

Lambeth Covid-19 Local Outbreak Management Plan (LOMP) April 2022

London Borough of Lambeth

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Caveat	This document is a live document that reflects emerging threats and guidance as they arise. 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 come to the end 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 2 years, the tools available to us (including vaccination, new treatments and continued testing for the most vulnerable) and the wider sub-regional and regional frameworks established in response to the government's *Living with Covid-19* strategy.

List of acronyms

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

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Local Outbreak Management Plan Refresh

In June 2020 Lambeth published its first Covid-19 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. Since then the plan has been refreshed and updated to reflect the course of the pandemic, the development of interventions and treatments and the changing legislative framework within which the response to Covid-19 is provided.

This version (v5) covers the period April-July 2022 and responds to publication of the Government's [‘Covid-19 Response: Living with Covid-19’](#) strategy on 22nd February and the subsequent removal of all remaining restrictions from 1 April 2022.

The Government's objective in this phase is to enable the country to manage Covid-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond should the NHS be placed under unsustainable pressure. Four principles to the Government's strategy are set out with these

1. Living with Covid-19:
removing restrictions,
encouraging safer
behaviors through public
health advice

**2. Protecting people most
vulnerable to Covid-19:**
vaccination, targeted
testing, addressing health
inequalities

3. Maintaining resilience:
ongoing surveillance,
contingency planning,
ability to reintroduce key
capabilities

**4. Securing innovations
and opportunities from
the Covid-19 response**

Population immunity conferred by vaccination and infection

Aims & objectives

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

Objectives:

- Continue measures to prevent transmission and protect vulnerable residents (vaccination, treatment, risk assessment, testing where appropriate, support to cases and contacts)
- Ensure boroughwide communication of safer behaviours that the public can follow to manage risk and signposting, of support available with an emphasis on tackling patterns of inequality
- Rapidly responding and controlling incidents, clusters and outbreaks
- Maintaining local surveillance and intelligence (timely and effective monitoring, build local intelligence, ensure transparency)
- 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
- Maintain the opening of the economy, schools and businesses by ensuring infection rates stay low and covid safe measures are in place

Our approach

Lambeth's Local Outbreak Management Plan (LOMP) establishes processes for, and capacity to prevent and respond to, residents infected with Covid-19 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 living with Covid-19: utilising vaccination rather than lockdown as the main line of defence and replacing rules and regulations with advice and guidance on the practical steps people can take to help manage the risks to themselves and others, 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 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 developed during the earlier phases of the pandemic.

It builds on what has been learnt from the previous 2 years' experience in addressing the Covid-19 risks including building trust between partner organisations, Lambeth residents and specific communities including tackling inequalities.

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

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 (incl. testing)
- Non-pharmaceutical interventions (NPIs)
- Vaccination
- Treatment
- Support for those isolating

Case/Outbreak Management

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

Local situation

Lambeth Council has a dedicated webpage for information related to Covid-19 and the current situation <https://beta.lambeth.gov.uk/coronavirus-covid-19>. 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 are 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.

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Risk management and control measures for high risk settings

Processes to address cases and outbreaks in high-risk settings such as care & nursing homes, prisons, special schools etc. are in place with SOPs and action cards updated to reflect the latest guidance. Specialist support which includes a health protection practitioner and at least 1 PH Consultant continues to be in place to support case and outbreak response in vulnerable settings.

As with other communicable diseases like seasonal flu and norovirus, high risk settings such as care and nursing homes will be monitored and encouraged to ensure Covid-safe ways of working

Other less high-risk settings such as schools and nurseries will be supported to manage outbreaks of covid using with usual health protection processes as for other infectious diseases. This will be led by the UKHSA health protection team working closely with local authority public health team.

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

- Identify – continue to recognise C19 symptoms, including people who are asymptomatic through routine testing, to ensure timely implementation of control measures
- Report – Every one of us plays a vital role in stopping the spread of Covid-19. Early engagement with the Local Authority PH team, the local UKHSA HPT and local ASC commissioners is key to minimise any possible wider outbreak.
- Respond – most providers will be well rehearsed in Covid-19 outbreak response. If necessary, LA and/or UKHSA HPT teams will work with vulnerable settings to assess the risks and advise of actions to take.

Vulnerable settings are encouraged to continue to implement the following measures

- Use of non-pharmaceutical interventions and infection prevention control measures
- Access to PPE where appropriate (and resilient supply)
- Regular asymptomatic testing as per guidance
- Monitoring uptake of vaccination to protect both staff and residents
- Ensure staff supported to self isolate if symptomatic or have tested positive, or are close contact of cases
- Use of root cause analysis for cases in high-risk settings
- Cohorting of staff and clients where necessary
- LFD testing and promotion of vaccination to care/nursing home visitors, including visiting professionals

Protecting those most vulnerable

In mid-September 2021 the Shielding Programme was ended. This meant people previously identified as Clinically Extremely Vulnerable (CEV) were no longer advised to shield. The majority of people previously considered clinically extremely vulnerable are now advised to follow the same general guidance as everyone else as a result of the protection they have received from vaccination¹.

In February 2022, recognising the small decline in observed vaccine effectiveness against hospitalisation for Covid-19 after the booster dose, JCVI recommended a spring booster campaign for individuals at higher risk of severe Covid-19. The committee recommended that a booster dose should be given around 6 months after the last vaccine dose to:

- adults aged 75 years and over
- residents in a care home for older adults, and
- individuals aged 12 years and over who are immunosuppressed²

A further programme of vaccination for the most vulnerable is expected in Autumn 2022.

