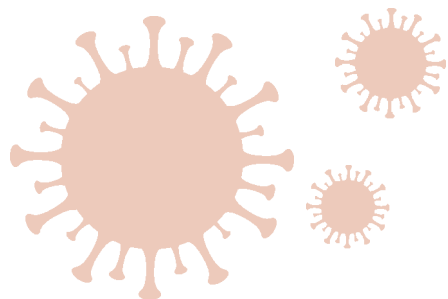


COVID-19 Local Outbreak Management Plan

London Borough of Wandsworth
May 2021

Public Health





Abbreviations

AD	Associate Director	JCVI	Joint Committee on Vaccination and Immunisation
ADPH	Association of Directors of Public Health	LA	Local Authority
ASC	Adult Social Care	LAMP	Loop-mediated Isothermal Amplification
ATS	Asymptomatic Testing Sites	LCRC	London Coronavirus Response Cell
BAME	Black Asian and Minority Ethnic	LFD	Lateral Flow Device
CCG	Clinical Commissioning Group	LFT	Lateral Flow Test
CDL	Chancellor of the Duchy of Lancaster	LOMP	Local Outbreak Management Plan
CE	Chief Executive	LRF	Local Resilience Forum
CEHO	Chief Environmental Health Officer	MECC	Make Every Contact Count
CEO	Chief Executive Officer	MFF	Multi Faith Forum
CFS	Community and Faith Sector	MTU	Mobile Testing Unit
CILS	Community Independent Living Service	NHS	National Health Service
CMO	Chief Medical Officer	NPIs	Non-Pharmaceutical Interventions
COMF	Contain Outbreak Management Fund	PCR	Polymerase Chain Reaction
COVID-19	Coronavirus Disease 2019	PH	Public Health
CQC	Care Quality Commission	PHE	Public Health England
CT	Case Tracing	PPE	Personal Protective Equipment
CTP	Community Testing Programme	RSP	Regulatory Services Partnership
Cx	Chancellor of the Exchequer	RT-qPCR	Reverse Transcription Quantitative PCR
DASS	Director of Adult Social Services	RNA	Ribonucleic Acid
DCS	Director of Children's Services	SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
DHSC	Department of Health and Social Care	SCG	Strategic Coordination Group
DPH	Director of Public Health	SOP	Standard Operating Procedures
ECT	Enhanced Contact Tracing	SoS	The Secretary of State
EHO	Environmental Health Officer	SPoC	Single Point of Contact
EPRR	Emergency Planning Resilience and Response	STP	Sustainable Transformation Partnership
GPs	General Practitioners	SWL	South West London
HPT	Health Protection Team (Public Health England)	T&T	Test and Trace
ICEC	Islamic Culture and Education Centre	UKHSA	United Kingdom Health Security Agency
iCERT	Interactive Common Exposure Review Tool	VCS	Voluntary and Community Sector
ICS	Integrated Care System	VOC	Variant of Concern
IMT	Incident Management Team	VUI	Variant Under Investigation
IPC	Infection Prevention Control	WGS	Whole Genome Sequencing
JBC	Joint Biosecurity Centre		

COVID-19 Outbreak Control Plan

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1 Purpose and Objectives

Purpose

The purpose of the Wandsworth COVID-19 Local Outbreak Management Plan (LOMP) is to set out how we respond to outbreaks of COVID-19 in the borough, including new emerging variants, and to coordinate efforts across all stakeholders to protect and keep residents safe.

This plan is a collaborative effort developed locally across the council describing our interface with various levels of the national NHS Test and Trace Service, with the regional service led by Public Health England's London Coronavirus Response Cell (LCRC). It also details our governance arrangements with roles and responsibilities for stakeholder engagement.

Communication and engagement with residents and stakeholders will be key to the successful delivery of our plan.

1.1 Objectives

The newly configured UK Health Security Agency (UKHSA) will combine key elements of Public Health England (PHE) with the Joint Biosecurity Centre (JBC) and NHS Test and Trace. The UKHSA is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with the Director of Public Health, playing strategic and operational leadership roles both in the development and implementation of the LOMP and in the identification and management of outbreaks.

The Local Director of Public Health is responsible for putting in place borough-based measures to identify and contain outbreaks and protect the public's health, including producing a LOMP and establishing a COVID-19 Health Protection Board. This is outlined as a responsibility in the Contain Framework, supported by the Association of Directors of Public Health¹.

1.2 The Legal Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020
- In the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020.

¹ Department of Health and Social Care. (2021). COVID-19 Contain framework: a guide for local decision makers. [Last accessed 13/05/2021]. Available here: <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#local-outbreak-management-plans> Association of Directors of Public Health (2020). Explainer: Local Outbreak Control Plans. [Last accessed 13/05/2021]. Available here: <https://www.adph.org.uk/2020/06/explainer-local-outbreak-plans/>



This underpinning context gives Local Authorities (CEO, Public Health and Environmental Health) and Public Health England the primary responsibility for the delivery and management of Public Health actions to be taken in relation to outbreaks of communicable disease (through local health protection partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance: Health Protection in Local Government.

The Director of Public Health has and retains primary responsibility for the health of their communities. This responsibility includes assurance that there are robust arrangements in place to protect the health of local communities, and that these arrangements are effectively implemented. Effective development and deployment of the LOMP relies on the Public Health expertise of the local Director of Public Health.

1.3 Recent Updates to Our Local Plan

Publication of the Government's Roadmap out of national lockdown^{2,3}, the accompanying refresh of the Contain Framework and an increasing focus on Variants Of Concern (VOCs) highlight the importance of updating local plans. Updates to the plan will reflect recent landscape changes, incorporate learnings from the past nine months and enable a strong position for local management in the next phase of our COVID-19 response. The plan has also been updated to reflect the pan-London approaches to outbreak control.

The roadmap out of lockdown and the importance of local outbreak control:

The success of the vaccination rollout, alongside falling infections and hospitalisations, is paving the way for the safe and gradual lifting of restrictions. Vaccines will mean that fewer people will get COVID-19 and that those who do are far less likely to go to hospital or die. However, it is important to remember that not all those offered the vaccine will take it up. Moreover, although highly effective, not all those who are vaccinated will be 100% protected and like all viruses COVID-19 can mutate. As a result, it is vital that local outbreak management plans are strengthened with this new context in mind. This iteration of the plan considers that with lockdown easing there will be a need to contain local outbreaks, requiring strong and comprehensive local capabilities.

Effective local outbreak management during lockdown easing is vital, requiring both national and local infrastructure and capability. This includes:

- Continued delivery of Test, Trace and Isolation systems to rapidly identify local infections, with governmental support encouraging self-isolation.
- Utilisation of insight, intelligence and surveillance to understand the source and spread of local infections, allowing effective intervention to reduce spread.
- Local case tracing and other local interventions such as COVID-19 Marshalls, door knocking and enhanced contact tracing capabilities.
- Accessible asymptomatic testing, encouraging both targeted and wider population access to rapidly identify local infections.
- Rapid identification and control of VOCs through surveillance and deployment of effectively targeted surge testing.
- Continued engagement with local communities to encourage testing access, compliance with guidance and embed good habits and safe behaviours that minimise transmission.
- Comprehensive support for local settings to respond to clusters and outbreaks with sector reopening, ensuring COVID-19 guideline compliance.



2 Addressing Inequalities

Following the release of the PHE report on the disproportionate impact of COVID-19 in June 2020, particularly amongst Black, Asian and Minority Ethnic (BAME) communities, the Local Authority (LA) has responded in several ways.

Local level

Wandsworth Council has taken multiple approaches to addressing vaccination uptake in different communities and settings throughout the borough. These include:

- **Care Homes:** The council is supporting the rollout of vaccination in care homes through regular communications on vaccinations, answering questions and concerns and providing information sessions for care home managers and their staff. The council contacted every care home individually to identify the support that managers needed and produced an action plan for each home regarding vaccination uptake. This has produced good results with uptake increasing around 10% within a two-week period.
- **Voluntary Community Sector:** The council has engaged well with the Voluntary and Community Sector (VCS) since the first lockdown, with regular meetings held with the VCS leads where key issues relating to COVID-19 are discussed.

Currently, discussions are being held around improving access to lateral flow testing and vaccine uptake across various communities in Wandsworth.

- **Faith Groups:** Substantial links have been developed with faith groups in the borough over the last year. Engagement has primarily been through the Wandsworth Multi Faith Forum (MFF). The MFF is comprised of 30 or more faith leaders, primarily from Black led evangelical Christian Churches amongst others. The Council Leader and the Director of Public Health participated in two recent engagement meetings which have been helpful in understanding the support needs of faith communities around COVID-19 public health guidance and vaccinations.
- **Places of Worship:** The Council is in contact with local mosques, for example Balham Mosque and Battersea Mosque (Islamic Culture and Education Centre - ICEC). Representatives from ICEC are now working with the Council to secure donated food and establish links to a new foodbank established by the VCS. They are partnering with Citizens Advice Wandsworth for financial hardship guidance and investigating the possibility of ICEC becoming a COVID-19 vaccination site to increase uptake in the Muslim community.

