Havering Outbreak Management Plan

Version 2

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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 provides 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 have been 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. This learning will be collated to inform a refresh of the national Contain Framework expected at the end of March. The Havering OMP will then be re-checked to ensure it remains consistent with the national approach.

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 thereby protecting

- the life chances of children as a result of reduced disruption to their education,
- those factors that influence the wider determinants of health, such as employment and housing
- the physical and mental health of residents, and
- the economy.

It should be noted that this plan does not focus on recovery and the longer-term consequences of COVID-19 which will be the subject of separate plans.

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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, and is largely affluent, but with some pockets of deprivation. It is the oldest borough in London, with high numbers of older people and care homes.

The population of the borough has grown rapidly over recent years, resulting in a large population of children. 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.

Fewer people go on to higher education, although employment rates are better than London and England. There are high numbers of small and medium sized enterprises. Many people work in retail, leisure, and skilled trades. The borough is an easy commute to jobs in central London.

The borough is predominantly white British, and although the black and minority ethnic population is lower than elsewhere in London, a very broad spectrum of ethnicities are represented.

3. Aims

The aims of this plan are to

- prevent harms to the health of the local population caused by Covid-19, including any new variant of concern
- reduce secondary damaging effects to health and wellbeing as a result of restrictions on daily life which are required to halt transmission of infection
- address health inequalities caused by Covid-19
- be prepared for any changes in the characteristics of the pandemic, including future waves, and enduring transmission of infection

4. Objectives

These aims will be achieved by

1. undertaking monitoring and surveillance in order to inform local action
2. preventing and responding to outbreaks, including in high-risk workplaces, communities and locations, and “Living with Covid”
3. ensuring compliance with restrictions and requirements
4. ensuring uptake of vaccinations, and identifying and addressing inequalities in uptake
5. ensuring a robust testing programme is delivered (symptomatic and asymptomatic testing), and, where needed, roll out an effective approach to testing for variants of concern
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 there are support offers that enable individuals to isolate when asked to do so

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8. ensuring that there are response plans in the event of a future wave of infection, and during any periods of enduring transmission

5. Governance

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. See Appendix 1

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 the Council to respond rapidly to the changing pandemic.

6. Resourcing and capacity management

As response programmes have been introduced over the months (such as contact tracing, asymptomatic testing, and vaccination), task groups have been set up to develop programmes, reporting into Silver Health Protection Board via bronze groups. In the case of vaccination, a new bronze group was introduced.

A new Outbreak Control Service is being established which will consolidate the following operational aspects of outbreak control:

- Rapid asymptomatic community testing
- Oversight of symptomatic testing
- Compliance (including covid marshalls)
- Contact tracing

A transition board is overseeing the transfer of operations into the new Outbreak Control Service, which will be located in the Civil Protection Service. The Outbreak Control Service will continue to work closely with Public Health and will report to the silver Health Protection Board on a series of metrics (to be agreed).

7. Communications and engagement strategy

Communication campaigns have been developed to work alongside policy, enforcement and other services. 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; business communities, education communities, and faith groups. The Council engages with residents, stakeholders, BAME, community and faith groups to understand their concerns and dispel myths and disinformation.

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.

8. Delivering the objectives

8.1 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 trend data are presented to Cabinet daily.

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 dependence on Power BI to automate elements of surveillance.

As the newer programmes of work develop, there will be a need for more data to be made available to local analysts, such as outcomes for testing in education settings and employers, for example.

8.2 Preventing and responding to outbreaks, and "Living with Covid"

Through the multi-agency emergency response structure, a suite of standard operating procedures 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. Standard Operating Procedures identify Council "relationship

managers"; responsible for leading and engaging with settings on prevention, which includes providing advice and training on infection prevention and control, facilitating access to PPE and, for care homes, testing of staff and residents. See appendix ?? for the list of SOPs.

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, and where investigations relevant to those settings inform the local response and give opportunity for learning lessons to prevent further outbreaks in similar settings. See appendix 1 for governance of Incident Management Team process. Throughout, Public Health and Public Protection teams work with other Council teams, local NHS agencies, health protection colleagues at the PHE London Coronavirus Response Cell (LCRC) and NELFT infection prevention control specialists to bring such outbreaks under control.