People at highest risk of developing severe Covid-19 can now access antiviral treatments should they test positive for Covid-19. The UKHSA has sent priority PCR tests to around 1.3 million people nationally to support rapid turnaround of results so they can access the treatments as soon as possible after symptoms begin³.

In Lambeth, all residents will continue to be able to access information, advice and guidance through the council's webpages, AgeUK Lambeth's MyCommunity Gateway helpline and a volunteer-led support offer through [onhand](#).

Residents in care homes and other restricted environments will be protected through the continued use of PPE. Most visitors to adult social care settings, the NHS, hospices, prisons or places of detention will no longer require a test. Tests will continue to be provided to a small number of visitors to care homes and hospices who will be providing personal care.

Rapid response will be in place to cases in homeless accommodation or services with residents with other vulnerabilities such as refugees or people with learning disabilities.

A low threshold will remain for special schools to receive public health support to manage outbreaks.

IPC measures will remain for as long as is necessary and investigations undertaken into the source of outbreaks.

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

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056229/Covid-19_Response_-_Living_with_Covid-19.pdf p19

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057798/Greenbook-chapter-14a-28Feb22.pdf (Green Book) p28

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056229/Covid-19_Response_-_Living_with_Covid-19.pdf p26



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:

- A. Outreach testing and contact tracing:** Timely reactive assessment and on-site testing triggered by reporting of symptomatic cases. Initial contact tracing and testing on site, and provision of immediate infection control advice. This may also include testing for **variants of concern (VOC)** in these settings as part of local surge testing, at the request of the DPH. **Outreach vaccination** provision in response to outbreaks if requested.
- B. Surveillance:** Continuation of the existing referral routes. Awareness-raising and promotion of referrals with key users. Clear information flow into LCRC systems.
- C. Training and support:** Provision of training for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- D. Sentinel screening:** Testing residents and staff of high-risk locations (e.g. prioritised based on size, shared facilities etc), and opportunistically offering vaccination. Actively monitoring the level of asymptomatic carriage in this high-risk population is an essential early warning system to underpin control efforts. The amount of such screening will depend on the outreach testing demand level, levels of circulating disease. High risk locations would be identified working with DPHs. High population churn means that repeated screening at the same settings is likely to be necessary.

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

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)

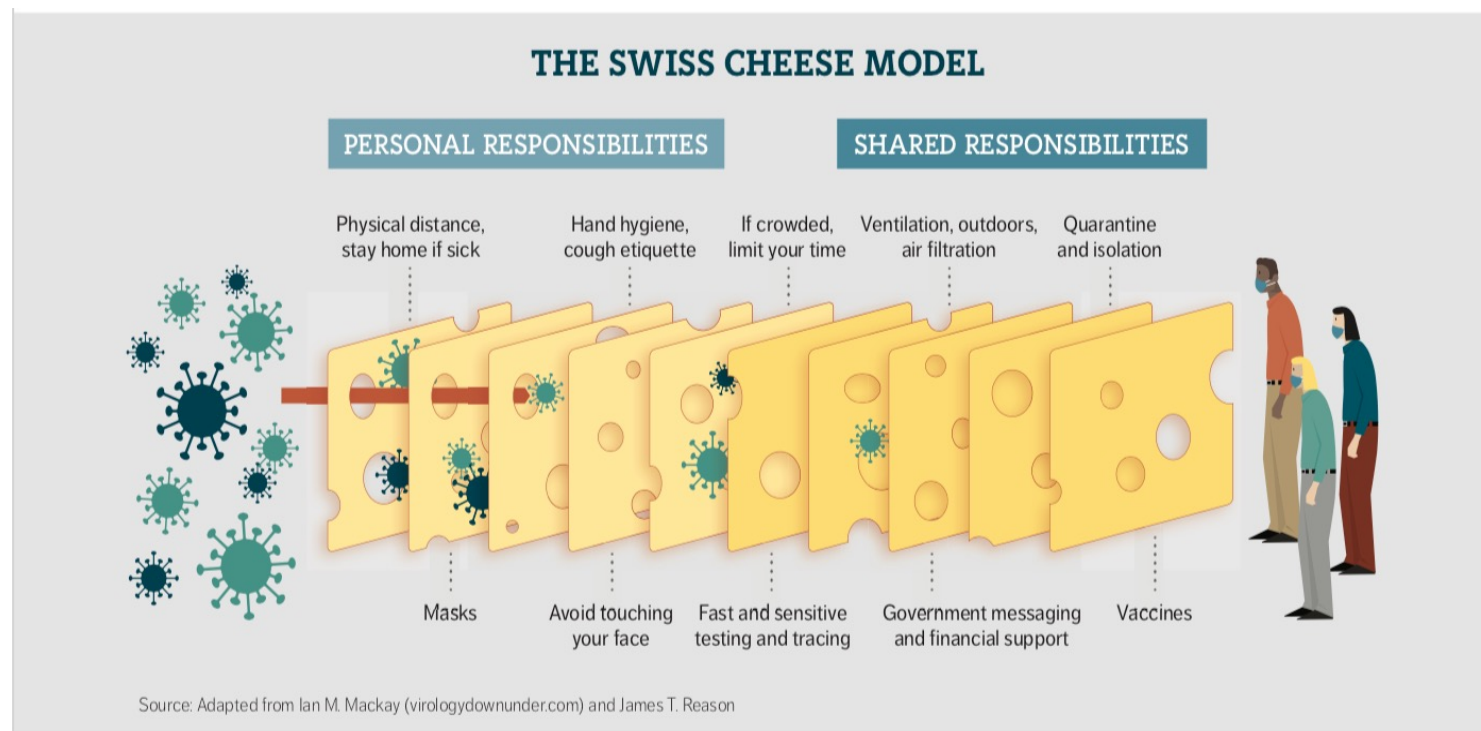
Non pharmaceutical interventions (NPIs) have proven effective in reducing the spread of Covid-19 in many contexts.

