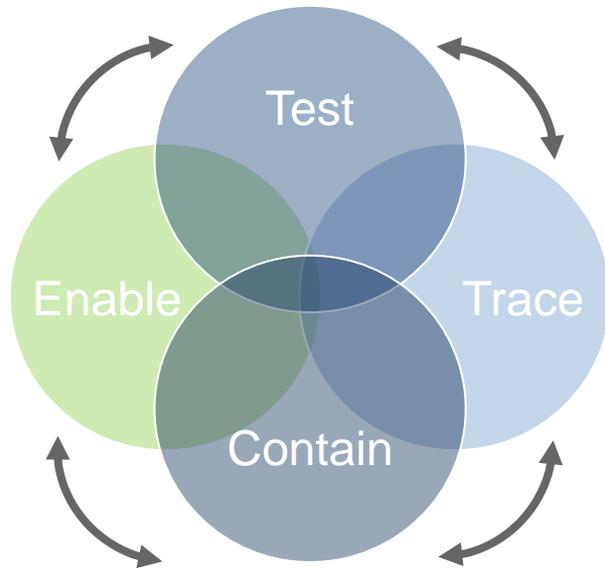


Harrow Outbreak Control Plan for COVID-19

Harrow Outbreak Control Board
30 June 2020

An integrated and world-class Covid-19 Test and Trace service, designed to control the virus and enable people to live a safer and more normal life



Test Rapid testing, at scale, to identify and treat those with the virus

Trace Integrated tracing to identify, alert and support those who need to self isolate

Contain Identify outbreaks using testing and other data and contain locally and minimize spread

Enable Use knowledge of the virus to inform decisions on social and economic restrictions

Continuous data capture and information loop at each stage that flows through Joint Biosecurity Centre to recommend actions

Underpinned by a huge public engagement exercise to build trust and participation

The aim of our Outbreak Control Plan is to describe the whole system approach to managing outbreaks of COVID-19.

The Objectives are

- To apply what we know about the extent of the pandemic in Harrow
- To identify prevention opportunities
- To ensure good communication between partners and with the local communities of Harrow
- To build on existing plans to manage outbreaks in specific settings
- To consider the impact on local communities
- To identify actions needed to address surge capacity

The plan has been developed with input from the Harrow Health Protection Board; signed off by the Health Protection Board and completed on 30th June 2020.

This Plan is iterative and will be regularly updated, as further evidence emerges.

The Harrow Outbreak Control Plan is guided by the principles and legislative framework specified in the document below and signed by Association of Directors of Public Health, Faculty of Public Health, Public Health England, Local Government Association, Solace and UK Chief Environmental Officers Group.

There are four principles for the design and Operationalisation of LOCPs arrangements, including local contact tracing, if needed. There are stated below:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

Further details are specified in the attached document

<https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Local Outbreak Control Plans are based on seven themes:

- 1 Care Homes and Schools**
Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- 2 High Risk Workplaces, Communities and Locations**
Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- 3 Mobile Testing Units & Local Testing approaches**
Deploy local testing capacity optimally
- 4 Contact Tracing in Complex Settings**
Deliver contact tracing for complex settings and cohorts
- 5 Data Integration**
Access to the right local data to enable the other 6 themes and prevent outbreaks
- 6 Vulnerable People**
Support vulnerable people and ensure services meet the needs of diverse communities
- 7 Local Boards** (including Communication & Engagement)
Take local actions to contain outbreaks and communicate with the general public

1. Specific Settings such as Schools and Care Homes

This section details actions for specific settings.

Action cards have been produced for each setting detailing the prevention tasks, as well as what is needed when there is a single case, a complex case or multiple cases in the setting.

Schools

Early Years

Residential
and Care
Homes

Domiciliary
care

Supported
living

2. Understanding our community

- Harrow's population is diverse with over 60% of the local population being from a BAME background. The local communities have been affected significantly by COVID-19 with Harrow having some of the highest rates in the country of both COVID-19 cases and deaths
- COVID-19 affects older people with complex health conditions, care homes have been particularly affected. This is similar to the pattern seen nationally and internationally.
- PHE data, including post code and age of positive cases is mapped to identify any local outbreaks or concerns.
- This data will be expanded to provide further data (non-identifiable) on cases to allow more in depth analysis
- We have undertaken a short assessment of the needs of the communities in terms of the test and trace.
- We have also established a process to discuss the concerns of the local communities – using the Somali community as our pilot.
- This has raised questions and we will produce and maintain a FAQ covering their questions.

