

Barnet Local Outbreak Control Plan for COVID-19 infection

Barnet COVID-19 Health Protection Board

30.06.2020 v



Introduction

This document is intended to outline seven steps in local preparedness to prevent, control and manage COVID-19 incidents and outbreaks, if and as when they emerge. It describes our local whole system response and it has been developed with a wide range of stakeholders and overseen by Barnet Health Protection Board. It is signed off by Barnet's Chief Executive Officer, Director of Public Health, PHE Health Protection Team and Health Protection Board and published first on 30th June 2020. Health and Wellbeing Board will ratify the Plan on 23rd July. This is a live and iterative document and will be regularly updated, as further evidence emerge.

The main aim of the Plan is to:

- Build on the existing plans to prevent and manage outbreaks in specific settings;
- Ensure the challenges of COVID-19 are understood;
- Consider the impact on local communities and
- Ensure the wider system works together to contain the spread of infection locally.

Guiding Principles

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

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

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

Further details specified can be downloaded [here](#).

Local Outbreak Control Plans seven areas

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

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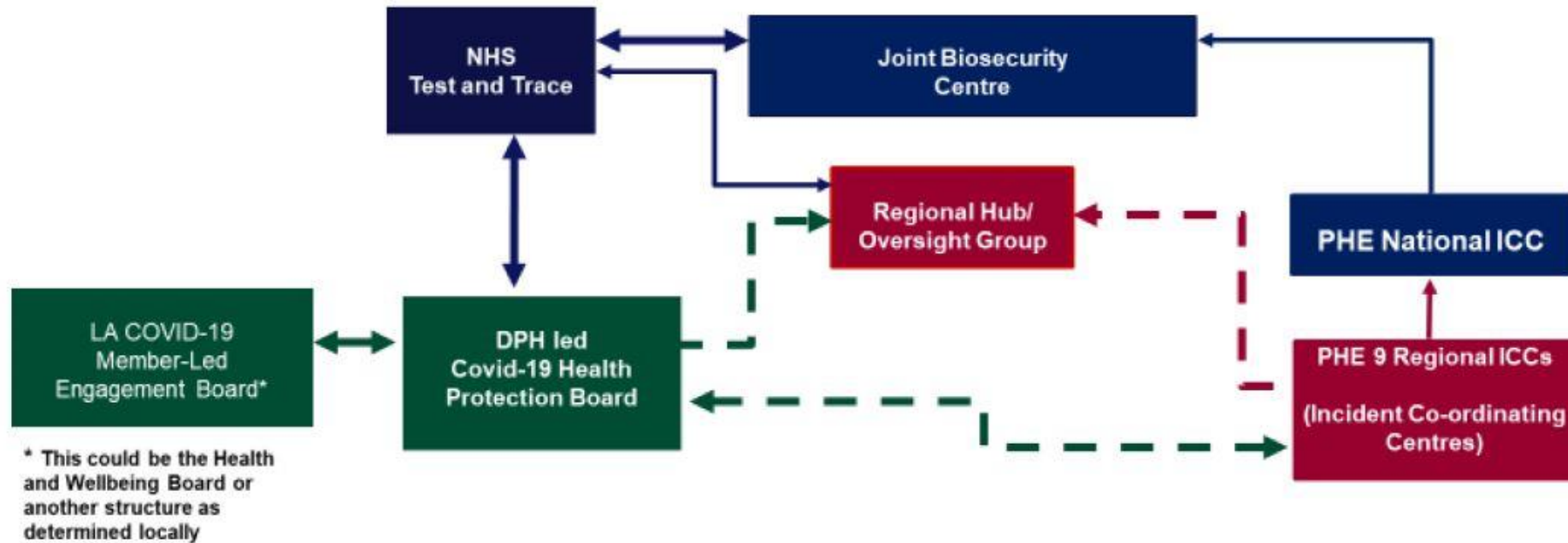
- [Communications Strategy](#)
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Figure 3: Relationships between local and national elements of outbreak management

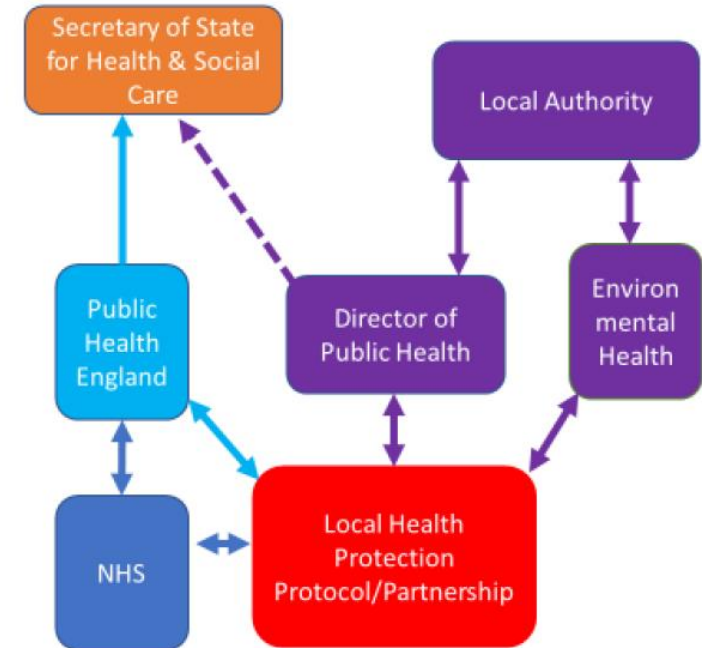
Key Organisational Elements



Roles and Responsibilities in London

Roles and responsibilities between PHE London Corona Response Cell (LCRC) and Local Authorities in London are agreed in Joint Agreement can be downloaded [here](#).