The Health Protection (Coronavirus, Restrictions) (England (No.3) Regulations 2020 (No. 3 Regulations) ('The Regulations') have been revoked. There are no more national legal requirements for NPIs, however living with and managing the virus will mean maintaining the population's wall of protection and communicating safer behaviours that the public can follow to manage risk.

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

Clearly articulating to residents, the importance now more than ever for them to continue to adopt safer behaviours to reduce the risk of infection is essential particularly in preventing the transmission of new variants.

Precautions remain particularly important to those who are at higher risk if they catch Covid-19, although due to advances in vaccination and therapeutics, this group is now better protected. Most people previously considered clinically extremely vulnerable are now advised to follow the same general guidance as everyone else because of the protection they have received from vaccination.



We will continue to emphasise and promote the following public health messages which individuals can still implement to reduce the risk of catching and passing on Covid-19:

- Get vaccinated
- Washing hands and following advice to 'Catch it, Bin it, Kill it'
- Wear a face covering
- Letting fresh air in if meeting indoors, or meeting outside
- Continuing to test yourself if you have C19 symptoms and avoiding contact with others if you test positive
- Stay home if you're unwell

Covid-19 Spring/Autumn Vaccination Programme 2022/23

OUR STRATEGIC PLAN

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

- Our oversight and governance,
- Our objectives and key deliverables for our programme activities and;
- Our planning approach

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 strategic approach will include a holistic health promotion, health inclusion offer. Utilise the principle of ‘making every contact count’ and ‘whole practice approach’ and provide opportunistic vaccination to residents

Long term sustainability – It is expected that the evergreen offer will extend beyond Winter 202. Therefore, commissioning needs to be built around long-term sustainability in terms of finance, premises, delivery model etc

Our approach is built on maximising every opportunity to build **greater alignment** with other vaccination programmes and strengthen relationships to support effective delivery and make best use of resources, where clinically and operationally possible.

OUR PROGRAMME ACTIVITIES

1. Continued access to Covid-19 vaccination. – Ongoing provision at Mass Vaccination Centres- hospital hubs (GSTT/Kings/SLAM), Primary Care Networks (PCNs) and Community Pharmacies. This provision is supported by the Health and Wellbeing bus , targeting hard to reach residents and areas of low vaccine uptake. Focus remains on increasing uptake in all communities and addressing unwarranted variation. Flexibility has been built into system redesign to best meet the needs of the population

2. Booster vaccine delivery for priority groups identified for Spring/Autumn programme - These include Nursing home residents, adults aged 75 and over and Immunosuppressed ae 12 years and over. H&SC workforce eligibility and local process established, in line with national standard operating procedure. PCNs will continue to offer vaccine to care home residents.

3. Vaccine delivery for Children and Young People - Vaccine delivery expanded to healthy 5-11 years old . This will be delivered through Mass Vaccination Centres, Community Pharmacies and existing PCN provision in the borough with additional support for those with highest need. Deliver the second phase of the school based immunisation programme for 12-15 year olds and continue to promote community offer to 16-17 years old

4. Communications and community engagement – Active promotion to Lambeth residents on where they could access service through a variety of medium including social media promotion of leaflets, posters etc. Ensure that information is available when necessary in community languages. Promotion of access points for residents including National Booking Service, Council and SEL CCG website

5. Contingency planning- Develop robust plans to rapidly increase capacity in the event of a ‘surge’ in vaccination cases.

6. Collaborative working – Explore best opportunities to co-deliver, co-promote and co-administer covid vaccine alongside other vaccinations (e.g. influenza)

Vaccination Programme – Uptake

- Since its inception, Lambeth Council have prioritised the vaccination uptake programme to protect the most vulnerable residents to Covid-19. Unfortunately, there continues to be huge disparities between the uptake within different groups within Lambeth such as the Black African and Black Caribbean populations being far less likely to have had a Covid-19 vaccination.
- Since March 2021, a Vaccination uptake working group has been delivering several targeted task-and-finish groups (focusing on care homes, vulnerable people, children and young people, homeless, and those with severe mental illness/learning difficulties).
- The uptake programme has included several projects that have delivered targeted work to increase the vaccination uptake and includes community champions, targeted training aimed at encouraging vaccination uptake, grassroots programmes working Black, Asian and Multi-Ethnic communities, Lambeth’s health and wellbeing bus and ongoing targeted communication and engagement in the community.
- Work on developing the vaccination uptake programme in line with the Autumn/Winter vaccination programme will continue with a particular focus on:
 - Cohorts 2-4 and 6 (+75-year-olds, clinically extremely vulnerable, pregnant women, severe mental illness/learning disabilities, homeless, 12–64-year-olds immunosuppressed) and Black populations (all ages) – particularly the intersection of those two groups
 - Acknowledging the range of inequities in health outcomes that impact these target populations and seeking to support vaccination uptake through addressing wider health and wellbeing inequalities
 - Maintaining a wide range of walk-in vaccination sites where residents can access the ‘evergreen (1st dose)’ vaccination offer
 - Balancing an evidence-based approach with pragmatism, deliverability at speed and maximising impact
 - Developing an evaluation framework of the activities within the uptake programme
 - Longer-term learning and development regarding addressing wider health and wellbeing inequalities