2. Communications

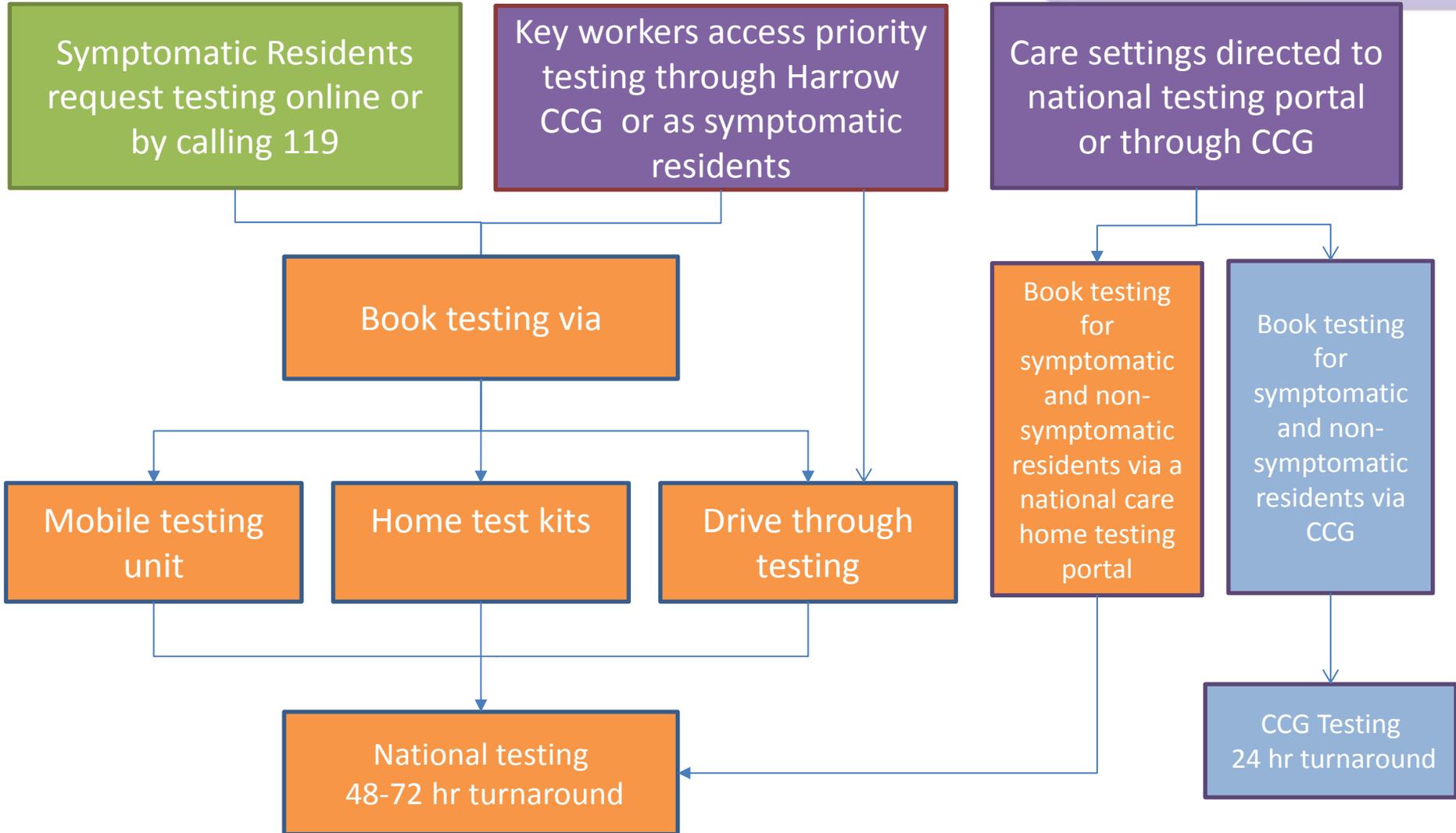
- General community communications
 - Pan-London comms group has completed research on test and trace attitudes in London. Only 44% of people would know how to get a test (less amongst over 65s and BAME groups) 35% know little of nothing about test and trace (higher amongst younger and BAME groups).
 - National Test and Trace PHE communications
 - Council webpage
 - Regular Twitter/ Facebook posts
 - Weekly promotion of mobile testing unit sites and dates.
- London Communications programme (LINK when available)
 - Keep London Safe
 - Keep Harrow Safe
 - Keep “your community” safe