Local Health Protection System simplified diagram

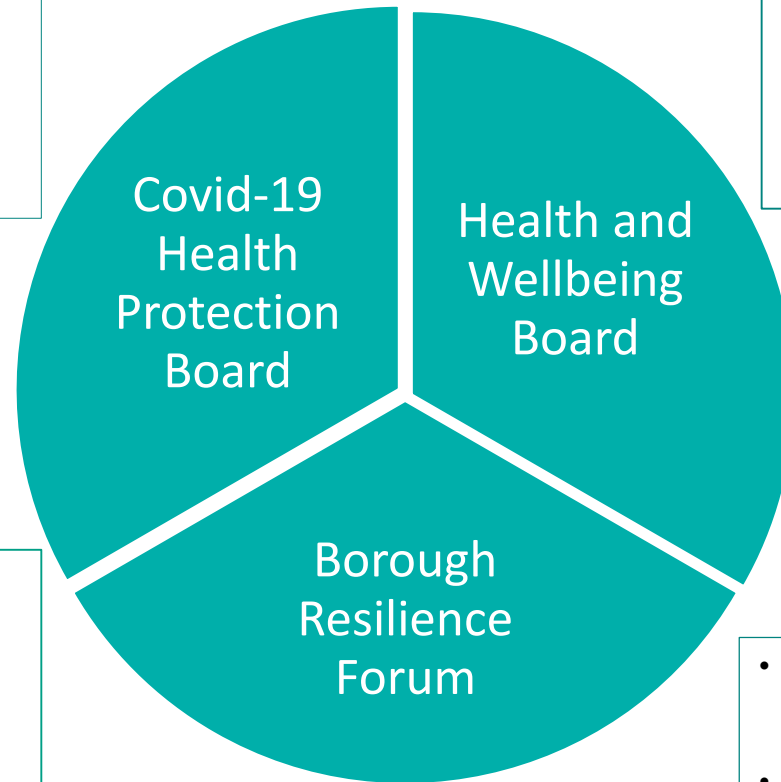


Local Governance

Lead: Tamara Djuretic, DPH LBB

- Chaired by Director of Public Health and include the whole system membership including PHE, EHOs, PCN/GP, EHOs, H&S, PH;
- Oversee development of and provide assurance that there are safe, effective and well-tested Local Outbreak Plans in place to protect the health of local population during COVID – 19 pandemic.
- Download the ToR [here](#).

Supported at a national level by Government Departments (CCS/RED), TTCE programme and Joint Biosecurity Centre and at a regional level by Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)



- Chaired by Member Lead for Health and Wellbeing and include Strategic Directors, VCS, Healthwatch, DPH, CCG, GP Governing Body members, elected members. If local lock-down needs to be imposed, Leader will chair the Board;
- Political and partnership oversight of strategic response and proactive engagement with the public.

- Chaired by Chief Executive of the Council and include all Category 1 responders;
- Responsible for determining Council's overall proactive management and emergency response, deployment of local resources and escalate need for mutual aid, if needed.
- Download the ToR [here](#).

Local Lockdowns

- At present, there are limited powers given directly to Local Authorities to impose Lockdowns on the population level. Most powers under the Health and Social Care Act 2012 and the amended Public Health (Control of Disease) Act 1984 and associated regulations, give statutory responsibilities to Director of Public Health to plan and oversee outbreak control and management or detain individual cases that pose infectious risk to the general population, via designated 'Proper Officer', who is appointed by PHE London.
- Schedule 22 of the Coronavirus Act 2020 provides further powers relating to events, gatherings and premises. For the purposes of preventing, protecting against, delaying or otherwise controlling the incidence or transmission of coronavirus or facilitating the most appropriate health care response, events or gatherings can be restricted or other requirements imposed and premises can be closed.
- Schedule 21 of the Coronavirus Act provides extensive powers to public health officials (PHE's Proper Officer, police and immigration officers that exist for the period that the Secretary of State has declared that: coronavirus constitutes a serious and imminent threat to public health in England, and that the powers conferred by the Schedule will be an effective means of delaying or preventing significant further transmission of coronavirus. This is currently not passed on to Local Authorities.

Further information is awaited on the following:

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

- Contact tracing is a core public health intervention measure to stop spread of infectious disease, have been around for decades. It's used to identify all who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of COVID-19);
- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread;
- Anyone who is being tested positive for COVID-19 is contacted by NHS Test and Trace and asked to self-isolate and identify any contacts (being together for longer than 15 minutes within 2m distance) who would be advised to self-isolate too;
- Tier 3 – 15, 000 call handlers operated by SERCO for simple contact tracing
- Tier 2 – 3,000 NHS Health Professionals – This tier will receive a download of all COVID-19 confirmed cases and triage to Tier 3, if simple or Tier 1 if more complex. They'll also receive referrals from the app, when operational
- Tier 1 – PHE Regional centre (PHE LCRC) – Up to 75 people - Complex outbreaks in settings (schools, prisons, health centres, care homes). Detailed process map on escalation from PHE LCRC to Local Authorities is specified in Appendix I.