Treatment Options

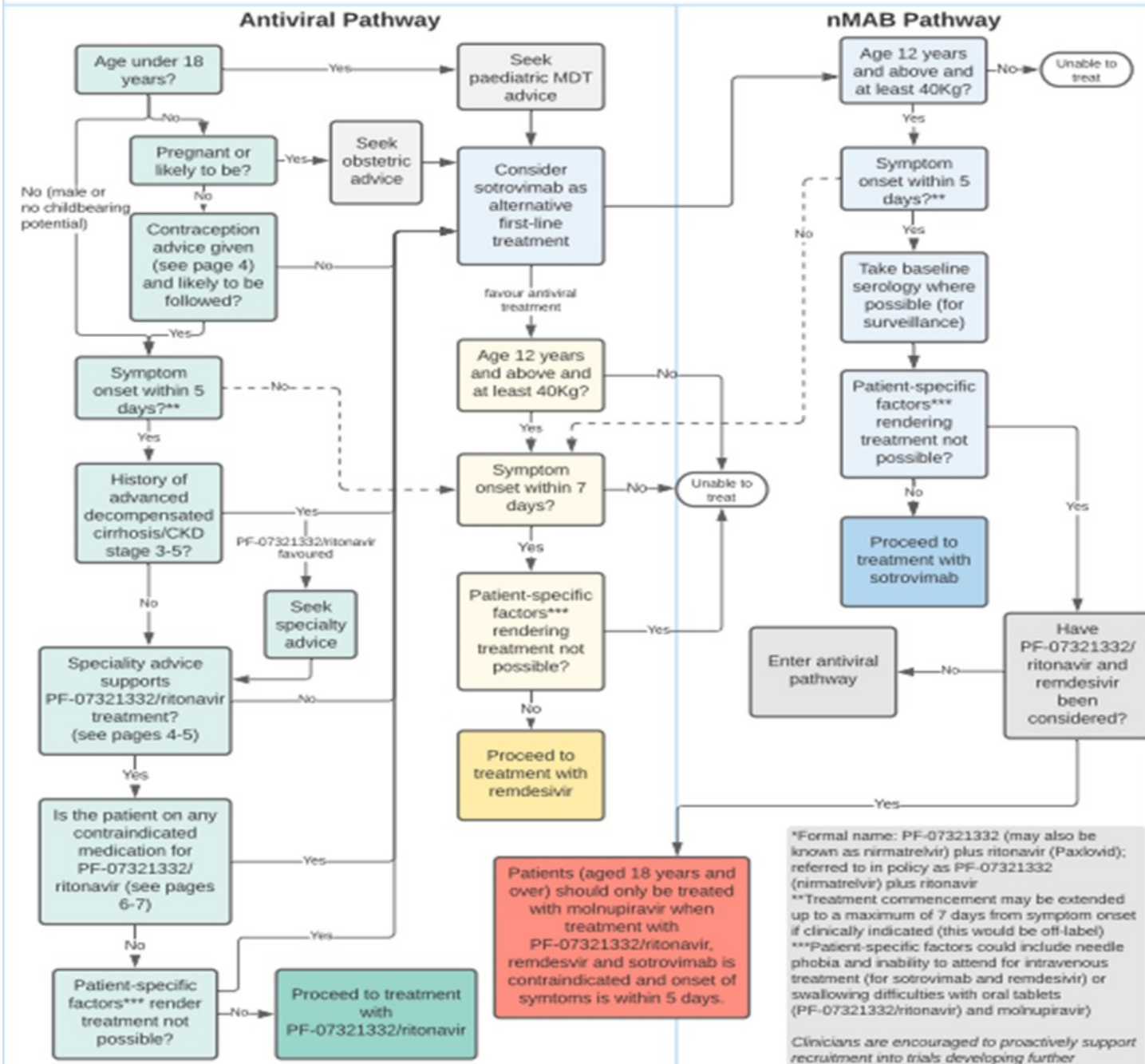
The NHS is offering new antibody and antiviral treatments to people with Covid-19 who are at highest risk of becoming seriously ill through two pathways:

- Anti Viral Pathway
- NMAB pathway (neutralising monoclonal antibodies)

Treatment Options	Trial Endpoint	Setting of Use
Molnupiravir (Lagevrio) 200mg capsule	50% relative reduction in the risk of hospitalisation or death.	COVID Medicine Delivery Units (Guys and St Thomas' community clinics)
Casirivimab/Imdevimab (Ronapreve) 120mg/mL	70% relative reduction in the risk of hospitalisation or death in treating high-risk, non-hospitalised Covid-19 patients	Available in secondary care since the end of September 2021
PF-07321332 (nirmatrelvir 150mg) plus ritonavir 100mg (Paxlovid) capsule	88% relative reduction in the risk of hospitalisation or death	COVID Medicine Delivery Units (Guys and St Thomas' community clinics)
Sotrovimab (Xevudy)	1% of patients (6 out of 528) were hospitalised for longer than 24 hours within 29 days of treatment compared with 6% of patients on placebo (30 out of 529), 2 of whom died.	Hospital

New Covid-19 Treatment Options

Consider the suitability of antiviral or neutralising monoclonal antibody. PF-07321332/ritonavir and sotrovimab are first-line options and remdesivir is second-line. Molnupiravir should be considered a third-line treatment options. (see page 3 for further information on choosing between antiviral and nMAB).



*Formal name: PF-07321332 (may also be known as nirmatrelvir) plus ritonavir (Paxlovid); referred to in policy as PF-07321332 (nirmatrelvir) plus ritonavir
 **Treatment commencement may be extended up to a maximum of 7 days from symptom onset if clinically indicated (this would be off-label)
 ***Patient-specific factors could include needle phobia and inability to attend for intravenous treatment (for sotrovimab and remdesivir) or swallowing difficulties with oral tablets (PF-07321332/ritonavir) and molnupiravir

Lambeth Testing Strategy

Policy Change

- Mass testing steps down nationally by 31st March.