During the course of the pandemic, education and other settings have been provided with tools to conduct their own investigations, including identifying and advising close contacts to isolate. Only the most complex cases continued to be managed by LCRC, such as outbreaks in schools for children with special needs, all other outbreaks are managed at a local level, with responsibility for calling and chairing incident management teams being largely transferred to local authorities, albeit with specialist input and advice from LCRC.

The chair of Incident Management Teams must 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, who 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 be systematically reviewed during the next few months.

To prevent general outbreaks and transmission, the Council and partners will continue to promote preventative measures of social distancing, wearing of face coverings where required, hand and respiratory hygiene, cleaning of touchpoints, and fresh air indoor environments. This will include ongoing deployment of Covid Marshall in shopping centres, parks, and outside schools, to promote social distancing, and ongoing general and targeted communications.

Going forward, Council Services will also start to consider health protection from communicable infection as part of routine business in decision making. The Recovery Group will consider what further actions may be needed to create environments (built and natural) that resist transmission of communicable infections, including Covid-19.

8.3: Compliance with restrictions and requirements

Standard Operating Procedures mentioned above set out the detail of how communities, and businesses will be encouraged 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 through relationship managers, through webinars, written guidance, and one to one discussions.

For businesses, an Enforcement Policy has been published that sets out our approach and the legal powers available to the Council. Closure of premises has 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 improvements are implemented.

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

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. Many applicants chose to withdraw applications in response to information provided on rates of infection that were circulating (before restrictions introduced December 2020).

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.

8.4: Vaccination Programme

Vaccination is the most important action in tackling the pandemic. A high uptake of vaccination in London is essential to avoid further restrictions.

A new multi-agency bronze group has been established to lead on local oversight of the vaccination programme with the aim of ensuring good uptake and addressing inequalities. The local ambition is to be one of the top five boroughs in London for coverage across all sections of the local population.

The Vaccination Bronze group is reviewing delivery of the programme so far, and is 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.

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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 to young adults if infected.

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.

8.5 Testing Programme

Infection rates climbed rapidly across north east London and parts of Essex and Kent during November and December 2020; subsequently this was found to have been due largely to the emergence of a new variant. The DHSC supported the affected local authorities to develop a programme of enhanced testing, including symptomatic PCR and asymptomatic rapid lateral flow community testing

Rapid community testing (lateral flow testing) was initially provided through repurposing five smaller libraries. During January and February, and in response to learning and feedback, the testing offer was further developed; establishing an online booking system, changing operating hours and capacity at the sites, and setting up sites in Rainham high street and central Romford.

Over past weeks, the Department for Health and Social Care and the Department for Education has offered asymptomatic lateral flow testing to workforces via employers and to education communities. It is expected that rapid lateral flow testing will be expanded to support further reopening of the economy in line with timings of the wider government roadmap. Locally, we will continue to make asymptomatic testing available throughout the borough at sites that suit changes in population behaviours as a result of lifting of restrictions.

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 includes a strategic and management responsibilities, and sets out how operations will be resourced.

8.6 Contact Tracing

The Council launched a local enhanced contact tracing service in 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 "day 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 reducing potential for transmission.

8.7 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.

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 assessed as meeting 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 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.

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.

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

8.8: Planning for periods of enduring transmission

Our own surveillance of trend data quickly highlighted the increasing rates of infection in the autumn of 2020, and analysis at the time showed that all parts of the borough were affected

about equally. The tier level introduced for London did little to bring down the rates of infection in Havering. Other boroughs in north east London, and the neighbouring counties of Essex and Kent also experienced accelerating levels of infection. All possible local levers were applied, and asymptomatic testing through mobile testing units was provided by the DHSC; sited across the borough that initially focused on school communities. It was only the introduction of more stringent restrictions on daily life that led to a reduction in rates of infection. It was later identified that the very high rates had been fuelled by the Kent variant, which is now the dominant variant in the UK. Viewing London as a single geography meant that the introduction of restrictions was not introduced earlier, and infection rates reached a high of 120/100,000. The borough experienced the highest death rates in England, with associated national media attention.

