

# KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

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## 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).

### 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, the 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.

1.3. 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 [Local Outbreak Management Plan](#) was published online on 30 June 2020; its most recent iteration was published on the 1 November 2021 following an update of [the COVID-19 Contain Framework](#) that was recently updated on 7 October 2021. The contain framework sets out how national, regional, and local partners should continue to work with each other, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks of coronavirus (COVID-19). This framework applies to the autumn and winter period, and will be reviewed and updated as necessary in Spring 2022.

## **2. Background**

### **2.1. Responding to the Rise in Cases Nationally & Locally**

2.1.1. Since the last convening of the Joint Health and Wellbeing Board in September 2021, transmission rates of COVID-19 nationally and in Kent and Medway have increased. Increase in cases have been seen in school aged children between the age of 5 to 14 and adults between the age of 25 and 59. National rates of COVID-19 are also higher than it was in September. Factors such as increased human interaction, half-term holidays, and dropping antibody levels might be pushing the sustained high levels of infection over time.

2.1.2. The COVID-19 Autumn and Winter Plan was published by the Government on 14 September 2021. The plan aims to sustain the progress made in curbing COVID-19 and prepare the country for future challenges, while ensuring the National Health Service NHS does not come under unsustainable pressure. Through the 2021-22 autumn and winter, the Government's comprehensive plan will involve:

- Building the nations defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate
- Supporting the NHS and social care: managing pressures and recovering services
- Advising people on how to protect themselves and others: clear guidance and communications
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

2.1.3. The above Plan A is the first line of action and will remain the case if transmission of COVID-19 is controlled without unsustainable pressure on the NHS. A contingency Plan B will be activated if the data suggests further measures are necessary to protect the NHS. This will include:

- Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously
- Introducing mandatory vaccine-only COVID-status certification in certain settings where large crowds gather
- Legally mandating face coverings in certain settings

The Government would also consider asking people once again to work from home if they can, for a limited period.

2.1.4. The Delta variant (B.1.617.2) remains to be the most dominate circulating Variant of Concern (VOC) in the UK. However, no new VOCs have been detected in Kent and Medway since the detection of the Delta variant in April 2021. Additionally, no surge testing for variants has been required or undertaken in Medway. Detailed information on all variants and variants under investigation can be found on the Government website under [Technical Briefing 28](#) published by UKHSA and recently updated on 12 November 2021.

## 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. Medway Council and Kent County Council continue to provide flexible and dynamic testing options, comprising a hybrid model of outreach, community collect, home direct online testing, and community pharmacy access. The 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 continue to be 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 Vaccination Programme**

- 2.3.1. The management and roll-out of the vaccination programme is the responsibility of the Department for Health and Social Care (DHSC). Kent County Council and Medway Council are working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area. As of November 10, 2021, over 45 million people in the UK have been offered the second dose of a COVID-19 vaccine.
- 2.3.2. As of November 10, 2021, 1,169,959 and 1,075,525 people have received their first and second doses respectively in Kent. Whilst in Medway, 195,699 and 177,977 people have received their first and second doses respectively in Medway.
- 2.3.3. To date, this programme has offered vaccination to all those 12 years of age and older, residents of care homes, frontline health and social care workers, clinically extremely vulnerable individuals, and those with underlying health conditions. In line with the programme rollout, coverage is highest in the oldest age groups.
- 2.3.4. Vaccines are currently delivered by two types of vaccination sites:
  - Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service.
  - 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.
- 2.3.5. Based on the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and the four UK Chief Medical Officers, the COVID-19 vaccination programme for children aged 12-15 years started in September 2021 and has seen thousands of young people around the country, including Kent and Medway, getting their first dose of the Pfizer/BioNTech vaccine. Healthy school-aged children aged 12 to 15 primarily receive their COVID-19 vaccination in their school. The vaccine programme is being administered by healthcare staff from the School Age Immunisation Service teams. There are alternative provisions for those who are home-schooled, in secure services or specialist mental health settings.
- 2.3.6. The JCVI was asked by the Secretary of State for Health and Social Care to consider the options for and timing of a booster programme to revaccinate adults in order to reduce mortality, morbidity, and hospitalisations from COVID-19 over the 2021 to 2022 winter period and through 2022. The recommendations of the JCVI are based on latest epidemiological COVID-19 data in the UK, mathematical modelling, data on vaccine effectiveness and data from clinical trials.

