

London Borough of Ealing  
Covid-19 Prevention and Outbreak  
Management Plan  
Refresh November 2021

# Key Changes to the Covid-19 Prevention and Outbreak and Management Plan

- Update on Local Governance
- Update on Testing Offer
- Update on Vaccination Offer
- Update based on updated National COVID-19 Prevention and Outbreak Management Plan Toolkit

# Executive summary

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

LB Ealing published their Outbreak Prevention and Control Plan in June 2020 with the aim of protecting the health of the people of Ealing and providing assurance to the public and wider stakeholders, through:

- Preventing transmission, particularly amongst those who are most vulnerable.
- Identifying clusters and outbreaks of disease and ensuring those affected are appropriately supported;
- Controlling outbreaks, providing health protection advice and putting control measures in place.

The plan was refreshed in March 2021 and has now been updated to reflect the publication of the government's Autumn and Winter Plan 2021, updated Outbreak Management Response Toolkit and the launch of the UKHSA. The plan sets out how local partners should continue to work with each other, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks of COVID-19.

The overarching aim of this refresh is to create a clear overview of processes and interventions that can be used to prevent, identify and respond to a local outbreak.

# Aims of the Ealing Plan

- This plan represents a **local system plan** for the next 4 months until March 2022. We will continue to work with partner organisations and the people of Ealing to contain the spread of COVID-19, prevent and manage any outbreaks and prepare for any further waves of the virus.
- The key infection control and prevention measures in this plan such as testing, contact tracing and self-isolation **remain in place** in line with national plans.

This plan aims to protect the health of the population of Ealing by:

- **Reducing the levels of COVID-19 case transmission.**
- **Delivering a fast and equitable rollout of Covid-19 vaccinations** to all eligible people in our borough.
- **Identifying and reducing inequalities** resulting from the COVID-19 pandemic.
- Responding to **surge capacity requests and having responsive systems** in place to react quickly and flexibly to outbreaks and any further waves of the epidemic.
- **Learning** from the experiences of the pandemic and **embed best practice** through collaboration with local partners, community engagement and evidence based local planning.
- Co-ordination of capabilities across agencies and stakeholders.

# Learning, Good practice, Issues and Risks

## **Learning – key points**

- Close collaboration and flexible approach across Council departments and local partners
- Benefits of close cooperation with national and regional partners
- Opportunities around community engagement beyond Covid to create resilience
  
- **Good practice – local examples**
- Data and evidence driven local response informing universal and targeted (hyper-local) interventions
- Community engagement modelling with the view to improve community resilience longer-term
- Impact assessment of inequalities highlighted by the pandemic, longer-term and wider system recommendations
- Local multi-agency vaccination strategy
- Pan London PH consultant network providing support and mutual learning

## **Issues**

- Short-term announcement of central funding making strategic planning difficult
- Lack of governance around care home sector and systematic investment in infection control

## **Risks**

- Lack of clarity around ongoing funding of all aspects of viral containment
- Lack of clarity around levels of decision making

# Themes 1

**The Ealing Outbreak control plan is centred around the following themes:**

- Governance
- Higher-risk settings, communities and locations e.g. care home, education settings and work places
- Community Support
- Compliance and enforcement
- Resourcing
- Communications and engagement, including community resilience
- Data integration and information sharing

**It includes the core aspects of the local end-to-end COVID-19 response:**

- Community Testing
- Contact Tracing
- Support for self-isolation
- Outbreak management (Responding to an outbreak of two or more linked cases)
- Surveillance

# Themes 2

## **The Ealing Outbreak Control addresses cross-cutting priorities:**

- Inequalities and equity of the local response (universal and targeted interventions)
- Inclusion health
- Good practice, learning, issues and risks

## **And local plans for the development of structures:**

- Action on enduring transmission
- Local plans for Covid-19 vaccine roll out
- Responding to Variants of Concern (VOC)
- Enhanced Contact Tracing, in partnership with NWL HPT
- Activities to enable 'living with COVID' (COVID secure)

