

# Lambeth COVID-19 Local Outbreak Management Plan (LOMP)

London Borough of Lambeth

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# Gateway information

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<b>Caveat</b>	<b>This document is a live document that reflects emerging threats and guidance as they arise.</b> Please take note of version control which is indicated by the “Last updated” statement on the cover slide.

# Foreword

## **Councillor Jim Dickson – Chair Health and Wellbeing Board**

COVID-19 has demonstrated the important role of public health within local government. Surveillance and management of infectious diseases was a well established role of Councils prior to the early 1970s. In 2013 public health returned to Councils and the COVID-19 response has demonstrated the importance of local knowledge and understanding local needs. In Lambeth we have been trying to address the many inequalities we see through our health in all policies approach and addressing some of the wider determinants of health. This has never been more important. Working with local people to put in place the right measures that help us all safeguard those most vulnerable to COVID-19 and reduce the risk of further disruption to our personal lives, working lives wider society and the economy is in all our interests. It is right that the Health and Wellbeing Board takes a leadership role in engaging with local people and partners to achieve this. This is very much in line with our vision for the board to be more public facing and better at engaging with local citizens.

## **Ruth Hutt – Director of Public Health**

COVID-19 has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. The risk of further waves of infection and localised outbreaks remains high as we ease out of restrictions and control measures put in place to stop the virus.

The Lambeth Outbreak Management provides a framework for how we will live with COVID-19 going forward. It builds on what we have learnt over the past 12 months but also the new tools available to us, including vaccination, and new testing technologies and capacity. It also draws on the work of colleagues across London in PHE and other boroughs who have generously shared their local resources to enable us to collectively develop local plans to tackle this new threat.

# List of acronyms

<b>ADPH</b>	Association of Directors of Public Health	<b>LRF</b>	Local Resilience Forum
<b>BAME</b>	Black Asian and Minority Ethnic	<b>LOMP</b>	Local Outbreak Management Plan
<b>BECC</b>	Borough Emergency Control Centre	<b>NPI</b>	Non-Pharmaceutical Interventions
<b>CCG</b>	Clinical Commissioning Group	<b>NHS</b>	National Health Service
<b>CEO</b>	Chief Executive Officer	<b>OPCP</b>	Outbreak Prevention and Control Plan
<b>CYP</b>	Children and Young People	<b>ONS</b>	Office for National Statistics
<b>DASS</b>	Director of Adult Social Services	<b>PHE</b>	Public Health England
<b>DCS</b>	Director of Childrens' Services	<b>PPE</b>	Personal Protective Equipment
<b>DHSC</b>	Department of Health and Social Care	<b>SAGE</b>	Scientific Advisory Group for Emergencies
<b>DPH</b>	Director of Public Health	<b>SCG</b>	Strategic Coordination Group (London)
<b>HPT</b>	Health Protection Team (PHE)	<b>SEL</b>	South East London
<b>HWB</b>	Health and Wellbeing Board	<b>SOP</b>	Standard Operating Procedure
<b>ICC</b>	Incident Co-ordinating Centre	<b>SPOC</b>	Single Point of Contact
<b>IMT</b>	Incident Management Team	<b>VCS</b>	Voluntary and Community Sector
<b>IPC</b>	Infection Prevention Control	<b>VOC</b>	Variant of concern
<b>LA</b>	Local Authority	<b>WG</b>	Working Group
<b>LBL</b>	London Borough of Lambeth	<b>WTE</b>	Whole Time Equivalent
<b>LCRC</b>	London Coronavirus Response Cell		

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# Local Outbreak Management Plan Refresh

In June 2020 Lambeth published a Local Outbreak Management and Control Plan. This plan provided the framework to manage control of the virus following the first wave of COVID-19 in the UK in March 2020.

In February 2021, following the publication of the Government's Roadmap for exiting the 3rd national lockdown, the accompanying refresh of the [Contain Framework](#) and an increasing focus on Variants of Concern (VOC) Local Authorities were instructed to urgently review and update their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding.

The refreshed plan presents an opportunity to identify and share good practice and to also reflect developments since the original plans were produced such as:

- Responding to Variants of Concern (VOC)
- Action on enduring transmission
- Enhanced Contact Tracing, in partnership with HPT
- Ongoing role of Non-Pharmaceutical Interventions (NPIs)
- Interface with vaccines roll out
- Activities to enable 'living with COVID' (COVID secure)

As part of the refresh, the plan reflects on good practice, ongoing issues and challenges, opportunities and risks to aid in planning for new developments and for the next phase.

# Key principles for living with COVID

Four key epidemiological principles should guide us through the next phase of exiting the pandemic and living safely with COVID-19.

1. Transmission of the virus needs to be brought, and kept, as low as possible
2. Surveillance of transmission and variant emergence must be optimal
3. Test, Trace and Isolate needs to work effectively, with a clear testing strategy
4. Vaccines must be effective and delivered equitably

The Lambeth Outbreak Management Plan describes the local response to the ongoing threat from COVID-19.

It applies the national tools and knowledge from the last year of the pandemic to the local context to manage and suppress the virus in Lambeth preventing further outbreaks.

# Aims & objectives

Aim: To protect the public from the ongoing risk posed by COVID-19

Objectives:

- Establish measures to prevent transmission and protect vulnerable residents (vaccination, risk assessment, testing, ensure timely and effective identification and notification of contacts; support to cases and contacts)
- Rapidly responding and controlling incidents, clusters and outbreaks
- Establish local surveillance and intelligence (timely and effective monitoring, build local intelligence)
- Use legislative powers and enforcement where necessary to ensure compliance with COVID-19 control measures
- Working with our diverse communities to ensure they have the knowledge and tools to help reduce transmission
- Reduce the impact of COVID-19 on existing inequalities

# Our approach

Lambeth's Local Outbreak Management Plan (LOMP) establishes processes for and capacity to prevent and respond to residents infected with SARS-CoV-2 virus and outbreaks in local public settings known to be at high risk of transmission of the virus (e.g. schools or care homes).

It is part of the national government strategic approach to ease the social restriction, including timely control of the spread of the virus at local level.

It is based on the legal duties of local authorities to protect the health of the residents

It combines the London strategic approach and priorities in 4 Lambeth work streams: 1/Protect and Prevent; 2/ Outbreak Response; 3/ Engagement and Communication; 4/ Surveillance and Monitoring which form the basis of our approach and strategic framework.

It builds on existing partnerships and mutual aid schemes developed during the first phase of the pandemic.

It builds on what has been learnt from the previous 12 months' experience in addressing the COVID-19 risks including building trust between partner organisations, Lambeth residents and the specific communities including tackling inequalities.

It will monitor the local COVID-19 situation and implement mitigations to address local risks threatening efficiency of the early detection and control of COVID-19 infections in Lambeth residents

The framework covers core aspects of the end-to-end COVID-19 response which include:

- Community testing
- Contact tracing
- Support for self-isolation
- Outbreak management
- Surveillance

The plan refresh builds on the core aspects to include new developments to support Lambeth with planning for the next phase.



# Outbreak Management Plan - Strategic Framework

**Surveillance and monitoring**

- Surveillance
- Early warning system
- Waste water monitoring
- Exposure reports
- Inequalities
- Data integration

**Communications & engagement**

- Communities
- Residents
- Strategic Partners
- Engagement and feedback
- Targeted messages
- Business and partner messages



**Protect & prevent**

- Risk assessment & management
- Protecting those at high risk
- Non-pharmaceutical interventions (NPIs)
- Vaccination
- Testing
- Contact Tracing
- Support for isolation

**Case/Outbreak Management**

- High risk environments
- Enhanced Testing
- PPE
- Variants of concern

# Planning for the next phase

As part of the refresh to the LOMP, we are reflecting the lessons and learning from the last 12 months using our outbreak control strategic framework.

The updated plan will also cover the emerging developments under the following themes:

- Responding to Variants of Concern (VOC)
- Action on enduring transmission
- Enhanced Contact Tracing
- Ongoing role of Non-Pharmaceutical Interventions (NPIs)
- Interface with vaccines roll out
- Activities to enable 'living with COVID' (COVID secure)

# Local situation

Lambeth Council has a dedicated webpage for information related to COVID-19 and the current situation. This includes a data summary which is updated on a regular basis. This webpage alongside the regular communications to residents such as Lambeth Talk and Love Lambeth blog will be used to inform the public of changes in the local situation, support for residents and control measures to contain the virus.