Prevent and Manage Outbreaks in various settings

Lead: Senior Management LBB Public Health-Janet Djomba, Emma Waters, Rachel Wells, Mike Koumi

Setting	Action Card	Plans/Risk Assessment Tools
School and Early Years	Download action card here .	LCRC Documents accessible from SharePoint
Universities	To be developed by end of July	
Care Settings	Download action cards for: <ul style="list-style-type: none">- Care homes- Supported living- NCL infection prevention control support guidance	LCRC Documents accessible from SharePoint
Healthcare Settings	Download action card here .	
Workplaces	Download action card here .	Download <ul style="list-style-type: none">- Corporate risk assessment example- Staff risk assessment form example

1

2

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Prevent and Manage Outbreaks in various settings **BARNET**

Lead: Senior Management LBB Public Health-Janet Djomba, Emma Waters, Rachel Wells, Mike Koumi



Setting	Action Card	Plans/Risk Assessment Tools
Places of Worship	Download places of worship <ul style="list-style-type: none">- Outbreak action card- Outbreak management for public health teams action card- Engagement action card	
Community Clusters	Download action card here .	
Indoor Leisure Settings	To be developed by end of July	

Surge Capacity Resource Plan

- The Covid-19 Health Protection Board will need to consider where additional surge resourcing will be needed across the Council as part of the business continuity planning process. The Board will recommend to the Council Management Team the use of the £1,599,177m Local Authority COVID-19 Test & Trace Service Support Grant Determination 2020/21: The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID -19. The majority of the Grant will be held as a contingency and will be deployed based on need as it arises or is anticipated on a case by case basis. Some resources will be used for preventative approaches, including communication strategy and engagement with local communities.
- Mutual aid plans are developed by PHE LCRC and LAs, where 75 staff are available at LCRC to manage outbreaks across London in complex settings;
- Discussions between BRFs and LRF/SCG are taking place to agree escalation points/mutual aid mechanisms and scenario testing is scheduled for beginning of July;
- Locally, current Environmental Health Officers' (EHO) capacity is limited to investigating and contact tracing up to five small to medium outbreaks (5-20 people). For further resources, agreement was reached to access additional four EHOs and resources to reimburse additional capacity will be made available. Contact leads: James Armitage/Emma Phasey;
- Current on-call Consultants in PH rota in place 8am – 8pm, 7 days a week will be fully utilised for local outbreak investigation and contact tracing.

Escalation criteria

Setting	Criteria for escalation	Escalation to:	
		Covid-19 Health Protection Group	Barnet Borough Resilience Forum
Events /gatherings (any setting)	- Death of a child	Yes - immediate	Yes - immediate briefing needed
	- Outbreak linked to a major public building, faith gathering or event in the borough	Yes – immediate	Yes – immediate briefing needed
Schools/Childcare/Early Years	- More than one case in a school/EY setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
	- School closure	Yes – immediate	Yes – immediate briefing needed
	- Media interest in outbreak/cases	Yes	Yes
Adult social care/Supported Living	- More than 6 cases in ASC setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
	- Cases linked to a hospital outbreak	Yes	Yes
Large employers	- More than 6 Cases in setting	Yes	Yes
Homeless setting	- More than 6 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
Council as workplace	- Any outbreak	Yes	Yes
Local businesses	- More than 6 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes

Supporting vulnerable people

Barnet aims to ensure all residents are able to stay safe and protect other across our community.

We recognise that some residents require assistance in order to achieve this. For the purposes of COVID-19 outbreak management, a vulnerable person is anyone who may struggle to meet the following four key areas for outbreak control:

- Prevent the spread of infection by practising social distancing and hygiene measures
- Get a test for coronavirus if they display symptoms
- Help to trace others if they test positive and have been in close contact with other people
- Self-isolate-for those displaying symptoms, who have been in close contact with someone who has tested positive, and/or who has received a positive test result

Our support for vulnerable people will focus around these four areas, recognising the crucial role played by our partners across NCL and the borough, including voluntary organisations, mutual aid groups, businesses and faith groups.

Supporting vulnerable people: Impact on vulnerable groups

To support our most high-risk groups, Barnet has developed action cards which aim to address the specific needs of complex groups. These will be used in conjunction with setting specific action cards. Furthermore, we will be completing the vulnerable groups, ‘Impact Checklist’ embedded below to capture the needs of diverse groups for whom an action card has yet to be developed.