- **Community Leaders:** The council is working on a short-term project to support the uptake of COVID-19 vaccine in residents and communities by identifying local leaders, or community group lead connectors who may be best placed to influence their local population and can help residents make informed decisions about taking the vaccine. The council's Public Health Team delivered Make Every Contact Count (MECC) training in the week commencing 1st of February 2021 to community group leaders to support them with conversations about COVID-19 vaccine uptake and messaging with community groups. In addition, the council offered support to local mosques during surge testing to deliver and pick up test kits in bulk.
- The council's Insight and Analytics Team undertook data analysis to look at vaccine take up to identify under-represented groups. A Covid-19 equality impact assessment was carried out in the borough. Data analysis was used to identify low take up which informed subsequent targeted action. Wandsworth developed communications for residents, including videos to ensure messaging on Covid-19 and vaccines is easily accessible.

² Commencing at the start of January 2021. Gov. (2021). Prime Minister announces national lockdown. Available at: <https://www.gov.uk/government/news/prime-minister-announces-national-lockdown> [Last accessed 03/03/2021].

³ Gov. (2021). COVID-19 Response - Spring 2021. Available at: <https://www.gov.uk/government/publications/covid-19-response-spring-2021> [Last accessed 03/03/2021].



This work is part of a wider project which aims to ensure culturally sensitive messaging around COVID-19, vaccination and prevention of ill-health. It includes developing targeted communications using a variety of media to increase health literacy, develop a robust understanding of the effects of COVID-19 on vulnerable communities and increase confidence in the vaccines.

Public Health also hosted a Wandsworth Council Staff COVID-19 vaccine event. Wider work locally includes Behavioural Insights research on attitudes towards the COVID-19 vaccine, including questions and fears among diverse communities across the London- South-West London (SWL) network.

Regional level (pan-London)

In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure that 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 Strategy Implementation Plan;
- Promote and support collaboration and action at neighbourhood, borough and ICS (Integrated Care System)/STP (Sustainable Transformation Partnership) levels;
- Put in place enabling work identified by local partnerships as helpful to their joint working;
- 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.

Emerging priorities across London include:

- 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.

In February 2021, the Association of Directors of Public Health (ADPH) London released a position statement in supporting BAME 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 2021/22 and which focuses on five themes. The themes will be aligned with partner organisations priorities for the London Health Equity Delivery Group, and development and delivery of actions will be reported to the London Health Equity Group.



3 Ongoing Role of Non-Pharmaceutical Interventions (NPIs)

Non-pharmaceutical interventions (NPIs) are actions that people and communities can take to help slow down the spread of viruses such as COVID-19. Such community mitigation strategies include the use of face masks, regular hand washing, social distancing, meeting outdoors and adequate indoor ventilation. NPIs will continue to play a significant role in preventing the spread of infection. Ongoing NPIs will be implemented and recommended, depending on the current national restrictions and guidance. This will include creating local messages based on the national guidance and infection prevention control measures in relation to the importance of infection control through social distancing, use of face masks and regular hand washing. The chosen mix of NPIs should differ based on the local transmission situation. In the case of enduring transmission, NPIs will also be recommended and included in planning [see section on Enduring Transmission].

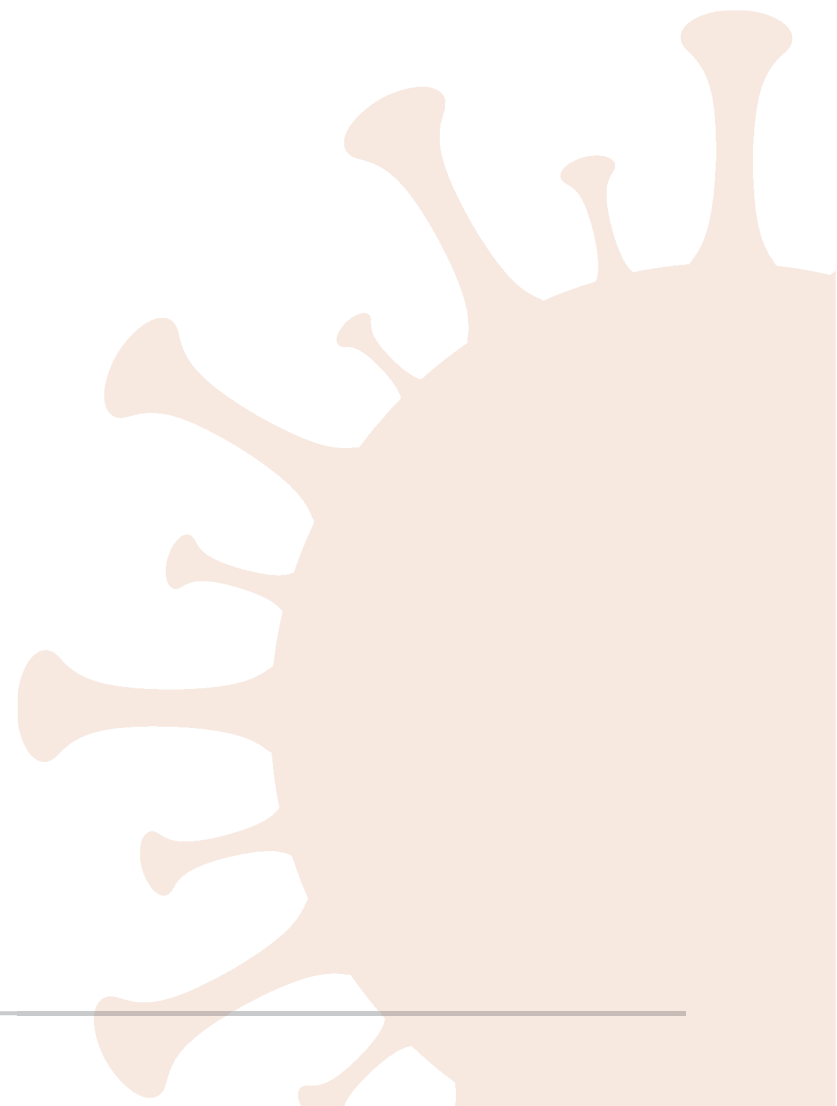
NPIs have played a critical role in reducing transmission rates and the impact of COVID-19. NPIs will continue to be the main public health tool against SARS-CoV-2 alongside the delivery of the vaccination programme.

Our approach to NPIs will align with the national recommendations in the Government's Roadmap. The approach will draw on campaign material and resources produced by Public Health England's Campaign Resource Centre.

The Communications Team may localise this information with local branding and reference points. Local settings, such as workplaces, shops, hospitality venues and community centres, will be encouraged to promote the use of NPIs using these materials.

The Roadmap outlines the 'Safe Behaviours', which reflect the recommended NPIs, as follows:

- Wash hands frequently, for at least 20 seconds.
- Wear a face covering in enclosed environments, to cover both the nose and mouth.
- Maintain space with anyone outside your household or bubble.
- Meet with others outdoors where possible.
- Minimise the number of different people you meet and the duration of meetings, if possible.
- Let fresh air in.
- Download the NHS Test & Trace app.
- Get a test immediately if you have symptoms.
- Self-isolate if you have symptoms, have tested positive, or had contact with someone with COVID-19.



COVID-19 Outbreak Control Plan



The diagram below illustrates the role of NPIs at three levels; universal use, use when there is community transmission and use in the event of widespread transmission.

1. What every one of us can do



Physical Distancing



Strict hand hygiene



Respiratory etiquette



Appropriate use of face masks, in areas where physical distancing is not possible



Stay at home if you have COVID-19 compatible symptoms

2. Possible actions when there is community spread



If you had direct contact with a COVID-19 case, stay at home and self monitor



Ideally, meet with the same people, whether family friends or co-workers



Limit the size of gatherings, eventually close selected businesses



Work from home where possible



Regular cleaning of frequently touched surfaces and objects

3. Considerations in the event of widespread transmission



Ensure appropriate ventilation of indoor spaces



Stay-at-home policy



Population-wide testing strategies in local settings with high incidence



Considering closure of schools and educational settings

4 Management of Variants Of Concern (VOCs)

Mutations and variants of the COVID-19 virus can present a significant risk. As well as potentially being more transmissible and leading to more severe clinical consequences for individuals, mutations also present the possibility for COVID-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and therapeutics.

