Public Document Pack

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD
AGENDA

1.00 pm	Wednesday, 28 April 2021	Virtual Meeting

Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members:	Cllr Robert Benham Cllr Jason Frost (Chairman) Cllr Damian White Cllr Nisha Patel
Officers of the Council:	Andrew Blake-Herbert, Chief Executive Barbara Nicholls, Director of Adult Services Mark Ansell, Interim Director of Public Health
Havering Clinical Commissioning Group:	Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) Ceri Jacob, BHR CCG
Other Organisations:	Anne-Marie Dean, Healthwatch Havering Jacqui Van Rossum, NELFT Fiona Peskett, BHRUT

For information about the meeting please contact:
Luke Phimister 01708 434619 01708 434619
luke.phimister@onesource.co.uk

What is the Health and Wellbeing Board?

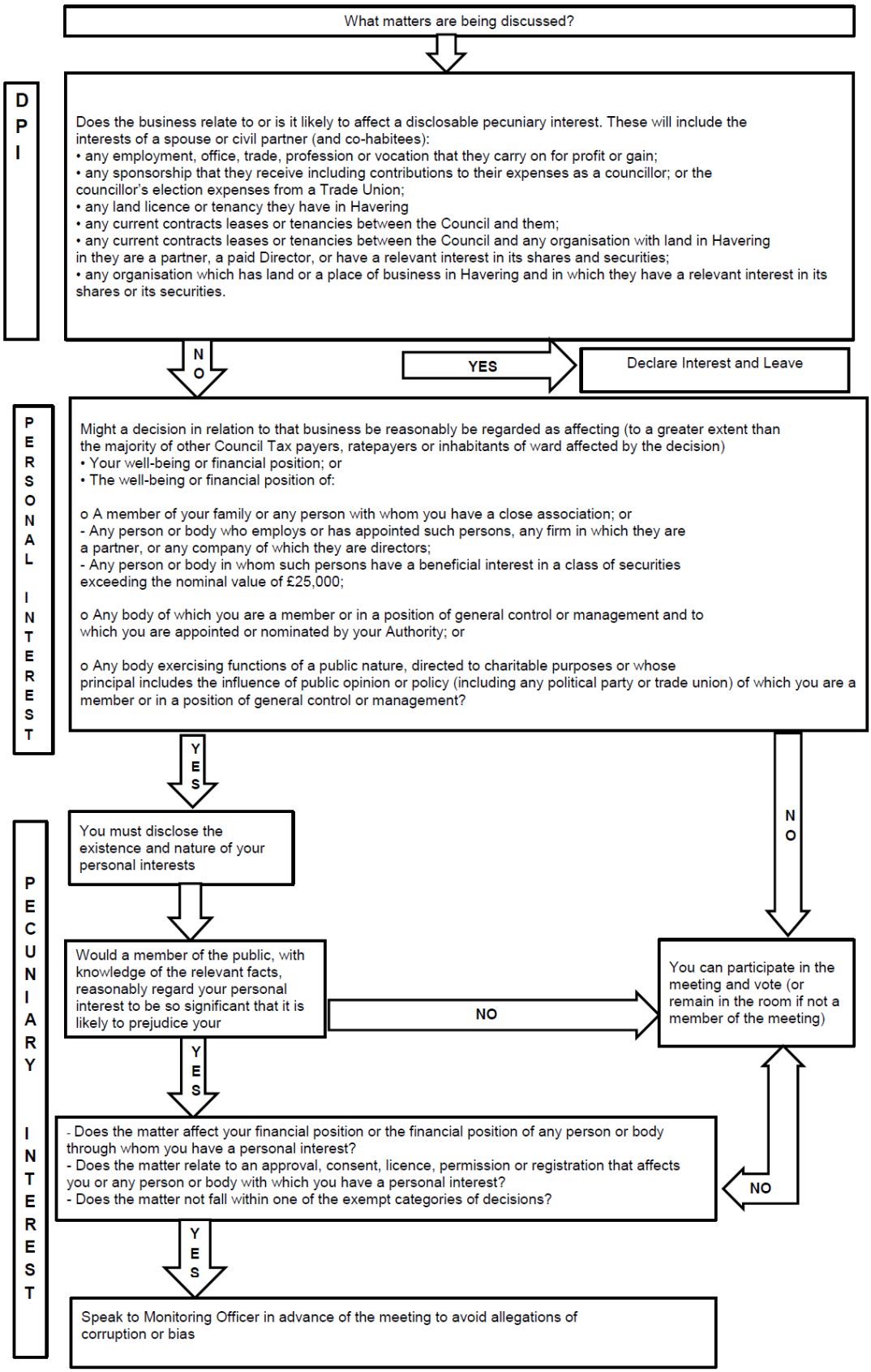
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA)and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the minutes of the Committee held on 31st March and to authorise the Chairman to sign them.

5 REVISED HAVERING OUTBREAK MANAGEMENT PLAN (Pages 5 - 28)

Report and appendix attached to be presented by Mark Ansell, Director of Public Health

6 EPIDEMIOLOGY UPDATE

Verbal update to be given by Mark Ansell, Director of Public Health

7 COMMS STRATEGY UPDATE

Verbal update to be given by Gareth Nicholson, Assistant Director Customer and Communications

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Virtual Meeting
31 March 2021 (1.00 - 3.00 pm)

Present:

Elected Members: Councillors Robert Benham and Jason Frost (Chairman)

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health)

HaveringClinicalCommissioningGroup: Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group (CCG))

Healthwatch:

Also Present:

Apologies were received for the absence of Dean, Damian White, Nisha Patel and Peskett.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

48 **CHAIRMAN'S ANNOUNCEMENTS**

49 **APOLOGIES FOR ABSENCE**

Apologies were received from Fiona Peskett, Mehboob Khan, Anne-Marie Dean, Elaine Greenway, Cllr Nisha Patel and Cllr Damian White.