We know from national and local analysis that COVID-19 has had a disproportional impact on certain groups. This includes older people, men, those from Asian, Black Caribbean and Black African ethnic groups, those resident in care homes and those in certain occupations.

Lambeth Council remains committed to ensuring we protect all residents and enable those that have significant risk factors for COVID-19 to get the information and support they need to keep themselves safe and minimise the risk posed by both the virus itself and the implications of the wider pandemic.

Lambeth has a well-developed integrated health and social care partnership, “Lambeth Together”. All Lambeth Together partners have worked together in the response to COVID-19 and will continue to do so as we emerge from the second wave of the virus.

# Key Lessons and feedback for Prevent and protect workstream

## Good Practice

- Good partnership working between Public Health and stakeholders across the Council internally, and externally, across the borough and south east London region.
- Excellent local partnership as “Lambeth Together” between NHS and Council, including public health, social care, NHS Trusts, mental health, primary care and VCS organisations
- Opportunity to build and grow trust amongst colleagues, settings, local businesses, and the voluntary and community sector. E.G. regular webinars, etc.
- Visible enforcement of the national restrictions to encourage compliance.
- Success establishing and roll out of systems and processes such as:
  - Support for people clinically extremely vulnerable
  - timely response to public and professional enquiries
  - interpretation, adaptation and communication of national guidance, including working closely with the Comms and Engagement workstream to promote key public health messaging amongst residents and the workforce
  - development of SOPs and risk assessment tools in partnership with relevant stakeholders/settings
  - development of PPE guidance by local authority job roles

## Issues and challenges:

- Importance of asymptomatic transmission within and outside settings, and promotion and implementation of IPC measures, including routine testing and vaccination
- Importance of the economic situation of businesses and residents to adhere to national guidance/regulation to prevent re-offending
- Rapid evolution of guidance which created confusion amongst residents, businesses and local authorities

## Opportunities

- Continue to ensure timely access to updates on guidance with a view to interpreting and adapting to meet local population needs
- Continue to review vulnerabilities and vulnerable settings to ensure effective and targeted public health support, including vaccination and addressing vaccination hesitancy
- Work with LCRC to review roles and responsibilities to avoid duplication and ensure that settings, local businesses, the workforce and residents continue to receive timely advice about how to work and live safely during COVID-19
- Develop an “Early Warning System” of risk of outbreaks in high risk settings to ensure prompt identification and timely management, including responding to new variants of concern
- Compile and promote a clear testing strategy to support timely management of exposures, situations and outbreaks
- Continue to review access to self-isolation support for vulnerable (socioeconomic and health) residents who test positive for COVID-19 and their contacts, including those without CTAS numbers
- Build on London work to address underlying inequalities which persist in COVID infections and outcomes.
- Linking vaccination with “COVID safe” messaging for communities and business

## Risks

- Risk of reinfection/recurrent infection especially among elderly and the need for early warning system to support care providers
- Elapse of covid legislation/regulations and inability to enforce
- New variant infections entering the country through failure to enforce entry testing/follow up

# Key Lessons and feedback for Outbreak management workstream

## Good Practice

- Built trust and worked collaboratively with other council department, settings including high risk settings, local businesses and residents
- Information and data flow amongst stakeholders – for example, early notifications from care providers to council public health team of possible or confirmed cases
- Timely response in place, including weekday out of hours and weekends
- Providing bespoke support to settings and business – a public health resident EHO was recruited to support businesses and other settings with compliance to covid-secure measures
- Developed and rolled out a contact tracing systems/service – signed up as one of 5 Local authorities to Local Zero (national Contact Tracing pilot)
- Developed and rolled out an IT system (ANS App) to support local response including to enquiries, situations and to support local surveillance
- Developed and implemented a response/support system that included a dedicated public health support by settings, e.g., schools, social care providers, workplace and local businesses, etc.

## Issues and challenges:

- Increased pressure on staffing and staff in high risk setting and the importance of identifying and implementing relevant forum/spaces to share challenges, discuss public health guidance and identify best practices
- Self-isolation challenges amongst residents and the workforce, contributing to disease transmission
- The time lag in the test and trace process, between when the test was completed to when the case reached the Local Contact Tracing team can range from 3 to 9 days

## Opportunities

- Work with LCRC to review roles and responsibilities to avoid duplication and ensure that settings, the workforce and residents continue to receive timely public health support in responding to suspected or confirmed cases of COVID-19, including undertaking root cause analysis with a view to identifying risks and implementing preventive measures
- Continue to review and adapt guidance to ensure that local actions are in line with national recommendations
- Continue to work closely and transparently with settings, council departments, local businesses and residents in responding to possible/confirmed exposures/cases/situations/clusters/outbreaks
- Through our resident public health environmental health officer, continue to closely work with and support settings and local businesses to ensure compliance with 'COVID Safe' measures and appropriate response to possible/confirmed cases
- Build on the response system to ensure effective management of possible/confirmed exposures/cases/situations/clusters/outbreaks
- Continue to build and grow the local contact tracing service to support enhanced contact tracing with a view to preventing community and household transmission

## Risks

- Contact tracing complexities such as:
  - contact tracing health and social care workers outside of work settings and in the community
  - contact tracing for individuals who are in hospital

# Key Lessons and feedback for Communications and engagement workstream

## Good Practice

- The opportunity to draw on tailored communication for our community working across London for example, translations of information into the local languages
- Lambeth seen as a trusted source of information, particularly in light of the support the council has been offering to communities impacted by COVID-19
- Ability to pull together sources of information and experience across council departments to take a more targeted approach for comms
- Public Health and Comms and Engagement teams have worked really well to bring together expertise to optimise the comms tools
- Feedback from our communities and issues of concern go beyond direct health impacts and focus on the wider determinants of health, this highlights the exacerbation of previous underlying health inequalities
- Ability to use extensive community networks and community voices to share messages
- Use of existing mechanisms to engage with the communities such as the Health and Wellbeing Board
- London wide messaging which can be localised and uses insight from specific community groups to ensure tailored to their needs.

## Issues and challenges:

- Due to lockdown restrictions, impact around engagement has been limited particularly around reaching individuals who may be digitally excluded and more disadvantaged communities
- National messaging has been confusing, requirement to break it down to more simpler call to actions due to complexity of messaging from central government

## Opportunities

- Continued support of the containment strategy - general and targeted comms around:
  - vaccinations
  - contact tracing
  - testing (including surge testing for VOCs)
  - self-isolation, financial and welfare support
- Continue messaging around (current) Non-Pharmaceutical Interventions (NPIs):
- Working with communities that have been severely impacted by COVID-19 to address barriers to:
  - self-isolation
  - uptake of vaccinations
  - access to health and wellbeing services
- Continue to engage with our diverse communities to build trust and work with them around addressing health and wellbeing and health inequalities
- Work towards a integrated approach on messaging and communications across the themes in our LOMP

## Risks

- Too much information leading to comms fatigue
- Misinterpretation of information e.g. development of myths around COVID-19
- Inconsistency and constant change of messaging from central government
- Misunderstanding of requirement to retain all NPIs following vaccination/behaviour change in the population

# Key Lessons and feedback for Surveillance and monitoring workstream

## Good Practice

- Dashboard development took place quickly, it has been well received both internally and by the public. It is updated on a daily basis. Dashboard captures age and ethnicity breakdown, mortality rates and local situations relating to outbreaks.
- Combined dashboard also collecting information on footfall and business activity
- Robust process in place for keeping data up to date and current
- Produced reports for mortality and the epidemiology as the COVID-19 outbreak evolved in Lambeth.
- Built a good working relationship with both Primary Care and Secondary Care for the early warning communications
- Ability to put in a local solution to record ethnicity as part of death registration using registry office processes
- Use of intelligence to aid in the management of VOCs, identifying geography and individuals households that needed testing

## Issues and challenges:

- Issues with access to data both national and local for example lost access to primary care for early warning data.
- Hospital admissions data is not easily accessible to support the identification of impact on inequalities in admissions
- Access to NHS spine to link cases to GPs or admissions would support contact tracing and outbreak management
- Early warning data was not always received in a timely manner

## Opportunities

- Dashboards in development to capture:
  - Vaccination data, to understand and have information on coverage and uptake including inequalities
  - Local Contact Tracing to capture performance and outcomes metrics
- Review the use of waste water data and information and to act as an early warning for rising tide. If appropriate to build into a dashboard
- Support the evaluation of the testing strategy
- Continue to support development of SEL intelligence sharing and dashboard

## Risks

- Lack of access to all relevant data sources
- Overwhelmed by data which doesn't lead to intelligence and influence actions
- Reliance on testing data to spot new outbreaks in a situation of enduring transmission – especially as dis-incentives to test are increased as lockdown eases.