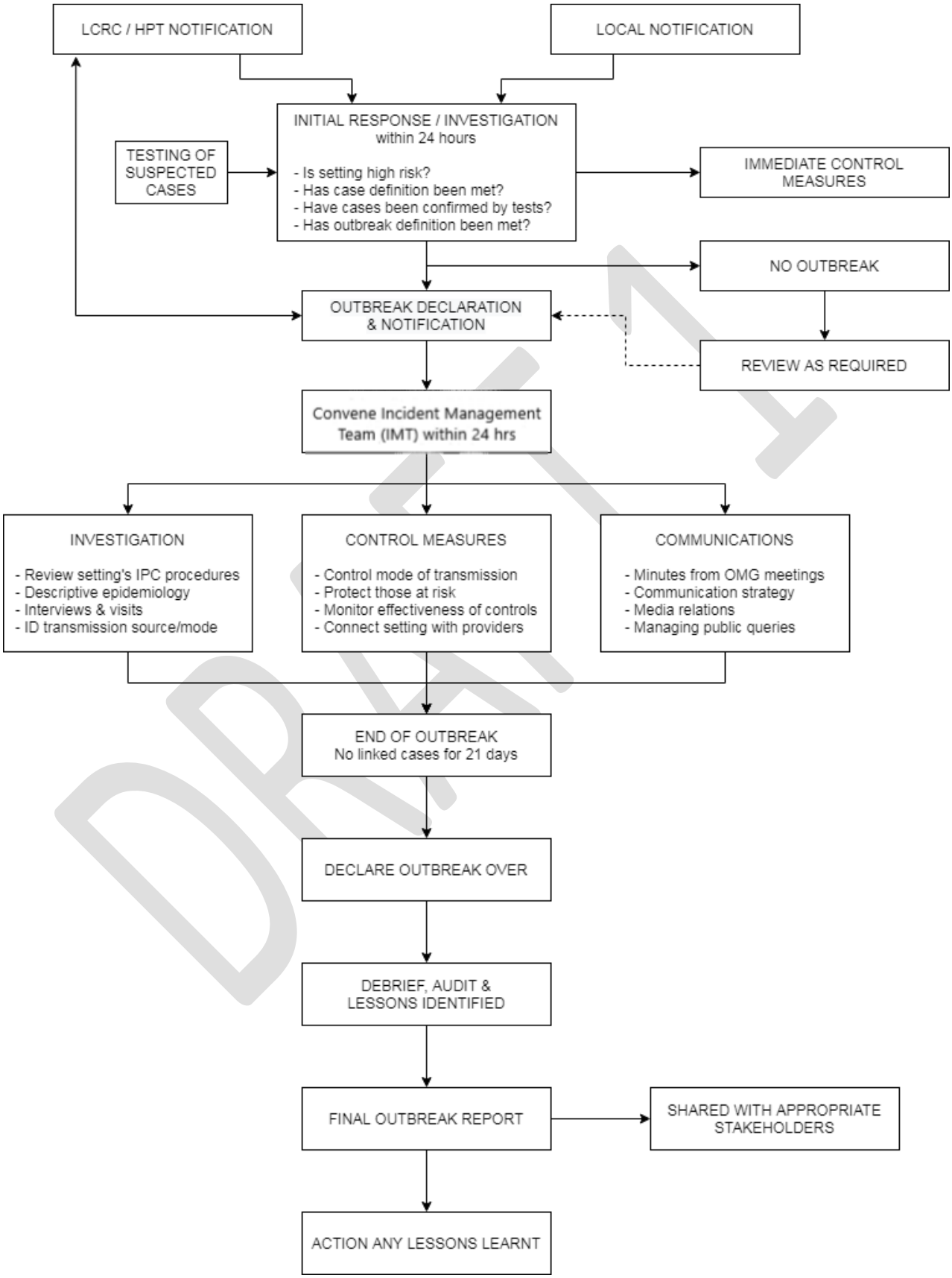
Work was done at the time to identify what were the borough's features might have been driving the rise in cases, and these were suspected to have been due to:

- the settled population, with extended families that mostly live separately, but who provide informal care to family members
- the nature of employment, with commuters using public transport, and a workforce in roles where there is face-to-face contact, such as retail, leisure, health and social care
- a high number of small medium enterprises, many providing skilled trades in others homes
- 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

Rates overall have now fallen to below the England average, which may suggest that the borough as a whole might not have the characteristics that would lend itself to being an area for enduring transmission. However, surveillance reporting is currently being refreshed to enable identification and analysis of smaller geographical areas and so identify where there is /have been persistent and enduring levels of infection. Surveillance reports are currently being refreshed, and reports will take into account indicators that will help to identify pockets of enduring transmission, such as persistent levels of infection, rates of testing and positivity rates.