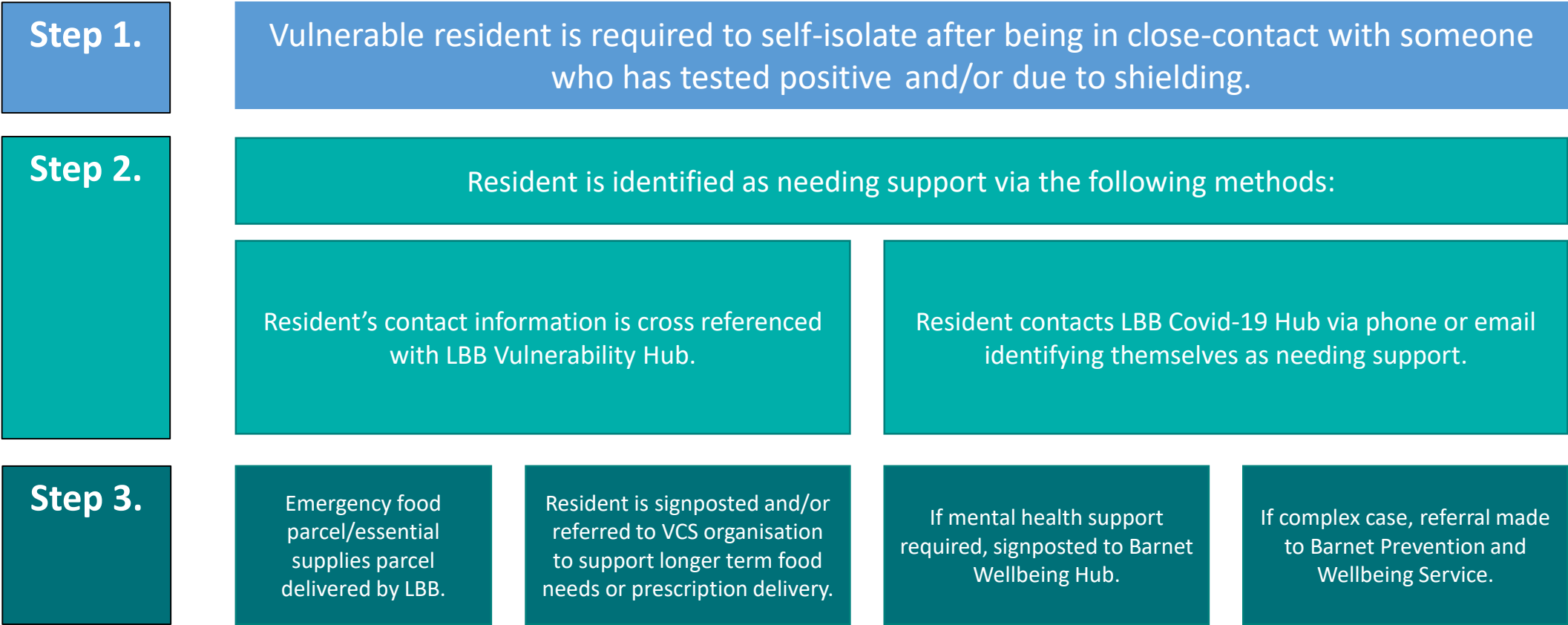
Vulnerable group	Homelessness	BAME	Mental Health	Learning Disabilities	Other Groups
Supporting Documents	Download guidance for day centres here .	Download action card for BAME here .	Download action card for supporting living for people with mental illness or learning disability here .	Download guidance to support people with LD or dementia to self isolate here .	Download general vulnerable groups impact checklist here .

Support vulnerable people self-isolating: Current process

Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning



Throughout the pandemic Barnet has been committed to ensuring a comprehensive support system has been in place to support vulnerable residents. Working together with our partners, we will ensure that support continues to be available as needed. Below is a simplified version of the system currently in place.