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# Risk management and control measures for high risk settings

Lambeth will continue to update and review SOPs and risk assessments for high risk settings such as schools, care homes, hostels, prisons, etc.

High footfall and busy tourist areas will also be monitored to ensure covid safe as far as possible

The following principles to maintain safe environments will be actively reinforced:

- Cohorting of staff and clients
- Use of non-pharmaceutical interventions and infection prevention control measures
- Access to PPE where appropriate (and resilient supply)
- Regular asymptomatic screening programmes
- Monitoring uptake of vaccination to protect both staff and residents
- Ensure staff supported to self isolate if symptomatic or have tested positive
- Use of root cause analysis for cases in high risk settings

# Protecting those most vulnerable

Those identified as Clinically Extremely Vulnerable (CEV) will have access to support to manage the risk of COVID-19 where “shielding” is announced as well as an ongoing support offer through [onhand](#).

Vaccination in older residents and those who are CEV will be optimised to help protect from serious illness or mortality.

Residents in care homes and other restricted environments will be protected through the continued use of PPE and regular testing of staff and visitors whilst circulating the virus poses a risk.

Rapid response to cases in homeless accommodation or services with residents with other vulnerabilities such as learning disability.

Continuing with IPC measures for as long as is necessary and investigation of source of outbreaks.

Observing NPIs may remain important for these groups beyond the removal of national requirements depending on levels of circulating virus.



# Protecting the most vulnerable - Inclusion Health: London COVID-19 Find and Treat Service (F&T)

The Find and Treat service, provided by a team from University College Hospitals, is jointly funded by all of London's Local Authorities and the Greater London Authority (GLA) and provide the following for rough sleepers, homeless hostels, hotels, night-shelters, pay to sleep, large houses in multiple occupation (HMOs) and daycentres:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with LCRC
- **Variants of concern (VOC):** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing
- **Training and support:** Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships)
- **Sentinel screening:** Testing residents and staff of high risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing
- **Vaccination:** Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)

Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to **asylum hotels** in London (**funded until end March 2021**).

London is working through the **future delivery model needed** (beyond 25<sup>th</sup> June 2021 when funding ends) in anticipation of continuing infections and potentially outbreaks, particularly as vaccination uptake in this group is challenging.

London will continue to collaborate with local authorities across London to understand and address the ongoing needs for these populations.

# The role of Non Pharmaceutical Interventions (NPIs)

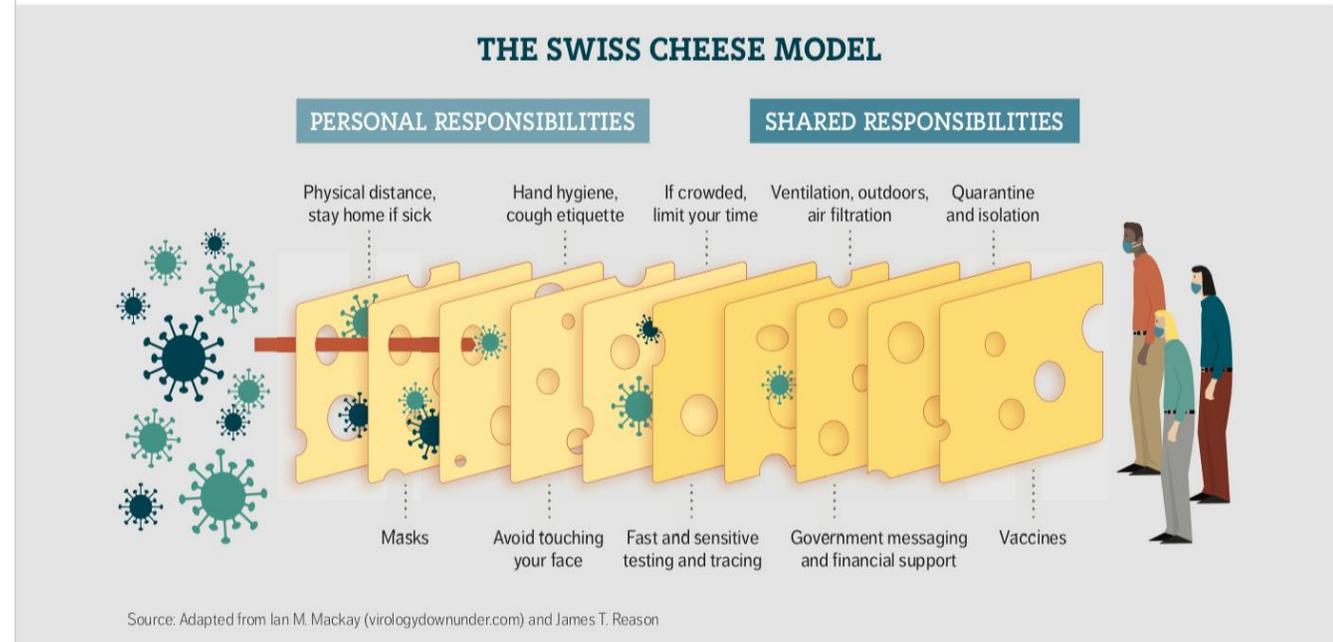
Non pharmaceutical interventions (NPIs) have proven effective in reducing the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in many contexts.

Policy measures including social distancing, school closures, travel restrictions, and the use of masks in public spaces have been implemented to reduce the transmission of the virus.

Clearly articulating to residents the importance now more than ever for them to continue to remain vigilant and adhere to all PHE 'COVID Secure' recommendations or guidelines is essential.

As infection rates fall and more people are vaccinated compliance with NPIs is likely to suffer – getting good messaging and incentives to encourage compliance may have a more important role than ever, and particularly in preventing the transmission of new variants.

The importance of multiple layers of protection is also important – it's the combination of measures rather than a single one which makes it effective (the Swiss Cheese Model).



We will continue to emphasise and promote messages and measures that we already have in place such as:

- Hands, Face ,Space
- Ventilation
- Stay at home
- Quarantine and isolation

# COVID-19 Vaccination Plan

## OUR STRATEGIC PLAN

**Our Lambeth Together Covid-19 Vaccination Plan** sets out our strategic approach and includes;

- Our local planning data
- Our capacity and supply
- Our oversight and governance,
- Our communications and engagement plan, and
- Our objectives and key deliverables for our programme activities

The plan is overseen by our multi-partner Lambeth Together COVID-19 Vaccination Steering Group.

**Our Strategic Vision** is to **maximise vaccine uptake** by delivering an effective vaccine roll-out, as **determined by NHS guidance**, and **scaled-up and adapted to meet evidence-based and identified needs of our diverse population**.

Our overarching programme activities and our workstream project plans need to address a varied and focused engagement approach for different communities, including the need to understand and address **inequalities** impacting on vaccine uptake.

Our strategic approach needs to be **agile** and ready to adapt as the national vaccine programme remains under continual review and we gain local learning through the different roll out phases.

## OUR PROGRAMME ACTIVITIES

**1. Establish and scale-up local vaccine delivery models** - Initial local delivery established through hospital hubs (GSTT/Kings/SLAM), Primary Care Networks (PCNs) and Community Pharmacies – appointment based and roving including into Care Homes. Increase and adapt roll-out through PCNs, community pharmacies and hospital hubs using modelling methodology to match capacity with demand; moving to a ‘pull’ model of vaccine supply.

**2. Vaccine delivery for priority groups 1-4 care home staff and residents, over 80/75/70s, the clinically extremely vulnerable and Health and Social Care staff -**

Roving vaccine delivered by PCNs to older peoples care home staff and residents, by national deadline. Over 80s, 75s, 70s and CEV vaccinated by appointment, led by primary care networks via GP Federation. H&SC workforce eligibility and local process established, in line with national standard operating procedure, and delivered.