Local Authorities play a key role in the investigation, management and control of COVID-19 variants designated as VOCs. This is achieved through support from and partnership working with, PHE and NHS Test and Trace at regional and national levels. The overarching purpose is to restrict the widespread growth of VOCs in the population by:

- Detecting, tracing and isolating cases to drive down overall community transmission, and
- 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 respective boroughs, including local "surge" testing, complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

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. This will be 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.

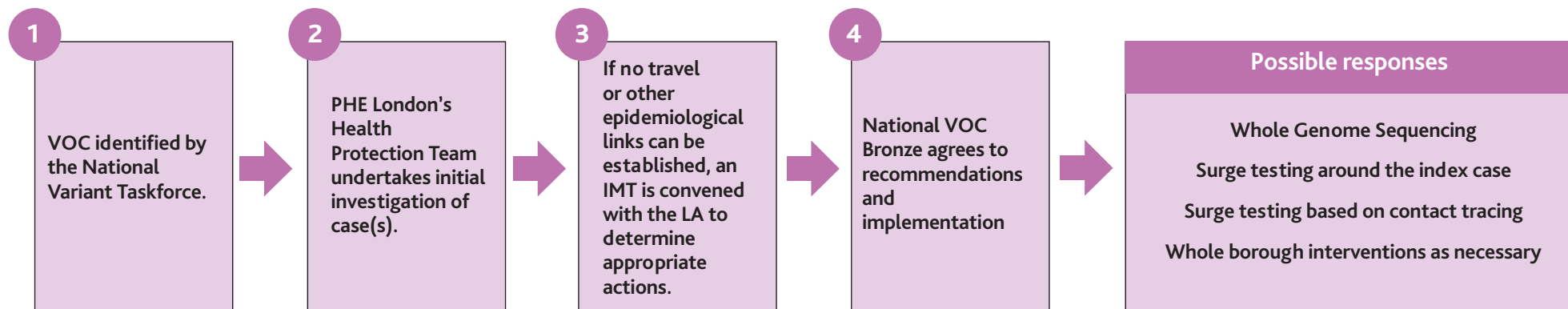
The planned local response to a VOC will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

Wandsworth Council will work in conjunction with partners such as PHE and the Department of Health and Social Care (DHSC) to rapidly develop and mobilise plans to detect and contain VOCs.



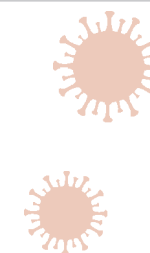
COVID-19 Outbreak Control Plan

Variants Of Concern (VOCs) Investigation and Management



Guide to determining Public Health Action - range of approaches (part 1)

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing
<p>Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period.</p> <p>Data led e.g. small area / geography around VOC case; setting specific; whole borough.</p> <p>Contingent on national capacity.</p> <p>Explore leveraging local hospital and academic sequencing capabilities.</p>	<p>Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours.</p> <p>Enhanced or increased local communications to encourage and ensure people get tested.</p> <p>Start or potentially increase the local booking arrangements for Local Test Sites.</p>	<p>Determine target population, geography or setting.</p> <p>Determine best operational method(s) for targeted surge testing e.g.:</p> <ul style="list-style-type: none"> • Door drop model (Council, VCS or other trusted delivery partner, commercial partner). • Collect and drop model, roving model. • Tests to schools and other community provision that offers testing including community pharmacies. • Asymptomatic Testing Site (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. 	<p>Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to Contact Tracing Advisory Service/the trace process.</p> <p>A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting.</p> <p>LA's Local Case Tracing Partnership service works alongside national VOC Trace cell.</p> <p>Re-enforcement of isolation and public health advice to all cases and contacts.</p> <p>Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider outbreak control.</p>



Guide to determining Public Health Action - range of approaches (part 2)

Support for isolation	NPIs	Monitoring and evaluation	Communications and engagement
<p>Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts.</p> <p>Self-isolation payments and discretionary support for those in financial need.</p> <p>Consider enhanced welfare support/follow up calls and other enhancements.</p>	<p>Post national restrictions / lockdown, consider need for targeted, local NPIs / restrictions as part of VOC control approach.</p> <p>Reinforce Covid-secure and IPC measures in key settings.</p>	<p>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the Local Authority and Incident Management Team in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation.</p>	<p>Locally led plan for culturally competent communications and community engagement.</p> <p>Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge testing activities.</p> <p>Ensure alignment of national with local communications.</p> <p>Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes.</p> <p>Harness existing community assets, networks and trusted messengers e.g. community champions.</p> <p>Specific considerations include: an inbound helpline; a postcode checker on council website.</p> <p>Working with national government on guidance on how to do tests.</p> <p>Use of a range of communication approaches including, social media, letters, leaflets, outreach and encouraging networks to share messages.</p>

5 Testing

Responding to the COVID-19 pandemic requires an effective and proactive programme of testing, contact tracing, and self-isolation to break chains of transmission. Partnership between national, regional, and local bodies is vital to ensure a co-ordinated, coherent response. The local leadership of the Director of Public Health is key in its effectiveness.

The initial testing focus has been on surveillance and diagnosis of symptomatic cases using Polymerase Chain Reaction (PCR) laboratory tests that take 24 – 48 hours. More recently, the importance of asymptomatic testing has come to the fore, using Lateral Flow Devices (LFDs), providing rapid test results. Overall, testing is a key component of all Local Outbreak Management Plans, allowing an understanding of where infections are emerging and detecting asymptomatic infections. Testing also contributes to ongoing surveillance, including identification for vaccine-evasive disease and new strains.

National: Nationally the testing landscape has changed dramatically during the development of the pandemic, with a mixture of nationally, regionally and locally run initiatives as well as symptomatic and asymptomatic testing and targeted pilots. The combination of these programmes supports effective and early identification of the virus in the general population as well as targeted groups at higher risk of exposure to the virus. The predominant national programmes that should be noted within the context of local outbreak response include:

Symptomatic PCR testing for:

- Symptomatic testing sites (detailed further below)
- Testing for NHS, Care Homes and Adult Social Care staff
- Home testing kits ordered via the Government's national booking system
- Testing for prisons
- Workplace testing

Asymptomatic Lateral Flow Device (LFD) testing:

- Testing for workplaces - Register to order free lateral flow coronavirus tests for your employees - GOV.UK (www.gov.uk)
- Testing for schools
- Testing for prisons
- Testing for Day Care Centres - PCR testing for day care centres in England
- Home testing deliver - accessible via the online national service

Some of the above programmes are delivered with Local Authority support.

Regional: The regional testing site is at Twickenham Rugby Stadium. Testing requires booking via the Government national booking system or NHS 119 for those who cannot use the online system.

Local: Locally, residents can access information on where symptomatic and asymptomatic testing is available on the Local Authority website.

Note that attendance for symptomatic testing requires booking via the Government national booking system or NHS 119 for those who cannot use the online system.



Symptomatic and asymptomatic testing approaches locally:

Symptomatic testing:

Local Testing Sites - These are designed for access on foot or via motorbike/bicycle only and NOT by public transport or taxi, to serve more vulnerable people who may only be able to access a test site by walking locally or require a more in-depth and guided approach in taking a test.

Mobile Testing Units (MTUs) - MTUs are part of the Government's national infrastructure for COVID-19 testing, with the aim of expanding the reach of testing across the UK. MTUs offer agile temporary testing capabilities that can be set up quickly to serve communities as required.

The above testing is accessible for symptomatic individuals via the Government national booking system or NHS 119 for those who cannot use the online system. Testing is via appointment only.

Asymptomatic Testing:

It is estimated that up to a third of individuals who test positive for coronavirus have no symptoms and can therefore unknowingly spread the virus.

Locally asymptomatic testing is accessible via the local Community Testing Programme, the programme seeks to rapidly expand access to asymptomatic testing to

the wider population. Other complimentary programmes are run nationally, such as the workplace programme, where employers can register to establish their own local testing provision.

The Community Testing Programme (CTP) was launched by the Government in December 2020, to enable local authorities with a high prevalence of COVID-19 to work in partnership with the Government, to accelerate a reduction in prevalence by identifying asymptomatic cases through local testing. It works alongside other forms of symptomatic and asymptomatic testing led by the Government and has a powerful role to play in protecting the public's safety and wellbeing, particularly by providing testing to critical local services and hard to reach communities based on local knowledge and prioritisation.

Community Testing using rapid lateral flow devices can help identify people who are infected and potentially infectious but asymptomatic and unaware that they might be spreading the disease, so that their contacts can be traced, supporting them to isolate and preventing transmission to others. Testing is delivered using lateral flow diagnostic technology that allows results within 30 minutes without the use of a laboratory. Identifying infectious individuals early and isolating them can significantly reduce transmission of the virus and break transmission chains. LFDs are being adopted internationally to reduce the prevalence of the virus.

