

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

20 JULY 2021

COVID-19 LOCAL OUTBREAK CONTROL PLAN

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Summary

This report provides an update on steps taken to mitigate rising cases of COVID-19 across both Kent and Medway as it relates to the Local Outbreak Management Plan (LOMP). It also includes a summary of LOMP-related questions received from members of the public and answers provided by Public Health Officers (located in Appendix 1).

1. Budget and Policy Framework

- 1.1. As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Management Plan (LOMP)- formerly known as the COVID-19 Local Outbreak Control Plan-to reduce the spread of the virus within the community.
- 1.2. On 28 February 2021, Department of Health and Social Care (DHSC) requested that the LOMP be updated to reflect the changed landscape of the pandemic and to consolidate best practice that has emerged locally in its first year through the creation of a Best Practice Document. The objectives of these updates are outlined below:
 - to ensure that updated fit for purpose local outbreak management plans are in place across England;
 - to identify any additional support Local Authorities may need from national or regional teams, particularly in relation to surge activity to detect new variants;
 - to identify good practice at local and regional levels– most particularly in respect to Non-Pharmaceutical Interventions (NPIs) that can be used to reduce/prevent transmission of the virus and use this learning to inform regional and national policies;
 - to ensure there is effective governance and clarity on roles/responsibilities at all levels of response; and
 - to ensure LOMP reflect cross-cutting considerations, such as inequalities;

- to provide ongoing assurance and justification of the need for financial support from the COVID Outbreak Management Fund (COMF) and self-isolation fund.

1.2.1 On 22 February 2021, the Government announced the National Spring 2021 Roadmap out of Lockdown. This is a 4-step data-driven approach to enable the relaxation of restrictions. Before proceeding to the next step, the Government will examine the data to determine whether it is safe and feasible to progress to the next phase of opening. The four tests that inform the progress through each phase are:

- the rollout of the national vaccine programme continues successfully
- Evidence showing vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- infection rates do not risk a surge in hospitalisations and therefore do not put unsustainable pressure on the NHS; and
- assessments of the risks is not changed fundamentally by new Variants of Concern (VOCs).

1.2.2 England is currently in Step 3 of the National Roadmap. This Step has removed a range of restrictions however there are still a number of control measures in place to reduce the risk of transmission. These include limiting the number of people who can congregate, with gatherings of over 30 people currently still classed as being illegal at this time. Indoor entertainment venues must still apply the rule of 6 people or 2 households. Face coverings are also mandated in specific venues and public places. Step 4 will see the end of all legal limits on social contact and removal of all limits on major life events. The decision to move to Step 4 was deferred from the due date of 21 June 2021. This deferment was due to the rise in Variants of Concern, namely the Delta variant which has been shown to demonstrate increased transmissibility of COVID-19. The decision of moving to Step 4 and any related additional guidance that will inform this move is due to be taken on the 12 of July 2021. Step 4 is due to start no earlier than 19 July 2021.

1.3. Central government has provided significant funding to facilitate the delivery of LOMP to enable local authorities and their partners to put in place local measures to prevent, identify, and contain COVID-19 outbreaks. The Kent and Medway LOMP was published online on 30 June 2020; its most recent iteration was published on the 16 April 2021.

2. Background

2.1 Responding to the Rise in Cases Nationally & Locally

2.1.1. Transmission rates of COVID-19 in Kent and Medway have reduced considerably over the course of the months that followed the last convening of the Joint Health and Wellbeing Board; this was attributed to the success of the vaccination programme and asymptomatic testing at scale. However, in recent weeks there has been an increase in transmission rates due to the emergence of new variants of COVID-19. To date, four major VOCs (VoCs)

have shown signs of transmission within the population; most notably VOC B.1.1.7 (first potentially identified in Kent in December 2020). This variant went on to become the dominant form of COVID-19 in circulation nationally. Two subsequent variants, first identified in South Africa (VOC B.1.351) and Brazil (VOC P.1), have also been sequenced within UK borders. They are monitored closely due to their potentially vaccine resistant qualities. All novel variants have shown signs of being more transmissible and potentially more deadly compared to the original COVID-19 pathogen. The most recent VOC (B.1.617.2-Delta) was first identified in India on 21 April 2021. This variant has shown signs of being more transmissible, particularly amongst unvaccinated individuals. Detailed information on new variants can be found on the [website for the Centres for Disease Control and Prevention \(CDC\)](#)

2.1.2. More stringent restrictions have been placed on the public to contain these novel variants and protect NHS capacity; besides the travel restrictions, quarantine, and COVID-test requirements on travellers into the country.