# Toolkit summary (source UKHSA Outbreak Management Response Toolkit, Oct 21)





# Local, regional and national roles (\*Source – ADPH London)

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

# LCRC / Local Authority roles and responsibilities (\*Source – ADPH London)

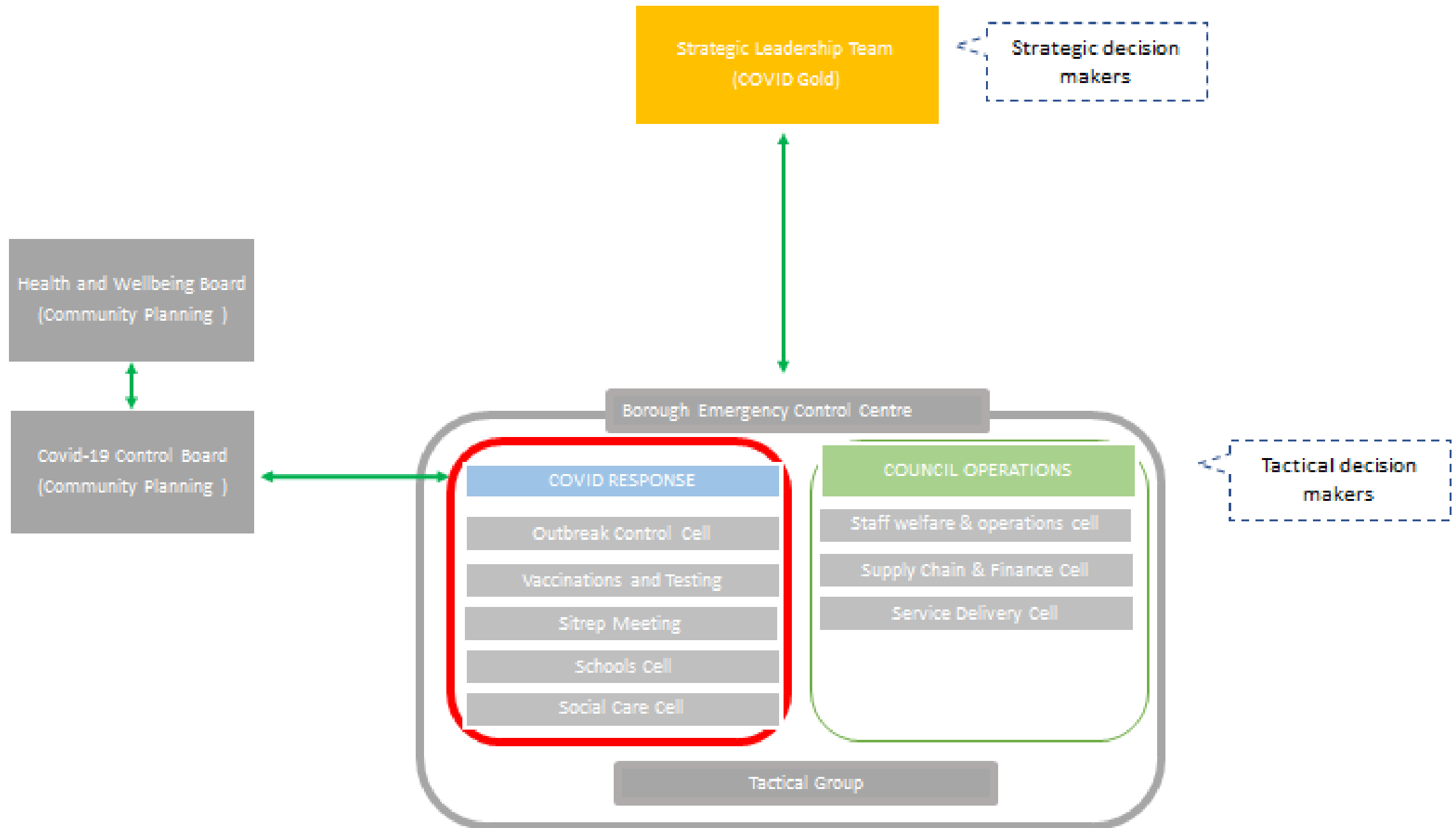
|  | Local Authority   | LCRC Health Protection Team   |
|--|---|---|
| <b>Case and contact investigation management</b>                               | <p>Receive notifications of cases via national test and trace route</p> <p>Investigate and manage cases and contacts as per local SOPs</p> <p>Escalate 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>   |
| <b>VOCs (or other cases of concern)</b>  | <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>  |
| <b>Enhanced contact tracing (Cluster) investigation and management</b>         | <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>   |
| <b>Settings (care homes workplaces, schools, ports, prisons, homeless etc)</b> | <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 Governance