Currently community testing is being delivered through asymptomatic testing sites, community collection points, as well as local pharmacies. As a health, social and a community asset with strong links to the communities they serve, pharmacy teams are well placed to play an important role in ensuring access to testing for local communities, especially deprived communities who may not access other conventional NHS services.

This is due to their geographical reach, clinical infrastructure and expertise, long opening hours, and the trust and support of residents. Delivering testing through pharmacy settings also presents a more sustainable model for continued testing delivery.

Further work is underway to deliver Collaborative Testing, working with underserved communities.

For information on local symptomatic and asymptomatic testing visit the Local Authority website. The diagram on the next page illustrates the London testing overview.

COVID-19 Outbreak Control Plan

London COVID-19 Testing Overview

Aims and Purpose of Testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**.
- **Surveillance**, including identification of vaccine-evasive disease and new strains.
- To investigate and **manage** outbreaks.
- To **enable** safer re-opening of the economy.

Pillar 1 (NHS Settings)

PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR, LAMP) & quicker testing

- Symptomatic patients that arrive in a hospital setting.
- Asymptomatic to support infection prevention & control eg. elective care, inpatient care, mental health, maternity and discharge planning.
- Symptomatic NHS frontline staff in an outbreak situation and household members.
- Routine testing of asymptomatic NHS staff and contractors.
- Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study⁴.

⁴ <https://snapsurvey.phe.org.uk/siren/>

Pillar 2 (Mass Population/Community)

Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VoC surge testing

- 5 Drive-thru Regional Test Sites.
- 29 MTUs available across London for routine testing and surge capacity deployment.
- 84 LTS across 32 boroughs.
- Home Testing Kits.
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents.
- CQC-registered domiciliary care provider weekly staff testing.

Pillar 2 (Mass Population/Community)

Asymptomatic rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites.
- Whole student population in higher education institutions.
- National pilots/programmes.
- Workplaces.
- Schools.
- Adult social care:
 - Visitors.
 - Visiting professionals.
- Rapid response LFD testing following care home outbreaks.
- Domiciliary care.
- NHS staff.
- Private sector testing.
- Pilots.



6 Wastewater Surveillance

The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting wastewater sampling for SARS-CoV-2 at approximately 30 sites around London since mid-December 2020.

Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population. The size of the catchment areas of the sampling sites will vary, and this needs to be borne in mind when interpreting results.

- Surveillance includes daily SARS-CoV-2 Ribonucleic Acid (RNA) concentrations detection. Key considerations include trend and level of detection. It is important to note that a one-off high reading can be misleading due to sampling problems, but consistent trends in change and when comparing to other areas should alert to higher levels.
- The JBC also reports levels of detection in a map, as well as change in detection. Surveillance includes mapping changes in RNA concentrations and the size of catchment area. Mapping shows location of the sampling sites and the size of catchment areas.

Currently there is pilot work to use wastewater samples to support surge testing for detection and control of VOCs, through genomic sequencing of wastewater samples. However, this is work in progress and is currently focussed on Bristol.

The sewage treatment centres covering Wandsworth are:

- Mogden
- Crossness
- Hogsmill

7 Local Case Tracing and Enhanced Contact Tracing

In Wandsworth, the local tracing services are designed to enhance case tracing and increase the rate of follow up and completion from the national NHS Test and Trace service. Since the launch of local case tracing, the follow up of cases is higher than the London average.

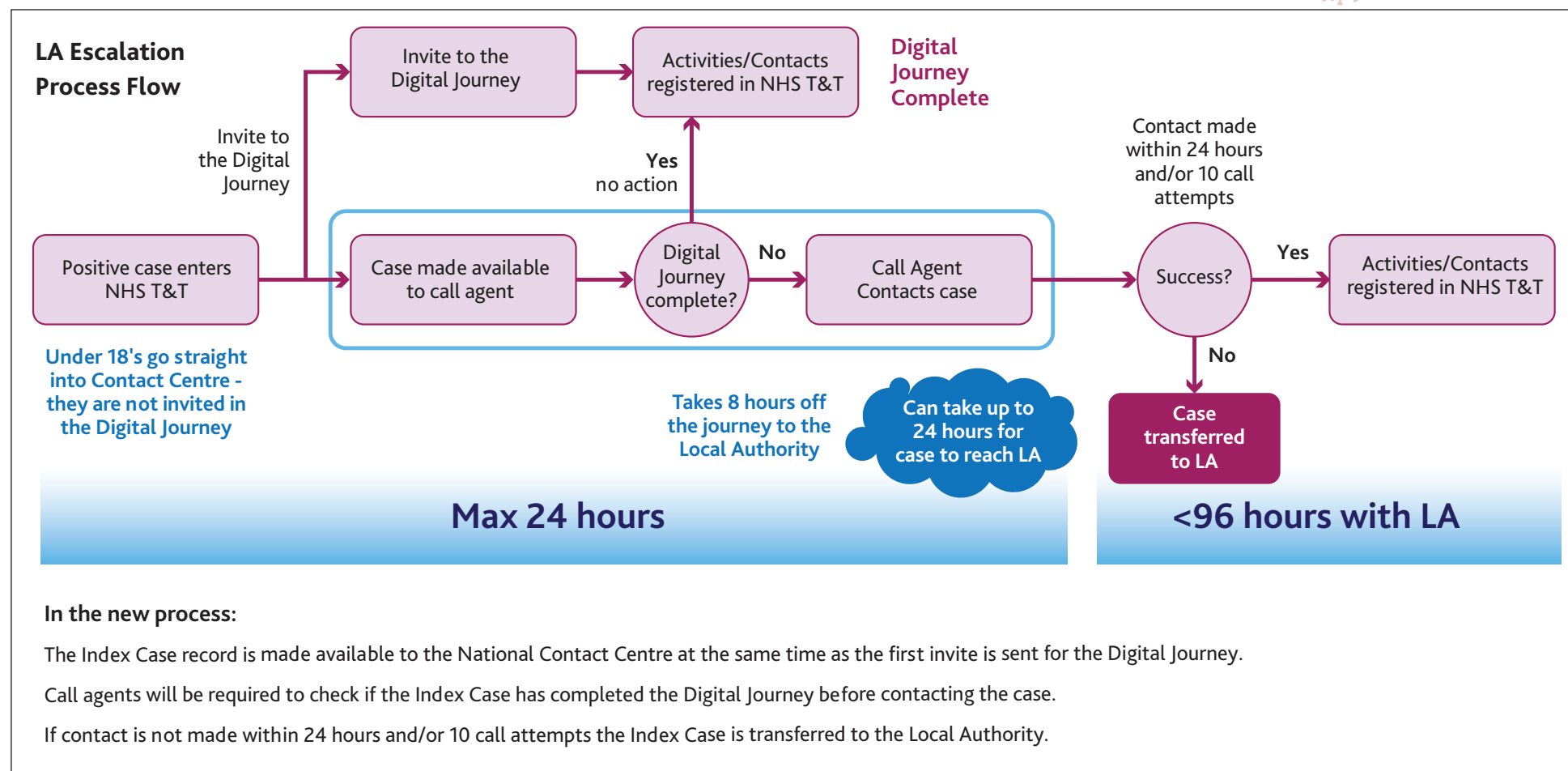
- The national NHS Test and Trace team allows eight hours following confirmation of a positive case, to encourage cases to complete their own contact data on a web portal.
- After this, the national NHS Test and Trace team spends the next 24 hours attempting to contact the case before it is forwarded to the local borough-based Case Tracing team.
- The local service will utilise local systems to make contact with the individual directly.
- This is outlined in the Local Contract Tracing Partnerships diagram.

Implementation of a local enhanced contact tracing service is currently being considered. Enhanced contact tracing for cases of COVID-19 is a systematic process of using information collected from cases during the contact tracing interviews to identify clusters of cases and activities/settings where transmission may have occurred. This intelligence is combined with local sources of information known to Local Authority and health protection teams to assess whether investigation may be needed to determine whether public health actions may be needed in these settings to prevent further transmission.