**3. Vaccine delivery for priority groups 5+ -** Vaccine delivery expanded to further priority groups via modelling methodology and toolkit to enable us to match capacity with demand; moving to a ‘pull’ model of vaccine supply and establish next phase delivery systems.

**4. Communications and community engagement** - Deliver and facilitate communications and engagement with Lambeth population with specific focus on addressing issues of vaccine hesitancy and ensuring all Lambeth communities have access to the right advice and information on the benefits of vaccination and how and when it may be accessed.

**5. Monitoring and equality of access** - Robust monitoring and analysis of vaccine demand and uptake, facilitating intelligence-led and evidenced based decision making. Equity of access continually monitored through data and community engagement improved accordingly. Intelligence based in sight into establishing and sustaining effective vaccination delivery systems.

# Vaccination Programme – Uptake and Hesitancy

The COVID-19 vaccination programme in Lambeth is being delivered in line with our Lambeth Together COVID-19 Vaccination Borough Plan, which includes our COVID-19 vaccination communications and engagement plan.

In Lambeth there is a significant disparity in uptake across different ethnicities with 55% of our Black Caribbean, 60% of our Black African and 78% for our Asian residents taking up the COVID-19 vaccination compared to 83% of our white residents (in JCVI priority groups 1-4).

The issue of uptake, including through hesitancy, remains core to our borough programme approach and we will use the resources available to us to contribute to addressing the experiences of our residents and staff.

We are committed to working collaboratively across all key Lambeth Together stakeholders to deliver the vaccination programme in the borough in partnership and to ensure we deliver a programme that reaches all our communities.

## **A local plan has been put in place to tackle hesitancy and increase uptake which will take the following approaches:**

- Balance of evidence-based approach with pragmatism, deliverability at speed and maximising impact
- Responsiveness – we will take a test-and-learn approach and will need to be agile, therefore our plan may need to adapt and flex to meet changing needs as we learn
- Tailored approach - match engagement methods to population groups
- Community focused – involving communities, the VCS, small grants process, relationship building
- Modelling behaviour – a key barrier is trust and we will need to use the right approaches to demonstrate our trust in our residents by trusting our communities to have the solutions that are right for them – alongside robust monitoring/oversight
- Longer-term learning and development regarding wider health inequalities

## Aims and Purpose of testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**
- **Surveillance**, including identification for vaccine-evasive disease and new strains
- To investigate and **manage** outbreaks
- To **enable** safer re-opening of the economy

### Pillar 1 (NHS Settings)

PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR), LAMP & quicker testing

- Symptomatic patients that arrive in a hospital setting
- Asymptomatic patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
- Symptomatic NHS frontline staff and in an outbreak situation and household members
- Routine testing of asymptomatic NHS staff and contractors
- Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study

### Pillar 2 (Mass Population/Community)

Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing

- 5 Drive-thru Regional Test Sites
- 29 MTUs available across London for routine testing and surge capacity deployment
- 84 LTS across 32 Boroughs
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

### Pillar 2 (Mass Population/Community)

**Asymptomatic** rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites
- Whole student population in higher education institutions
- National pilots/programmes
- Workplaces
- Schools
- Adult social care:
  - visitors
  - visiting professionals
- Rapid response LFD testing following care home outbreaks
- Domiciliary care
- NHS staff
- Private sector testing
- Pilots

# Testing in Lambeth

Testing Route	Current offer	Purpose	Lambeth Sites
<b>Symptomatic testing</b>	<ul style="list-style-type: none"> <li>• Symptomatic PCR swab testing</li> </ul>	<ul style="list-style-type: none"> <li>• Identify cases promptly by making testing locally accessible</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Local Testing Sites (LTS) at Wheatsheaf and Streatham Common, Brixton and open 8am-8pm 7 day a week.</li> <li>• Home testing kits</li> <li>• Ability to request additional MTU capacity if required</li> </ul>
<b>Asymptomatic testing</b>	<ul style="list-style-type: none"> <li>• Asymptomatic rapid antigen testing (Lateral Flow Device tests)</li> <li>• PCR asymptomatic testing for VOC surveillance, outbreak management and high risk settings</li> </ul>	<ul style="list-style-type: none"> <li>• To detect asymptomatic infection to protect key risk groups &amp; settings and prevent further community spread</li> <li>• To enable safe working environments and protect the public</li> </ul>	<ul style="list-style-type: none"> <li>• LFD tests delivered in line with Lambeth plans in Asymptomatic testing sites, through workplaces, schools, community collect, pharmacies. Plans being developed for mobile rapid testing options</li> <li>• Rapid response LFD testing following an outbreak or PCR in response to VOCs</li> </ul>
<b>High Risk Settings</b>	<ul style="list-style-type: none"> <li>• Symptomatic and asymptomatic testing</li> <li>• PHE or local PH support blanket testing (for staff and residents) when there is a suspected or confirmed case of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• Protect vulnerable settings and individuals, as part of outbreak management and control</li> </ul>	<ul style="list-style-type: none"> <li>• Care homes – testing for care home residents and staff via the national care home testing programme</li> <li>• Extra Care and supported living settings</li> <li>• Workplaces</li> <li>• Early years and schools</li> </ul>

# Contact Tracing in Lambeth and Local 0 Pilot

Contact tracing is an important tool in helping reduce the spread of COVID-19 and local services can provide a range of benefits above and beyond the national service.

Lambeth has been operating a Local Contact Tracing (LCT) service 7 days a week since November 2020. Lambeth Council became the first London borough to bring all COVID-19 contact tracing inhouse in a new pilot scheme launched on the 1 March.

The council has recruited and trained new teams of tracers to work with residents to quickly and effectively track contacts who may have been exposed to the virus.

LCT can provide a range of benefits above and beyond the national service. It aims to add value to the national service by

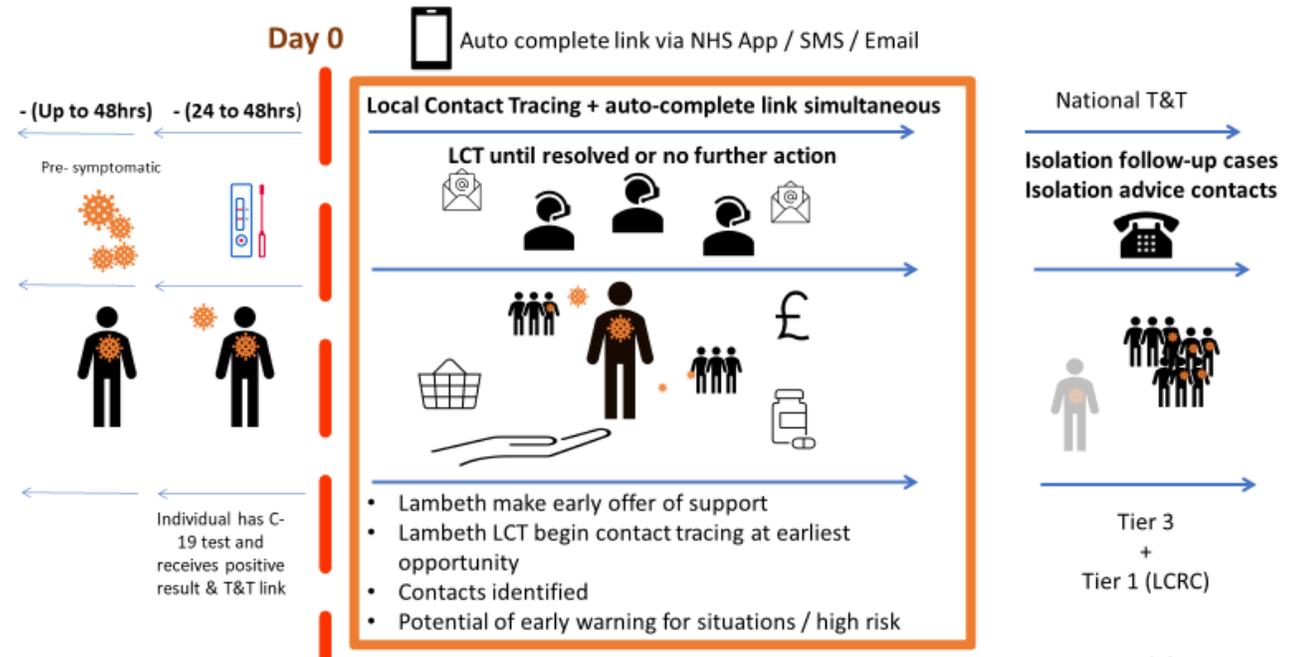
- Reaching cases that are difficult to reach, for example, don't respond to unidentified numbers, are not digitally literate, other language speakers - so seeking to address inequalities
  - Provide robust offer of support for those who need it during isolation.
  - Using local knowledge and enhanced triage/case reviews to give a targeted approach where appropriate
  - Intelligence gained can also be used to act quickly if a breakout at a business or large gathering has occurred
- The new "Local 0" scheme will mean residents who have tested positive for COVID-19 will be contacted by a local contact tracer instead of NHS Test and Trace

Under the previous national contact tracing system it could take between 2-3 days for positive cases to be passed from Public Health England to local teams. The Local 0 scheme means those returning a positive test will now be called immediately by Lambeth's own Contact Tracers.