2. Communications

- Community Specific
 - London COVID-19 Comms group will be multilingual but we are unsure of which languages and need to work with other local authorities to fill in the gaps in the centrally produced information
 - The Doctors of the World produce factsheets in over 30 community languages
<https://www.doctorsoftheworld.org.uk/>
- Next steps
 - To address trust issues and encourage compliance we will need to ensure the pan-London campaign is adapted to reach Harrow specific audiences. Activity should be highly targeted using local advocates and partner channels to reach our audiences.
 - Develop a stakeholder map that breaks down audience specific channels and advocates.
 - Adapt the core script for Harrow and update key channels / share with partners.
 - Create area specific videos with partners.

3. Testing Capacity



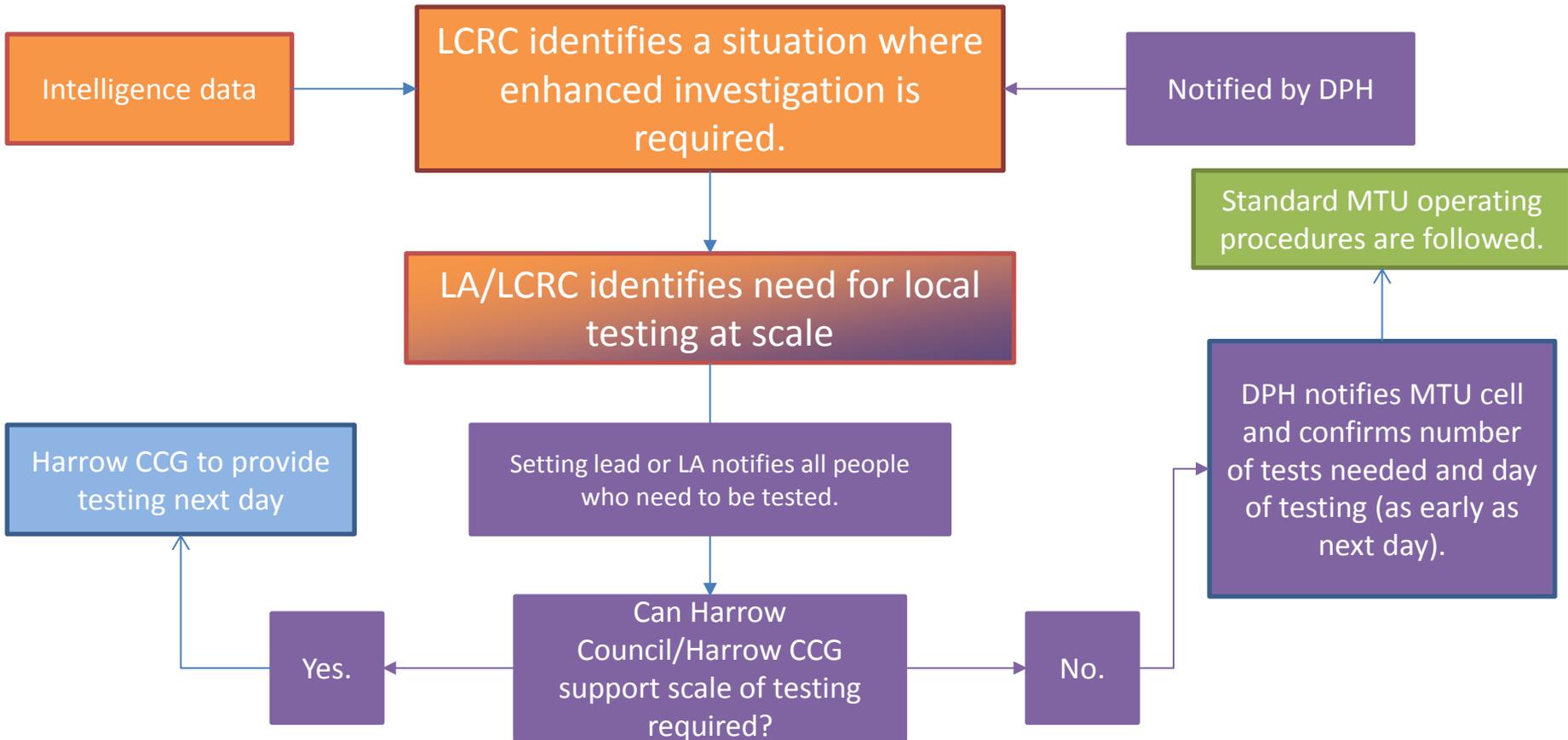
Additional Testing Requirement

LCRC

MTU cell

Harrow
Council

Harrow
CCG

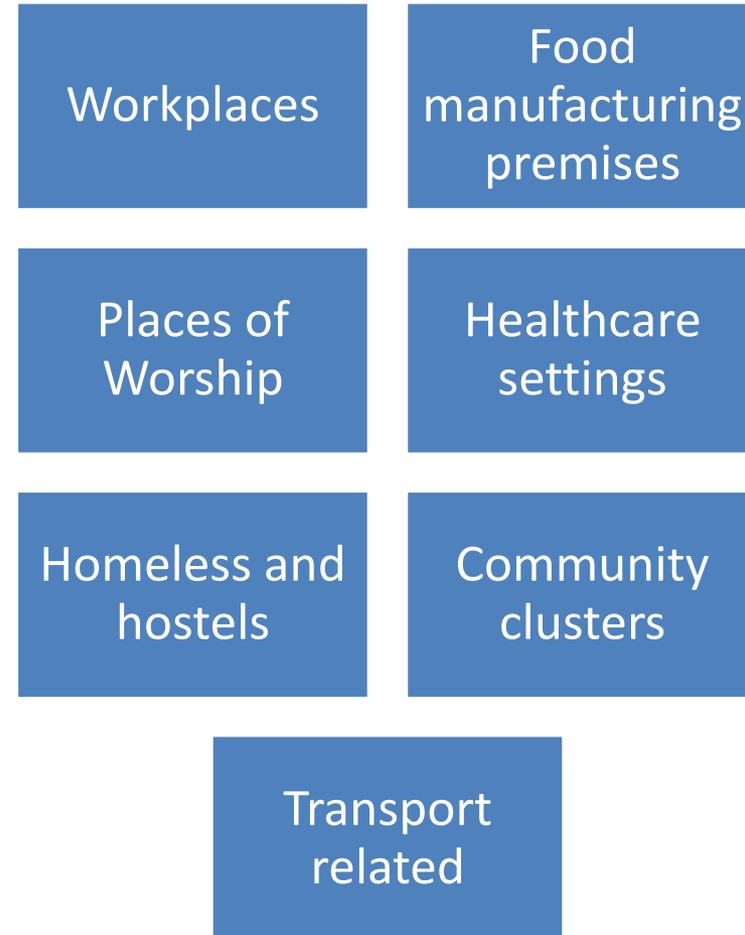


4. Contact Tracing

- Contact tracing is a long standing core public health intervention measure to stop spread of infectious disease. It is used to identify those who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of Covid-19);
- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread;
- Anyone who has tested positive for COVID-19 is contacted by NHS Test and Trace and are asked to self-isolate. They are also asked to identify any people they have in close contact with in the days before they became symptomatic. Close contact is defined as being within 1 metre for 5 minutes or within 2 metres for longer than 15 minutes within 2m distance). These contacts would be advised to self-isolate too;
- Tier 3 – 15, 000 call handlers operated by SERCO for simple contact tracing
- Tier 2 – 3,000 NHS Health Professionals – This tier will receive a download of all Covid-19 confirmed cases and triage to Tier 3, if simple or Tier 1 if more complex. They'll also receive referrals from the app, when operational.
- Tier 1 – PHE Regional centre (PHE LCRC) – Up to 75 people – All outbreaks in settings (schools, prisons, health centres, care homes) plus other complex outbreaks.

