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 Management Plan to reduce the viruses' spread.
- 6.4. [The Health Protection \(Coronavirus, Restriction\) \(Steps\) \(England\) \(No.364\) Regulations 2021](#) has come into force as legislation for the National Spring Roadmap. These legislations now give the DPH the authority to apply step-by-step restrictions, 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 DPH is 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.

## 7. Recommendation

- 7.1. The Health and Wellbeing Board is asked to note the update presented in the report.

## Lead Officer Contact

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## Appendices

None

## Background papers

None