The Government's Scientific Advisory Group (SAGE) has suggested 80 percent of contacts need to be reached in order for the virus to be suppressed.

Lambeth will continue to develop an enhanced contract tracing services to maximise the impact of the contract tracing.

## Contact tracing under Local-0



# Self-isolation, financial and other support

Lambeth has comprehensive offer of support for individuals who have been affected by the coronavirus. Support can be accessed online or via telephone.

Existing support available includes:

- Accessing food, medicines and shopping
- Social support and advice
- Support for people who are clinically extremely vulnerable
- Financial help, benefits, employment support and housing advice
- Mental Health and emotional support
- General support through NHS volunteers

**In addition to this we are developing an enhanced self isolation package which will include financial and practical support, including to those currently ineligible for the Test and Trace support payment. This will be provided in partnership with a VCS provider.**

**We will also be reviewing ways we can support people to self isolate if they feel unwell until they get a test result to remove barriers to testing.**

## Lambeth Support

- Lambeth support COVID-19 Information - <https://beta.lambeth.gov.uk/coronavirus-COVID-19/coronavirus-COVID-19-find-what-support-available>

# Responding to Variants of Concern (VOCs)

Local Authorities, alongside and with the support of PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control of COVID-19 variants designated as ‘Variants of Concern’ or VOCs. The overarching purpose is to restrict the widespread growth of VOCs in the population by:

- 1. detecting, tracing and isolating cases to drive down overall community transmission, and**
- 2. case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant**

All local authorities need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in their Borough, including local “surge” testing, and complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

Lambeth Council have already undertaken two VOC surge testing exercises and have a process in place should further exercises be required. This includes identifying the relevant geography/population, workforce, comms and logistics support to deliver a surge test programme.

Following the identification of a VOC, PHE London’s Coronavirus Response Cell (LCRC) will conduct the initial investigation to gather additional information, complete a minimum data set and establish whether there are epidemiological links to countries of concern. Those VOCs without an epidemiological link will require wider investigation and response, and this will be determined jointly between the Local Authority, on the advice of the DPH, and PHE London’s Health Protection Team.

The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, informed by the data and risk assessment, current epidemiology, knowledge of the local community and grounded in health protection principles and specialist health protection advice. Plans will need to be flexible and adaptable to different circumstances, such as the geography, communities or settings in scope.

The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

# Guide to determining Public Health Action - approaches for responding to VOCs

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	NPIs
<ul style="list-style-type: none"> <li>Define and agree coverage/scope of PCR positives for WGS (over &amp; above routine 5% surveillance) including pillar 1, and time period</li> <li>Data led e.g. small area/geography around VOC case; setting specific; whole borough</li> <li>Contingent on national capacity</li> <li>Explore leveraging local hospital and academic sequencing capabilities</li> </ul>	<ul style="list-style-type: none"> <li>Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours</li> <li>Enhanced or increased local communications to encourage and ensure people get tested.</li> <li>Start or potentially increase the local booking arrangements for LTS sites</li> </ul>	<ul style="list-style-type: none"> <li>Determine target population, geography or setting</li> <li>Determine best operational method(s) for targeted surge testing e.g.:</li> <li>Door drop model (Council, VCS or other trusted delivery partner, commercial partner)</li> <li>Collect and drop model, roving model</li> <li>ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives)</li> <li>Surge of up to 5000 asymptomatic tests</li> <li>MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system</li> </ul>	<ul style="list-style-type: none"> <li>Immediate tracing response to positive cases from the defined area/population i.e. tracing begins on entry of positive case to CTAS/the trace process</li> <li>A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting</li> <li>LA's Local CT Partnership service works alongside national VOC Trace cell</li> <li>Re-enforcement of isolation and public health advice to all cases and contacts</li> <li>Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control</li> </ul>	<ul style="list-style-type: none"> <li>Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts</li> <li>Self isolation payments and discretionary support for those in financial need</li> <li>Consider enhanced welfare support/follow up calls and other enhancements</li> </ul>	<ul style="list-style-type: none"> <li>Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach</li> <li>Reinforce covid-secure and IPC measures in key settings</li> </ul> <div data-bbox="2114 592 2548 671" style="background-color: #002060; color: white; padding: 5px;"><b>Monitoring and evaluation</b></div> <ul style="list-style-type: none"> <li>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation</li> </ul>

## Communications and engagement

- Locally led plan for culturally competent communications and community engagement
- Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities
- Ensure alignment of national comms with local comms
- Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes
- Harness existing community assets, networks and trusted messengers e.g. community champions
- Specific considerations include: an inbound helpline; a postcode checker on Council website

# Public Protection

To maintain the successful enforcement activities Public Protection will:

- Produce a detailed deployment plan in line with each stage of the Governments Roadmap to the Ease of Restrictions
- Continue to align our Deployment plans with MPS Red days
- Continue to lead and coordinate the authorities Covid Enforcement response in line with the 4E's
- Align our resources with those of our partners to ensure maximum coverage
- Continue to take an intelligence led approach to deploying our resources
- Making use of local government powers to enforce where necessary
- High visibility support for restrictions and sanctions

# Surveillance and Monitoring

For surveillance and monitoring there will be:

- Ongoing monitoring of cases and case rates
- Identification of changing patterns of infection using tools available
- Explore utility of a combined dashboard bringing together footfall/business/economic activity with disease surveillance
- Developing new dashboards encompassing vaccinations and contact tracing
- Monitoring of inequalities impacts
- Use of new tools such as waste water
- Early warning systems development
- Sharing intelligence across SEL and NHS/ public health

# Waste water surveillance

The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population. The size of the catchment areas of the sampling sites vary, and this needs to be borne in mind when interpreting results. An example of the outputs include:

1. A graph of daily *SARS-CoV-2 RNA concentrations detected in each sampling sites*. – key considerations include – trend and level of detection. A one-off high reading can be misleading due to sampling problems, but consistent trends in change and when comparing to other areas should alert to higher levels
2. A map of change in RNA concentrations and size of catchment area. The JBC also reports level of detection in a map as well as change in detection. Here – the location of the sampling sites and the size of catchment area can be seen, and compared to the graph to understand where the changes are occurring

Currently there is pilot work to use waste water samples to support surge testing for detection and control of VOC, through genomic sequencing of waste water samples – but this is work in progress.

# Communication and engagement

Communication and engagement are central to all elements of the Local Outbreak Management Framework. For Lambeth this means:

- Continue to build on original comms and engagement plan for the Outbreak Control Plan linking to the current road map for easing of restrictions
- Use Keep London Safe messaging and branding to provide London consistency
- Make use of local community networks to engage and receive feedback from residents and partners
- Ensure materials are translated where necessary and available in a range of formats
- Use of multiple channels to communicate to residents and networks for engagement



# Communications – Keep London Safe

## Keep London Safe communications and community engagement

The next phase of the Keep London Safe campaign is planned around the key steps in the Government’s Roadmap and beyond.

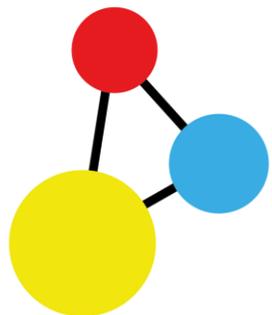
Communications assets will be produced for the boroughs to use, with core messages promoting vaccination uptake, test and trace, infection control and Living with Covid.

Pan-London communications assets are aligned with national campaigns and messaging.

New creative visuals and messaging are based on insight to maintain interest in the campaign.