Symptomatic Testing

- All in person PCR test sites will be decommissioned by end of April 2022.
- Free tests for people who have COVID-19 symptoms will continue to be provided to the following groups, largely via the existing channels: NHS patients; those eligible for treatment; NHS staff; some adult social care staff, hospice, prison, immigration centre and refuge staff*
- Outbreaks or a new variant requiring a rapid testing deployment will be supported by a national fleet of Mobile Testing Units.
- Local team to support rapid testing deployment in borough if required.

Asymptomatic Testing

- Lateral Flow Device (LFD) test kits will no longer be free of charge from 1st April 2022.
- During periods of high prevalence, asymptomatic testing will continue to mitigate risk. Testing will continue to be provided for: adult social care staff and a small number of visitors providing personal care; hospice staff; patient-facing staff in the NHS and NHS-funded independent healthcare provision; some staff in prisons and other places of detention, and some refuges and shelters
- A local team available to support the distribution of test kits will be retained should it be required.
- Testing for schools in specific circumstances (special schools, mainstream schools in outbreaks) is managed and delivered by Department for Education

*For full list see <https://www.gov.uk/government/news/changes-to-covid-19-testing-in-england-from-1-april>

Testing in Lambeth

Testing Route	Current offer	Purpose	Channel
Symptomatic testing	<ul style="list-style-type: none"> Symptomatic PCR swab testing sent to household of 1.3 million people identified as vulnerable 	<ul style="list-style-type: none"> Identify symptomatic cases promptly to ensure rapid access to treatment pathways. 	<ul style="list-style-type: none"> Direct to homes of people identified as vulnerable.
Asymptomatic testing	<ul style="list-style-type: none"> Asymptomatic rapid antigen testing (Lateral Flow Device tests) PCR asymptomatic testing for VOC surveillance, outbreak management 	<ul style="list-style-type: none"> To detect asymptomatic infection to protect key risk groups as detailed in persons protection report. To enable safe working environments and protect the public 	<ul style="list-style-type: none"> Paid for LFD home test kits purchased through local high street pharmacies/shops. LFD home kits distributed through PCNs for immuno-suppressed cohorts (details to be confirmed). All other business and organisations inc. School will not be provided free kits and may decide to procure own supply.
High Risk Settings	<ul style="list-style-type: none"> Symptomatic testing PHE or local PH support blanket testing (for staff and residents) when there is a suspected or confirmed case of Covid-19. 	<ul style="list-style-type: none"> Protect vulnerable residents 	<ul style="list-style-type: none"> Care homes – testing for care home residents and staff via the national care home testing programme (details to be confirmed). SEL step up testing for admissions into care home/hospitals to continue through to September.
Outbreak Management	<ul style="list-style-type: none"> Symptomatic testing 	<ul style="list-style-type: none"> To protect individuals as part of outbreak management and control. Surveillance of new variants. 	<ul style="list-style-type: none"> MTU deployment National stock of test kits. Details of distribution still not confirmed.

Contact Tracing and Self Isolation Support

Contact tracing was an important tool in helping reduce the spread of Covid-19 and Lambeth's local service provided a range of benefits above and beyond the national service by utilising local knowledge. Lambeth also provided residents with a practical self-isolation support offer by commissioning Lambeth Age UK's 'Stay Home Safely' service and additional financial assistance through Lambeth's Stay Home Support Payment.

On Thursday 24th February 2022, the legal duty to self-isolate ended and, as a result, local and national contact tracing teams were stood down. Age UK's 'Stay Home Safely' service will continue to offer practical support for those who wish to self-isolate until 31st March 2022.

There is potential that a high increase in cases or a new variant of concern will cause a need for contact tracing to be stood up again. To build resilience and ensure this team could be stood up as quickly as possible, Lambeth has created a list of experienced contact tracers who are happy to begin work on a flexible hour basis at short notice. Lambeth is also agreeing with internal teams a process by which to ensure contracts and equipment can be delivered to this group efficiently to ensure a smooth onboarding. This plan would retain skills learnt by the contact tracing team and allow Lambeth to respond quickly to future Covid-19 increases. Contact tracers also have practical self-isolation support tasks included in their job descriptions if there was a need to offer this support to residents in the future.

While government funding for self-isolation support ended from 24 February 2022 the council has an existing Household Support Scheme for residents facing hardship, a crisis, emergency or disaster, including struggling to pay bills or afford food. The scheme provides in-kind support, such as vouchers, wherever possible, rather than cash grants and residents experiencing hardship as a result of self-isolating due to Covid-19 are encouraged to apply to this scheme for support.

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 three 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"> Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period Data led e.g. small area/geography around VOC case; setting specific; whole borough Contingent on national capacity Explore leveraging local hospital and academic sequencing capabilities 	<ul style="list-style-type: none"> Consider increasing symptomatic testing capacity via MTU deployment, increased or changed opening hours Enhanced or increased local communications to encourage and ensure people get tested. 	<ul style="list-style-type: none"> Determine target population, geography or setting Determine best operational method(s) for targeted surge testing e.g.: Door drop model (Council, VCS or other trusted delivery partner, commercial partner) Collect and drop model, roving model ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives) Surge of up to 5000 asymptomatic tests MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system 	<ul style="list-style-type: none"> No contact tracing response available post 24 February 	<ul style="list-style-type: none"> Consider enhanced welfare support/follow up calls and other enhancements through Household Support Scheme 	<ul style="list-style-type: none"> Consider need for targeted, local NPIs/restrictions as part of VOC control approach Reinforce covid-secure and IPC measures in key settings

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

Surveillance and Monitoring

For surveillance and monitoring there will be:

- Maintenance of the ongoing monitoring of cases and case rates
- Identification of changing patterns of infection using tools available
- Maintain and review dashboards encompassing vaccinations
- Monitoring of inequalities impacts
- Use of any new or development of existing tools (e.g. waste water)
- Early warning systems development for case rates and new variants (e.g. waste water)
- Sharing intelligence across SEL and NHS/ public health
- Work with Covid-19 response team to develop additional intelligence resources or ongoing requirements

Communication and engagement

Communication and engagement are cross cutting across all elements of the Local Outbreak Management Framework. For Lambeth this means:

- Continue to build on communication channels and established/new relationships as part of the Outbreak Control Plan communication and engagement plan linking to local, regional and national messages
- 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 Keep London Safe campaign will be responsive to national and regional priorities.