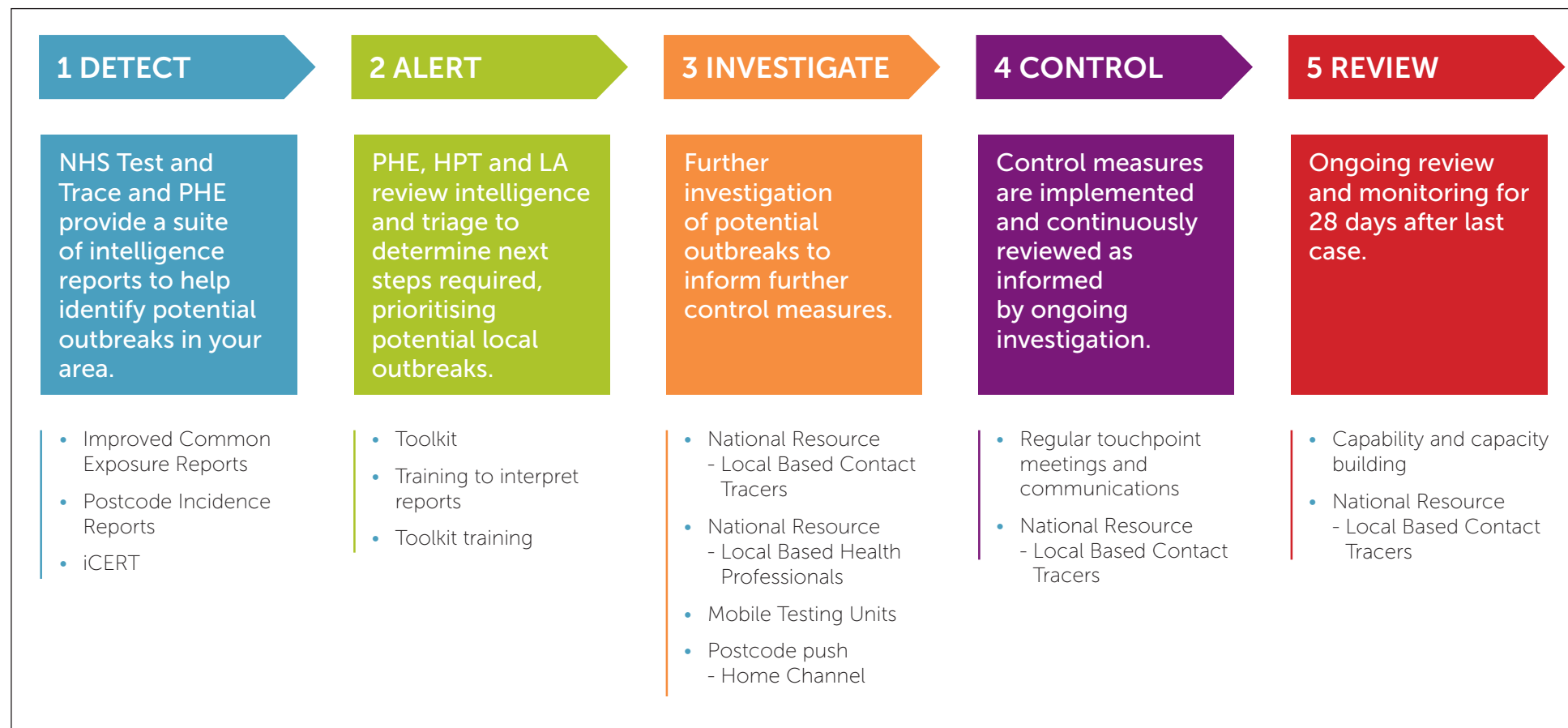
Local Contact Tracing Partnerships



COVID-19 Outbreak Control Plan



The 5 stages of Enhanced Contact Tracing and Bespoke Support



8 Enduring Transmission

Enduring transmission is defined by high rates of COVID-19 that remain above the national average for a long period of time. Acting on enduring transmission is critical to help reduce the disproportionate impact of COVID-19 on under-served communities, that are already at greatest risk of the burden of ill health due to COVID-19. Whilst promoting uptake of the vaccine should have a positive impact in tackling enduring transmission, other steps will need to be taken to reduce the risk.

It is important to consider the factors which may contribute to enduring transmission and monitor these to anticipate any geographical areas or communities in which transmission may be sustained for long periods. For example, monitoring the extent to which communities and population groups are engaging in asymptomatic and symptomatic testing, using NPIs and taking up vaccination offers.

Above and beyond community outbreaks it is also possible that enduring transmission will be identified within either a particular geographical area, or a particular cultural community, within Wandsworth. This would consist of persistently high rates of COVID-19, in contrast to other areas, and resistant to wider-spread restrictions and other NPIs.

The approach taken in this scenario would build on the approach to community outbreaks, and would likely involve some or all of:

- Flexing of capacity around communications, engagement (e.g. activity of Covid Marshalls), enforcement and testing to concentrate on the area;
- Identification of and work with key settings in the area, across community and voluntary sectors, local businesses, and statutory settings;
- Consideration of enhanced activity around contact tracing and support in isolation;
- Consideration of more active use of local powers where events or settings were considered a risk to public health;
- Engagement through LFD testing, asymptomatic testing with communities or in geographical areas. This will include collaborative testing through a faith group or minority group that might not be engaged in mainstream testing offers. Faith settings are used and run by the community to engage in testing.





9 Approach to Compliance and Enforcement

The Regulatory Services Partnership (RSP) team takes the lead in carrying out enforcement. The RSP team comprises Environmental Health Officers and Food Safety Managers. RSP works closely with local businesses to ensure they are operating in a COVID-19 secure manner, are compliant with the current guidance and have conducted the necessary risk assessments. It also supports businesses to manage outbreaks. RSP will work in partnership with all external stakeholders including businesses, business forums, community groups, and members of the public to seek compliance with Covid-19 regulations. RSP, Public Health and the wider council use a range of methods such as providing up-to-date information on our website, business newsletters, engagement through Covid Marshalls or Enforcement Officers.

Local communications have been distributed to businesses to support them in creating COVID-19 compliant premises. These communications will continue along with pro-active practical support for businesses, identifying commonly experienced issues in relation to compliance and working with businesses to find solutions to ensure that they are able to operate in a COVID-19 secure way.

To be recognised as a COVID-19 safe business, it must declare compliance to a range of measures, including:

- undertaking a comprehensive COVID-19 risk assessment,
- putting in place appropriate controls,
- training staff so they adhere to COVID-19 control measures,
- comply with Government and industry guidance to operate safely, and
- declare that they will keep up to date with that guidance and advice.

The business will then be sent a 'COVID-19 safe' poster to display in their premises and will be promoted in our list of COVID-19-safe businesses to help generate a culture of COVID-19 compliance in our business community and provide reassurance for customers using these businesses.

The council's overall approach to Enforcement in COVID-19 management is to:

- Initially seek compliance with COVID-19 law by education, encouragement and engagement with individuals and/or businesses.
- Where other prevention measures have failed or there is deemed to be an imminent risk, we will use our enforcement powers to prevent the spread of infection.

To prepare Enforcement's operational response to an outbreak, Public Health and Regulatory Services Partnership work closely and the following are in place to help with enforcement measures, if required:

- Local procedures and rotas for our Environmental Health and Public Health staff to prepare, if extra staff are needed to be mobilised in the case of a local outbreak.
- Regular meetings and/or operations with the police or other Local Authorities and stakeholders.
- Close working with national and regional agencies to further understand the powers that we have to impose local or regional measures to contain a significant local outbreak (e.g. school closures etc).

There is an agreement in London between the Metropolitan Police and Local Authorities on the enforcement of the law. The police will lead and regulate on matters that directly involve restrictions on members of the public and gatherings or wearing of face masks. The Local Authority will lead on restrictions of businesses and in rare occasions restriction on infected individuals on Health Protection regulations.

In general, the police have the power to regulate and enforce all recent COVID-19 law. Local Authorities have a range of new powers relating to new COVID-19 Business Restrictions as well as existing powers in Health & Safety, Anti-Social Behaviour and Public Health law.

10 London Coronavirus Response Cell (LCRC) / Local Authority Roles and Responsibilities

An agreement was set up to provide a framework for joint working between the PHE, LCRC and the Public Health Teams in the London Local Authorities. The framework supports collaborative management of COVID-19 outbreaks, complex settings and community clusters. This partnership enables us to:

- Have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in the councils' Local Outbreak Management Plan.
- Improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
- Share outbreak information to facilitate appropriate measures.
- Have a Single Point of Contact (SPoC) at the LCRC and in each Local Authority (Director of Public Health or nominated Public Health Manager) to facilitate data flow, communication and follow-up.
- Provide consistent advice to settings and local Public Health Teams.
- The Local Authority will convene an Incident Management Team (IMT) or Outbreak Control Team (OCT).

Incident Management Team (IMT)

Membership of the IMT will vary according to the nature or circumstances of the outbreak and the incident level. A PHE Health Protection Team staff member is expected to be involved in all outbreaks. Usually an Environmental Health Officer (EHO), a Consultant in Public Health and a Director of Public Health will also be required. Additional members will be expected to be involved dependent on the nature of the outbreak. In some circumstances it may be appropriate for the IMT to consist only of PHE staff.

Case reporting

The section below provides information for local organisations regarding reporting of cases:

Where to find information on how to report cases of coronavirus:

COVID-19 early outbreak management information has been created to make sure that people who run businesses or organisations:

- know how to recognise and report an incident of COVID-19.
- are aware of measures local health protection teams may advise in order to contain it.