4. Contact Tracing in Complex Settings

- For each of the settings action cards have been developed to assist with the prevention and management of an outbreak, with setting specific challenges in mind
- Further action cards will be developed as necessary.



4. Surge Plans

- Mutual aid plans are developed by PHE LCRC and LAs;
- Discussions between BRFs and LRF/SCG are taking place to agree escalation points/mutual aid mechanisms
- The DPH and Consultant in PH will be fully utilised for local outbreak investigation and contact tracing. Other Public Health staff (4 people/3.6 WTE) and GP trainee and Public Health Registrar will be utilised if necessary. Additional agency capacity can be sought.
- Environmental Health Officers' (EHOs) have capacity to investigate outbreaks as part of the Incident Management Team. Additional EHOs could be brought in from recent retirees, trainees near end of training. Contact leads: Richard Lebrun , David Gilmore;
- Escalation points for surge capacity/large outbreak plan to be developed and agreed including recovery process.

Area	Service	Risks
Care Homes and Schools	Care Homes, Assisted Living, shared accommodation and supported care at home. Nurseries, Childminders, Primary, Secondary, Special and Colleges.	Any further outbreaks in residential settings would case significant health and housing needs to enable groups of people to self isolate for 14 days. Failure in third party organisations applying all advice from local authorities and central government.
High Risk Work Places, Communities & Locations	Faith & Religious groups, Plants/Factory settings (such as Meat factories), Local businesses including hospitality, distribution centres, Homeless Shelters, HMOs, Hostels, Migrant workers and illegal/unregistered businesses.	Outbreaks in local businesses or factory settings such as Meat factories or distribution centres where staff work in close proximity together. Homes of Multiple occupancy or Hostel outbreaks could be due to failures in social distancing and shared living arrangements by private landlords.
Mobile Testing Units and Local Testing approaches	Multi agency response and service provision working with NHS Test and Trace.	Demand on services maybe overwhelmed and therefore, capacity/delivery of services hindered.
Contact Tracing Capacity & Mutual Aid	Working with multiple organisations to get a coordinated approach on contact tracing.	Lack of data on outbreaks could impact in response times and coordination of services respond.
Data Integration	Coordination of patient data working closely with other organisations.	Lack of data on outbreaks could impact in response times and coordination of services respond.
Vulnerable People	Vulnerable people such as those on the Shielded List, Adult Social Care, Children in or supported by social care, mental health and learning disabilities. Travellers, Young people, Homeless people, BAME, Minority speakers and language barriers.	Lack of PPE available for essential services where home visits are still required. Insufficient housing for outbreak in vulnerable groups. Communication failures leading to outbreak in hard to reach groups or communication breakdown to BAME or minority speaking groups.
Local Boards	Working closely with PHE and LCRC	Breakdown in communications between various organisations and groups could result in roles and responsibilities being misunderstood.

At present, there are limited powers given directly to Local Authorities to impose Lockdowns on the population level. Most powers under the Health and Social Care Act 2012 and the amended Public Health (Control of Disease) Act 1984 and associated regulations, give statutory responsibilities to Director of Public Health to plan and oversee outbreak control and management or detain individual cases that pose infectious risk to the general population, via designated 'Proper Officer', who is appointed by PHE London.

Schedule 22 of the Coronavirus Act 2020 provides further powers relating to events, gatherings and premises. For the purposes of preventing, protecting against, delaying or otherwise controlling the incidence or transmission of coronavirus or facilitating the most appropriate health care response, events or gatherings can be restricted or other requirements imposed and premises can be closed.

Schedule 21 of the Coronavirus Act provides extensive powers to public health officials (PHE's Proper Officer, police and immigration officers that exist for the period that the Secretary of State has declared that: coronavirus constitutes a serious and imminent threat to public health in England, and that the powers conferred by the Schedule will be an effective means of delaying or preventing significant further transmission of coronavirus. This is currently not passed on to Local Authorities.

Further information is awaited on the following:

- Governance
- Regulations of this etc.
- What stage (within action cards) is it implemented
- Recovery following local lockdown

5. Data Integration - GDPR

- The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).
- These can be found at <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>.

5. Data Integration - GDPR

- The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.
- For these reasons, agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.
- Local data sharing agreements are being developed and will be attached here.