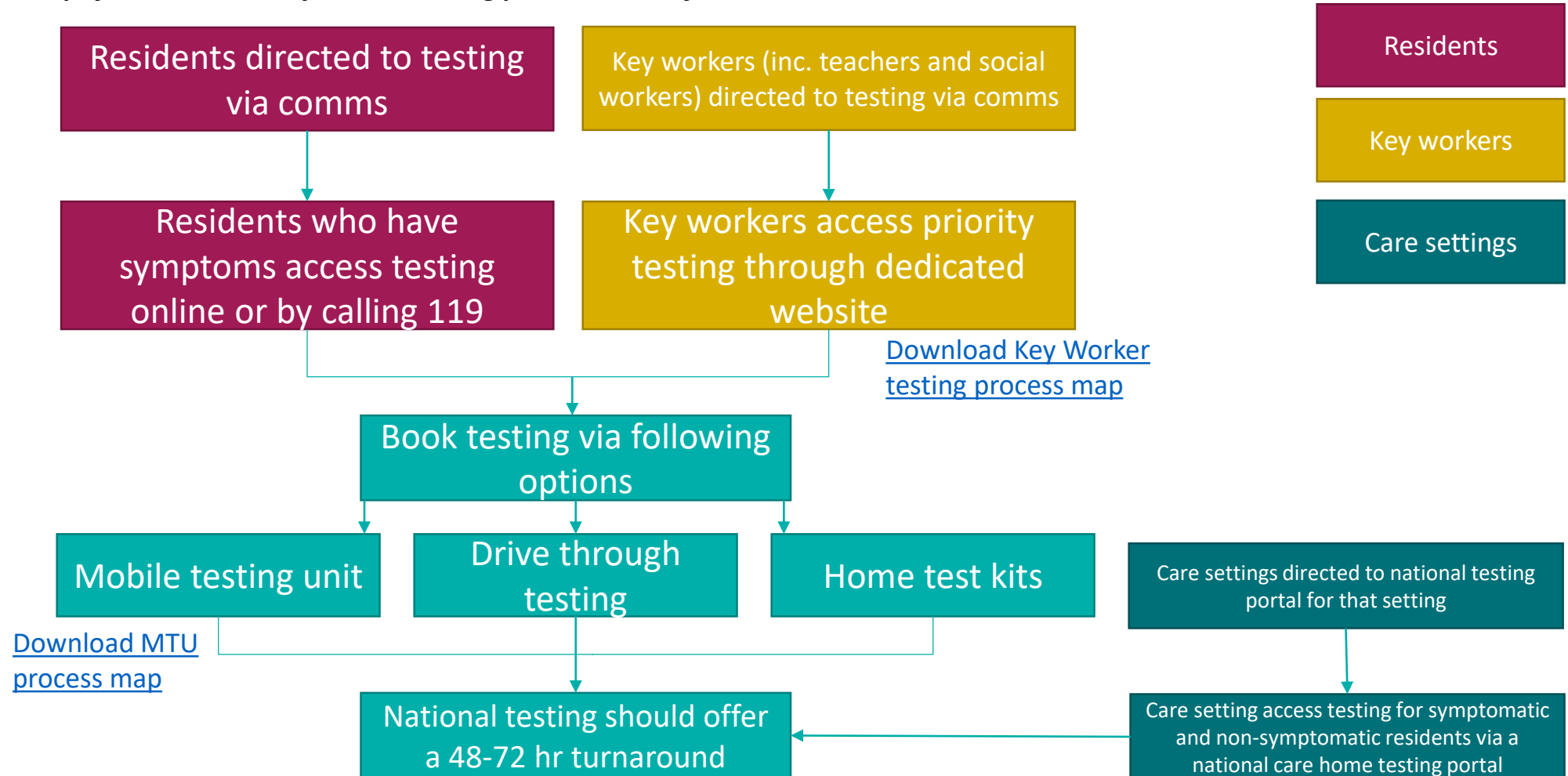


Methods for testing

Lead: Katie Wood (LBB BECC) and Hannah Logan (NCL STP)

The primary method for testing **individual** cases remains the national testing portal.

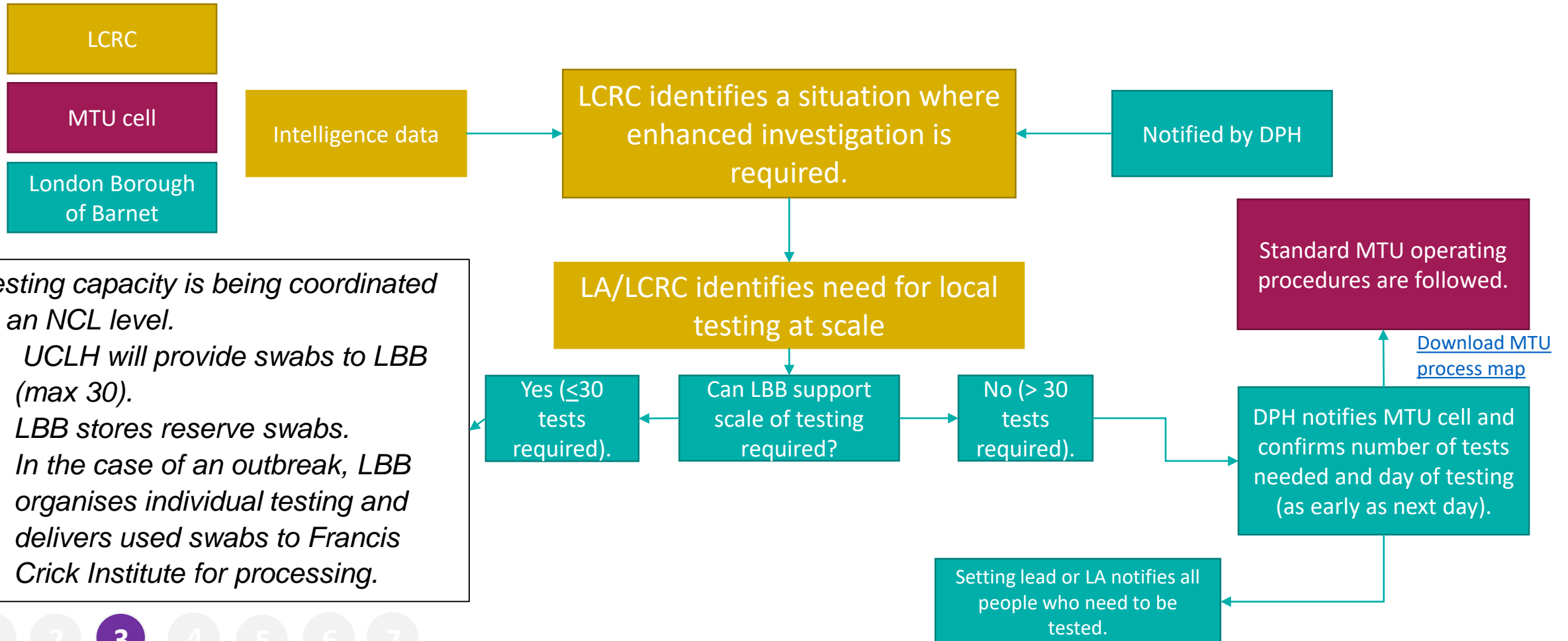
More detailed process maps for MTU's and key worker testing process can be found via embedded documents below.



Additional Testing Capacity

Lead: Katie Wood (LBB BECC) and Hannah Logan (NCL STP)

In the case of an outbreak we will need to expedite testing. Access to these tests will be determined on a case by case basis, requiring a specific request from DPH.



Data Integration and Joint Biosecurity Centre Arrangements

Lead: Oliver Taylor and Brian Johnston

- Data flow for incident management and outbreak investigation with Tier 1 PHE LCRC is specified in Appendix I.
- Role of Joint Biosecurity Centre is to be clarified further during July 2020.