A pan-London out of home advertising campaign, including billboards, digital displays and transport advertising is planned to promote vaccine uptake and test and trace.

New campaign material will be produced to support key upcoming dates and events – for example Ramadan, Easter Bank Holidays etc; a social media campaign calling on Londoners to enjoy parks responsibly; specific messaging aimed at younger Londoners when it’s their turn to get the vaccine etc.



# KEEP LONDON SAFE

## Keep London Safe – encouraging vaccine uptake

A Vaccine Uptake and Engagement Steering Group has been established to co-ordinate communications and community engagement activity of all public sector partners.

The KLS vaccination communications toolkit includes core messaging, posters, social and digital communications assets and translations, specifically focused on the most vaccine hesitant communities.

A vaccination education toolkit includes materials to explain what a vaccine is, encourage discussion in the classroom and give young people information to reassure parents/older relatives about the safety of the vaccine.

An events toolkit and tracker been launched and shared with London boroughs holding community engagement events, to capture feedback and insight from events being held and to ensure events are promoted locally and to London-wide communities.



Real clinicians from local areas feature in adverts to promote vaccine uptake

# Risks and mitigations

	Risk	Mitigation
OPERATIONAL	Access to testing (delayed, refused, confusion)	Extend capacity of SEL testing ; Promotion through engagement; consistent comms; access to other testing routes as they become available
	Clinical and quality assurance in testing sites run by Lambeth council	Use of SOPs with regular review Reporting of incidents and escalation processes Regular review of testing data and outcomes as part of quality assurance Training and supervision of staff
	Disruption to contact tracing service due to IT failure or staff availability	Refer cases back to national T&T
	Case or contact not able to self-isolate	Improve self isolation support offer Potential options for accommodation can be explored on a case by case basis if necessary
	Cross borough cluster of COVID-19 cases	SEL IMT held weekly & London PHE/DPH weekly update to pick up any cross border/London wide issues
	Staff sickness impact of service resilience due to covid	Regular testing regime Encourage vaccination Ensure adherence to NPIs
	Low vaccination uptake in higher risk communities – leading to further inequalities and outbreaks	Extensive engagement with communities to maximise vaccination uptake Implementation of vaccine hesitancy plan and comms and engagement plans

# Risks and mitigations (cont.)

	Risk	Mitigation
Strategic	Negative impacts of outbreak control measures and potential for widening inequalities	Assess, consider potential impact as part of Prevent & Protect Ensure access to sick leave and benefits Support provided is proportional in order to reduce inequalities
	Reduced adherence to control measures due to comms fatigue, weariness with social and economic constraints	Continue to refresh messaging and promote data and information to support measures.
Finance	Ongoing financial risk to Lambeth Council without sufficient medium term funding commitment	Forecast cost of response Ensure claims made for any additional expenditure incurred and make use of pilot opportunities Ability to scale back and up as necessary to prevent incurring unnecessary costs.
Reputation	Perception of Lambeth Council's management of the pandemic response	Communication plan & strategy about council support and approach for residents and businesses Use public forums to engage and inform the public about plans Regular updates to members, public and partners.

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# Local governance and function of boards

**Health and Wellbeing Board**  
 Chair: Jim Dickson  
 Function: Role: COVID-19 Member led engagement board, engagement & political leadership

**GOLD – Health protection board**  
 Chair: Andrew Travers – Chief Exec  
 Function: sign off LOMP, resource deployment, link to SCG, decision making

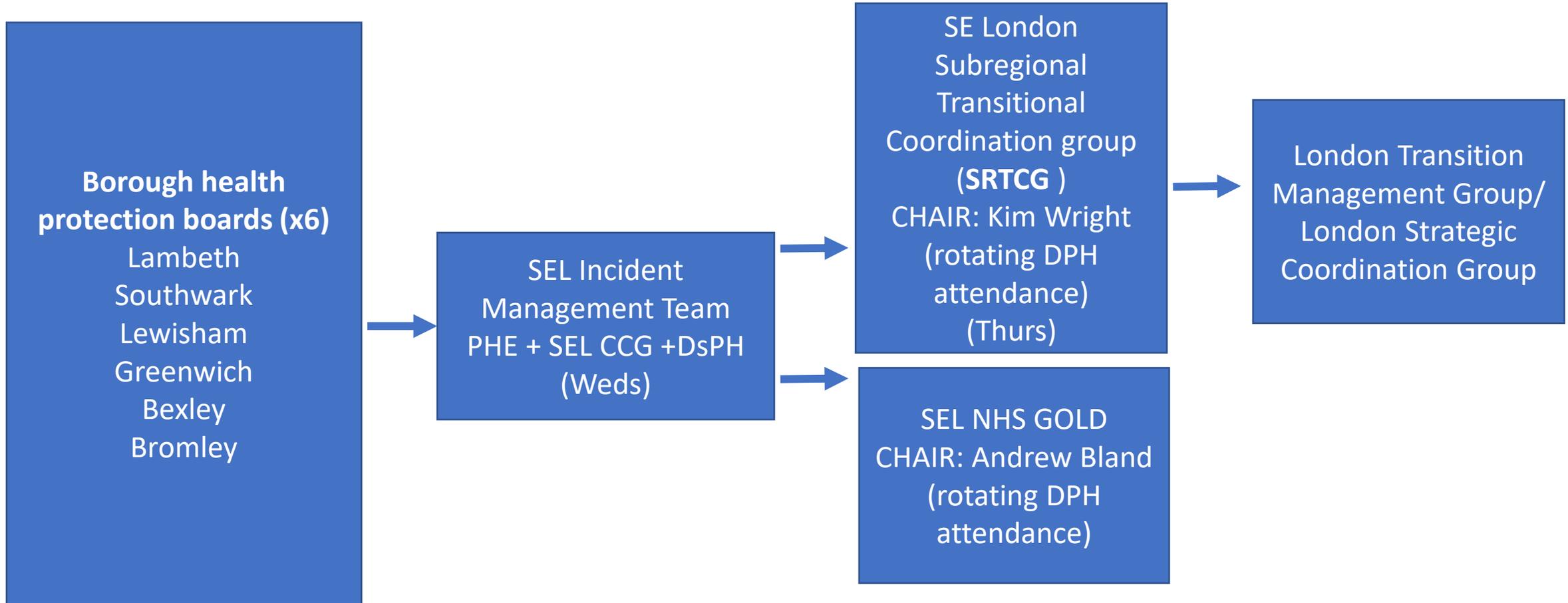
**SILVER–**  
 Chair: Bayo Dusumo –Strategic Director Resident Services  
 Function: Service resilience, operational response, escalation point

**Covid Delivery Programme Meeting**  
 Chair: Sandra Roebuck (Dir Infrastructure & capital)  
 Function: Covid operational delivery- testing/public protection



**Covid Clinical Reference Group** (formerly health protection board)  
 Chair: Ruth Hutt – Director of public health  
 Function: oversight and sign off of clinical or public health aspects of delivery of LOMP