5. Data Integration; Data Flow PHE

Query from settings or member of the public re. school, workplace, prison, hostel, care home

Information from Local Authority, Other PHE regions, Devolved Adm, International office

All positive results reported into the SGSS (second generation surveillance system). Results flow into CTAS. Complex case or setting identified at Tier 2 and referred to Tier 1

Notifications from GP or other healthcare settings

Information received

London Coronavirus Response Cell (Tier 1) receive notification/information/query from setting, LA or GP or referral from Tier 2

SINGLE CASE IN A SETTING
 Clinical team provide advice and manage contacts, testing and infection control
 Clinical team provide information materials to the setting
 Clinical team recommend ongoing control measures
 DPH notified

Information on case, outbreak or community cluster uploaded to HPZone (PHE case management system)

Clinical team gather information and conduct risk assessment with the case or setting

Risk assessment

OUTBREAK (2 OR MORE CASES) IN A SETTING OR A CASE IN A COMPLEX SETTING

Hospital
 Hospital lead outbreak response; LCRC provide advice and support

Prison and prescribed places of detention
 Arrange IMT with setting and relevant stakeholders including Healthcare, MoJ or Home Office.

hostel/homeless services

school/educational settings

workplaces

care homes and other care settings

community clusters

faith and other settings

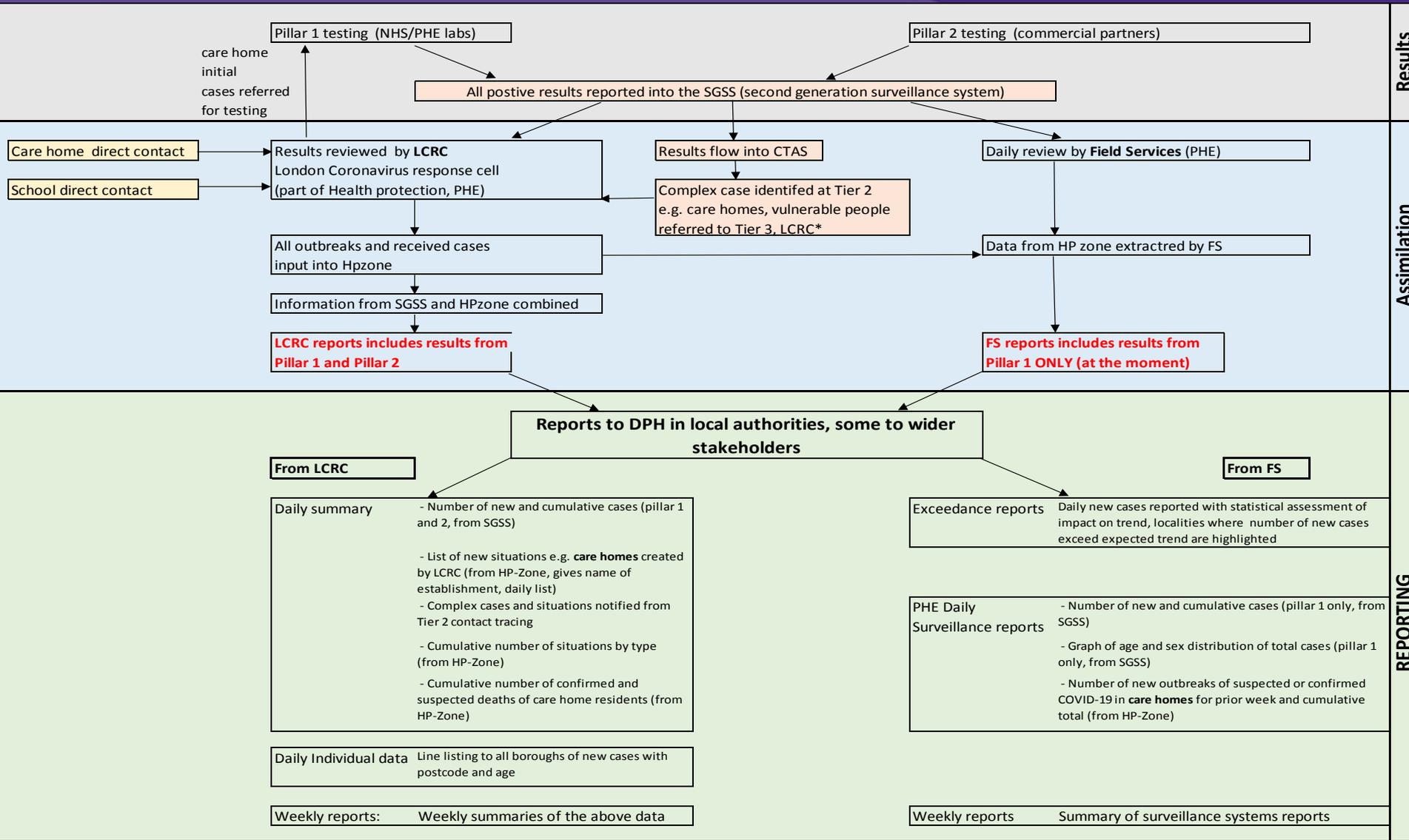
Arrange incident management meeting when required with setting and relevant stakeholders including Local Authority (DPH, EHOs, adult social care, children and young persons services)