Local data reporting

Lead: LBB Public Health Intelligence-Brian Johnston and Oliver Taylor

Current LBB reporting mechanisms are outlined in the table below.

	Reports sent to DPH		Data sets in public domain			LBB produced reports
Report title	Confirmed COVID-19 cases (from LCRC)	Test and Trace report (LA level)	Coronavirus in the UK (HM Gov)	Death registration and occurrences by local authority (ONS)	Deaths involving COVID-19 by local area and deprivation (ONS)	Cases by care setting
Dataset /report contents	<ul style="list-style-type: none"> Cases by postcode Cases by age at onset 	<ul style="list-style-type: none"> Confirmed cases in Test and Trace Cases completed Total number of contact reported Contacts completed 	<ul style="list-style-type: none"> Daily confirmed cases in Barnet Daily confirmed cases in London Rate of cases (per 100,000) for London boroughs 	<ul style="list-style-type: none"> COVID-related death registrations by place of death COVID and non-COVID death registration for Barnet 	<ul style="list-style-type: none"> COVID-related deaths by MSOA Age standardised death rate by London boroughs 	<ul style="list-style-type: none"> List of care setting affected by Covid-19 Total confirmed and suspected cases in Barnet care settings
Frequency of reporting	Daily	Daily	Daily	Weekly	Infrequently	Daily
Further analyses done	<ul style="list-style-type: none"> Age-specific rate of cases (per 10,000) COVID-19 cases by MSOA 		7-day moving average of cases for Barnet and London			

Download current [LBB reporting process map](#) and example of [weekly LBB report](#).

Data reporting during an outbreak

- During local outbreak, data will flow as described in Appendix I;
- Further details on all suspected cases (identified by Contact Tracing and outbreak investigation); positive cases (LCRC) and those tested via increased local testing capacity (CLCH and LCRC) will be analysed daily and reported into Incident Management Team;
- Data will be anonymised and shared on 'need to know' basis in order to contain further spread;
- Individual line listing of cases will not be shared beyond Director of Public Health and LCRC Named Lead.

- Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.
- The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).
- These can be found here <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>.
- The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.
- Local data sharing agreements are being developed. The draft can be downloaded [here](#).

Communications and Engagement

Lead: Lorna Gott and Lily Barnett

A communications strategy has been developed to support the Local Outbreak Control Plans.

- It is driven by data and insight on local attitudes and behaviours, and the demographic makeup of Barnet.
- It outlines how we will provide clear, effective communications advice and guidance to Barnet residents, businesses and communities on NHS Test and Trace.
- It will be supported by a practical tool kit of communications campaign materials to support ongoing prevention messages, and reactive content to support the rapid response in the event of a local outbreak.

Aims of the communications strategy

Lead: Lorna Gott and Lily Barnett

The overall aim of the communications strategy is get people to have a test if they have symptoms, comply with self-isolation if required, and help prevent widespread local outbreaks.

More specifically we'll aim to achieve this by:

- Raising awareness of the NHS Test and Trace service and increasing levels of testing across Barnet.
- Building trust, confidence and engagement with NHS Test and Trace across all our communities.
- Providing a rapid response in the event of local outbreaks, ensuring key stakeholders have a clear understanding of the Local Outbreak Plans.

Our campaign will respond to national insight that tells us there is:

- Low awareness of how and where to get a test
- Low symptom knowledge
- Low understanding of isolation

In London attitudes to NHS Test and Trace have been identified as follows: (GLA June 2020)

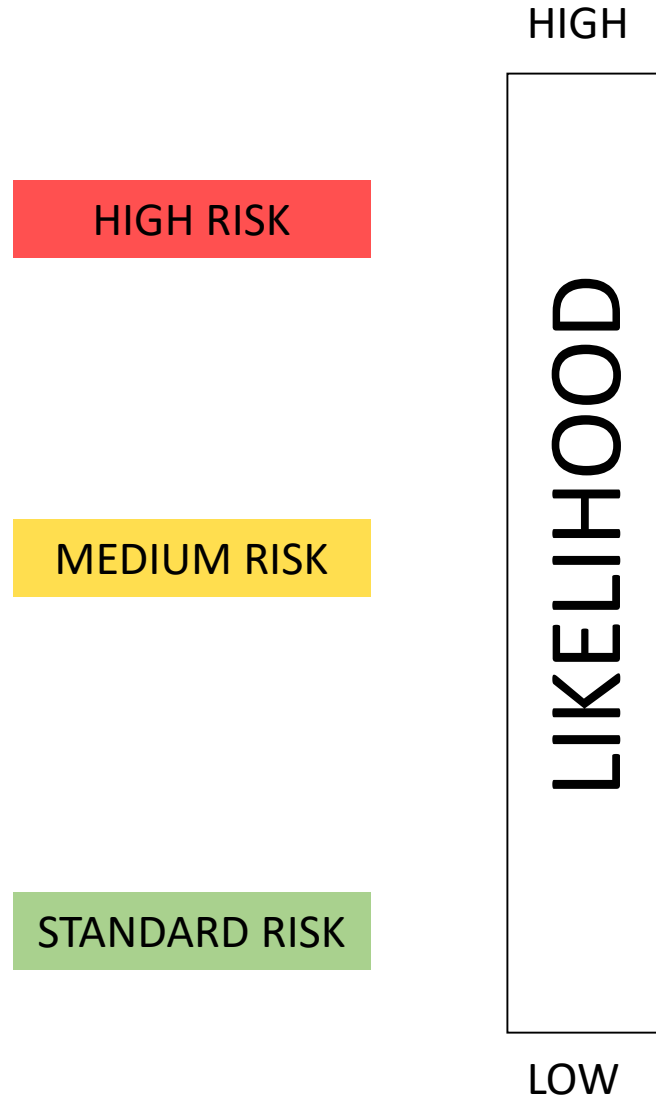
- Just 44% of Londoners say that they would know how to get a test, compared to 46% who said they would not.
- Black, Asian and Minority Ethnic (BAME) Londoners and those over the age of 65 years are least likely to say they'd know how to get a test for coronavirus.
- 35% say they know little or nothing about NHS Track and Trace, 52% a fair amount and 13% a lot.
- Younger Londoners and ethnic minorities are more likely to say they know little about the service.