50 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

51 **MINUTES**

The minutes of the meeting of the Committee held on 24th February 2021 were agreed as a correct record and, due to COVID-19, will be signed by the Chairman at a later date.

52 **BOROUGH PARTNERSHIP DEVELOPMENT**

The report presented to the Board gave an update on the Borough Partnership (BP) incentive.

The Board noted that, alongside the CCGS, areas of improvement can be highlighted and outcomes can be drawn from them. Members noted that the BP had only been represented by a design group and a roadmap had been produced to give direction as to where the BP needs to be in April 2021.

Board members were pleased to hear that the BP was to be integral to the Board and the Board would have the responsibility to produce the Health and Wellbeing strategy with the practical function to implement it. Board members wished for there to be Primary Care Network representations on the Board.

53 COVID-19 UPDATE

The Board received an update from the Director of Public Health regarding COVID-19.

The Board members were pleased to note that the rate in havering had reduced significantly to 30 new cases per 100,000 compared to the peak at Christmas 2020 of 1,200 per 100,000. Members were concerned that rates in the 20-40 year old age range was higher but the increase had not affected the overall trend of Havering. Members noted that schools had coped well with the reintroduction of pupils but were still cautious with testing and face coverings.

Members noted that the number of COVID beds in BHRUT hospitals had reduced from 500 to 30 with a reduction in ITU beds also reducing the pressure on BHRUT hospitals.

The Board were updated on the vaccination programme and noted that as at 28th March 2021 there had been over 80% uptake in the 50+ age range and is close to the England average. The Board noted that the uptake in the BAME communities was still lower and the Council was working on providing information to these communities to increase their uptake.

The Director of Public Health briefed the Board on the 3 variants of COVID-19 that were of concern globally; the Kent variant, the South African variant and the Brazilian variant. The Board member were pleased when they were updated that the death rate had decreased.

54 REVISED HAVERING OUTBREAK MANAGEMENT PLAN

It was explained to the Board that Local authorities were required to revise their Covid-19 Outbreak Management Plans (OMPs), and to have submitted a first draft OMP to NHS Test and Trace by 12 March.

The Board noted that the second version of Havering's OMP took into account the additional tools and resources that had been made available and focused on disrupting intermission and suppressing infection rates on a

local level. It was also noted that the OMP could be changed in accordance the changing characteristics of COVID-19.

55 **DATE OF NEXT MEETING**

The next meeting of the Board would be held on Wednesday 28th April 2021 at 1.00 pm.

Chairman

This page is intentionally left blank

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Final Draft: Havering Outbreak Management Plan Version 2
Board Lead:	Dr Mark Ansell, Director of Public Health
Report Author and contact details:	Elaine Greenway Elaine.greenway@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☐	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☐	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☐	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☐	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☐	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

Havering
LONDON BOROUGH

SUMMARY
Havering Health and Wellbeing Board received a first draft of the Havering Outbreak Management Plan version 2 on 31 March. During the ensuing three weeks the Plan has been refined to take into account: - new policy - feedback from NHS Test and Trace - discussions at Health and Wellbeing Board, and Silver Covid-19 Health Protection Board The final draft of Outbreak Management Plan version 2, setting out the response to the ongoing pandemic, has been accepted by the Covid-19 Health Protection Board, and is now presented to Health and Wellbeing Board for agreement.
RECOMMENDATIONS
The Health and Wellbeing Board is recommended to agree the Outbreak Management Plan Version 2.
REPORT DETAIL
No further detail
IMPLICATIONS AND RISKS
The Outbreak Management Plan sets out the local response. Any decisions required as a result of implementation will follow appropriate decision-making processes.
BACKGROUND PAPERS
No background papers

Havering Outbreak Management Plan

Version 2

FINAL DRAFT

Document Control

Version Number	Change made	Date
1.	Version 1 Plan published	30 June 2020
	Working draft of Version 2 to Health and Wellbeing Board for comment.	31 March 2021
	Further engagement with delivery programme leads, and updated content added	14 April 2021
	Final draft of Version 2 to Health Protection Board for comment/agreement	15 April 2021
	Final draft of Version 2 to Health and Wellbeing Board	28 April 2021

Havering Outbreak Management Plan

Preface

We remain in a global pandemic and the fight against coronavirus is far from over.

The progressive roll out of vaccination is enormously encouraging but of itself will not protect everyone or bring the pandemic to a swift and certain end.

It remains the case that we need multiple layers of defence; employing what has been described as *"The Swiss cheese respiratory pandemic defence model"*, where each layer has its imperfections allowing the virus to pass through.

However as more layers are stacked against each other, there is less chance of holes being aligned, and progressively less chance that the virus will pass through to infect others. These "slices of Swiss cheese" represent vaccinations, testing, contact tracing, self-isolation, masks and face coverings, social distancing, fresh air, and good hygiene; a combination of personal and shared responsibilities.

The Havering Outbreak Management Plan describes how these interventions will be deployed together to interrupt the spread of infection in Havering.

1. Introduction

SARS-CoV-2, the virus that causes COVID-19, continues to circulate. Whilst progress with vaccination and growing evidence about its real world effectiveness and falling infection rates in the UK provide grounds for optimism, the imminent relaxation of lockdown and/or the emergence of new variants means the risk of further waves of infection remains. The local authority and partners must be ready to respond to any future challenges that the pandemic may bring.

The Havering Outbreak Management Plan (OMP) sets out the response to the ongoing pandemic. It focuses on actions that are within the gift of the Council and local partners that are likely to interrupt transmission and suppress infection while infection rates and positivity rates are relatively low. Any aspect of this plan can be scaled up or down depending on the future characteristics of the pandemic. However, should infection rates increase too far, the re-imposition of additional non-pharmaceutical interventions on areas and / or sectors of the economy would necessitate action on the part of the Secretary of State initiated via established sub-regional, regional and national escalation processes.