This information is contained within 'action cards' that have been designed for specific situations where an outbreak could occur. This could be a restaurant or office, a construction site or a place of worship.

The action cards are designed to be downloaded or printed and kept to hand. These quick reference guides provide key steps to help quickly identify, report and respond to any potential COVID-19 outbreak. A COVID-19 outbreak is more than one confirmed case of COVID-19. Depending on the type of organisation, this may also include 'possible' cases of COVID-19.

In order to deliver an effective outbreak response, we need to understand the situation. Government guidance provides further information on COVID-19: epidemiological definitions of outbreaks and clusters in particular settings to assist with actioning an appropriate response in different settings.

Data and surveillance of cases:

Since the start of the pandemic data resources and intelligence tools have rapidly developed, empowering local areas to have a greater understanding of the local epidemiology of COVID-19.

A number of intelligence tools and products have also been produced locally utilising raw data provided from central surveillance functions.

Due to the sensitive nature of some of the data, some of this information is not publicly available. A list of key reports is outlined in the table below, along with links to publicly available data.

COVID-19 Outbreak Control Plan



Key Reports:

Report	Data Description	Use of data	Responsibility	Produced by
COVID-19 Situational Awareness Explorer Dashboard	Positive/negative tests Cases Contact tracing/enhanced contact tracing Vaccination	Production of local surveillance analysis and dashboards	Director of Public Health	Public Health England
COVID-19 Local Authority Report Store	Daily Surveillance reports Contact tracing for NHS Test & Trace (weekly and daily) London Daily Surveillance reports Pillar 1 & 2 exceedance reports	Produce daily surveillance summary for Public Health and Councillors	Public Health England	Public Health England
COVID-19 Local Authority Dashboard	Number of tests and test positivity for: o Pillar 2 o Lateral Flow Testing	Included in the daily surveillance summary for Public Health and Councillors	NHS Digital	NHS Digital

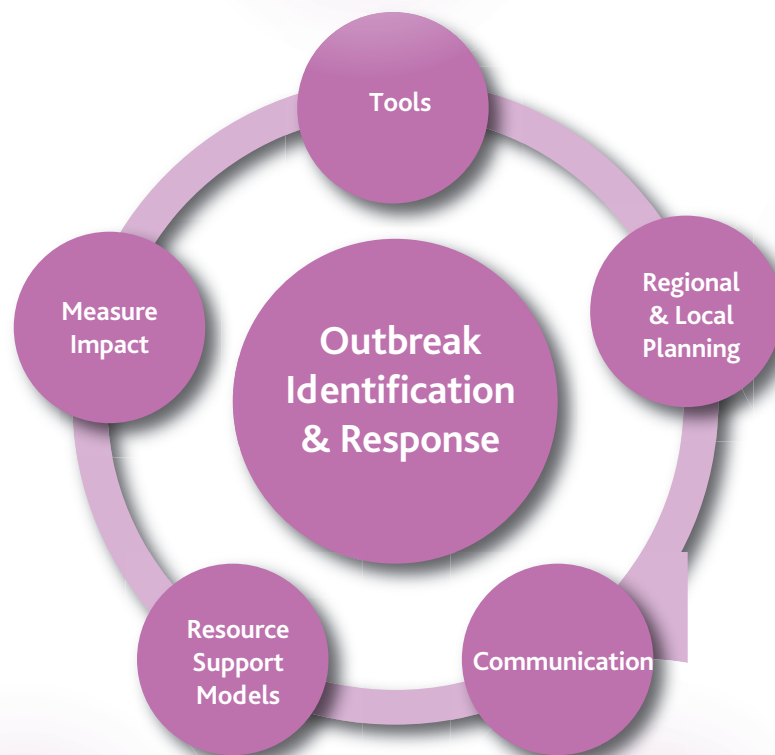
Publicly available data is accessible from a number of websites, including; gov.uk, Public Health England Surveillance reports, NHS Digital, NHS website, Office for National Statistics website as well as the Local Authority website.

COVID-19 Outbreak Control Plan

Outbreak Identification & Response

- PowerBI integrated reports & analytics
- Toolkit - standard operating procedure Chief Executive reports.
- NHS T&T App - Using Alerts to warn and advise.
- Operational Playbook for post ECT actions based on a set of key principles.
- iCERT - Interactive Common Exposure Review Tool.

- Baseline & benefits realisation.
- Build out the operational and data flows analysis processes.
- Agree monitoring metrics for COVID-19 cluster detection and response.
- Develop reporting platforms..



- HPTs & LAs co-design ECT operating plan/s
- Increase usage of or effectiveness of using reports, tools and resources.

- Identify agile resourcing models to support end-to-end ECT process.
- Capability and capacity building including provision of training.
- National resource.

- ECT Explainer.
- Regular touchpoint meetings.
- Coordinated "Newsletter" approach across T&T.
- Develop a suite of Communications utilising appropriate delivery platforms.

COVID-19 Outbreak Control Plan



Local Authority and LCRC Health Protection Team Roles

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	<ul style="list-style-type: none"> • Receive notifications of cases via national text and trace route. • Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols. • Provide support packages as required 	<ul style="list-style-type: none"> • Receive notifications of cases via clinical leads /local authority leads if meet the criteria as agreed in national test and trace protocols • Investigate and manage high risk cases and contacts as per local SOPs
VOCs (or other cases of concern)	<ul style="list-style-type: none"> • Investigate and manage VOC/VUI etc cases and contacts - and present those to follow up • 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 	<ul style="list-style-type: none"> • Investigate and manage initially VOC/VUI etc cases and contacts • Liaise with LA contact tracing for help with no contact cases • Investigate and manage any identical settings • Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing and targeting testing (community or setting focussed) including surge testing
Enhanced contact tracing (Cluster) investigation and management	<ul style="list-style-type: none"> • Investigate, identify priority clusters • Manage clusters as per relevant settings SOPs • Chair IMTs if required 	<ul style="list-style-type: none"> • Overview of cluster identification and management • Overview management of priority settings • Attend IMTs if required
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	<ul style="list-style-type: none"> • Receive notifications of cases and clusters via a number of different routes • Investigate and manage cases and clusters in settings • Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environment and testing etc, including written resources • Chair IMTs if required • Develop and provide communications to stakeholders • Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting 	<ul style="list-style-type: none"> • Receive notifications of cases and clusters via a number of different routes • Overview and investigate and manage cases and clusters in high priority settings • Review and update resources • Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environment and testing etc, including written resources • Attend IMT if required • Develop and provide communication to stakeholders • Liaise with CCG GPs and other healthcare providers to provide ongoing healthcare support to setting

COVID-19 Outbreak Control Plan

11 Local, Regional and National Roles

The following diagram provides a summary of local, regional and national roles:

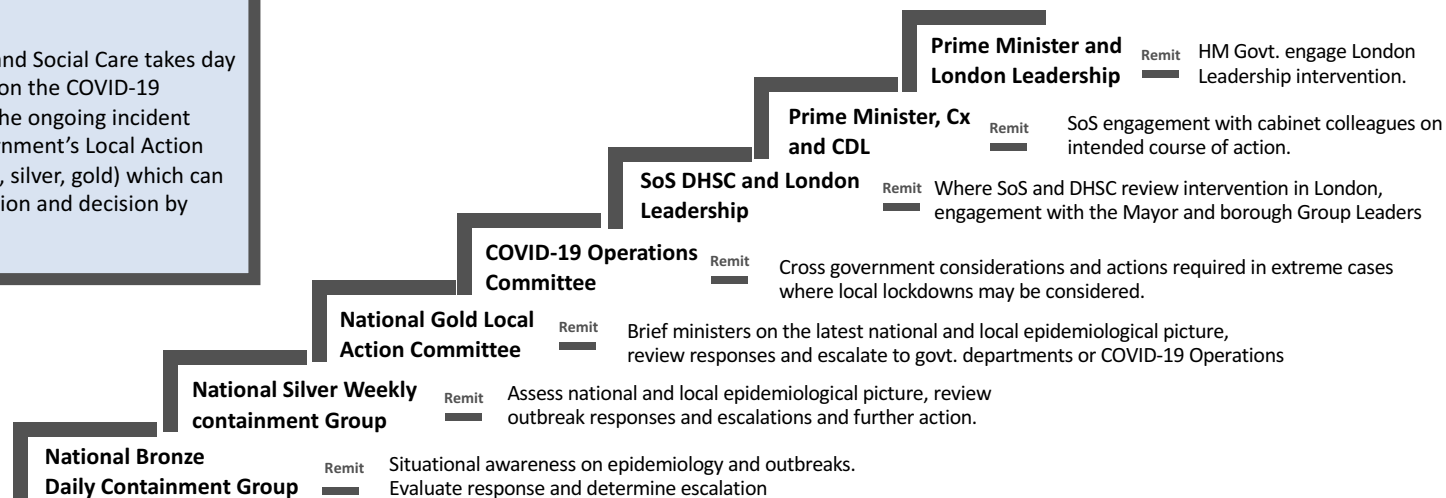
Level	Place-based leadership	Public health leadership
LOCAL	<p>LA CE, in partnership with DPH and PHE HPT to:</p> <ul style="list-style-type: none"> a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board (or other chosen local structure) 	<p>DPH with the PHE HPT together to:</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>Regional team (PHE, JBC, T&T, London councils and ADPH lead</p> <ul style="list-style-type: none"> a) Support localities when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary b) Engage NHS Regional Director and ICSSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview or risks issues and pressures across the region especially cross-boundary issues 	<p>PHE Regional Director with the ADPH Regional lead together</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) Liaising with the national level
NATIONAL	<p>Contain SRO and PHE/JBC Director of Health Protection</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>PHE/JBC Director or Health Protection (including engagement with CMO)</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 e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into JBC