- 1. LBE COVID GOLD:** LBE has established governance structures led by LBE GOLD Senior Leadership Team. This group exists of the Leader of the Council, Chief Executive, Executive Directors, Director of Public Health, Portfolio Holder for Healthy Lives and other members of SLT. COVID-19 related matters are escalated to the GOLD group either from Public Health Cell directly, Incident Management Team or other cells and working groups (as listed below). Information is then shared, and wider stakeholders engaged through existing boards such as the Covid-19 Control Boards and The Health and Well-being Board to communicate with the general public.
- 2. Ealing Covid-19 Control Board:** In the early stages of the pandemic, a new group was formed called the Ealing Covid-19 Control Board. This board was established using relevant members of several pre-existing groups (the Health Protection Forum and the Borough Resilience Forum).
- 3. Health and Well-Being Board (HWBB):** This board provides political ownership and public-facing engagement and communication for outbreak response. The HWB Board meet every two months. It is important to note that communications to residents & councillors and community engagement with community groups take place regularly to ensure timely dissemination of key messages and advice. Public meetings also take place as required.
- 4. COVID-19 Outbreak Prevention and Control Group :** This is a weekly project board of the COVID Response Team consisting of leads from across Public Health, Business Intelligence Team, Communications, Community Engagement, Education, Emergency Management, Locally Enhanced Contact Tracing, NHS CCG, Projects Delivery Unit, Regulatory Services and Safer Communities. There is a response work programme and discussions to be taken at Gold level are discussed at this board level first to allow for the individual service areas thoughts/concerns to be addressed.

This governance structure has allowed swift and agile decision making to enable the borough to respond to both urgent and emerging COVID-19 related matters.

# Command and Control Covid – Through to March 2022



# High risk settings – care homes

Ealing has the 3rd highest number of care home beds in London, with 1,454 beds in 30 Care homes, plus 140 beds for younger adults in 18 homes. A local response plan has been developed to prevent and control outbreaks in care homes. The plans and structures in place enable suppression of ongoing transmission and control of outbreaks.

## PREVENT

- Partnership between LBE, Ealing CCG and local community health providers established
- Provision of primary care, pharmacy, specialist clinical support and infection control support by NWL CCGs
- Regular training by the Council's public health team to communicate and reinforce infection control messages
- Regular meetings of registered network managers to share learning and resources around infection prevention and control
- Summary of key guidance for care homes developed and communicated by the Council's Public Health team

## CONTROL

- Multiple sources of information are triangulated in order to identify outbreak and direct response/support
- High risk care homes are reviewed on a weekly basis by a multi-agency group

## IDENTIFY

- A local Multi-agency protocol has developed to support home closures to new admissions in the event of significant outbreaks.

(Plans available on request)

# High risk settings – schools and education settings

Ealing has 97 state-run schools (6 special schools, 68 primary 1 all through, 16 secondary, 4 nursery, 2 pupil referral units) and several colleges and private schools. Approximately 49,600 children attend Ealing state funded schools. A local response plan has been developed to prevent and control outbreaks in schools' local plans enable the limitation of ongoing transmission and control of cases and outbreaks. The plan is based on 'Schools COVID-19 operational guidance November 2021 available at <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak> [accessed 2nd December 2021]

- Ealing Learning Partnership Schools Consultative Group
- Summary of key guidance for schools developed and communicated
- **Universities are invited to attend Outbreak Control and Prevention Board**
- **Weekly COVID related communication to schools**
- Development of risk assessment framework for schools
- Template letters for parents to remind them of key messages
- **Encourage asymptomatic testing**
- **Encourage PCR testing for close contacts, including staff and students**
- **Encourage contact tracing (including self-isolation and PCR testing) for unvaccinated staff members**
- **Ventilation strategy developed and communicated to schools**

- Local monitoring of suspected and confirmed cases
- Robust local management procedures and flow charts developed  
Local monitoring of suspected and confirmed cases
- LAs, DPHs and LCRC are responsible for managing local outbreaks and they play an important role in providing support and advice to education and childcare settings.