Full communications plan

The full communications strategy can be found [here](#).

This is a working document and will be developed further as we work with our communities and stakeholders to best achieve the aims.

Risk matrix



- Outbreaks in care settings, hospitals, shared living, HMOs, special schools, school transport
- Places of worship such as synagogue and Middlesex University
- Lack of engagement with NHS Test and Trace and inability to contain local spread
- Outbreaks in people with substance misuse, hostels and DV refugee
- Data sharing and publishing data to engage communities
- Outbreaks in workplaces such as Colindale or Barnet House
- Outbreak in Brent Cross Shopping Centre

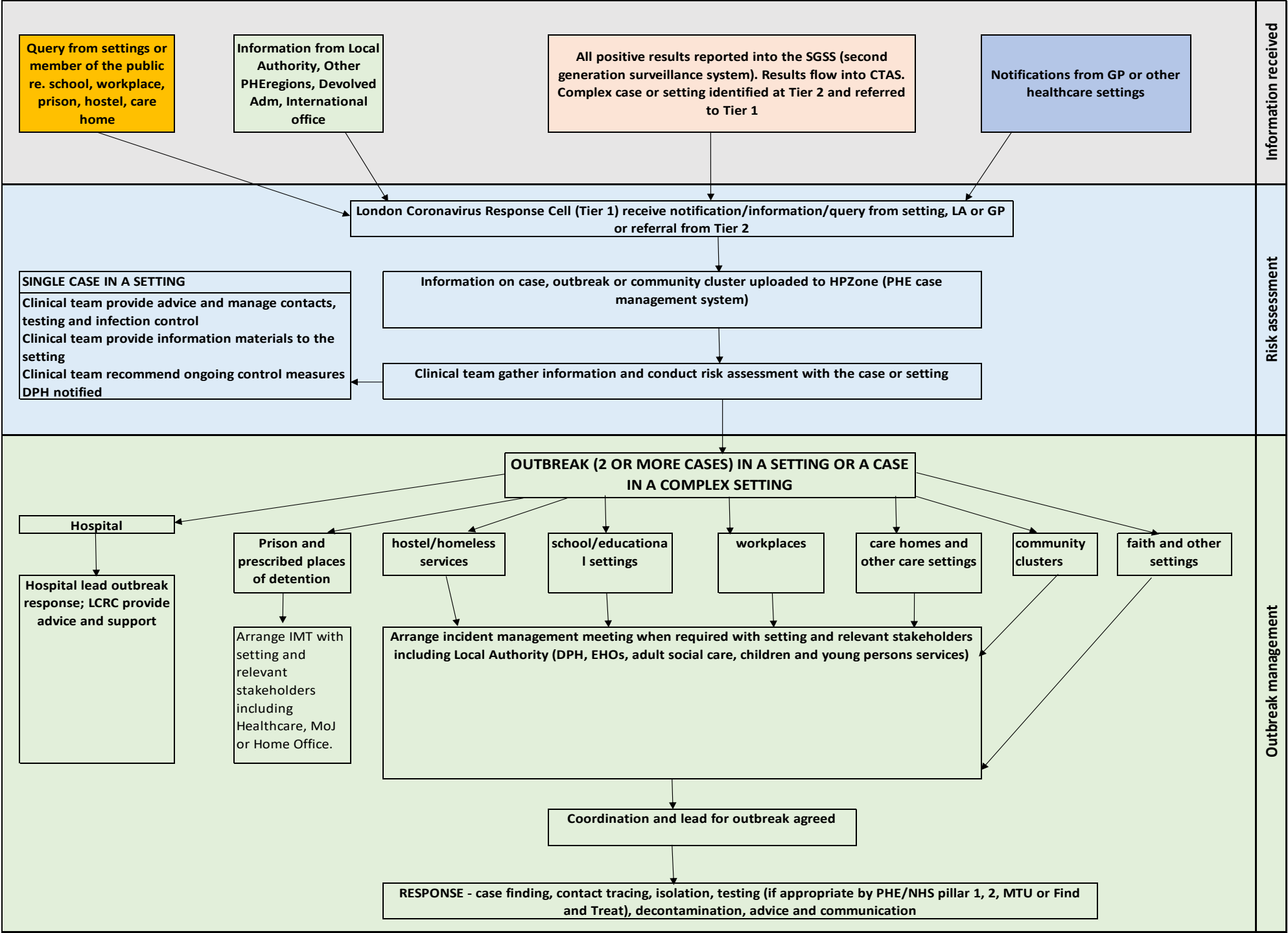
Appendices

- PHE LCRC Data Flow in outbreak control and management
- Incident Management Team ToR and Agenda