Version 2 of the OMP reflects learning since June 2020, and the additional tools and resources now at our disposal.

Local authorities were instructed to submit a first draft of their revised plans to NHS Test and Trace by 12 March highlighting their learning over the course of the pandemic. Feedback received from NHST&T in response to this first draft is reflected in this document. The Havering Health Protection Board will consider the need for further updates to the Havering OMP in response to local events and changes in national policy as the pandemic continues.

Effective national and local action will serve to minimise further loss of life and persistent harm to health; enabling the relaxation of lockdown to proceed as planned.

It should be noted that recovery and the longer-term consequences of COVID-19 will be the subject of separate plans.

2. Havering: a pen portrait of the place

The London Borough of Havering is an outer London borough that borders Essex. It is the third largest borough in London, with relatively low levels of disadvantage.

The borough is predominantly white British, but a very broad spectrum of ethnicities are represented.

The borough has a relatively high proportion of older residents and older peoples' care homes.

The population of the borough has grown rapidly over recent years. The population is relatively stable, with extended families living separately but close to each other, including into Essex. This means that many families are providing informal care for family members, including older people and children/grandchildren.

Employment rates are better than London and England but many people cannot work from home as they work in in small and medium sized enterprises in skilled trades or health and social care, retail and leisure sectors.

3. Aims

The aims of this plan are to

- prevent harms to the health of the local population caused by COVID-19,
- minimise the secondary harms that result from the restrictions on daily life required to halt exponential transmission of infection
- minimise health inequalities between different communities caused by COVID-19
- be prepared for any changes in the characteristics of the pandemic, including future waves, variants of concern and populations or communities that might be experience enduring transmission of infection.

4. Objectives

These aims will be achieved by

1. having a governance structure that enables a robust, flexible, well-coordinated and adequately resourced response on the part of all relevant local partners
2. careful monitoring and surveillance to enable timely and effective action
3. preventing and responding to local outbreaks, including in high-risk workplaces, communities and locations
4. ensuring widespread compliance with necessary restrictions and requirements
5. ensuring testing (symptomatic and asymptomatic testing) is easily accessible and residents understand when and why they should get tested
6. having a robust contact tracing programme in place; ensuring that confirmed cases are followed up and their contacts quickly identified and given public health advice

7. ensuring that individuals are adequately supported when required to isolate
8. ensuring high uptake of vaccinations amongst all communities
9. responding effectively to any local cases of variants of concern as advised by PHE/NHST&T
10. having an effective communications and engagement approach to maintain understanding and support for the COVID-19 response in Havering
11. adapting our overall approach to respond to any future wave of infection; supporting any communities affected by enduring transmission and taking action to mitigate health inequalities exacerbated by COVID-19.
12. ultimately achieving a position where we can "Live with COVID" as safely as possible with the least intrusive measures necessary

5. Delivering the objectives

5.1 Governance and resourcing

We remain in a global pandemic. As restrictions lift, there is a significant risk that rates of infection will increase. We must maintain and improve on our response to coronavirus.

The local pandemic response has been led and owned by the Council Leader and Cabinet; with regular all member briefings and updates. Political leadership has enabled Council officers to respond rapidly to the changing pandemic and remains crucial.

Likewise, it is essential that the Council and partners continue to share information, monitor levels of infection and cooperate to ensure an agile response appropriate to the current situation. Therefore, the multi-agency response structure (Gold, Silver (Health Protection Board), Bronze) will continue to operate, in accordance with Borough Resilience Forum and local authority emergency response plans, and will continue to deliver the strategic, tactical, and operational responses to the pandemic.

With many more tools are at our disposal than was the case at the start of the pandemic, new services and programmes of work have been established, overseen by the relevant bronze groups and the Health Protection Board/Silver (see Appendix 1 re. current GSB structure).

Decisions are made in accordance with the Council's usual decision-making processes as set out in the Constitution.

As we move into recovery, we will minimise the impact of the outbreak response on the Council's business as usual by consolidating the majority of functions in a more or less standalone Outbreak Control Service located within and led by the Civil Protection Service, with additional capacity provided by agency staff.

The Outbreak Control Service will lead on

- Compliance including COVID marshalls
- Prevention and response to outbreaks
- Rapid asymptomatic community testing
- Oversight of symptomatic testing
- Contact tracing and isolation support
- Covid secure health and safety inspections

Public Health, Communications and the Contact Centre will continue to make a significant contribution to the pandemic response.

The Council was allocated Contain Outbreak Management Funding of £7.1 million in 2020/21 The table below sets out what has been spent to date. The remaining funding will be carried forward into 2021/22. A further tranche of funding is expected in 2021/22, likely to be £1.7 million.

Area/ Activity	Activity	£
Testing	Additional Public Health Capacity and Programme Management Costs for duration until November 2021	£1,074,823
Tracing	Test and Trace Contact Centre Support	£98,276
Compliance measures	Additional Public Protection staff/resources including Covid Marshals	£1,891,547
Communication and marketing	Communications and engagement. Leaflets, advertising and mental health campaign. Digital advertising and solar powered signage	£353,517
Targeted intervention for specific cohorts within the community	Various targeted support across a number of areas including Children's Services and hotels for rough sleepers and CEV additional support	£1,176,302
Forecast expenditure to 31/3/2021		**£4,594,464**

5.2 Monitoring and surveillance

Surveillance has, and will remain, a key tool for delivering an effective local response to a changing pandemic. The Council's Public Health Intelligence Team, working with analysts across the Council, provides specialist analytical advice on all surveillance measures. Trend data are scrutinised at the weekly Outbreak Management Team meetings where recommendations on strategic actions are developed, which are subsequently presented to the Silver Health

Protection Board. Reports setting out the current situation are shared with Cabinet regularly and local residents each week.