- Local Outbreak Management plans for Schools settings developed, working closely with LCRC
- **Schools notify LCRC and Local Authority when DfE thresholds met, and risk assessment carried out**

(Plans are available on request)

# High risk settings – work places

There are approximately 20,000 workplaces in Ealing. This includes a relatively high proportion of light industry and distribution/logistical centres as well as a range of food manufacturers, food processors, exporters and importers. The plans and procedures in place enable the containment of transmission in workplaces and prevent and control outbreaks. Actions taken to date and measures already in place include:

## PREVENT

- "Coronavirus – Help for businesses" webpage providing information and links to sector specific
- Weekly Common Exposure Data surveillance and interventions
- Concerns and complaints about inadequate Covid control measures are made to the Council and appropriate interventions carried out in response

## IDENTIFY

- Instruction to notify LCRC/PHE/Council about outbreaks provided to businesses and employers
- Interventions and site visits carried out where appropriate

## CONTROL

- Local outbreak control plans for workplace settings developed, working closely with LCRC

(Plans are available on request)

# Specialised Settings

| Service or asset  | Description  | Contacts and resources  |
|---|--|---|
| <b>Managed Quarantine Service Facilities</b>                                      | <p>The Managed Quarantine Service (MQS) minimises the import of COVID-19 VOCs into the UK and helps ensure that any VOCs that are imported are identified and dealt with. The service works alongside numerous stakeholders - DHSC, UKHSA, Border Force and Security Companies - to support passengers to quarantine safely.</p> <p>All passengers entering the UK from a red list country must book an MQS package and fly into a designated red list airport. They must quarantine for 10 days in an MQS facility, taking a test on day 2 and day 8, with a potential for extension if testing positive during quarantine. In November 2021 there were no Red List countries and the MQS programme has been scaled back. MQS aims to engage with local services and authorities, working on a regional based model to support specific regional issues as they arise. MQS can engage with you to:</p> <ul style="list-style-type: none"> <li>offer safeguarding and support services for vulnerable people, alongside a range of support for guests and facilities including liaison officers, security staff, 24/7 medical support, wellbeing and telephone counselling service, social workers and mental health nurses</li> <li>get feedback so that we can provide the best service to guests and to mitigate the level of impact on local services and the wider community.</li> </ul> <p>In case of an outbreak in an MQS facility, the HPT and DPH will step in and take action as per their local outbreak management plan (LOMP).</p> <p>As of 28th November 2022, there are 10 countries on the red list and 0 MQS facilities in Ealing.</p> | <p><b>For queries contact:</b><br/> <a href="mailto:MQSLandsideOps@dhsc.gov.uk">MQSLandsideOps@dhsc.gov.uk</a></p>  |
| <b>Asylum Seeker Accommodation</b>  | <p>Asylum seekers enter the country through a variety of routes. If there is uncertainty of the travel history, processes for red list country testing and quarantine pathway should be followed. Asylum seekers are supported with access to LFD tests after the initial quarantine period. Asylum seeker accommodation is led by the Home Office. Their provider is responsible for security, wraparound provision, and support to everyone being accommodated. Accommodation providers should ensure that:</p> <ul style="list-style-type: none"> <li>all residents are aware, understand and are regularly reminded of routine measures to prevent the spread of COVID-19</li> <li>measures are in place to prevent the spread of COVID-19 and to enable residents to follow these procedures</li> <li>face coverings are used in crowded and enclosed spaces areas as expected and recommended by government</li> <li>measures are in place to encourage and facilitate COVID-19 vaccination of residents and staff</li> <li>plans specific to each accommodation setting, and that apply to longer resident stays, are in place that cover the standard processes for:             <ul style="list-style-type: none"> <li>the prevention of and response to COVID-19 cases</li> <li>management of individual cases and outbreaks in accommodation settings for asylum seekers</li> </ul> </li> </ul>   | <p><b>For queries contact:</b> <a href="mailto:MQSLandsideOps@dhsc.gov.uk">MQSLandsideOps@dhsc.gov.uk</a></p> <p><b>COVID-19: guidance for providers of accommodation for asylum seekers - GOV.UK</b><br/> <a href="http://www.gov.uk">www.gov.uk</a></p> |
| <b>Bridging hotels and Afghan Relocations and Assistance Policy (ARAP) scheme</b> | <p>The Afghan Relocations and Assistance Policy (ARAP) Programme is being administered by the Home Office to resettle people who have worked with or for British Forces in Afghanistan to the UK.</p> <p>Bridging hotels are temporary accommodation facilities provided by the Home Office for Afghan arrivals, ahead of being provided permanent accommodation under the ARAP scheme. Afghanistan was removed from the Red List in November and guests arrive directly from Afghanistan no longer need to quarantine in an MQS facility.</p> <p>Operational and policy responsibility for the bridging hotels sits with the Home Office. However, local DPHs or HPTs might be invited to support the hotels with infection prevention and control (including managing an outbreak – which will be done in line with the LOMPs).</p>  | <p>For queries contact the Home Office.</p> <p><a href="http://www.gov.uk">www.gov.uk</a><br/> <b> Afghan citizens resettlement scheme - GOV.UK</b><br/> <a href="http://www.gov.uk">www.gov.uk</a></p>   |