Regional and National Command Structures to Support Outbreak Management

The Pan-London outbreak escalation process and governance structures underpinning these processes are outlined below. The decision-making model follows the tried and tested approach to civil emergencies, based on the concept of subsidiarity. National, regional and local response is supported by command structures enabling escalation and deployment of support.

National:

The Secretary of State (SoS) for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the Government's Local Action Committee command structure (bronze, silver, gold) which can escalate concerns and issues for discussion and decision by ministers across government.



London Leaders COVID-19 Committee Remit: Assesses reporting from the SCG, forming a London view of actions to address major issues..

London SCG steering group for outbreaks Remit: Reviews strategic outbreak position in the capital, with political engagement.

London Local IMT and Sub-Regions Remit: LAs and sub-regions are responsible for coordination of outbreak management in their boundaries

Regional:

London has agreed an escalation process if measures are required to control a major outbreak. The escalation process has been agreed by the Department of Health and Social Care (DHSC) SoS and Mayor of London Summit.

Notes – SoS – Secretary of State, DHSC – Department of Health and Social Care, SCG – Strategic Coordination Group, IMT – Incident Management Team, CDL – Chancellor of Duchy Lancaster Cx – Chancellor of the Exchequer

12 Cross Border Partnership Working

The pandemic has initiated, strengthened, and accelerated collaboration between Public Health and other Council directorates, as well as the NHS, voluntary sector, community groups and other stakeholders. The coming year provides a significant opportunity to build on that collaboration to influence and promote Public Health population priorities to become everyone's priorities. Public Health and the Council directorates will continue to work with key partners across South West London and regionally.

More specific cross border working related to managing and preventing outbreaks, our existing Regulatory Services Partnership team already deliver a tri-borough operation across Richmond, Wandsworth and Merton. This has previously helped in the pandemic response that has required working with neighbouring boroughs, for example with workplaces and education settings. We have also been able to gather learnings from neighbouring boroughs in particular circumstances to inform our preparedness and response. For example, when the initial identification and management of a VOC in Merton occurred.

The council's Infection, Prevention and Control (IPC) Lead chairs a fortnightly South West London IPC Consortium, which includes IPC leads from all South West London boroughs. The purpose of this group is to establish close working relationships with IPC colleagues within South West London and to discuss issues that cross borders, including care home providers, HMOs, asylum seeker accommodation providers, schools, domiciliary care and the homeless community. The Consortium is also used to share best practice and latest IPC guidance.

13 Vaccination Programme

The NHS has overall responsibility for roll-out of the vaccines and communications with eligible groups. The Local Authority works with NHS South West London Clinical Commissioning Group (CCG) to support arrangements for vaccination including, for example, the identification of mass vaccination sites.

The Joint Committee on Vaccination and Immunisation (JCVI) recommended priority groups for vaccinations which were published early in December 2020. The vaccination programme is being delivered in phases, according to priority groups. Groups are prioritised based on the prevention of mortality and the maintenance of the health and social care systems. Current vaccine uptake counts nationally, regionally and locally can be viewed at [Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](https://statistics.nhs.uk).

As vaccine availability increases, the Local Authority will continue to work with SWL CCG to identify groups where there is poor uptake and more targeted work is needed. The role of the Local Authority is also to assist with mobilising vaccines in residential care homes, supporting the practical delivery and monitoring uptake amongst residents and staff.

The Local Authority Communication Team is part of a collaborative South West London Communication group that is working together on reaching the priority groups for vaccination with key messages. The key aims of the communication plan are as follows:

- Informing and engaging our wide range of local audiences, some of whom are historically resistant to vaccines.

- Reducing health inequalities by making sure the right people get the right information in a way that is accessible to all.
- Tackling myths and misinformation in a robust, joined-up and timely way.
- Building public trust in the safety of the vaccine among our communities and providing facts in a simple way that enable residents to make their own choices in an informed way.
- Maximise the vaccine uptake in Wandsworth and among health and social care staff working in the borough using trusted local voices to reassure and provide facts so that people can make an informed choice.
- Leading on access and logistics for the mass vaccination centre at The Stoop, including directions, site logistics and counter terrorism prevention messaging.

Overall existing areas of joint working with the CCG include top line messages to increase confidence and trust in the vaccine, community engagement activities, and managing expectations about delivery.

An Immunisation Steering Group chaired by the Director of Public Health provides system leadership and oversight on vaccination programmes locally. This group includes representatives from NHS England, Public Health England, SWL CCG, Primary Care, and Community Provider trusts.

The Local Authority is regularly monitoring vaccine data and reviewing uptake amongst eligible groups. The Local Authority's role is to respond to low uptake and work with the NHS to improve uptake. For example, this would include local engagement work with target groups to understand concerns and challenge myths about the vaccines.



Tackling Vaccine Hesitancy and Inequalities: An Overarching London Approach Built on 4 Pillars

Aspect	Data and evidence	Addressing hesitancy	Practical aspects of vaccination	Monitoring, evaluation and system leadership
Issues to consider	<p>Data: Best use of available data to understand where the inequalities are, to support local and pan-London action and interventions.</p> <p>Evidence: Work is rooted in the evidence, including behavioural science and from other vaccination programmes.</p> <p>Lessons learnt: Identifying and sharing good practice from other countries, regions and boroughs.</p>	<p>Hesitancy higher in: Under 25 year olds, BAME groups (particularly black ethnic groups) and less affluent Londoners.</p> <p>Health and care professionals: Current rates are lower comparatively.</p> <p>Culturally competent community engagement: Essential, locally led, regionally enabled.</p> <p>Behavioural insights: Understanding models of vaccination behaviours, including role of stigma.</p>	<p>Other aspects affecting vaccination uptake of minority groups:</p> <ul style="list-style-type: none"> • Accessibility/familiarity of the setting. • Invitation & appointment booking process. • Vaccine site location. • Opening hours / time off work 	<p>Evaluation: Systematic, academically rigorous service evaluation that is agile, answers the essential questions and feeds back into the system.</p> <p>Measures of success: Clearly defined.</p> <p>System leadership: Join up and oversight across the system, across the <i>test-trace-isolate-vaccinate</i> journey and tackling inequalities from COVID-19 more generally.</p> <p>Potential for drop off for second vaccine: As seen in other vaccines</p>
Next steps	<p>Data: Track and share data on vaccine hesitancy/acceptance and vaccine uptake (rolling equity audit).</p> <p>Integrate: Integrate vaccination data with surveillance and T&T data, to inform outbreak control/response.</p> <p>Insights: Facilitate the collection and sharing of insights from across London.</p> <p>Evidence: Synthesise the evidence on barriers, enablers and what works.</p> <p>Quality assure: Provide PH input/advice to ensure communications/interventions are grounded in evidence.</p> <p>Agile system: Ongoing gathering of evidence/learning from the system.</p>	<p>Coordinated and targeted programmes: Reaching specific communities. Current focus on BAME, health and care professionals and inclusion health.</p> <p>Sharing resources and assets: Maintain an easy access repository of local, regional and national resources that are sensitive to local communities.</p> <p>Network and support London partners: Across organisations to make connections, support workstreams.</p> <p>Develop a bureau of professional speakers</p> <p>Consider other models: MECC</p>	<p>Adapting programme delivery: Understand barriers to access for minority and vulnerable populations and feed into and refine NHS programme delivery.</p> <p>Training: Emphasise and support healthcare staff in their role as a trusted source of health information for key population groups.</p> <p>Impact of vaccination on behaviours: Monitor impact of vaccination rollout on social distancing and adherence to other NPIs. Develop clear communications and other strategies.</p>	<p>Evaluation: Evaluation of local/STP interventions/approaches, with academic support.</p> <p>Listen and learn: Use range of fora and networks to engage, listen and share good practice and understand partners' support needs.</p> <p>Horizon scan/plan ahead: For groups likely to have low uptake, thinking also of messaging for second vaccine.</p> <p>Celebrate success: Keep momentum and promote further action.</p> <p>Extending success: Use these opportunities/relationships for wider programmes to reduce inequalities more generally.</p>



14 Communications Plan

Wandsworth Council's Communications team lead on local communication planning, using Public Health COVID-19 resources. The Communications team will develop key communications messages to support outbreak control including:

- Ensuring residents know what NHS Test and Trace is and how to access a test.
- Identifying symptoms of COVID-19.
- Providing information on what to do if asked to self-isolate, how to access support if needed, and the importance of complying with advice given as well as how to avoid fraud.
- Support the outbreak management theme leads in managing individual and bespoke outbreaks across various settings.
- Key messages for specialist settings e.g. schools, care homes and high-risk businesses.
- Align national and regional key messages at local level. To use communication platforms to reassure community concerns, provide relevant information to residents, elected councillors/members and community groups in the event of an outbreak.