During the height of the second wave of the pandemic, when infection rates and positivity rates were both very high, surveillance data evidenced that infections were consistent and uniform across the borough. Trend data informed and drove strategic actions, such as the setting up of asymptomatic testing programmes. Now that infection rates have reduced, there will be a greater emphasis on the use of real-time data to inform a rapid response to individual cases of infections and clusters, with the aim of suppressing further transmission, by responding to individual cases (through contact tracing), identifying clusters and common exposures, and quickly identifying outbreaks.

Data integration and information sharing have been a key enabler for effective surveillance. In the months since version one of the Outbreak Management Plan was published, information sharing agreements have been agreed, systems set up, and greater use of Power BI made to automate elements of surveillance and share intelligence between teams.

The Council will continue to improve our understanding of the pandemic by adopting best pandemic and new information sources as they become available.

5.3 Preventing and responding to outbreaks.

Through the multi-agency emergency response structure, a suite of standard operating procedures (SOPs) were developed that set out local action required to both prevent and respond to outbreaks of infection in a range of settings, including high risk workplaces such as care homes and education settings. SOPs identify Council "relationship managers"; responsible for leading and engaging with settings on prevention, including providing advice and training on infection prevention and control, facilitating access to PPE and, for care homes, testing of staff and residents.

In the event of a setting-based outbreak occurring, Standard Operating Procedures guide the response, including decision-making on whether Incident Management Team meetings should be convened. An IMT oversees the investigation and response to complex or high risk outbreaks and identifies any learning to prevent further outbreaks in similar settings. See appendices for summary of Incident Management Team process and governance. Throughout, the Public Health Service, the Outbreak Control Service and environmental health work with other Council teams, local NHS agencies, health protection colleagues at Public Health England's London Coronavirus Response Cell (LCRC) and NELFT infection prevention control specialists to bring such outbreaks under control.

Local Incident Management Teams are usually chaired by a Public Health Consultant who will escalate any evolving/complex/high risk situations that require ongoing/intensive input due to scale, vulnerable residents being at risk, media interest or a high profile location to the

Outbreak Management Team or the DPH. The DPH will advise the Leader of the Council and the Lead Member for Health and Wellbeing (Chair of the Health and Wellbeing Board).

Standard operating procedures have been revised over the year, taking into account learning and new developments. All standard operating procedures will continue to be reviewed and refreshed to ensure they are consistent with best practice and learning acquired during the pandemic.

5.4 Compliance with restrictions and requirements

Standard Operating Procedures mentioned above set out the detail of how communities, and different settings such as care homes, schools, businesses, places of worship, etc, are supported to comply with restrictions and requirements that are in force at the time. Support and guidance has been provided via a range of communication channels, including from relationship managers, through webinars, written guidance, and one to one discussions, and this will continue.

For businesses, an Enforcement Policy has been published that sets out our approach and the legal powers available to the Council. Closures of premises have been enforced on very rare occasions, as the majority of business comply with the policy, and make improvements when required to do so by the Public Protection Team. Any closures have been largely voluntary whilst necessary improvements are put in place.

Throughout the pandemic, all settings have had access to support and advice on operating safely, and most places of worship have switched to virtual activities to keep local communities safe, even during times when they were legally allowed to operate.

The Council works closely with the Metropolitan Police to ensure that residents and visitors to the borough comply with restrictions in place at any one time. A team of covid marshalls is deployed to relevant parts of the borough in response to local information, surveillance and to offer advice on complying with restrictions in force at the time. Members of the public can report a breach of coronavirus rules to the police[1] and concerns about lack of social distancing to the Council[2].

The Strategic Advisory Group, the group that assesses applications for events in the Borough, has sought public health advice for any applications received by the Council. In 2020 and prior to the restrictions introduced in December, many applicants chose to withdraw applications in response to information provided on rates of infection. In 2021, the Council will ensure that national and local policies concerning the safe operating of events are implemented. It may be the case that, even when permission has been given to hold an event, changes to terms and conditions could be introduced at short notice, in response to local concerns or issues. Such concerns could be, for example, identification of Variants of Concern, or a spike in infections, either in the borough, or in areas where attendees are expected to travel from.

[1] https://www.met.police.uk/advice/advice-and-information/c19/coronavirus-covid-19/
[2] https://www.havering.gov.uk/covid19

A communications campaign, aimed at individual residents and those who work or study in the borough, encouraged everyone to "do their bit" by isolating when symptomatic, getting tested, engaging with test and trace if positive, and isolating. As set out elsewhere, the local contact tracing team provides advice and signposts to support to isolate, and financial and other support is also provided to enable residents to comply.

5.5 Testing Programme

Infection rates climbed rapidly across north east London and parts of Essex and Kent during November and December 2020. In response, the DHSC supported affected local authorities to develop a programme of enhanced testing, including symptomatic PCR and asymptomatic rapid community testing using lateral flow devices (LFDs).

Initially five smaller libraries were repurposed to provide sites for LFD testing undertaken by an external provider commissioned via the GLA on behalf of all boroughs in NE London. Subsequently, the testing offer in Havering was further developed; establishing an online booking system, changing operating hours and capacity at the sites to better suit demand, setting up sites in shop premises in Rainham and Romford, bringing the operation of sites in-house using interim staff directly managed as part of the Outbreak Control Service and most recently, allowing residents to collect kits from fixed and pop up sites to facilitate home testing.

In addition, the Department for Health and Social Care and the Department for Education have offered asymptomatic LFDF testing to employees via their employers; children and their families via secondary schools and the population as a whole via community pharmacists.

As a result, the borough now has a comprehensive infrastructure allowing residents to learn how to self-swab under supervision at a local testing site and then collect LFD kits so they can continue to test regularly at home.