# Community Support

The Ealing Together telephone line remains open Monday – Friday and is answered by a large team of cross trained Customer advisors. The advice and support provided by this service is now part of our business-as-usual service offer and will continue while demand remains.

Since the start of the Pandemic, the Ealing Together Team have answered more than 16,000 phone calls from Ealing residents, offering advice and support on a whole range of issues including:

- Arranging a priority supermarket online delivery slot and supporting residents to register for the NSSS.
- Providing contact details for supermarkets and other food retailers that will deliver and take orders over the telephone to support the digitally excluded.
- Putting residents in touch with local volunteers who can collect shopping.
- Providing access to Foodbank vouchers.
- Providing support to those in financial crisis and cannot pay for food.
- Putting people in touch with local community and voluntary organisations who offer services like, befriending, bereavement counselling and even dog walking.
- Making urgent referrals for residents who are concerned for their welfare or the welfare of someone else.

Significant support continues to be provided to those having to self-isolate. Since 1 April 2021, the team have made 7,800 calls to those self-isolating to see if we can offer them any support. Between September 2020 – November 2021 7293 applications for Self-Isolation Payments have been received and processed. This has resulted in a total of 1917 Self Isolation payments being made. 1415 under the main scheme and 502 discretionary payments amounting to £958,500.

At the start of the pandemic, the team proactively made over 23,700 proactive telephone calls to our most vulnerable residents to carry out welfare checks and find out if they could benefit from additional support.

In the first wave of the pandemic (between March and end of July 2020), the council provided just over 9,700 food parcels to shielded residents. This was in addition to a further 3,600 food parcels to non-shielded residents.

Mass communications to the Clinically Extremely Vulnerable Group through a combination of email, SMS and letter have also enabled us to keep in touch with this vulnerable group and outline the support available to them.

Shielding status has now ended as of the end of September 2021. People who were previously identified as clinically extremely vulnerable (CEV) have been advised to follow the same guidance as the rest of the population. The Local Authority has the right to hold data until 31st December 2021 but the Shielding list is no longer updated.