2.2. **Updates to Local Testing and Tracing Capabilities**

2.2.1. Changes to Testing and Tracing protocols in Kent and Medway have been made to meet the constant changing nature in demand seen over the last few months. The roll-out of rapid symptom free testing and local tracing partnerships managed by local authorities, have successfully built on local knowledge and infrastructure to reduce community transmission levels. Locality based door-to-door testing has also contributed to national surveillance for novel variants.

2.2.2. Since the last JHWP meeting convened, Medway Council and Kent County Council have adopted new innovative ways to offer symptom free testing to the local community. This has meant a move away from solely using fixed permanent test sites. Testing is now more flexible and dynamic, comprising a hybrid model of outreach, home direct online testing, and community pharmacy access. These alternative, more holistic models, have enabled both authorities to better serve the needs of their communities. This has also led to greater efficiencies within the testing programme, facilitating a reduction of fixed sites from 5 in Medway and 24 in Kent to 1 and 2 respectively. Residents are able to access testing in more convenient ways, including online home test kits, workplace testing, and pharmacy collect options. Multiple pop-up sites are also available to meet local surge requirements.

2.2.3. Both programmes have been developed in partnership with the Department of Health and Social Care (DHSC) using local data on disease transmission and prevalence.

2.2.4. In partnership with NHS Test and Trace, both Kent and Medway have also launched their own Local Tracing Partnerships. These services verify the contact details of those whom national handlers are unable to trace using local data sources. These individuals are then followed by local test and

trace staff to ensure they comply with necessary self-isolation or testing measures.

- 2.2.5. Finally, surge testing was recently launched in the ME14 area of Kent (Canterbury, Dartford and Sevenoaks area) in response to the initial increase of the most recent VOC (B.1.617.2-Delta) to better understand the prevalence of the novel strain within the community.

2.3. **The Vaccine Programme**

- 2.3.1. The management and roll-out of the vaccination programme is the responsibility of the DHSC. Both Medway and Kent County Council are working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area. To date, the UK has vaccinated over 45 million people online with the prioritisation framework set out by the Joint Committee on Vaccination and Immunisation (JCVI):

- all residents in a care home for older adults and their carers;
- all those 80 years of age and over and frontline health and social care workers;
- all those 75 years of age and over;
- all those 70 years of age and over and clinically extremely vulnerable individuals;
- all those 65 years of age and over;
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality;
- all those 60 years of age and over
- all those 55 years of age and over;
- all those 50 years of age and over.

- 2.3.2. As set in the prioritisation list in section 2.3.1 above, the first phase of the programme has been completed. Currently the programme is at phase 2 where the vaccine is being offered to those aged 18 and above in England, those at high risk of being infected with COVID-19, eligible frontline or social care workers, individuals with a learning disability and carers of those with high risk from COVID-19. Anyone who, for whatever reason, was missed in priority groups 1-9 (section 2.3.1) is also being offered the vaccine.

- 2.3.3. Vaccines are currently delivered by two types of vaccination sites:
1. Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service
 2. Local vaccination services – made up of sites led by general practice teams collaborating via pre-established primary care networks and pharmacy teams through community pharmacies

2.4. **Local Outbreak Engagement Board (LOEB) Public Engagement Strategy**

- 2.4.1. In accordance with the recommendations made by the Joint Board at its meeting on 17 September 2020, a form for residents to engage with the Joint Board regarding the LOMP will be made available online prior to each Joint Board meeting. For this meeting, the [form](#) was hosted online on the Medway Council website between 1 July 2021 and 15 July 2021; Kent residents were signposted to the link via the Kent County Council's COVID web pages.
- 2.4.2. Appendix 1 to the report sets out the questions falling within the agreed criteria that emerged during this process and have been answered by stakeholders from both Kent and Medway Council. The Joint Board are invited to discuss the key themes and public concerns in the upcoming meeting.