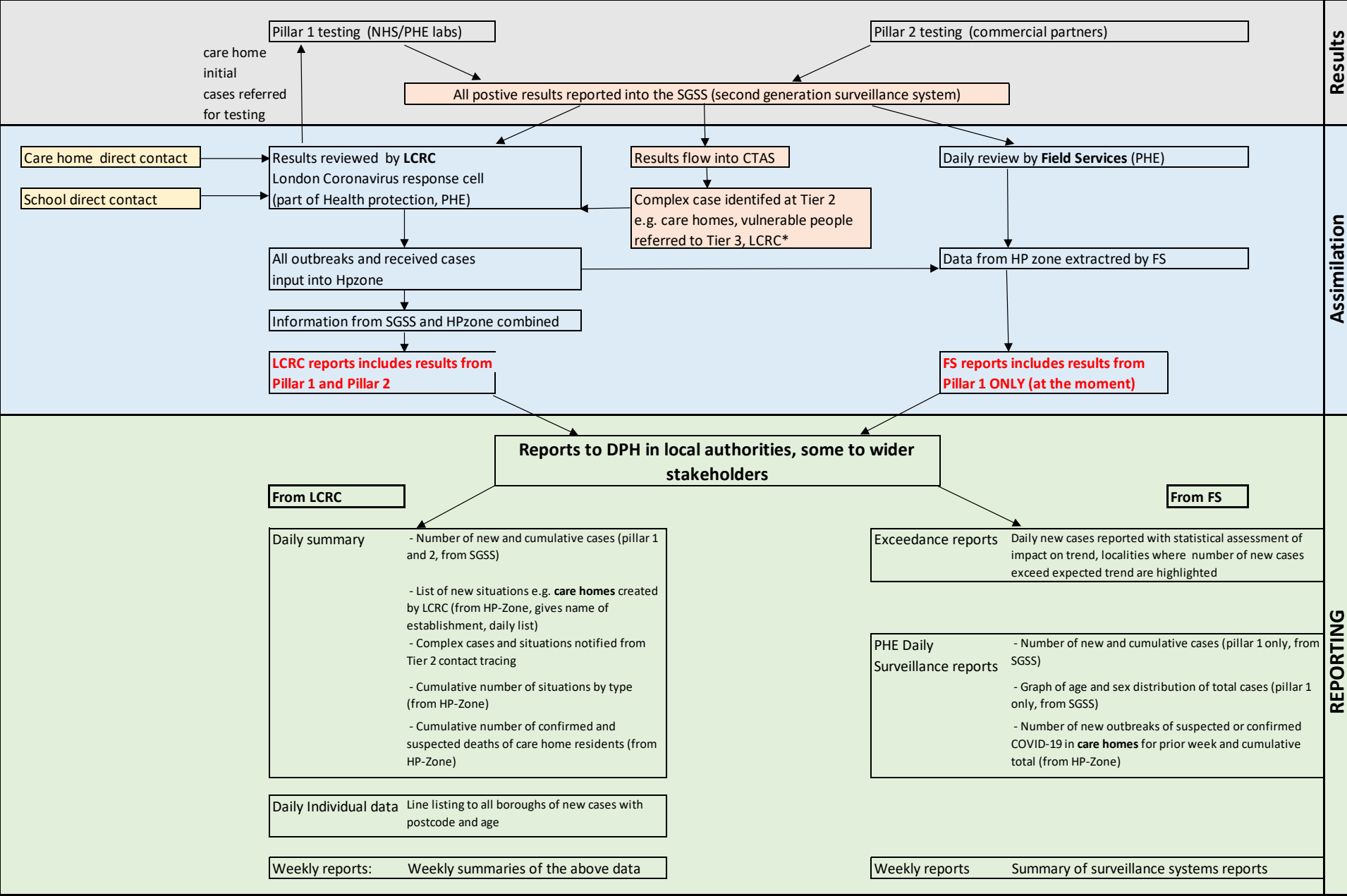
Appendix I – PHE LCRC Data Flow

	Setting						
	Care settings	School and Early Years	Workplace	Health settings	Prison/custodial institutions	Homeless and/or hostel	Community cluster
London Coronavirus Response Centre response	<ul style="list-style-type: none"> - Receive notification from Tier 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene IMT if required - Provide information to DsPH and advice/recommendations for ongoing support - Communicate and coordinate with other LAs, regions, devolved administrations and internationally as required. 						<ul style="list-style-type: none"> - Receive notification from Tier 2 - Support Local Authority in their risk assessment of and response to an identified community cluster
Local authority response	<ul style="list-style-type: none"> - Prevention work and respond to enquiries - Support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans - Follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access - Participate in IMT if convened by LCRC - Organise testing and Mobile Testing Unit deployment as required - Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting 						<ul style="list-style-type: none"> - Receive notification from Tier 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public)

Outbreak Management



Data flows for COVID-19 cases and situations



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

Appendix II – Incident Management Team (IMT) meeting ToR and Agenda

In case of an outbreak in complex setting or a community cluster outbreak, Incident Management Team Meeting may need to be convened either by PHE LCRC or LBB. Below is an attachment including ToR and proposed agenda. If LBB is convening the meeting, Director of Public Health or Consultant in Public Health with Health Protection Lead will chair the meeting.

View the terms of reference [here](#).