# Legislative Context

Since April 2013, the responsibility for providing day-to-day health protection advice and response has rested with Public Health England's Health Protection Teams (HPTs) having taken over from the Health Protection Agency (following the Health and Social Care Act 2012). The legal basis for managing outbreaks of communicable disease is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups. The Coronavirus Act was brought forward in 2020 as emergency legislation designed to facilitate a range of cross-government activity in a time of emergency.

| Legislation   | Responsibilities   | Organisations and professions   |
|---|--|---|
| The Public Health (Control of Disease) Act 1984   | Provides for powers to intervene in cases of public health risk, however these powers are seldom used.   | Environmental Health in local government  |
| Civil Contingencies Act, 2004   | Sets out the responsibilities of different agencies in responding to major incidents   | NHS organisations, local government and Public Health England   |
| Health Protection Regulation, 2010  | Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual   | Environmental Health in local government  |
| Health and Social Care Act, 2012  | Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness   | Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government |
| Coronavirus Act, 2020   | Provides for powers to investigate, isolate and test persons suspected of being infected   | Police and public health officers   |
| Health Protection (Coronavirus, Restriction) (England) Regulations 2020, statutory instrument exercised on the basis of the Public Health (Control of Disease) Act 1984(1) including Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 | <p>These new regulations provide for specific restrictions relating to the national lockdown. Any 'localised' lockdown would require further secondary legislation.</p> <p>The regulations contain powers for local authorities to give directions which:</p> <ul style="list-style-type: none"> <li>• restrict access to, or close, individual premises</li> <li>• prohibit or restrict certain events (or types of event)</li> <li>• restrict access to, or close, public outdoor places (or types of outdoor public places)</li> </ul> <p>Any actions would need to follow procedural requirements set out in the regulations</p> <p>To Note: powers are due to expire on the <b>24 March 2022</b> unless revoked by Government at an earlier date.</p> | National government, police, local government   |

# Compliance and Enforcement

All covid specific legislation, except those in relation to self-isolation and travel, was rescinded on 19 July 2021. The remaining legislative framework that can be applied to covid is retained in the generality of the Health and Safety and Work Etc Act 1974 which requires employers to ensure the health, safety and welfare of their employees and non-employees in workplaces. Enforcement under that Act, dependent on the workplace activity, is [allocated](#) to either the Council or the Health and Safety Executive. The government's "Working Safely" Covid guidance is advisory only and there are no explicit requirements for employers to take any measure.

Regulatory Services teams provide the Council's Covid compliance and enforcement services including:

**COVID Interventions** in response to complaints, allegations or referrals from other agencies, and following analysis of Common Exposure data.

**COVID Service Request Investigation**, every complaint or allegation is investigated, and the appropriate action taken in response.

**COVID Workplace Advice**, working in conjunction with the High Street Task Force, to businesses and non-business establishments in the charitable, community or voluntary sectors primarily via our information provided on our website but specific advice can also be sought by emailing [healthandsafety@ealing.gov.uk](mailto:healthandsafety@ealing.gov.uk)

**COVID Enforcement**, following our graduated enforcement approach where non-compliance with applicable legislation is observed.

**COVID Advice for Council colleagues and community partners** on applicable legislation as well as practical safety measures that should be in place to reduce the risk of coronavirus transmission.



# Resourcing

- Close collaboration across Council departments, including redeployment of furloughed staff
- Close collaboration with local system partners, NWL ICS and neighbouring boroughs as well as regional/national organisations and structures
- Central grants for LA Covid-19 prevention, containment and control
  - Contain Outbreak Management £6.494m (with additional grant expected)
  - Test and Trace £2.26m
  - Asymptomatic testing £1.89m
  - Self-isolation £0.308m
  - Clinically extremely vulnerable shielding £0.29m
  - Rapid testing in care homes £0.57m
  - Infection Control Fund Round 1 £2.28m
  - Infection Control Fund Round 2 2.77m
  - Enforcement and Compliance £0.19m

# Communications

- National campaigns, news and online information will continue to be reinforced and enhanced locally, with further emphasis on supporting communities with cultural, language or other barriers.
- Communications assets focus on the three pillars of tackling COVID-19.
  - Get vaccinated.
  - Get tested regularly.
  - Follow public health guidance.
- Focus on staying safe this winter. Get your booster. Get your flu jab. Stay safe now so we can have a festive period that is more similar to what we are used to.
- Based on data and intelligence, vulnerable and high-risk groups are being identified and communication and engagement is tailored to provide effective support. Young age group. BAME community, including Polish groups. Geographically specific, Northolt, Acton, Southall.