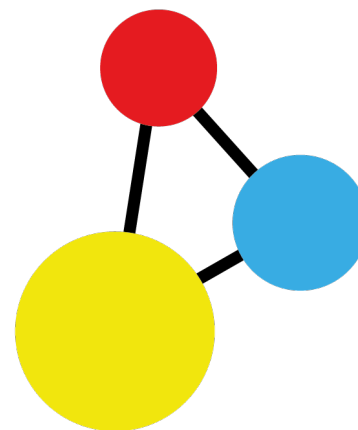
Communications assets will be produced as required or the boroughs to use, with core messages promoting vaccination uptake, test and trace, infection control and living with Covid-19.

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.

Where effective to do so, Lambeth will collaborate with other boroughs on pan-London out of home advertising campaigns, including billboards, digital displays and transport advertising.

As appropriate, new campaign material will be produced to support relevant key upcoming dates and events – for example religious festivals.



**KEEP
LONDON
SAFE**

Risks and mitigations

	Risk	Mitigation
OPERATIONAL	Access to testing (cost)	Maintain capacity of LFD and PCR testing; Promotion through engagement; consistent comms; Implementation of targeted community testing strategy
	Rapid restart/requirement to establish surge operations	Training and supervision of staff Rapid restart plans in place Retention of testing and contact tracing capabilities in other roles to enable redeployment if required
	Absence of testing or contact tracing infrastructure	Ongoing communication activity to encourage responsible behaviours Maintenance of non-LFD/PCR surveillance infrastructure
	Case or contact not able to self-isolate	Maintenance and continued advertising of Household Support Scheme to mitigate financial impact of self-isolation
	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	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 uptake plan and comms and engagement plans

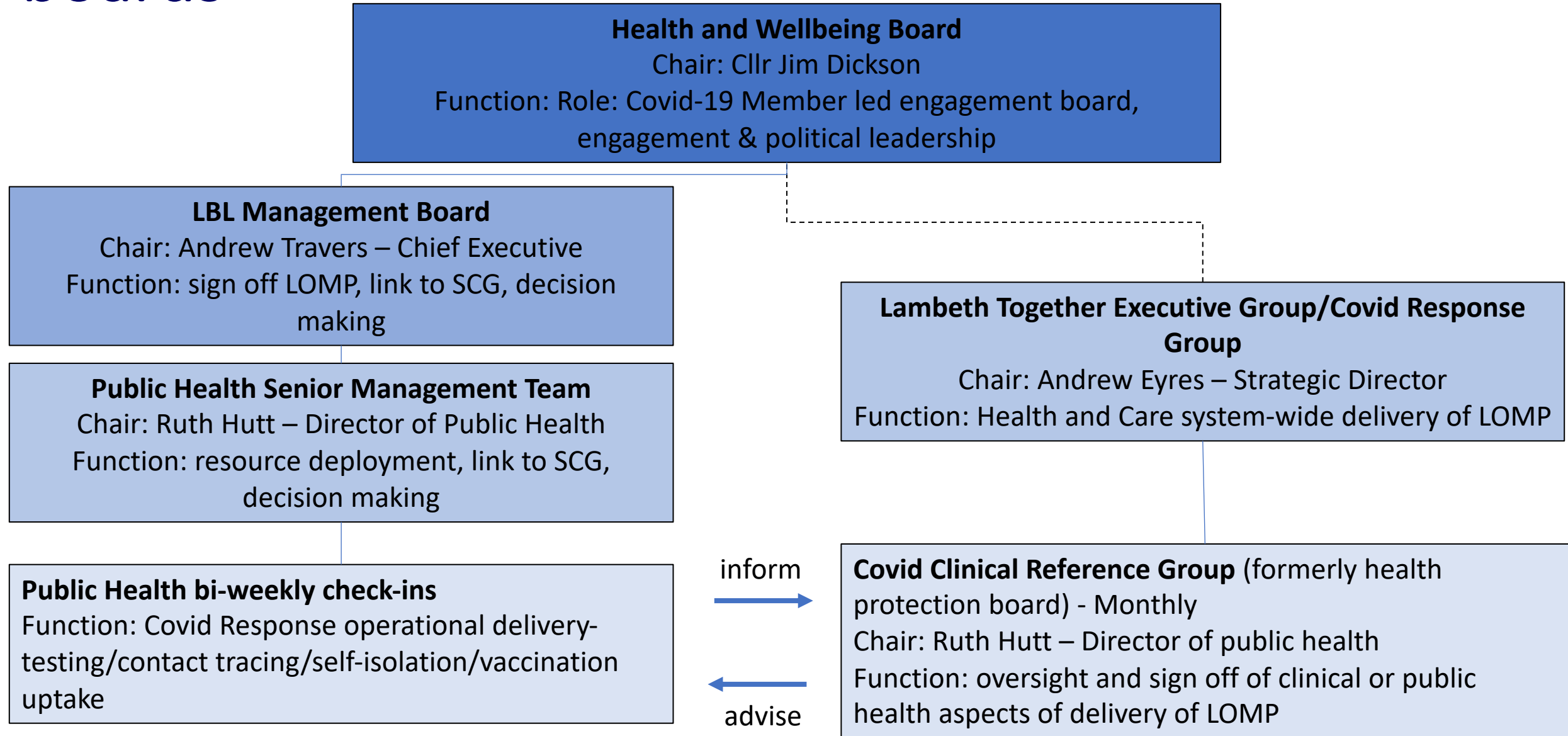
Risks and mitigations (cont.)