3. Risk Management

- 3.1. By running stress test exercises on a variety of scenarios related to the LOMP, as outlined in Section 2.6, we aim to minimise the risks associated with similar events occurring by: (i) identifying any gaps within the LOMP; (ii) creating awareness of the communication channels that exist between the agencies; (iii) creating awareness of the roles of different agencies; (iv) clarifying the escalation triggers and process; (v) identifying areas where additional support may be required; (vi) identifying any potential challenges and their solutions; and (vii) identifying actions that need to be taken and when.

4. Financial Implications

- 4.1. As a result of recent changes made to the Contain Outbreak Management Fund, additional resources are now available for eligible councils who need support in enforcing Local COVID Alert Levels in their communities.
- 4.2. Initial funding was provided through the Test, Track & Trace Support Grant using 2020/21 Public Health allocations as a basis for distribution. Additional funding of £8 per head of population for those Local Authorities in the highest tier of national restrictions was in place up to 2 December 2020. Since then, Funding allocations to local authorities is currently being managed through a variety of mechanisms. Resources for testing are being provided on a quarterly basis, based on a business case submitted by each local authority. Resources to support the activities of the Local Outbreak Management Plan are provided through arrangements with DHSC and MHCLG.
- 4.3. Monitoring and oversight of expenditure is managed via the Contain Programme Regional Convenor for the South East. There is a detailed framework that sets out the key areas that can be funded; these will evolve over time and are tailored to local need.
- 4.4. As mentioned in paragraph 1.2, the LOMP updates requested by the DHSC were made to inform how monies from the Council Outbreak Management Fund (COMF) should be allocated going forwards on a 'greatest need' basis.

5. Legal Implications

- 5.1 Kent County Council (KCC) and Medway Council, under the leadership of the Directors of Public Health, have a statutory duty to protect the population's health by responding to and managing communicable disease outbreaks which requires urgent investigation and presents a public health risk.
- 5.2 The legal context for the councils' response to COVID-19 sits within the following Acts:
- The Coronavirus Act 2020
 - Health and Social Care Act 2012
 - Public Health (Control of Disease) Act 1984
- 5.3 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012 for a time limited period of four years from 1 April 2020.
- 5.4 The Joint Board seeks to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and ensure collective leadership to improve health and well-being outcomes across both local authority areas.
- 5.5 The Joint Board is advisory and may make recommendations to the respective Kent and Medway Health and Wellbeing Boards.
- 5.6 As part of the DHSC's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 LOMP to reduce the viruses' spread.
- 5.7 The Health Protection (Coronavirus, Restriction) (Steps) (England) (No.364) Regulations 2021 has come into force as legislation for the National Spring Roadmap. These legislations give DsPH the authority to close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. DsPH are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. These regulations may be subject to review as part of the move to Step 4 of the Road Map. It is unclear at this time whether there will be additional regulatory powers provided to DsPH to manage COVID-19 once this move occurs.

6 Recommendation

- 6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note this update report and the questions submitted by

members of the public on the LOMP together with the responses provided by stakeholders from both Kent and Medway councils (Appendix 1).

- 6.2 The Kent and Medway and Joint Health and Wellbeing Board is asked to agree that the questions submitted by members of the public on the LOMP Plan together with the responses set out at Appendix 1 to the report are published on each council's website in accordance with the agreed engagement strategy.

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Appendices

Appendix 1 - Public questions on the Local Outbreak Control Plan and Answers

Background papers

None

Appendix 1 – Public questions on the Local Outbreak Control Plan and Answers

PLACEHOLDER – QUESTIONS ARE CURRENTLY BEING VETTED AND ANSWERED FOR PUBLICATION ON 15TH JULY 2021.