The characteristics mentioned above that are strongly suspected to be drivers of transmission in November/December 2020 could equally be the characteristics for enduring transmission. The insight gained from work done at the height of the second wave in Havering will further aid the local response where small pockets of enduring transmission are identified, such as plans for mass and targeted asymptomatic testing, and further support to isolate.

Appendix: Outbreak management process



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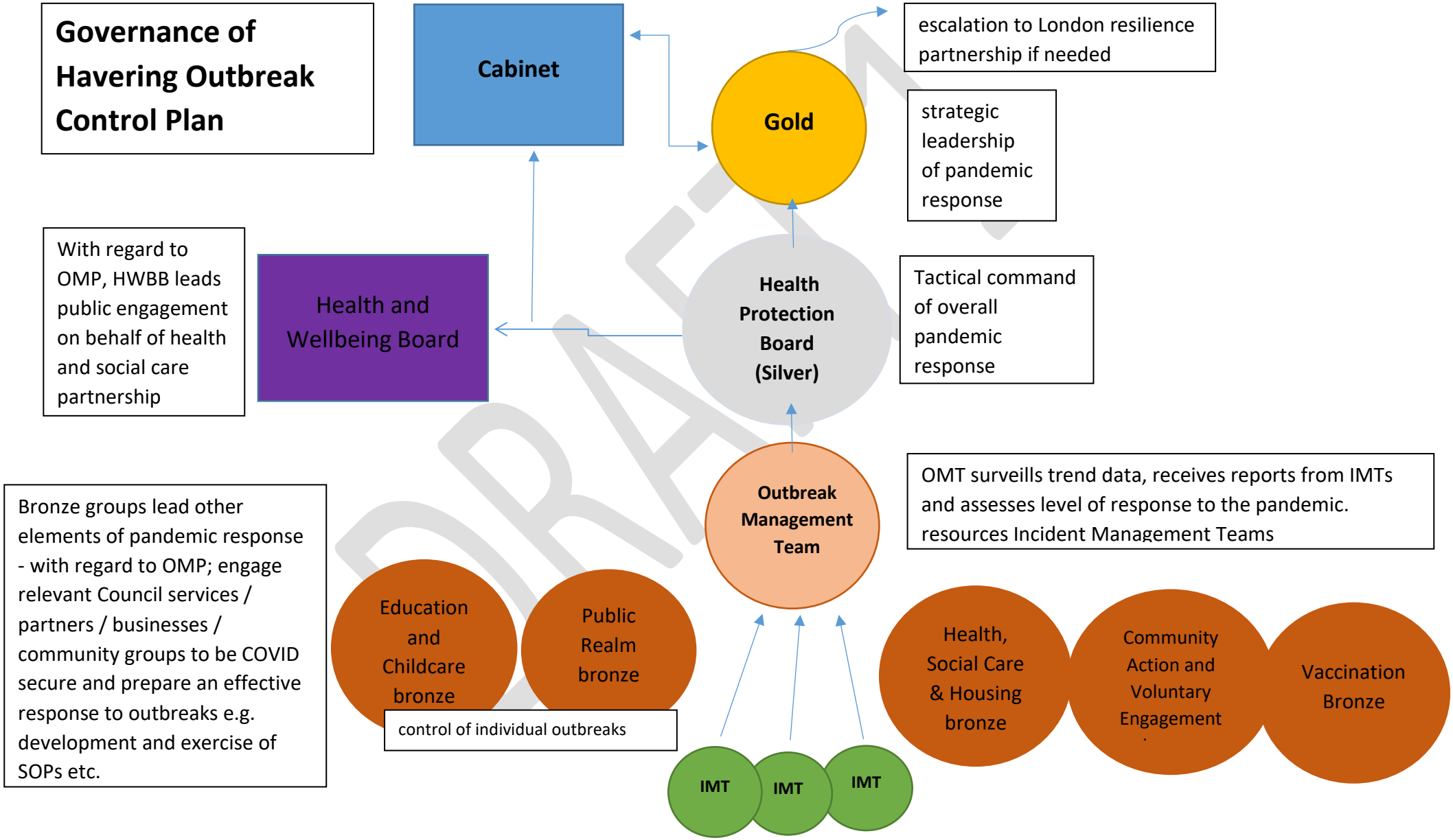
Appendix: Governance Structure