PCR tests do not give results as quickly as LFD tests because samples must be processed at a laboratory. However, they are more sensitive and allow the detection of variants of concern (see Section 5.9). The Council has worked with NHS Test and Trace throughout the pandemic to identify suitable sites to locate semi-permanent PCR testing sites. There are currently four such sites in the Havering – as many as in any other London borough. In addition, sites have been provided for additional mobile testing units when demand has been particularly high and could be again if needed e.g. if surge testing were required in response to a variant of concern.

5.6 Contact Tracing

The Council launched a local enhanced contact tracing service in October 2020 to complement the national NHS Test and Trace service. Anyone in Havering who tests positive for COVID-19 is initially contacted by the NHS Test and Trace team, which gives advice and obtains the details of close contacts. Close contacts are then followed up and advised to self-isolate.

If the national team is unable to reach a positive case, then details are passed on to the Havering contact tracing team, which then uses local knowledge to assist in the process. At the peak of the second wave of the pandemic, the local contact tracing team was reaching over 100 contacts per day.

The national Test and Trace offer is enhanced locally with the following features

- it is an holistic service that operates alongside the COVID-19 hotline, which means that anyone contacted by the contact tracing team can be signposted to support services
- a safeguarding policy, which helps to identify vulnerable individuals in need of greater support, or if the individual is in hospital or staying with relatives
- in the event that someone cannot be reached by telephone, a public protection officer visits the resident at home to offer advice
- working with the Metropolitan Police Service where cases are unwilling to isolate, and so ensure appropriate enforcement action taken

Currently test and trace is premised on a forward tracing model; identifying close contacts of a case who may become infected in the future, advise them to isolate and so prevent onward transmission. Plans are being developed to conduct backward contact tracing; identifying where the case might have become infected and so identifying all those at the event or place where this occurred and intervene where there may have been large group transmissions.

The Council also wishes to pilot a “local zero” approach to contact tracing. This means that the Council initiates contact tracing immediately, instead of the national team attempting to make contact in the first instance, and then passing on the details of those failed attempts. This is anticipated to significantly reduce current delays in making contact with confirmed cases and follow up, which would contribute to reducing potential for transmission.

5.7 Self-isolation

Self-isolation following a positive test or contact with a confirmed case of COVID-19 is essential to control onward transmission. People in England who test positive or who are contacted by NHS Test and Trace are now required by law to self-isolate; those who break the rules may be fined £1,000, or up to £10,000 for repeat offenders. However, it is recognised that there are many barriers to self-isolation; fears about loss of income or losing a job, worries about looking after family members, and some very practical issues about getting food shopping and

medicines. It is essential that residents are properly supported so that they can "do the right thing".

5.7.1 Financial barriers to self-isolation

Local authorities now receive funding from central government to provide isolation payments to those who test positive or who are advised to isolate, provided they meet the criteria of being on a low income or on welfare benefits, do not receive payment from their employer, and have minimal savings. The charity DABD, works with and on behalf of Havering Council to assess applications for isolation payments. Those who meet the criteria receive a £500 welfare benefit payment. From 8 March, parents who need to stay at home to care for a child who is required to isolate are also eligible to apply for the £500 welfare benefit payment.

In some circumstances, those who do not meet the criteria for the £500 welfare benefit, but who are on low incomes or experiencing other extenuating circumstances, may be supported with a discretionary grant. Other discretionary payments are also available, including the Emergency Assistance Scheme and a discretionary housing payment to assist with rent payments.

The Test, Trace, Shielding and Respond Bronze Group is to undertake intelligence gathering with local businesses and a focus group of residents who are not low income (and therefore not eligible for the various support payments) but are reticent to come forward for testing (to then have to self-isolate) due to financial concerns. It is acknowledged that even when not low income, the affordability of self-isolating remains a key factor in driving resident behaviour 'to do the right thing', even where income may be considered reasonably high.

5.7.2 Barriers to self-isolation: access to food and prescriptions

The Council's contact tracing team and the COVID-19 hotline give advice to individuals on all aspects of isolation, including how to apply to financial support, where to get help with food shopping or booking a priority delivery slot, and how to isolate from other members of their household. Contact tracing from "day zero" will mean that all Havering residents will receive information and advice by informed local advisers, instead of a national team which directs cases to find out more from their local authority website.

5.7.3 Barriers to self-isolation: shared accommodation

When a member of a household tests positive, they are provided with advice on how to isolate at home, and what practical arrangements to put in place. As part of the health champion training, we will be training champions on advising residents about the benefits of a written plan which sets out what they would do in the event that someone in the household tests positive.

Practical support is available to vulnerable groups, such as those living in hostels. In the event of someone testing positive, they can be provided with a self-contained studio flat, meal deliveries, and loans of mobile phones.

5.7.4 Barriers to self-isolation: caring responsibilities

The Council has an ambition to pilot a Daily Contact Testing project among informal carers, which is being considered by DHSC. Daily Contact Testing allows individuals to avoid self-isolation following close contact with a confirmed case, provided the close contact takes a test every day, and the test is negative.

Havering has the greatest number of older people of all London boroughs, many of whom rely on family and friends for essential support. The Council is exploring how to better support carers and those being care for, including when a carer is identified as a close contact which would lead to an interruption in their caring arrangement. Eligibility for enrolment in the daily contact testing project is anticipated to require pre-registration, the completion of a plan that sets out the support that would be needed in the event that the carer does test positive, with arrangements for such support to be implemented at short notice. In order to be enrolled on the Daily Contact Testing pilot, and to reduce risks to the person being cared for, both the carer and the person being cared for should have had their COVID vaccinations. If anyone wishes to enrol on the pilot but has not been vaccinated, the Council will advise on what actions to take.

5.8 Vaccination Programme

Vaccination is the most important action in tackling the pandemic. A high uptake of vaccination is essential to reduce the potential for further restrictions.

A new multi-agency bronze group has been established to lead on local oversight of the vaccination programme and assist NHS partners to achieve excellent uptake across all communities.

