

HEALTH AND WELLBEING BOARD

1 SEPTEMBER 2022

COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN BRIEFING

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Summary

This report will provide an update on the Local Outbreak Management Plan (LOMP) and other recent updates in light of the Governments living with COVID-19 strategy. This report will focus on new updates since the last briefing was presented to the Board on 16 June 2022.

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 LOMP—formerly known as the COVID-19 Local Outbreak Control Plan—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 which set 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institutions, and other local partners in the community to prevent, contain and manage COVID-19 outbreaks has been withdrawn on 07 April 2022. The latest version of the LOMP which was published in January 2022 is currently being updated to reflect changes in guidance based on the government's living with COVID-19 strategy.

2. Background

2.1 Responding to the Increase in Cases Nationally & Locally

2.1.1 Since the last convening of the Medway Health and Wellbeing Board in June 2022, COVID-19 infection rates nationally and in Medway initially increased and then subsided. The increase in cases have been primarily attributed to BA.4 and BA.5 sub-lineages of Omicron and waning natural immunity. As of end of July 2022, the number of COVID-19 cases have levelled off and started to decline.

2.1.2 In line with the release of the UK Government [COVID-19 Response: Living with COVID-19](#) strategy, from 31 March 2022, COVID-19 functions are expected to become part of business as usual response to infectious diseases. The Government's response is now structured around four main principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing
- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

2.1.3 The government's guidance on [Living safely with respiratory infections, including COVID-19](#) that was published on 01 April 2022 still remains relevant. This guidance provides actions to be taken in order to help reduce the risk of contracting COVID-19 and passing it on to others. The main actions

that can be taken in order to reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk include:

- Get vaccinated
- Let fresh air in if meeting others indoors
- Practise good hygiene:
 - wash your hands
 - cover your coughs and sneezes
 - clean your surroundings frequently
 - wear a face covering or a face mask

2.1.4 As of May 2022, UK Health Security Agency (UKHSA) designated Omicron BA.4 and BA.5 as variants of concern (VOCs). As of July 2022, the BA.5 variant, a sub lineage of the Omicron variant (BA.2), is currently the dominant variant in circulation across England. UKSHA's latest analysis show higher transmissibility of BA.5 compared to BA.4 and BA.2 variants. However, there is no evidence of a greater risk of hospitalisation following infection with BA.5.

2.1.5 A new COVID-19 variant BA.2.75, a sub-lineage of variant BA.2 was identified on 4 July 2022. No surge testing for variants has been required or undertaken in Medway. Detailed information on all variants and variants under investigation can be found on the Government website under [Technical Briefing 44](#) published by UKHSA which was recently updated on 22 July 2022.

2.2 Advice to Colleagues for Management of COVID-19 Cases

2.2.1 Due to the rise in COVID-19 cases, on 22 July 2022, colleagues in GP practices, community pharmacies, care & nursing homes, Primary Care Networks and NHS trusts were advised on how to manage the increase in rates. Guidance included the following:

- Please try to have meetings virtually. Where some people must attend, try to minimize their number, and endeavour to have hybrid meetings, if possible.
- It is good practice, where people do meet, for there to be good ventilation. Try to have doors and windows open to encourage this.
- Ensure that meetings are not crowded, and that social distancing is practiced. The virus is airborne and can persist in the atmosphere. A safe distance of 1-2m between people who are facing each other is wise. Hand shaking and queues are to be discouraged.
- Please consider the use of a mask as this not only protects you but will also help limit spread if you are inadvertently infectious. Please do not come in if you have had a recent positive test for COVID19 or are suffering from symptoms suggesting a cold. Just as we limit our driving freedoms by following the highway code, recall the **respiratory code** we have all lived through frequent hand cleansing, coughing into one's elbow, wearing a mask, being socially distant, and if ill with symptoms of a cold/flu staying at home.

- Please ensure that you have taken all the vaccines you are eligible for. The vaccine reduces the need for hospital care, though it does not seem to reduce infection spread.
- If you are coming to a meeting, try to have a test that is negative for COVID-19 before you do. The validity of that test fades with time, so rely on a test result that is as recent as possible.

2.3 Testing and Tracing Capabilities

2.3.1 Routine contact tracing has ceased (since 24 February 2022). Close contacts of confirmed cases are no longer legally required to self-isolate nor advised to take daily tests. However, guidance detailed in 2.3.4 sets out precautions that contacts can take to reduce the risk to themselves and other people. Anyone testing positive for COVID-19 are still encouraged to inform their close contacts, to enable those people to follow this guidance.

2.3.2 Asymptomatic lateral flow testing continues in some high-risk settings, including for some staff in the NHS, staff in adult social care, staff in some prisons and places of detention and in high-risk domestic abuse refuges and homelessness settings.

2.3.3 Symptomatic testing is available for staff of adult social care organisations who are eligible for free testing. Free symptomatic testing is available for residents in care homes and also for residents in extra care and supported living services. Further details can be found in [the COVID-19 testing in adult social care guidance](#).

2.3.4 People with symptoms of a respiratory infection including COVID-19 or a positive test result for COVID-19 are advised to try to stay at home and avoid contact with other people. People who have received a positive COVID-19 test result are advised to try to stay at home and avoid contact with other people for 5 days after the day the test was taken. More details can be found [here](#).

2.4 The Vaccination Programme

2.4.1 The management and roll-out of the vaccination programme is the responsibility of the DHSC. Medway Council is working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area.