	Risk	Mitigation
Strategic	Potential for widening inequalities	Ensure access to sick leave and benefits Support provided is proportional in order to reduce inequalities Maintenance of Household Support Scheme
	Reduced adherence to control measures due to comms fatigue, weariness	Continue to refresh messaging and promote data and information to support measures.
Finance	Ongoing financial risk to Lambeth Council	Focus on developing sustainability of activity to address impact of Covid-19 Ensure claims made for any additional expenditure incurred and make use of pilot and funding 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.

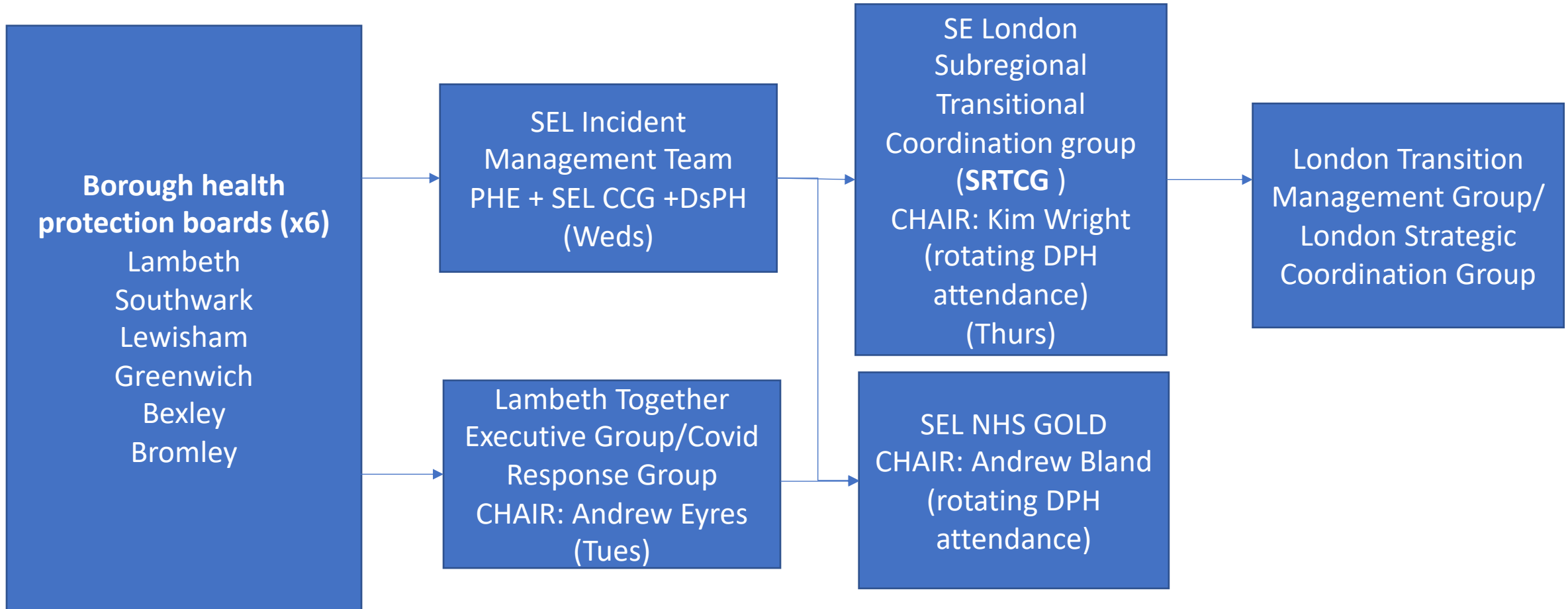
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Local governance and function of boards