The Vaccination Bronze group is reviewing delivery of the programme so far, and has started a process of engagement with groups where there is likely to be lower uptake; training vaccine ambassadors from those communities, and engaging with populations through faith groups and voluntary and community groups.

Uptake in the older population has been amongst the highest in London, which was to be expected and mirrors the historical pattern of uptake of flu vaccination. However, as the vaccination programme has progressed down through the age groups, there have been higher percentages of middle-aged adults not presenting for booked appointments. Work is ongoing to prevent DNAs (did not attends), and to consider how to make vaccination convenient and accessible to even younger adult groups (such as those in their 20's and 30's) going forward. Consideration is also being given to communications that promote the message that getting

vaccinated will protect extended families, as younger adults are more likely to feel less at risk when national communications has focused on the very low individual threat of infection to young adults.

It is expected that Havering GPs will continue to focus on vaccinating older people (second doses and any future booster vaccinations), whilst larger regional sites will vaccinate younger groups. Learning from vaccination delivery initiatives elsewhere, whilst the focus will be on using mass vaccination sites set up through the national programme to vaccinate younger to middle-aged adult groups (which are less resource hungry and can better deliver the programme at scale), there is an acknowledgment that a range of options will need to be considered to maximise vaccine uptake. This includes bespoke solutions for hard to reach groups and those that are vaccine hesitant, but also accepting that younger adults are more likely to get vaccinated if it is convenient for them to do so. With local NHS partners, plans will be considered to make getting a vaccine as convenient as possible – such as supermarket carparks and workplace vaccination programmes.

5.9 Variants of concern

All viruses mutate over time. Most of the time, changes are so small that they have little impact, which means most mutations are not a cause for concern. Occasionally however, a virus can mutate in a way that could makes it more harmful, more transmissible, or escape immunity conferred by vaccination or prior infection.

The current dominant variant in the UK (VOC-20DEC-01) was first detected in December 2020 in Kent. It proved to be significantly more transmissible, resulting in a massive wave of infection necessitating the lockdown from which the country is only now exiting. It appears that the protection afforded by vaccination is not significantly affected but there is evidence that current vaccines may be less effective against some other variants e.g. the South Africa variant VOC-20DEC-02.[3]

A proportion of all PCR-positive tests are subsequently sequenced to detect and track new variants. Anyone who tests positive using a LFD must now take a confirmatory PCR test to enable gene sequencing and maximise the likelihood that cases of variants of concern will be detected.

In the event that a case of a variant of concern is found, then local authorities will work with Public Health England and NHS Test and Trace to devise and implement an appropriate response designed to identify and isolate any other cases before there is widespread community transmission.

[3] https://publichealthmatters.blog.gov.uk/2021/02/05/what-do-we-know-about-the-new-COVID-19-variants/

This may involve 'surge testing'. Depending on the circumstances, and based on a detailed history taken from the person affected, surge testing could comprise a combination of any or all of:

- PCR testing within specific geographic boundaries
- PCR testing specific workforces
- PCR testing specific communities
- enhanced communications, advising those affected about the actions they should take

The Council has built on the knowledge and experiences of other local authorities' responses to surge testing, and has prepared plans should surge testing for variants of concern be required in the borough. The plan sets out strategic and management responsibilities, and how operations will be resourced. Surge testing will be co-ordinated and delivered by the Council's Outbreak Control Team, reporting to the bronze Test, Trace, Shield and Response Group. The Outbreak Control Team has mapped Havering to identify suitable locations for mobile testing units, storage and transport of test kits and PPE. The Team has developed standard operating procedures, based on national templates, and communication materials and public engagement plans have been prepared.

Preventing transmission of variants under investigation and variants of concern are identical to the measures required to prevent transmission of dominant strain(s): social distancing, hand and respiratory hygiene, wearing of face coverings, and fresh air, and of course isolating when advised by test and trace to do so. However, as one in three people do not develop symptoms, it is essential that routine asymptomatic testing and follow-up confirmatory PCR tests are undertaken, including among those who have been vaccinated. These are important messages that must be conveyed and understood by the local population.

There are further actions that local authorities could undertake, by contacting people who have been advised to isolate following recent travel. Currently, local authorities do not receive this information, but as and when this does become available, support should be offered to returning travellers in the same way that support is provided to confirmed cases.

5.10 Communications and engagement strategy

To deliver an effective response to the pandemic we must ensure that residents understand what is expected of them and why. To this end, communication campaigns have been developed to complement and support all aspects of the Outbreak Management Plan. The Council's website is the central source of information and signposting for local residents and stakeholders, including weekly updates on infection rates, other key metrics, national guidance and how to access testing and vaccination.

Targeted communications have been designed for different sectors, groups, and audiences, supported by relationship managers from across the Council. Relationship managers work with

care homes, supported living settings, hostels and Council houses of multiple occupation, education settings, businesses, retail and leisure; supporting the prevention of infections and assisting in the response should a cluster or outbreak occur, as set out in the standard operating procedure for each type of setting. The Council engages with residents, stakeholders, BAME, community and faith groups to understand their concerns and dispel myths and disinformation, including through webinars, answering individual queries by email and through the telephone helpline.

Community engagement and communication plans on all aspects of outbreak management are being delivered, including, for example, training community ambassadors to support the vaccination programme.

A diverse and committed workforce of paid workers and volunteers has supported all aspects of the local response. Havering Council is now planning to offer more development opportunities to COVID marshalls, testing operatives, community ambassadors, volunteers, and Council staff from all services, by providing training and information sessions on both COVID-specific topics, such as vaccination and testing, and general health and wellbeing, including mental health. Where there is interest, individuals may also apply accredited training, which will be arranged by the Council.

5.11 Supporting communities affected by enduring transmission and tackling inequality

5.11.1 Enduring transmission

Evidence, particularly from areas in The Midlands and North West of England suggests that rates of infection can remain relatively high for long periods of time whereas rates elsewhere fall to very low levels. Communities experiencing enduring transmission experience greater harm; may be subject to more intrusive control measures for longer, may act as a reservoir for infection and or increase the risk of new variants emerging.