2.4.2 As of 09 August 2022, over 45 million people have had their first dose in England. Approximately 43 million and 33 million people have had a second dose and a booster or third dose respectively. In Medway, 206,075, 196,1325 and 152,601 people have received their first, second and booster doses, respectively.

- 2.4.3 On 15 July 2022 the JCVI provided advice to the government on COVID-19 booster doses this autumn for vulnerable adults, alongside frontline social care, and health workers.
- 2.4.4 For the 2022 autumn booster programme, the primary objective is to increase immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.
- 2.4.5 JCVI advises that for the 2022 autumn booster programme, the following groups should be offered a COVID-19 booster vaccine:
- Residents in a care home for older adults and staff working in care homes for older adults.
 - Frontline health and social care workers
 - All adults aged 50 years and over
 - Persons aged 5 to 49 in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)
 - Persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - Persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#)
- 2.4.6 Vaccines are currently delivered by three 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.
 - Mobile vaccine bus – this is deployed for events including campus events and also to areas with low vaccination uptake, to ensure access to vaccination for underserved populations.
- 2.4.7 All vaccination delivery options remain available in Medway. For people who are yet to take up their initial vaccine offer, the NHS continues to make vaccines available across the UK to ensure that every eligible person can be vaccinated.

2.5 COVID-19 Management in education and childcare settings

- 2.5.1 As students are beginning to return to school and universities in the coming weeks it is important that settings take a proactive and preventive approach in the prevention and control of infections. Most infectious diseases in education, childcare, and children's social care settings can be managed by following the UKSHA's [health protection in education and childcare settings guidance](#).
- 2.5.2 Current guidance on the management of outbreaks in education and childcare settings can be found in the [emergency planning and response for education, childcare, and children's social care settings](#).

2.5.3 There is ongoing management of the risks associated with COVID-19 in childcare and educational settings. Key things to note are:

- Children who are unwell and showing [the symptoms of an infectious disease](#) or following a positive diagnostic result, should be advised to stay away from their education or childcare setting for the minimum period recommended.
- The UKHSA can provide advice or support to educational settings, working with local authority public health teams should the need arise.
- All education and childcare settings should continue to ensure good ventilation in occupied spaces and appropriate cleaning regimes, including hand hygiene.

2.6 Update on Long-Covid

2.6.1 The national government has recently published the [NHS plan for improving Long-COVID services for 2022-2023](#) , [Long-COVID advice and resources for healthcare professionals in primary care](#) and [National commissioning guidance for post COVID services](#). A further £90 million will be invested by NHS England in post COVID services for 2022/23.

2.6.2 Since the opening of the Kent and Medway Post Covid Assessment Service (PCAS) on 14 May 2021, the service has received 2400 referrals since it went live. Medway and Swale Health and Care Partnership (HCP) have received 24% of these referrals.

2.6.3 The following figure provides further detail of Medway HCP PCAS statistics:

Medway & Swale May 2021 to June 2022	Total PCAS referrals to date (May 2021 – June 2022)	548
	Total Patients Discharged to date	119
	Total Patients who have had an HCP contact	357
	Total Patients who have been discussed at MDT	321
	Total Patients Referred onwards to YourCovidRecovery	49

2.6.4 The service continues to evolve in accordance with national guidance and developing understanding of how best to meet the needs of patients with Long-COVID.

2.6.5 An Integrated Long Covid Delivery Network has been convened and comprises of partners across the system with the following key aims and work plan for 2022-2023:

- Expanding Treatment and Support- Identifying gaps in current assessment, treatment, and rehabilitation Long Covid service offer and developing delivery
- Children and Young People (CYP)- Maintaining and building relationship with CYP London Hub, develop CYP rehabilitation offer/pathways withing Kent and Medway for cohort requiring them, developing educational offer for Primary Care in relation to identification, pathways, and care for CYP with Long-COVID
- Reducing Inequalities- Taking a health equity approach to determining the current burden of COVID/Long-COVID and how it is distributed. Look at fairness of access to services, plan and deliver actions to reduce any identified inequalities. A separate briefing paper setting out the Kent and Medway Long-COVID response and programme is attached at Appendix A for information.

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. As the system moves from a response to preparedness phase, testing and assurance will be undertaken periodically to ensure plans are fit for purpose.

4. Financial Implications

4.1 For 2021/22 funding continued through the Contain Outbreak Management Fund (COMF). The unspent funding allocation from 2021/22 has been carried forward to 2022/23 to continue to support outbreak management planning and help reduce the spread of coronavirus.

4.2 There are no direct financial implications for the council arising from the recommendations of this report.

5. Legal Implications

5.1 Medway Council, under the leadership of the Directors 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.

- 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 Coronavirus Act 2020 was first introduced in March 2020 and has enabled the Government to support individuals, businesses, and public services during the pandemic. The Government have expired a number of provisions within the Act which were no longer needed, however a significant proportion remain active.
- 5.4 The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("No.3 Regulations") were in place since 18 July 2020. These powers were revoked on 24 February 2022. Local authorities now manage outbreaks through local planning, and pre-existing public health powers, as they would with other infectious diseases.
- 5.5 The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 have been in place since 28 September 2020 and impose a legal duty on individuals who test positive and certain close contacts to self-isolate. As set out in chapter 3, the legal duty to self-isolate has been lifted on 24 February 2022 and replaced by guidance.

6. Recommendation

- 6.1 The Health and Wellbeing Board is asked to consider and note this update report.

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Appendices

Appendix A - Briefing Paper- Long-COVID August 2022

Background papers

None