

MEDWAY HEALTH AND WELLBEING BOARD

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COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN BRIEFING

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Summary

This report will provide an update on recent changes to the Governments approach to tackling COVID-19 since the last update was presented to the Board on 18 November 2021.

1. Budget and Policy Framework

- 1.1. As part of the Department of Health and Social Care's (DHSC) 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) to reduce the spread of the virus within the community.
- 1.2. The DHSC requested that the LOMP 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 LOMPs 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 LOMPs reflect cross-cutting considerations, such as inequalities
- To provide ongoing assurance and justification of the need for financial support from the Contain Outbreak Management Fund (COMF) and self-isolation fund.

1.3. The [COVID-19 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. Based on this framework and in the light of the new Omicron variant, the Medway LOMP is being revised.

2. Background

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

2.1.1. Rates of COVID-19 in the UK and Medway have significantly increased since the Medway Health and Wellbeing Board last convened in November. This increase in cases is predominantly due to the Omicron variant.

2.1.2. The Government updated the published [Covid 19 Autumn and Winter Plan](#) on 9 November 2021- a comprehensive approach designed to steer the country through autumn and winter 2021-22. This consists of two sets of plans, with the initial Plan A focusing on pharmaceutical interventions, test and trace and reducing pressure on the NHS. However, with the increasing COVID-19 rates due to the Omicron variant, the Governments Plan B was initiated on the 8th of December 2021.

2.1.3 Due to the success of the vaccination booster roll-out and the reduction in Omicron infections in England, the Government has now lifted all the measures under Plan B from 27 January 2022. This means:

- mandatory COVID-19 certification will end, but venues may choose to use the NHS COVID Pass voluntarily
- face coverings will not be required by law in indoor venues
- As of 19 January, the Government no longer asked that people work from home.

2.1.4 Face coverings and face masks will continue to be required in health and care settings to comply with infection prevention and control and adult social care guidance. Also, people are advised to use face coverings in crowded areas.

2.1.5 The Omicron variant has become the new variant of concern (VOC) and the dominant variant in the UK. On 27 November 2021, two cases of Omicron variant were identified in the UK after genome sequencing. The UKHSA continues to monitor the emergence of this new variant.

2.1.6 Early data suggests reduced overall risk of hospitalisation for Omicron compared to Delta. Initial studies also find a substantial reduction in risk of hospitalisation for Omicron cases after three doses of vaccine compared to those who are unvaccinated, with overlapping estimate ranges. Further, preliminary findings suggest that vaccine effectiveness against symptomatic disease continues to be lower for Omicron than for Delta. Detailed information on all variants and variants under investigation can be found on the Government website under [Technical Briefings](#) published by UKHSA and last updated 14 January 2022 (*will update it on 2 Feb*).

2.2. Testing

2.2.1 In addition to the current Autumn and Winter Plan, the Director of Public Health (DPH) continues to take several other measures to limit the spread of COVID-19 in Medway including Asymptomatic Testing.

2.2.2 Medway Council continues to provide a flexible and dynamic mode of testing comprising a hybrid model of outreach, a static testing site, community collect sites, home-direct online testing, and community pharmacy access. All Medway Residents are able to access testing through a wide variety of convenient modes including community collect sites, pop-up sites, pharmacy collect options, and online home test kits.

2.2.3 A critical part of asymptomatic testing is Targeted Community Testing (TCT), which is operating in accordance with a framework provided by the DHSC and aims to reach disproportionately impacted groups. TCT has now been extended till the end of March 2022 and continues to be a part of the Government's response to the pandemic. Across Medway, the targeted groups broadly include non-White British, socioeconomically deprived populations and those in high-risk jobs.

2.2.4 The advice around testing is now to take an LFD test:

- if an individual will be in a high-risk situation on the day
- before travelling to visit people who are at higher risk of severe illness if they get COVID-19
- if an individual has been identified as a contact of someone who has COVID-19.

2.2.5 From Monday 17 January, people with COVID-19 in England can end their self-isolation after 5 full days, as long as they test negative on day 5 and day 6, and do not have a temperature. Individuals who are still positive on their rapid lateral flow tests must stay in isolation until they have had 2 consecutive negative tests taken on separate days.

2.2.6 As from 11 January 2022, there will be no legal requirement for confirmatory PCR tests after a positive LFD result. An individual is now required to self-isolate immediately in the advent of a positive LFD result. However, this is a temporary measure while COVID-19 rates remain high across the UK.

2.2.7 Few exceptions to this:

- those eligible for the Test and Trace Support will still need confirmatory PCR tests to access this support
- people participating in research or surveillance programmes may still be asked to take a follow-up PCR test
- people who are at risk of becoming seriously ill from COVID-19, as they might be eligible for new treatments if they get a positive PCR result.

2.3 The Vaccination Programme

- 2.3.1 The DHSC continues to take responsibility for the vaccination rollout and Medway Council continues to work closely with stakeholders from the DHSC. To date, this programme has offered vaccination to all those 12 years of age and older, residents of care homes, frontline health and social care workers, clinically extremely vulnerable individuals, and those with underlying health conditions.
- 2.3.2 Based on extensive assessment of the risks and benefits of vaccinations for 5 to 11-year-olds, the Joint Committee on Vaccination and Immunisation (JCVI) now advises that children aged 5 to 11, who are in a clinical risk group or who are a household contact of someone who is immunosuppressed, should be offered a primary course of vaccination.
- 2.3.3 Primary course vaccination for these children should be with the Pfizer-BioNTech COVID-19 vaccine with an interval of 8 weeks between the first and second doses.
- 2.3.4 The JCVI advises that the following cohorts of children and young people should be offered a booster dose of the Pfizer-BioNTech COVID-19 vaccine no sooner than 3 months after completion of their primary course:
- children and young people aged 16 to 17 years
 - children and young people aged 12 to 15 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed
 - children and young people aged 12 to 15 years who are severely immunosuppressed and who have had a third primary dose
- 2.3.5 In response to the threat from Omicron, on 29 November 2021, JCVI advised both extension and acceleration of the booster vaccination programme; advising all adults aged 18 years and over be offered booster vaccination in descending age order. Also, there is now a reduction in the interval between primary and booster vaccinations from 6 to 3 months.
- 2.3.6 Vaccines continue to be majorly delivered by two types of vaccination sites:
- Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service.
 - 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.