# SEL COVID-19 Governance



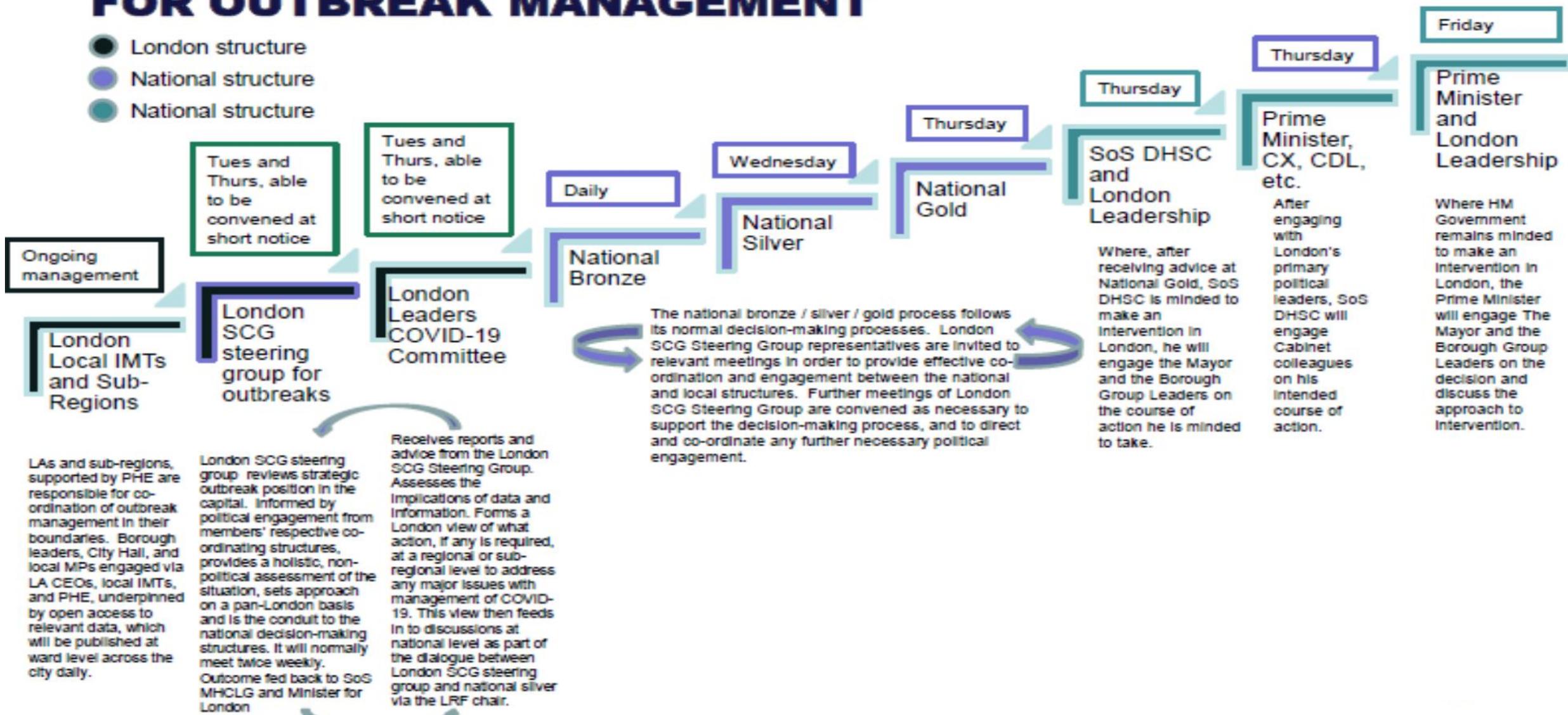
# SEL COVID-19 Governance

The Sub Regional Transition Coordination Groups will ensure co-ordination of the effective implementation, on a multi-agency basis, of:

- Health interventions to prevent, identify and treat COVID-19 infection.
- Ensuring consistent delivery of services and support to vulnerable individuals.
- Identification of specific sub-regional risks, issues and opportunities, escalating as needed to the London Transition Management Group(LTMG). (The LTMG will provide assurance, progress, risks and issues to the LTB. It is responsible for the oversight of the joint work undertaken across London providing assurance both vertically (agency by agency) and horizontally (sub-regionally)

# LONDON STRATEGIC ESCALATION PROCESS FOR OUTBREAK MANAGEMENT

- London structure
- National structure
- National structure



# London LA Strategic Co-ordination (LLASC)

The 33 local authorities in London are each sovereign organisations, democratically accountable to their citizens, with their own statutory responsibilities for services and emergency response, and budgets. London LA Strategic Co-ordination arrangements have been established to provide critical co-ordination of the local authority response to COVID where needed, recognising the SCG's guiding principle of subsidiarity.

## **Purpose of LLASC**

To co-ordinate and support the local authorities' response to COVID for the benefit of London and Londoners by:

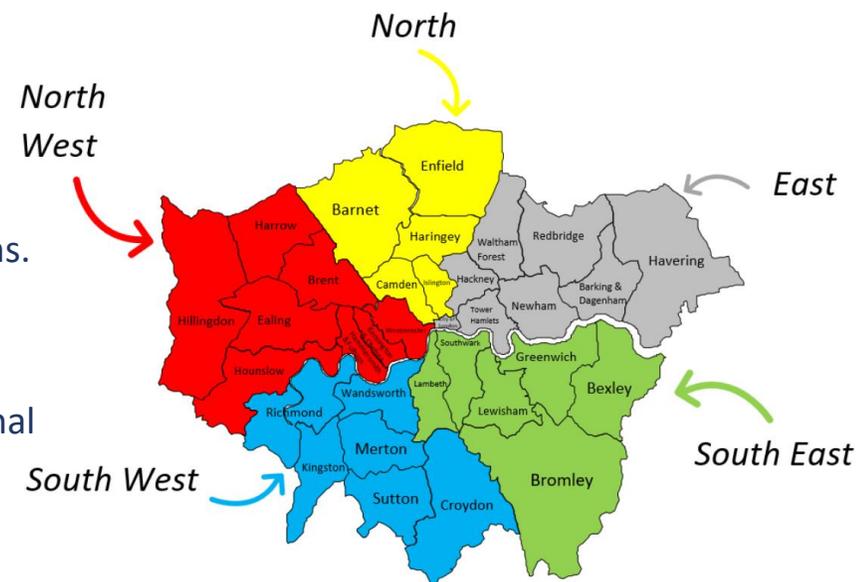
- Enabling intelligence from local areas to inform and shape the identification of and responses to strategic system issues and risks for London's response.
- Providing a means of escalating issues that cannot be resolved within a single borough through sub-regional arrangements to the London level where needed.
- Representing local authorities' issues, interests and perspectives into pan-London strategic system co-ordination arrangements, including the SCG and supporting the London Escalation Process.
- Co-ordinating local authority engagement in and contributions to pan-London work on system risks and issues, including through the DCG, SCG sub-groups and any task and finish groups as required.
- Ensuring regular feedback to local authorities about issues and developments at a London level.

In addition to the LLASC arrangements for responding to COVID, a LA BREXIT Gold Chief Executive has oversight of any strategic pan-London system issues relating to preparedness and resilience for the end of the UK's EU exit transition period, and LA Chief Executives continue to operate a weekly rota of London LA Gold to deal with any other emergency response issues as they arise. These are able to link into the LLASC arrangements, including to feed into the London SCG, as needed.

# London LA Strategic Co-ordination (LLASC)

## Operating Model

- Boroughs are individually responsible for their own local services and delivery, working through well-established relationships with other partners including the Police, NHS, community, voluntary and faith sector, and business partners.
- Boroughs come together at a sub-regional level to provide co-ordination and mutual aid on issues that cross boundaries and/or cannot be resolved by a single authority. For COVID response, sub-regional geographies being used are those of the NHS Integrated Care Systems. This sub-regional co-ordination is spearheaded by regular meetings of the local authority Chief Executives. Links to sub-regional NHS and Police leads, as well as opportunities for political engagement at a sub-regional level, are all in place. Other local authority professional groups (eg Directors of Adult Services, Directors of Children's Services, Directors of Public Health, Treasurers, etc) have arrangements for co-ordination or collaborating at a sub-regional level and these are connected into the Chief Executives meetings as needed.
- Sub-regional CE leads (SR CEs) meet regularly (currently twice weekly) to shape and steer London LA Strategic Co-ordination. A four week rota is in place for a Chief Executive LA COVID Co-ordinator who convenes the SR CEs meetings and is the first point of contact and main representative for boroughs into the SCG and other pan-London strategic COVID response meetings and work.
- The secretariat and support costs of the LLASC will be funded from the LA contributions to the Central Resilience Fund.
- The LA Co-ordinator is responsible for ensuring appropriate local authority engagement in any pan-London work. CEs or senior leads on sub-groups, task and finish groups, etc will link into the LA Co-ordinator and SR CEs meetings as needed. Links into local authority professional networks are also maintained.



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# Strategic approach to estimate additional resources

- Resource mobilisation to start early in the process of establishing local capacity for outbreak control.
- Resources should be considered for implementation of the interventions as well as mitigating negative impacts of the outbreak control measures and building community resilience.
- While building on existing local capacity and their redeployment, there will be a need to plan for additional capacity to escalate local response if needed, and maintain other essential local authority functions and agreed work priorities.
- The demand for local interventions is expected to be driven by: number of local cases, size of local outbreaks, as well as LCRC capacity and demand for mutual aid.
- Current estimate of additional capacity covers mainly the estimated need for additional public health, environmental health and logistics support. Further assessment of additional capacity and financial resources will be provided by each work stream as and when required.
- In the medium term Lambeth will establish a pool of staff who are able to work across the various elements of the operational delivery including contact tracing, public protection, testing and vaccination support.