Events planning

Wandsworth council also provide support for those who wish to plan events, to ensure that events are permissible within the current guidance and, if permitted, are delivered in a COVID secure manner with infection control measures. A dedicated email address for local event planning has been created (eventsplanning@richmondandwandsworth.gov.uk).

15 The Council's Recovery Plan

The Government has outlined a roadmap for recovery which includes key dates between March and June 2021. Over this time period steps will be taken to gradually ease restrictions (subject to review) with the final dates resulting in no legal limits on social contact. The council will ensure that these dates and restrictions are clearly communicated to residents. As new guidance emerges, information, advice and guidance will be given at key points of the roadmap, i.e. when changes come into effect.

The pandemic has highlighted and worsened existing health inequalities and this needs to be considered in the context of Recovery and Prevention. There is a wide range of recovery priorities at national, regional and local level. The Public Health response is hugely affected by external factors including national developments on COVID-19 restrictions, and developments in the outbreak response such as testing, contact tracing, and updates to infection prevention and control guidance. The national road map out of lockdown will be a key consideration to the phasing of a local Public Health road map but not exclusively held to that timetable alone. The national road map is also subject to change.

COVID-19 recovery has been defined as a key priority for the council. The aim of this priority is to support residents, businesses and staff with the impact of the COVID-19 pandemic, including providing guidance, services and support, and to ensure that recovery work leads to a future in which Wandsworth is an even better community in which to live, work and study.

Elements of the refreshed Public Health Service plan will align with existing Health and Care Plans and Public Health Prevention priorities now highlighted through the impact of COVID-19. The Government's White Paper on Health and Care integration highlights the importance of issues such as Mental Health and Healthy Weight. These issues are also highlighted within the 9 Recovery Missions, of the London Councils' recovery programme.



16 Governance

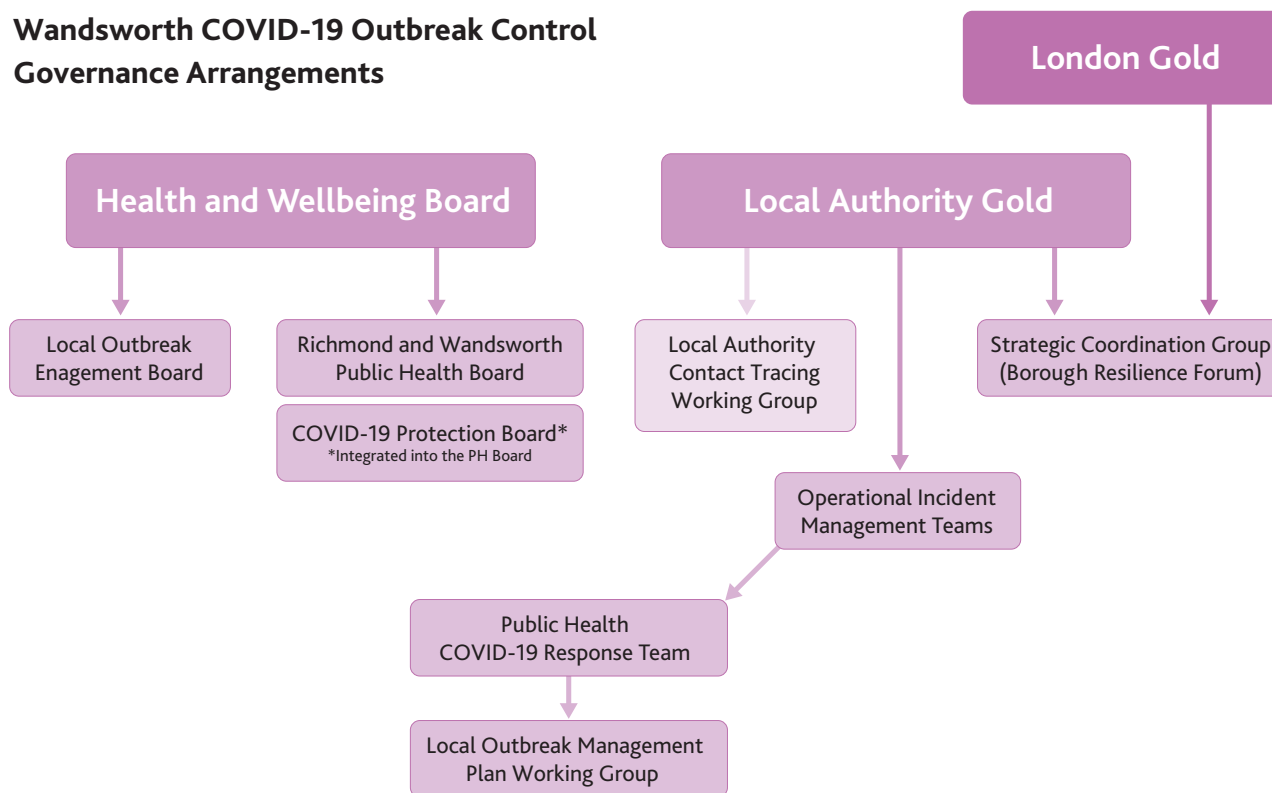
Funding arrangements

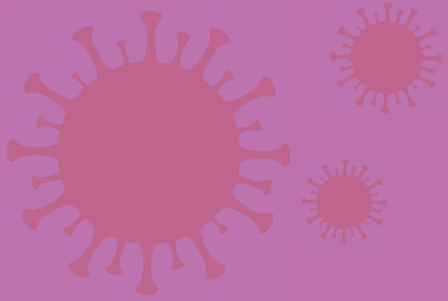
The Contain Outbreak Management Fund (COMF) provides funding to local authorities in England to help reduce the spread of coronavirus and support local public health. The Local Outbreak Management Plan Working Group oversees the use of this funding to ensure resources are deployed appropriately in accordance with the needs of outbreak management. The governance arrangements involve four key groups which are set out below:

Group	Membership	Purpose	Accountable to
Local Authority Contact Tracing Working Group	Adult Social Services and Public Health Environmental Health Services Communications Children's Services Achieving for Children	Develop Local Outbreak Management Plans	Local Authority Gold
Local Outbreak Engagement Board	Leader of the Council Cabinet Member (Adult Social Care and Health) Cross-party Members, Director of Public Health Director of Adult Social Care Head of Communications Head of Community and Partnerships Community Engagement Manager	Political and partner oversight of strategic response Provide political ownership and public-facing engagement and communication for outbreak response	Health and Wellbeing Board
Strategic Co-ordinating Group	Multi-agency representation, including PH, NHS (incl. CCG, GP Confed) EPRR, ASC, CFS, and communications	Borough Resilience Forum; supports and co-ordinates with local groups to support the delivery of outbreak plans	Local Authority Gold
COVID-19 Protection Board (Integrated into the Richmond and Wandsworth Public Health Board)	AD representatives from across Council Directorates and CCG	Responsible for determining council's overall management, policy and strategy and achieving strategic objectives; delivering swift resource deployment Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19 <ul style="list-style-type: none"> • Provide infection control expertise • Lead development and delivery of local plans • Link directly to regional PHE teams 	Health and Wellbeing Board



Wandsworth COVID-19 Outbreak Control Governance Arrangements





TITLE: WANDSWORTH COVID -19 LOCAL OUTBREAK MANAGEMENT PLAN
PREPARED FOR: Richmond and Wandsworth's Director of Public Health, Shannon Katiyo
PREPARED BY: The Public Health Team
LAST UPDATED: JULY 2021
LINKED DOCUMENTS: Terms of Reference for Wandsworth Local Outbreak Engagement Boards
PLAN APPROVAL: Local Authority Gold

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Public Health

