

# KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

16 SEPTEMBER 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 through each stage of the roadmap, the Government committed to examining the most current data and evidence to determine whether it was feasible to progress to the next phase of opening. The four tests that inform the progression through each phase are:

- 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 On 5 July the Government published guidance that would inform its decision (Moving to Step 4 of the Roadmap) to move to Step 4 on the 19<sup>th</sup> of July 2021. This is the current stage that England is at. The move to Step 4, shifts the national emphasis on managing the risk of disease transmission, away from regulation and blanket legal restrictions, to one of targeted local action and collaborative population engagement. This Step has seen the end of all legal limits on social contact, the reopening of nightclubs, large events, and performance venues. Directors of Public Health and other public health agency do still possess powers to take action to address outbreaks. Central government has also tried to mitigate the impact of opening up society by:

- Aiming to achieve 'herd immunity' by increasing uptake in areas where vaccine coverage is low and providing additional booster jabs for specific groups
- Retaining proportionate test, trace, and isolate plans
- Managing risks at the UK border and supporting a global response to reduce the risk of variants emerging globally and entering the UK
- Retaining contingency measures to respond to unexpected events

1.2.3 There is now a recognition that COVID-19 is endemic. Action to respond and manage this disease will be shaped into business-as-usual planning and preparation. Local Outbreak Management Plans will be critical to this endeavour.

1.3. Central government has provided 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. Revisions and updates to the LOMP are

currently underway and are being informed by the [COVID-19 Contain Framework](#), recently updated on 30 July 2021. The contain framework will be subject to revision in line with organisational transformation associated with the creation of the UK Health Security Agency.

## **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 reduction 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 nationally and locally. This increase has been associated with the emergence of new variants of concern (VOC). These VOC can be more transmissible and, in some cases, potentially more deadly. The most recent increase in infection rates across the UK and Kent and Medway is associated with a VOC of concern first identified in India (B.1.617.2-Delta). This variant is now the dominate circulating strain in the UK. No surge testing for new variants has been required or undertaken in Medway.
- 2.1.2. 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.
- 2.1.3. While there used to be a need to undertake population surge testing to identify new variants, changes to the way in which UK laboratories work, mean there is now more capacity to routinely sequence all positive samples from PCR tests submitted for analysis. It is therefore easier to identify VOC as they emerge without the need for mass population testing. More stringent restrictions have been put in place on the public to contain these novel variants and protect NHS capacity. These include; travel restrictions, quarantine, and COVID-test requirements on travellers into the country. Detailed information on new variants can be found on the [website for the Centres for Disease Control and Prevention \(CDC\)](#).

### **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 JHWB 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.

### 2.3. **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. At the time of report compilation over 47 million people in the UK had been fully vaccinated in-line with the Medicines and Healthcare Regulatory Authority Guidance. Over 1 million and 180,000 Kent and Medway residents respectively had been vaccinated. Vaccination has been undertaken within 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;
- all those aged 18 and over\*

- 2.3.2. 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
- 2.3.3. From 4 August 2021, all 16- and 17-year-olds are also advised to receive their first dose of the Pfizer-BioNTech vaccine. Work is currently underway to ensure all those aged 16/17 are offered and take up vaccination, before returning to an educational setting following the summer break. Children aged 12 to 15 with specific underlying health conditions that put them at risk of severe COVID-19 are advised to receive two doses of Pfizer-BioNTech vaccination with an interval of 8 weeks between doses. All conditions are currently listed in the [Green Book](#). Anyone who, for whatever reason, was missed in priority groups 1-9 (section 2.3.1) is also being offered the vaccine.
- 2.3.4. On 30 June 2021 the JCVI was asked to consider the option for a potential COVID-19 booster programme for 2021 to 2022 by reviewing the emerging evidence on the need for and timing of an additional vaccine dose. The JCVI's interim advice is that any potential COVID-19 booster programme should be offered in 2 stages from September, starting with those most at risk from serious disease. This includes care home residents, people aged over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed. In stage 2, groups to be offered a booster dose include all adults aged 50 years and over, all adults aged 16 to 39 years who are in an influenza or COVID-19 at-risk group and adult household contacts of immunosuppressed individuals. This is in order to maximise individual protection and safeguard the NHS ahead of winter. All groups would also be eligible for the annual flu vaccine and are strongly advised to have the flu vaccine.
- 2.3.5. From 16 August 2021 as part of Step 4 of the Government's COVID-19 roadmap, individuals who are identified as a contact of a confirmed case of COVID-19 in England, will be exempt from the legal duty to self-isolate if they meet one of four exemption criteria:
- Individuals who have been vaccinated in line with an MHRA vaccine and recommended schedule at least 14 days prior to contact with a positive case
  - Children and young people under the age of 18 years and 6 months
  - Clinical trial participants: those who have taken part in- or are currently taking part in- an MHRA approved COVID-19 vaccine clinical trial
  - Medical exemptions: those who can evidence that they cannot be vaccinated for medical reasons

## **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 13 August 2021 and 27 August 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.

## 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 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 to reduce the viruses' spread.
- 5.7 The Health Protection (Coronavirus, Restriction) (Steps) (England) (No.364) Regulations 2021 came into force as legislation on 29 March 2021, setting out the National Spring Roadmap and giving DsPH authority to apply step-by-step restrictions, 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.
- 5.8 The Government made the decision to move to Step 4 of the National Spring Roadmap on 19 July 2021, removing many of the restrictions previously in force.
- 1.1. [The Health Protection \(Coronavirus, Restrictions\) \(England\) \(No.3\) Regulations 2020](#) which came into force on 18 July 2020 will continue to apply until the end of 27 September 2021. These regulations grant powers to local authorities to make directions which respond to a serious and imminent

threat to public health. Any direction must be necessary and proportionate in order to manage the transmission of coronavirus in the local authority's area. The regulations contain powers for local authorities to give directions which:

- restrict access to, or close, individual premises
- prohibit or restrict certain events (or types of events)
- restrict access to, or close, public outdoor places (or types of outdoor public places) following procedural requirements set out in the regulations.

The powers may be used up to the date of expiry, 27 September 2021. A local authority must review a direction it has issued under the regulations at least once every 7 days and determine whether the legal conditions stipulated in the regulations for making the direction continue to be met.

## **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**

None

### **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 1ST SEPTEMBER 2021.

NONE