SEL Covid-19 Governance



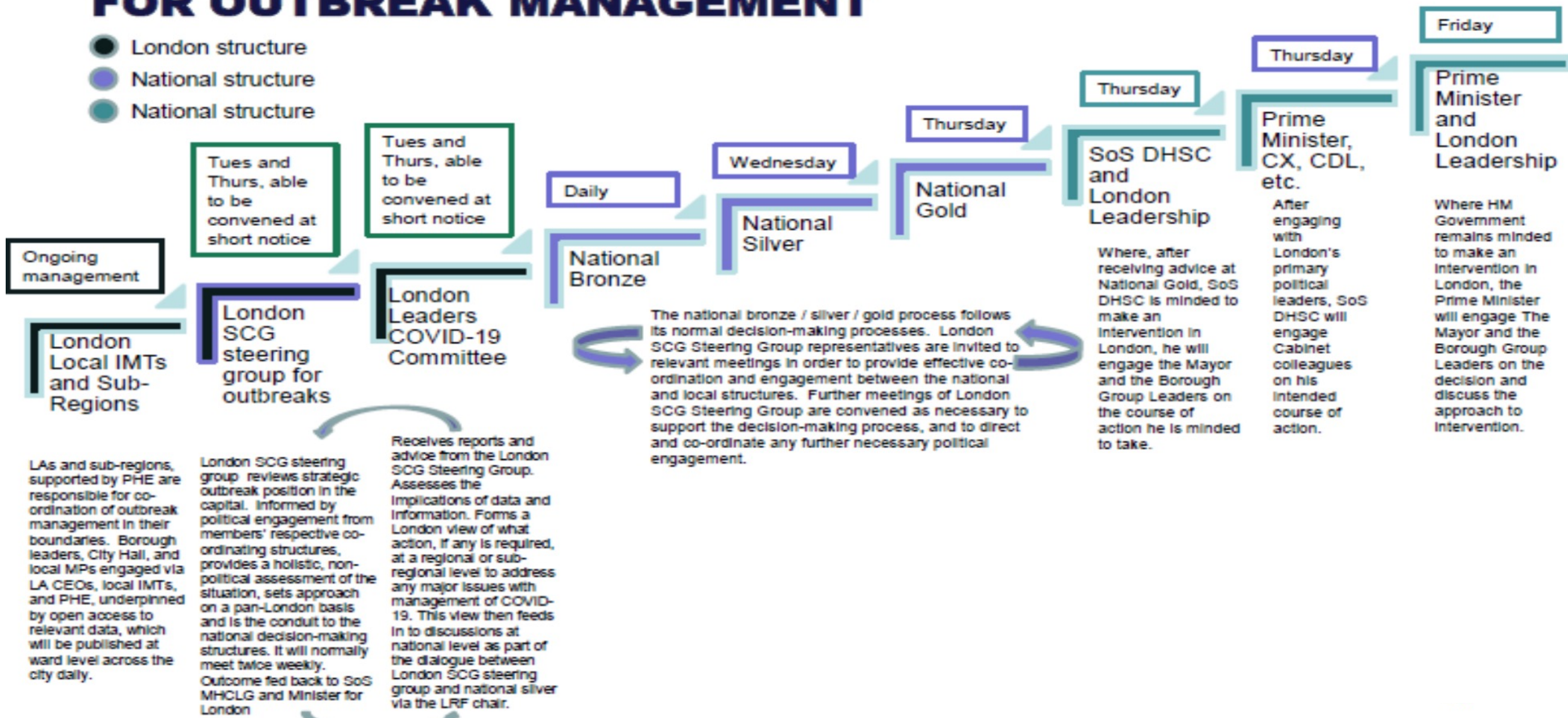
SEL Covid-19 Governance

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



LAs and sub-regions, supported by PHE are responsible for co-ordination of outbreak management in their boundaries. Borough leaders, City Hall, and local MPs engaged via LA CEOs, local IMTs, and PHE, underpinned by open access to relevant data, which will be published at ward level across the city daily.

London SCG steering group reviews strategic outbreak position in the capital. Informed by political engagement from members' respective co-ordinating structures, provides a holistic, non-political assessment of the situation, sets approach on a pan-London basis and is the conduit to the national decision-making structures. It will normally meet twice weekly. Outcome fed back to SoS MHCLG and Minister for London

Receives reports and advice from the London SCG Steering Group. Assesses the Implications of data and Information. Forms a London view of what action, if any is required, at a regional or sub-regional level to address any major issues with management of COVID-19. This view then feeds in to discussions at national level as part of the dialogue between London SCG steering group and national silver via the LRF chair.

The national bronze / silver / gold process follows its normal decision-making processes. London SCG Steering Group representatives are invited to relevant meetings in order to provide effective co-ordination and engagement between the national and local structures. Further meetings of London SCG Steering Group are convened as necessary to support the decision-making process, and to direct and co-ordinate any further necessary political engagement.

Where, after receiving advice at National Gold, SoS DHSC is minded to make an intervention in London, he will engage the Mayor and the Borough Group Leaders on the course of action he is minded to take.

After engaging with London's primary political leaders, SoS DHSC will engage Cabinet colleagues on his intended course of action.

Where HM Government remains minded to make an intervention in London, the Prime Minister will engage The Mayor and the Borough Group Leaders on the decision and discuss the approach to intervention.

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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Resources

With the removal of all restrictions and the ceasing of testing and contact tracing the requirement for a covid response service is significantly reduced.

The Covid Response service has put in place rapid restart plans should an escalated local response be required and capabilities within contact tracing and testing services have been retained within the organisation to ensure organisational memory in such cases.

A transition team will be in place during the first part of 2022-23 to ensure immediate resilience following the ending of testing and contact tracing. Additional health protection resource is being retained to ensure additional support to vulnerable and at-risk settings.

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.

Activity to encourage covid-secure behaviours and to encourage vaccination uptake will continue through core Public Health activity and the development of a 2-year plan for building a sustainable response to the health and wellbeing impacts of Covid-19 and the cost-of-living crisis

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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.
- Specific outreach to communities disproportionately affected through the location of the Lambeth Health and Wellbeing Bus and targeted events.

Sub regional (through integrated care systems)

- SEL Equalities in Vaccination Taskforce has supported the sharing of good practice across boroughs and commissioned interventions for the Black community with a focus on geographical areas with lower vaccination uptake.
- A SEL KHP Prevention and Health Inequalities Working Group has been set up to focus on primary and secondary prevention using the vital 5
- 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. These have been reviewed and proposed actions put forward. The themes are
 - Trust and cohesion
 - Improving ethnicity data collection and research
 - Diversifying the workforce and encouraging systems leadership
 - Co-production with communities
 - Embedding public health work in social and economic policy

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

LCRC / Local Authority Response

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

Document History

Version	Date	Description	Link to document
v1	30 Jun 2020	Plan finalised, approved and published	June version
v2	14 Oct 2020	Updated to outline progress and reflect changes in governance, powers and government guidelines	
v3	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	
V4	22 Oct 2021	Full update – reflection of removal of restrictions and Autumn/Winter plan	
V5	March 2022	Full update – reflection of removal of all restrictions	