Coordination and lead for outbreak agreed

RESPONSE - case finding, contact tracing, isolation, testing (if appropriate by PHE/NHS pillar 1, 2, MTU or Find and Treat), decontamination, advice and communication

Outbreak management

5. Data Flow



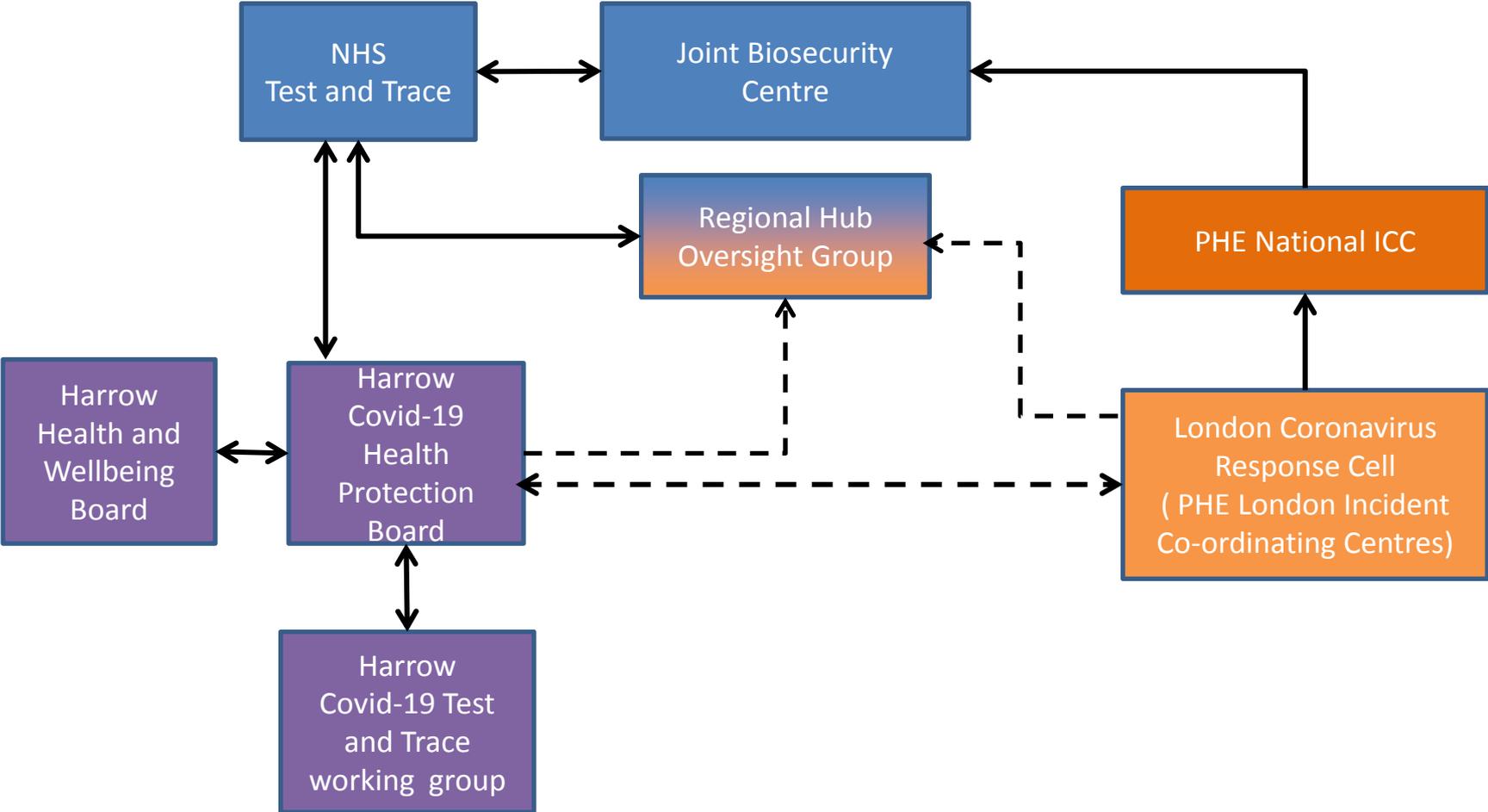
* care home residents, schools and connected workplaces are mandatory fields for data entry.
 Care homes, schools and other situations are escalated as per protocol
Postcode and workplace "coincidences" are picked up by CTAS and HP zone and reviewed
Regular surveillance reports reviewed by PHE LCRC/ FS