2.3.7 All vaccination delivery options are available in Medway.

2.3.8 As of 10 January 2022, 51,992,559 people in the UK have been inoculated with their first dose, 47,745,458 with their second dose of the vaccine and 35,813,659 have received the third dose or booster dose. In Medway, as of 10 January 2022, around 202,144 people have received their first dose of vaccine with second doses at 185,528, while about 136,700 have been given the booster or third dose.

2.4. Monitoring Events over the Course of the Autumn and Winter Plan

2.4.1. Events in Medway are allowed to take place in a COVID-secure manner following a completed health and safety risk assessment that includes risks from COVID-19 and putting measures in place to reduce the risk of transmission. Mass gatherings and events will continue to be risk assessed by the Public Health Team and COVID-19 Enforcement and Restrictions Cell.

2.4.2 As part of the Government's Plan B, venues listed below will come under the COVID-19 passport scheme:

- all nightclubs
- indoor events with 500 or more attendees, where those attendees are likely to stand or move around for all or part of the event, such as music venues with standing audiences or large receptions
- outdoor events with 4,000 or more attendees, where those attendees are likely to stand or move around for all or part of the event, such as outdoor festivals
- events with 10,000 or more attendees, whether indoor or outdoor, such as large sports and music events.

2.4.3 Admittance into these venues will require one of these:

- An NHS COVID-19 pass confirming receipt of two doses of an approved vaccine (or a single dose of Janssen vaccine)
- A negative LFD or PCR test result, taken within the last 48 hours
- Proof of medical exemption or participation in a clinical trial.

2.5. Outbreak Management in Schools

2.5.1. The contingency framework for education and childcare settings sets out the principles of managing local outbreaks of COVID-19 (including responding to VOC) in education and childcare settings. This framework was last updated on the 7th of January 2022.

2.5.2. The use of face coverings is now recommended in classrooms for pupils and students aged 11 or above (on 31 August 2021), staff, and adult visitors.

2.5.3. Summarily, other guidance for schools include:

- Staff and students are advised to test twice weekly at home, with LFD test kits, 3 to 4 days apart

- Students in higher education settings should test before they travel back to university
- Those who test positive should isolate. However, one can exit isolation from day 6 onwards, with 2 negative LFD's 24 hours apart.

2.5.4 There is no need for primary age pupils to regularly test, unless they have been identified as a contact for someone who has tested positive for COVID-19 and therefore advised to take lateral flow tests every day for 7 days.

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.

3.2. The most recent stress test was completed on the 9th of September 2021. This was conducted via MS Teams, specifically a university outbreak scenario exercise. Discussions were focused on a number of areas including isolation, contact tracing, additional support available to students both internally in schools and externally in Medway (food parcels, mental health etc), and communication. Challenges were highlighted and solutions were provided in order to further minimise the risks and consequences of a COVID-19 outbreak at a university.

4. Consultation

4.1. Stress Testing the LOMP, as described in paragraph 3.1 of the report, has been, 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. Initial funding was provided through the Test, Track & Trace Support Grant using 2020/21 Public Health allocations as a basis for distribution. Funding continued throughout 2020/21 through the COMF which was extended to June 2021 (to cover expenditure incurred during 2021/22) although now encompasses support for compliance and enforcement activities that were previously delivered through alternative grant funding streams. In addition, the DHSC have committed to fully funding the cost of the testing programme until the end of June 2021, with a revised mechanism for claiming the costs of the testing programme from July 2021 onwards.

- 5.2. 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.
- 5.3. As mentioned in paragraph 1.2, the LOMP updates as requested by the DHSC were made to inform how monies from the COMF should be allocated going forward 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 council's 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 LOMP to reduce the viruses' spread.
- 6.4. The Health Protection (Coronavirus, Restriction) (Steps) (England) (No.364) Regulations 2021 came into force on 29th March 2021, setting out the National Spring Roadmap and giving the DPH 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.
- 6.5. The Government made the decision to move to Step 4 of the National Spring Roadmap on 19 July 2021, removing many of the restrictions previously in force.
- 6.6. [The Health Protection \(Coronavirus, Restriction\) \(England\) \(No.3\) Regulations 2020](#) which came into force on 18 July 2020 continued to apply until 27 September 2021. These regulations granted powers to local authorities to make necessary and proportionate directions which respond to a serious and imminent threat to public health, in order to manage the transmission of coronavirus in the local authority's area.
- 6.7. On 14 September 2021 the Government published its COVID Response: Autumn and Winter 2021 Plan and further guidance. The Government has reviewed the regulations which remained in place with the move to Step 4 of

the Roadmap and has decided, subject to agreement from Parliament, that it is necessary to extend some regulations until 24 March 2022, at which point they will be reviewed. This extension includes the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, which enable local authorities to respond to serious and imminent public health threats.

7. Recommendation

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

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Appendices

None

Background papers

None