Ealing Council continues to use a range of proactive universal and targeted approaches to inform and engage local people. As part of this, we are using a range of national, regional and local communication and engagement tools:

- Translated materials
- Targeted digital advertising and social media
- Ethnic media channels/adverts
- Printed materials/videos/infographics
- Sharing of assets and toolkit with community leaders through the council's website and community engagement team
- Weekly newsletter to 100,000 plus individual emails
- Direct business communications to support the safe opening of high streets.



# Community engagement

## Ealing COVID-19 Outbreak Prevention and Control Plan

### Ealing Outbreak Prevention and Control Communication and Engagement Plan

#### Ealing's Covid-19 Test and Trace Community\* Engagement Project Lead provider: EACH Clarissa Stoneham

##### Purpose:

Ealing residents (in Acton, Greenford, Northolt, Southall) are aware, understand and able to participate in

- Key Covid-19 preventative behaviours
- The Test and Trace programme
- Getting appropriate support locally if they are self-isolating
- Identifying and overcoming barriers to engagement (e.g. misunderstanding or misinformation)

General comms (and other targeted comms e.g. frontline staff update briefings NHS, social care, housing officers and across settings – care homes, schools, early years, workplaces, shared accommodation, hostels)

#### AIMS & PURPOSE OF THE SERVICES:

- Close working with faith groups and leaders and voluntary and community sector allows us to disseminate and enhance public messaging effectively and to engage with communities and individuals
- The mapping of local engagement assets continues to allow better join up and empowerment of local people to participate in the shaping of their local area response to Covid-19
- Proactive communications and community engagement remain key to keeping infection rates low in Ealing, encouraging vaccine uptake and tackling vaccine hesitancy

Residents, particularly those who identify themselves as being part of a Black, Asian and Minority Ethnic (BAME) community, living in Acton, Greenford, Northolt, Southall can access COVID related information and engage through

#### Consortium (organisations - max 10)

Focussing on two-way engagement with Ealing's ethnically diverse population

Capacity building (training, support and guidance) for effective engagement with ethnically diverse communities and subgroups

#### Area based task groups (CET)



##### Purpose as above

Focussing on developing area-based grass roots communication networks in 4 areas with higher levels of multiple deprivation; Acton, Greenford, Northolt, Southall, or other defined area required from emerging data from public health team

To bring together a mix of professionals and local community influencers such as faith leaders, residents' associations and other community groups, social housing LL/tenants groups, local businesses, schools, GPs.

Series of meetings held in each area. Can be reconvened when needed, including borough-wide as a source of intelligence and insight.

#### Ealing's Covid-19 Test and Trace Community\* Engagement Project Steering Group

| Key   |                                   |
|---|-----------------------------------|
|  | Outbreak P&C Plan                 |
|  | Trusted information/Enquiry route |

\*Community includes faith groups/places of worship

# Data and information sharing

The LBE Intelligence hub leads on data and intelligence working closely with Public Health to inform local strategic and operational decisions, including the targeting of interventions.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The main data sources are:

- National and regional data from ONS and UKHSA, national NHS Test and Tract Programme data
- Local NWL LCRC data on cases and outbreaks
- Surveillance data from Virus Genome Sequencing and Wastewater analysis
- Local data on high-risk settings
- NHSE and UKHSA data on vaccine uptake

Locally, these sources of data inform:

- An internal dashboard of key COVID statistics for the borough and break down by demographics and region. Data on cases, testing, mortality, healthcare activity, common exposures, contact tracing and vaccination are included. This informs weekly sit rep meetings and Outbreak Prevention and Control cell. A weekly report of key headline data is generated for sharing within the council and key NHS governance structures.
- A public facing COVID data dashboard to support the population to understand Ealing's COVID position.
- Targeted inequality analysis by theme for the Outbreak Prevention and Control cell to agree targeted actions.
- Where appropriate, partner and community engagement on Ealing's COVID data position.
- A wider COVID Inequalities Integrated Impact Assessment process to influence recovery