Infection rates in Havering were low during the summer of 2020 and have again fallen below the England average, which may suggest that the borough as a whole might not have the characteristics (high levels of disadvantage, overcrowded housing, a high proportion of adults working cash in hand or on zero hours contracts) that predispose to enduring transmission. However, surveillance reporting is currently being refreshed to enable the identification of smaller geographical areas where there is /has been persistently higher levels of infection.

Although Havering may not be at particular risk of enduring transmission per se, it does have characteristics that increase the risk of transmission – including to older people who make up a relatively large proportion of residents and who are most vulnerable to death and serious illness:

- the settled population, with extended families that mostly live in different households, but who often provide informal care to family members – e.g. grandparents for grandchildren
- the nature of employment, with commuters using public transport, and a workforce in roles where there is regular face-to-face contact, such as retail, leisure, health and social care
- a high number of small and medium sized enterprises, many providing skilled trades in other households
- a very broad spread of minority ethnic communities, with fewer opportunities to engage with residents from those communities, as their social connections are outside the borough

This insight is now being used to inform our response e.g. in devising our support offer to residents during isolation, our approach to testing and local communication campaigns.

5.11.2 Inequalities and underserved communities

The experience of the pandemic has shone a light on health inequalities. As has been the case nationally, some communities have experienced higher rates of infection and poorer health outcomes. The Council and partners continue to focus on the communities where inequalities are more likely to be experienced.

- Black and minority ethnic groups: Monitoring and surveillance continues to identify inequalities experienced by Black and minority ethnic groups and to inform local actions. For example, vaccination uptake is lower in Black ethnic groups, higher in Asian groups, higher in white populations. In response, for example, vaccination ambassadors are actively sought from those groups where vaccination is low, in order to level up participation in vaccination.

- People who are living in hostels and houses of multiple occupancy: Vaccination and testing programmes have been taken to hostel settings, and staff working in those settings have been trained to understand the barriers to vaccination and testing.

- Older people are most likely to experience the worst outcomes from Covid infection. The Council, NHS partners and voluntary sector partners have sought to protect vulnerable older people during the heights of the pandemic; including public health advice to care homes, communications (including leaflets to all homes), and a telephone helpline and practical support to those advised to shield. The NHS and the Council working together have ensured high uptake of vaccinations among this group, achieving one of the best rates of vaccination across London.

- There is a greater risk of exposure to infection, and poorer health outcomes, in some types of employment than others. These include people working in health and caring

professions, security and taxi drivers. The Council's Outbreak Control Service and environmental health officers will continue to work with employers to prevent and respond to outbreaks of infection.

- People with long term conditions are also more likely to experience worse outcomes from Covid-19 than the population as a whole. The Vaccination Bronze group has targeted vaccination for this cohort in accordance with national policy.