# Resource requirements

Resource requirements	Justification
Public Health and Environmental Health Specialist expertise	Additional specialist capacity required to support outbreak control management and contract tracing.
Programme management, comms and engagement and analytics	Programme oversight, engagement resources and data scientists to support local plan implementation and surveillance systems
Community testing	To support distribution of PPE, mobile testing sites, local testing sites and infrastructure
PPE	Protection for front line staff in high risk areas
Self-isolation support and enhanced offer	To prevent transmission of infection by enabling people to self-isolate effectively
Support for vulnerable residents (CEVs)	Additional resources for self-isolation (financial support, food supply, medicine to vulnerable and residents in self-isolation)
Infection Prevention and Control resources	Additional deep cleaning where required, capital costs to support better infection control management etc.
Local contact tracing system, team leaders and call handlers	Required to support local contract tracing
Enforcement officers (Covid Marshals)	Additional support required to manage requirement for enforcement of Covid restrictions
Packages of support including financial aid, practical support, accommodation to those required to self isolate	Inability to effectively self isolate undermines all other control measures. Support package for this essential to the integrity of the test and trace offer.

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# Addressing inequalities

Following the release of the PHE report on disproportionate impact of COVID-19 in June 2020, particularly amongst Black, Asian and minority ethnic communities, London Directors of Public Health have responded with health and care partners in the following ways:

## Local

Examples of work that local authorities have implemented following the Public Health England 7 recommendations include:

- Community engagement with culturally specific COVID-19 public health messaging through community champions
- Culturally sensitive occupational risk assessments
- Local conversations amongst public health staff on racism and health inequalities following the death of George Floyd in the US in May 2020
- Behavioural insights research on attitudes towards the COVID-19 vaccines, questions and fears among diverse communities across London
- Engaging with local communities on COVID-19 vaccine uptake in a culturally sensitive way through social media, webinars, community champions and health care professionals, and translated comms.

## Sub regional (through integrated care systems)

- ADPH London, PHE London and GLA organised 'light touch' peer review of COVID-19 Local Outbreak Management Plan in July 2020 at STP/ICS level with London Directors of Public Health from local authorities to facilitate shared learning and continuous improvement. Discussions that were had during the peer reviews included community engagement and comms, particularly vulnerable groups
- In March 2021 PHE London, ADPH London and NHSE/I London will develop a London Health Equity Delivery Group to be a key vehicle in implementing a standard approach to health equity across London where possible, bring together ICS leaders and regional partners to share practice and align priorities in addressing inequalities. This Delivery Group will report to the Health Equity Group (see next slide)

# Addressing inequalities (cont.)

## Regional level (pan-London)

- In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision. The aim of the group is to:
  - Oversee the refresh of the Mayor's Health Inequalities implementation plan
  - Promote and support collaboration and action at neighbourhood, borough and ICS/STP level
  - Put in place enabling work identified by local partnerships as helpful to their joint work
  - Provide visible systems leadership and advocacy on health equity issues for Londoners

The Health Equity Group has a wide membership including health and care partners, voluntary and community sector, and faith groups

- In February 2021, ADPH London released a [position statement](#) in supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic. This statement highlights racism as a public health issue, given the immediate and structural factors that have impacted ethnic minorities, with intentions to develop an action plan to mitigate any further widening of inequalities in 21/22, focusing on five themes. The themes will be aligned with partner organisations priorities for the London Health Equity Delivery Group, and development and delivery of actions will be reported to the London Health Equity Group.

**Emerging priorities** that are being addressed on inequalities during and beyond COVID-19 are:

- Improved access to vaccination data between NHS and local authorities to help inform understanding of vaccine access and hesitancy as the NHS vaccination programme continues to rollout with additional priority cohorts
- Recovery planning and understanding the wider impacts post second wave in responding to health inequalities

# Summary of powers which can be exercised on a local basis

- Local leaders can draw on the powers set out below. This list is intended as a guide, and not an exhaustive catalogue. Local authority legal departments will be best placed to advise on the use of such powers:
- Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020: local authorities have the power to close individual premises, close public outdoor places and restrict events with immediate effect if they conclude it is necessary and proportionate to do so, in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in its area
- Public Health (Control of Disease Act) 1984 [sections 45G, 45H and 45I]: local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed
- The Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657) [Regulation 8]: local authorities have a limited power to request persons or groups of persons to do or refrain from doing anything by serving a notice for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to public health
- In addition to the above powers, local authorities may also seek support from ministers to use powers under the Coronavirus Act 2020 to close schools or limit schools to set year groups attendance, to cancel or place restrictions on organised events or gatherings, or to close premises.

# Appendix: Strategy & priorities

## Local Outbreak Control Plans will centre on 7 themes

- 1 Care homes and schools**  
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 High risk places, locations and communities**  
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)
- 3 Local testing capacity**  
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
- 4 Contact tracing in complex settings**  
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)
- 5 Data integration**  
Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)
- 6 Vulnerable people**  
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
- 7 Local Boards**  
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

# LCRC / Local Authority Response

	Local Authority	LCRC Health Protection Team
<b>Case and contact investigation management</b>	<p>Receive notifications of cases via national test and trace route</p> <p>Investigate and manage cases and contacts as per local SOPs</p> <p>Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols</p> <p>Provide support packages as required</p>	<p>Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols</p> <p>Investigate and manage high risk cases and contacts as per local SOPs</p>
<b>VOCs (or other cases of concern)</b>	<p>Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up</p> <p>Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>	<p>Investigate and manage initially VOC/VUI etc cases and contacts</p> <p>Liaise with LA contact tracing for help with no contact cases</p> <p>Investigate and manage any identified settings</p> <p>Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>
<b>Enhanced contact tracing (Cluster) investigation and management</b>	<p>Investigate, identify priority clusters</p> <p>Manage clusters as per relevant settings SOPs</p> <p>Chair IMTs if required</p>	<p>Overview of cluster identification and management</p> <p>Overview management of priority settings</p> <p>Attend IMTs if required</p>
<b>Settings (care homes workplaces, schools, ports, prisons, homeless etc)</b>	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Investigate and manage cases and clusters in settings.</p> <p>Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Chair IMTs if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Overview and investigate and manage cases and clusters in high priority settings</p> <p>Review and update resources</p> <p>Provide advice and support Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Attend IMT if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>

# Local, regional and national roles

Level	Place-based leadership	Public health leadership
<b>LOCAL</b>	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> <li>a) Sign off the Outbreak Management Plan led by the DPH</li> <li>b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed</li> <li>c) Hold the Member-Led COVID-19 Engagement Board (<i>or other chosen local structure</i>)</li> </ul>	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> <li>a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead)</li> <li>b) Review the data on testing and tracing and Vaccine uptake data</li> <li>c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</li> <li>d) Provide local intelligence to and from LA and PHE to inform tracing activity</li> <li>e) DPH Convenes DPH-Led COVID-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place )</li> <li>f) Ensure links to LRF/SCG</li> </ul>
<b>REGIONAL</b>	<p><i>Regional team (PHE, JBC, T&amp;T, London councils and ADPH lead</i></p> <ul style="list-style-type: none"> <li>a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary</li> <li>b) Engage NHS Regional Director and ICSS</li> <li>c) Link with Combined Authorities and LRF/SCGs</li> <li>d) Have an overview of risks issues and pressures across the region especially cross-boundary issues</li> </ul>	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"> <li>a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake</li> <li>b) Prioritisation decisions on focus for PHE resource with Las or sub regions</li> <li>c) Sector-led improvement to share improvement and learning</li> <li>d) Liaison with the national level</li> </ul>
<b>NATIONAL</b>	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"> <li>a) National oversight for wider place</li> <li>b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources</li> </ul>	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"> <li>a) National oversight identifying sector specific and cross-regional issues that need to be considered</li> <li>b) Specialist scientific issues eg Genome Sequencing</li> <li>c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre</li> </ul>

# Document History

Version	Date	Description	Link to document
<b>v1</b>	30 Jun 2020	Plan finalised, approved and published	<a href="#">June version</a>
<b>v2</b>	14 Oct 2020	Updated to outline progress and reflect changes in governance, powers and government guidelines	
<b>v3</b>	12 Mar 2021	Full update – new title to reflect moving from prevention to management of COVID-19, lessons learnt and revised to include new developments	