- COVID-19 has brought some unprecedented challenges to the local authority and the health and care partnership as well as to our local population.
- The council has contacted over 12,000 shielded people in the borough, ensuring that they have what they need.
- The Help Harrow Portal is available for anyone that has been affected by COVID-19 needing support. The community response has been enormous with hubs providing food, helping with shopping, picking up prescriptions, and social and emotional support such as virtual befriending, and bereavement support. We recognise that people being asked to isolate as a result of the test and trace system. Our current offer is available to them .
- We will also be working with local employers to encourage them to continue to employ any staff who have to isolate as a contact of someone with COVID-19.

6 Vulnerable people ii

- People with learning disabilities and /or mental health problems are one of the vulnerable groups that are of concern. The council and NHS in Harrow has arranged for testing of the residents living in residential care and the staff who work there. This will ensure that we have identified anyone with the virus reduce transmission.
- Throughout the pandemic, the Council has been proactively identifying rough sleepers and other homeless people. They have been found temporary accommodation and are now being found more secure accommodation. This route can also be used for people who can not self isolate .
- Our BAME community groups are working closely with the council to identify issues of concern within the community. They are using social media to identify myths and misinformation as well as giving out the correct information.

The diagram shows the governance structure for Test and Trace and Outbreak management. It highlights the complexity of the system and the wide number of agencies involved.



Local Governance Arrangements

- Chaired by DPH with membership from local partners
- Responsible for the production and maintenance of the OCP, action on prevention of COVID-19, and for the action to be taken in response to an outbreak

Harrow Health Protection (Covid-19) Board

- Chaired by the Leader of the Council
- To receive reports from the C-19 Control Board
- Political and partnership oversight of strategic response and communication with the public

Harrow Health and Well-being Board

- Supported at a national level by Government Departments, including national PHE team, and Joint Biosecurity Centre and at a regional level by London Coronavirus Response Cell, Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)

National and regional support

- Chaired by Chief Executive of Council with all first line responders in attendance
- Responsible for determining Council's overall response to emergency planning, including deployment of local resources and escalate need for mutual aid, if needed.

Harrow Resilience Forum

- We will continue to keep the local population updated about COVID-19 through our various media channels
- We have an engagement programme with minority communities to understand and address their concerns and to create local champions who can spread the messages within their communities.
- We have established a number of engagement sessions with the Director of Public Health and her team. These include local voluntary & Charity sector, local community groups, Special school head teachers, school heads and governors, care/ residential homes, and other social care providers and with our own staff across the health and social care partnership.
- Language is a barrier to accessing many services and we are supporting the communities to develop local bespoke resources, using tailored imagery and assets from the London-wide COVID-19 communications group.

This plan is a live document which will be updated and amended when new guidance or new evidence emerges.

This version was published on 30 June 2020

**Any comments or clarifications please contact
publichealth@harrow.gov.uk**