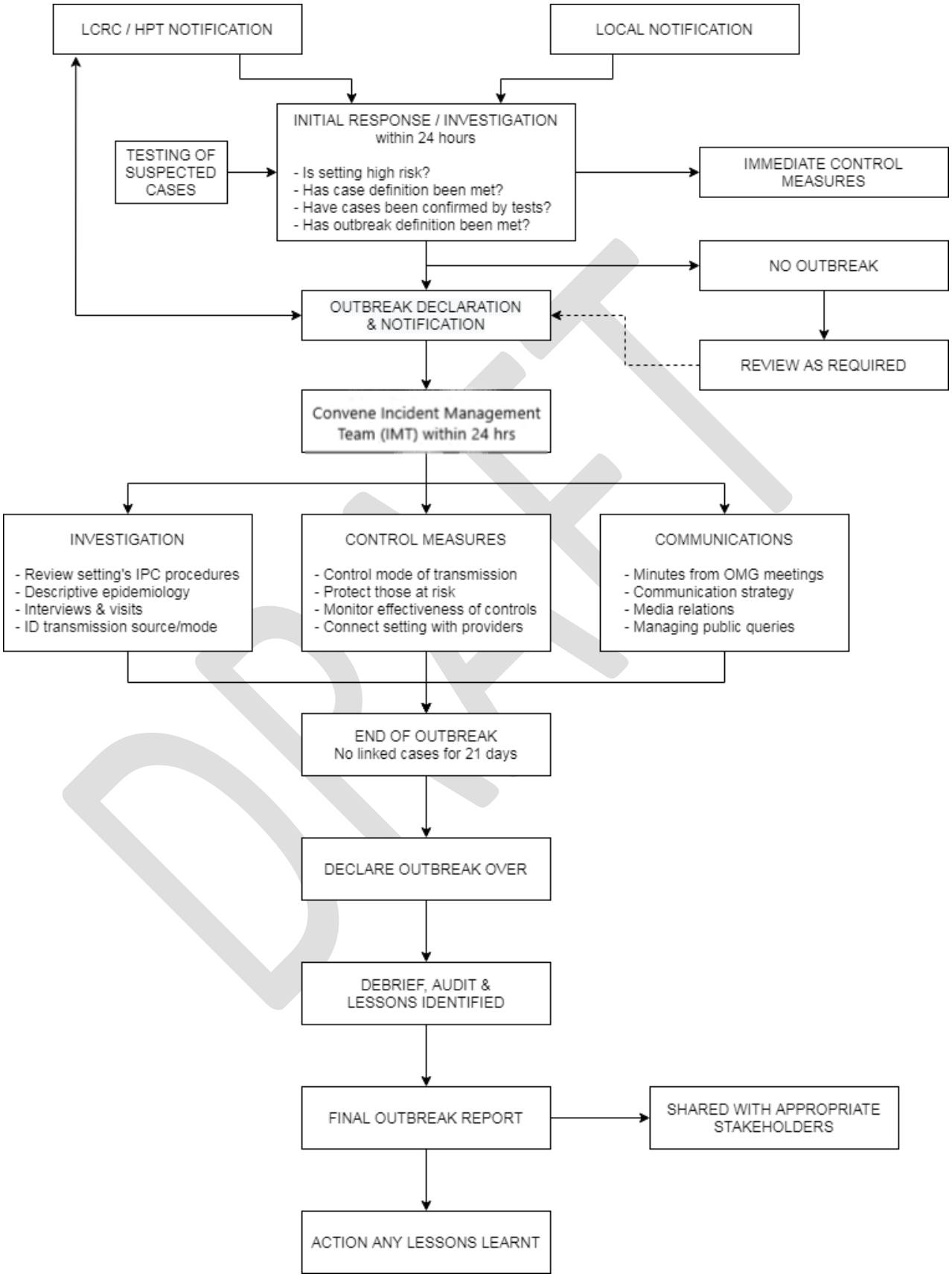
5.12 Living with COVID

The roll out of very effective vaccines is progressively bringing us closer to a situation where we can live with coronavirus as we do with seasonal flu. However, the emergence and spread of a variant of concern that escapes vaccine control would undermine the progress we have made. In the longer term, vaccines that protect against multiple variants are likely. In the meantime, we must

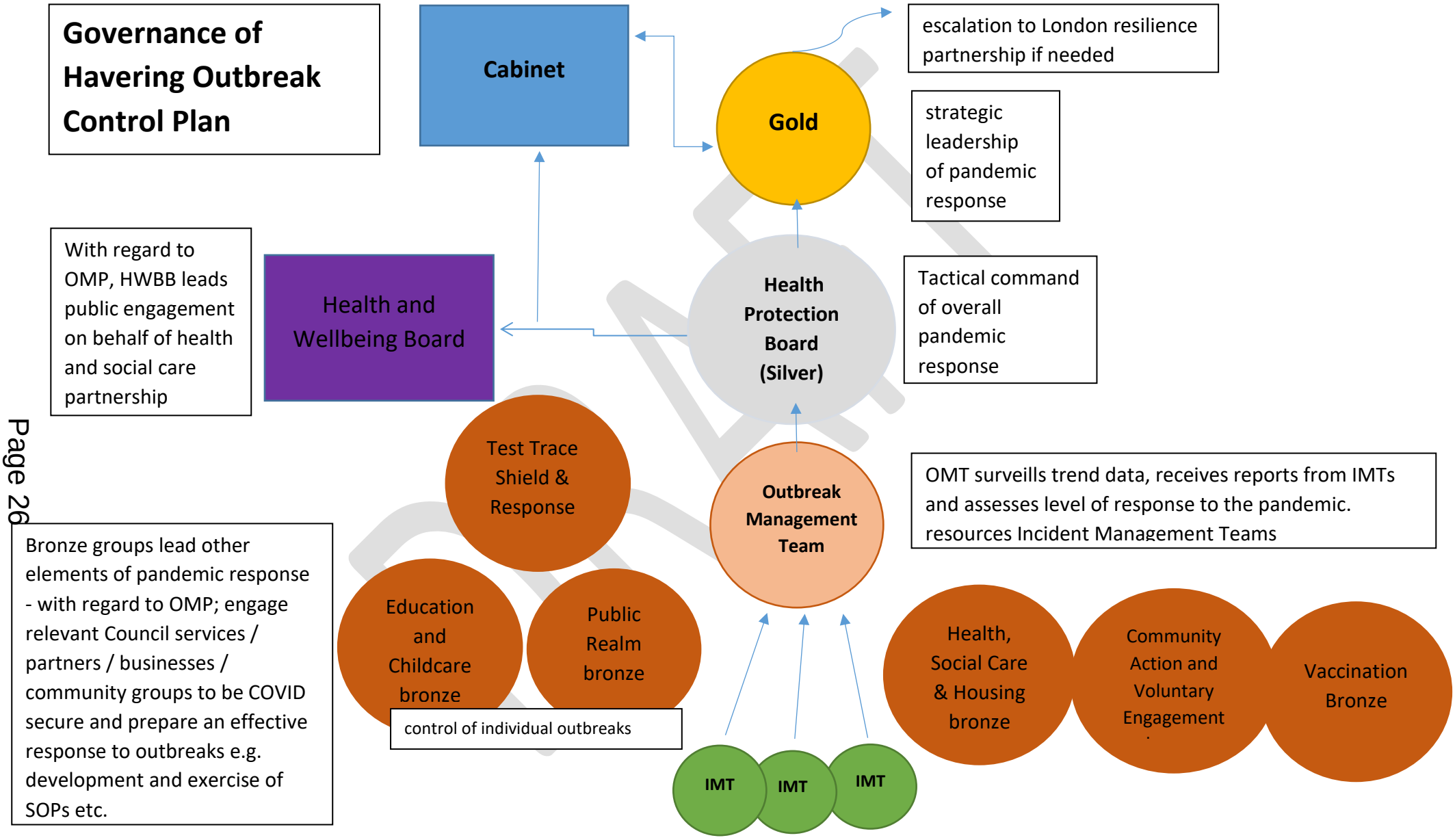
- reduce the likelihood of new variants developing by keeping rates of transmission as low as possible e.g. by taking steps to ensure that we all continue to comply with the hands, face, space and fresh air messaging, and
- ensure that all cases, including those that might be a variant of concern, are identified quickly, and effectively isolated thereby preventing onward transmission – by encouraging residents to test regularly and supporting them to isolate whenever necessary.

By adopting this multi layered approach, we can keep rates of infection low, while the population as a whole is vaccinated. Over time, it is to be hoped that the more intrusive elements of the Swiss Cheese Model may become unnecessary enabling us to live with COVID in a way that we would all recognise as normal.

Appendix 1: Outbreak management process



Appendix 2: Governance Structure



This page is intentionally left blank