2.3.7. The JCVI now advises that for the COVID-19 Booster Vaccine Programme, individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. Booster jabs have now been rolled out in the country and in Kent and Medway for those who are eligible which include:

- those living and working in care homes.
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 and over with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- people aged 16 and over who live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus, or rheumatoid arthritis)

2.3.8. On the 15 November 2021, the JCVI authorised the booster programme to be extended to healthy 40 to 49-year-olds after published data from the UK Health Security Agency (UKHSA) showed that booster jabs of either the Pfizer or Moderna vaccine provided more than 90% protection against symptomatic COVID-19 infection in adults aged over 50. Additionally, the JCVI have authorised the roll out of second jabs for teenagers over the age of 16, 12 weeks or more after receiving their first vaccine dose. This is so as to maintain high levels of protection against hospitalisation, severe illness or dying from COVID-19 this coming winter and reduce pressure on the NHS in the coming months.

2.3.9. New data shows that nearly 20% of the most critically ill COVID-19 patients are pregnant women who have not been vaccinated. The JCVI has advised that pregnant women be offered COVID-19 vaccines at the same time as people of the same age or risk group. Moreover, people who are pregnant and in one of the eligible groups mentioned above can also get a booster dose.

2.3.10. The Government has recently announced that all frontline health and social care workers in the UK, including volunteers must be fully vaccinated against Covid-19 as a condition of deployment from 1 April 2022 subject to parliamentary approval.

## 2.4. **Management of Local outbreaks in education and childcare settings**

2.4.1. The contingency framework for education and childcare settings sets out the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings. The Government policy objective for children and young people is to maximise school attendance with its associated educational, safeguarding and health benefits.

2.4.2. The operational guidance for childcare and education settings sets out the measures that all education settings should have in place to manage transmission of COVID-19. This includes:

- Staff and students should continue to test twice weekly at home with lateral flow device (LFD) test kits, 3 to 4 days apart.
- All students in higher education (HE) settings should test before they travel back to university.
- Those who test positive should isolate, take a confirmatory polymerase chain reaction (PCR) test, and continue to isolate if the result is positive.
- Under-18s, irrespective of their vaccination status, and double vaccinated adults will not need to self-isolate if they are a close contact of a positive case. They will be strongly advised to take a PCR test and, if positive, will need to isolate.
- All education and childcare settings should continue to ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied spaces well ventilated, and follow public health advice.
- All settings should continue their strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases.

2.4.3. The UKHS has stated that additional interim actions have been agreed to support COVID-19 outbreak management in schools. These are:

- Steps to increase participation in twice weekly LFD home testing for secondary aged pupils, including directly communicating with parents on the importance of regular testing
- Increased access to LFD testing for schools and colleges to be used in response to outbreaks or in areas of high prevalence. This can include daily LFD testing for students identified as close or household contacts while awaiting a PCR result
- UKHSA and Department for Education have committed to further engagement with Association of Directors of Public Health, DPHs and local health protection teams on the issues in education settings.

## 2.5. **Local Outbreak Engagement Board (LOEB) Public Engagement Strategy**

2.5.1. 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 8 November 2021 and 22 November 2021; Kent residents were signposted to the link via the Kent County Council's COVID web pages.

2.5.2. As of 29 November 2021, no questions have so far been raised by the public.

### **3. Risk Management**

- 3.1. By running stress test exercises on a variety of scenarios related to the LOMP, 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.
- 3.2. On 9 September 2021 a stress test exercise was conducted via MS Teams with Kent and Medway colleagues, specifically a university outbreak scenario exercise. Discussions were focused on a number of areas including isolation, contact tracing, additional support available to students both internally in schools and externally in Medway (food parcels, mental health etc), and communication. Challenges were highlighted and solutions were provided in order to further minimise the risks and consequences of a COVID-19 outbreak at a university and college setting.

### **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.
- 5.9 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.
- 5.10 On 14 September 2021 the government published its Covid Response: Autumn and Winter 2021 Plan and further guidance. The Government has reviewed the regulations which remained in place with the move to Step 4 of the Roadmap and has decided, subject to agreement from Parliament, that it is necessary to extend some regulations until 24 March 2022, at which point

they will be reviewed. This extension includes The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, which enables local authorities to respond to serious and imminent public health threats.

## **6 Recommendation**

- 6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note the report.

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### **Appendices**

None

### **Background papers**

None