## 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 for 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 patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
- Symptomatic NHS frontline staff and 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 study

### Pillar 2 (Mass

#### Population/Community)

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

- 6 Drive-thru Regional Test Sites with 1 in Ealing
- 29 MTUs available across London for routine testing and surge capacity deployment
- 77 LTS across 32 Boroughs with 3 LTSS
- 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

# Ealing Community Testing Strategy

Testing is one of the key elements of our local plan that has been developed and embedded over the past 12 months. The local testing offer is shaped in the context of effective communication and engagement, contact tracing and local support around self-isolation.

- **Symptomatic Testing**

Home testing kits, regional testing sites, local testing sites and mobile testing units – booking via NHS testing site or 119

- Regional Test Centres (RTS) – closest RTS site to Ealing is Heathrow but is outside the borough and unlikely to be the first-choice location for residents
- Local Testing Sites (LTS) – three sites, geographically dispersed across the borough in Southall, Greenford and Acton. Current DHSC licences to be extended until March 2022. Locations were specifically chosen to improve walk-through access for deprived/at-risk communities. LTSs are walk-through.
- Mobile Test Units (MTUs) – main site is Gurnell Leisure Centre Car Park with deployments every 2 days at present but can be increased if infection rates demand. MTUs are drive-through.

- **Asymptomatic Testing**

- We are currently offering testing through 17 local pharmacies and 1 sites of Adult Service Providers in-house staff

- **Options for locally responsive testing solutions and surge testing**

- Door to Door knocking - dropping off and collection of home test kits
- Additional MTU deployments close to areas of concern
- Mobile van units supplying home test kits to local areas of high footfall  
(Above could be used for symptomatic and/or asymptomatic testing)

# Ealing Community Testing Strategy

Ongoing, repeat testing schemes in the community and in high-risk settings are one of the key strands of our local testing strategy. Their implementation will continue to be shaped in the context of effective engagement with staff and communities and support around self-isolation and contact tracing.

- Care homes have a mature programme of testing residents, staff and visitors.
- The following adult care service settings also offer testing to their staff and/ or residents:
  - Homecare agencies – testing programme in place for care workers
  - Extra Care and Supported Living Services – testing programme in place for staff and tenants (residents)
  - Adult Day Centres – new testing programme being rolled out for staff
  - Direct Payment Personal Assistants – new testing programme being rolled out for this workforce
  - Non-regulated care settings – workforce in these settings have been signposted to Ealing’s LFD centres to access free rapid tests
- Rapid LFD testing kits are provided to schools by DfE for staff and students (11+). Test kits can also be accessed online or picked up at local pharmacies and centres. Staff and students (11+) are encouraged to get tested twice a week.
- Larger workplaces (those with 50 or more employees) are encouraged to take part in the DHSC scheme and implement a lateral flow testing regime in their workplace. Smaller businesses are encouraged to support their staff to access regular testing from local asymptomatic testing sites.
- Since June 2021 Testing leads have been working with colleagues across the council to identify Council services, organisations and groups who may benefit from being distribution points for Community Test kits (boxes of 7). Currently this is being done through 10 libraries across the borough and venues such as Ealing Foodbank, Hostels and B&Bs and community groups. Tests have also been distributed at Ealing events such as the Ealing Half Marathon and vaccination pop up clinics.
- We have worked with local pharmacies and faith groups to link them up to offer Assisted Testing and distribution of Community Test Kits during Friday prayer which has proven to be successful.

# Ealing Community Testing Strategy

## Responding to COVID-19 variants

- In response to development of future variants enhanced testing would be implemented. The programme of enhanced testing could include expanding symptomatic testing sites, the use of mobile testing units and targeted testing e.g. workplaces.
- Asymptomatic Testing for variants would be covered using roving distribution and collection unit, supported by door-to-door delivery of home PCR tests. These interventions are focused in areas with higher COVID-19 rates. Please see VOC Management slide for more detail.

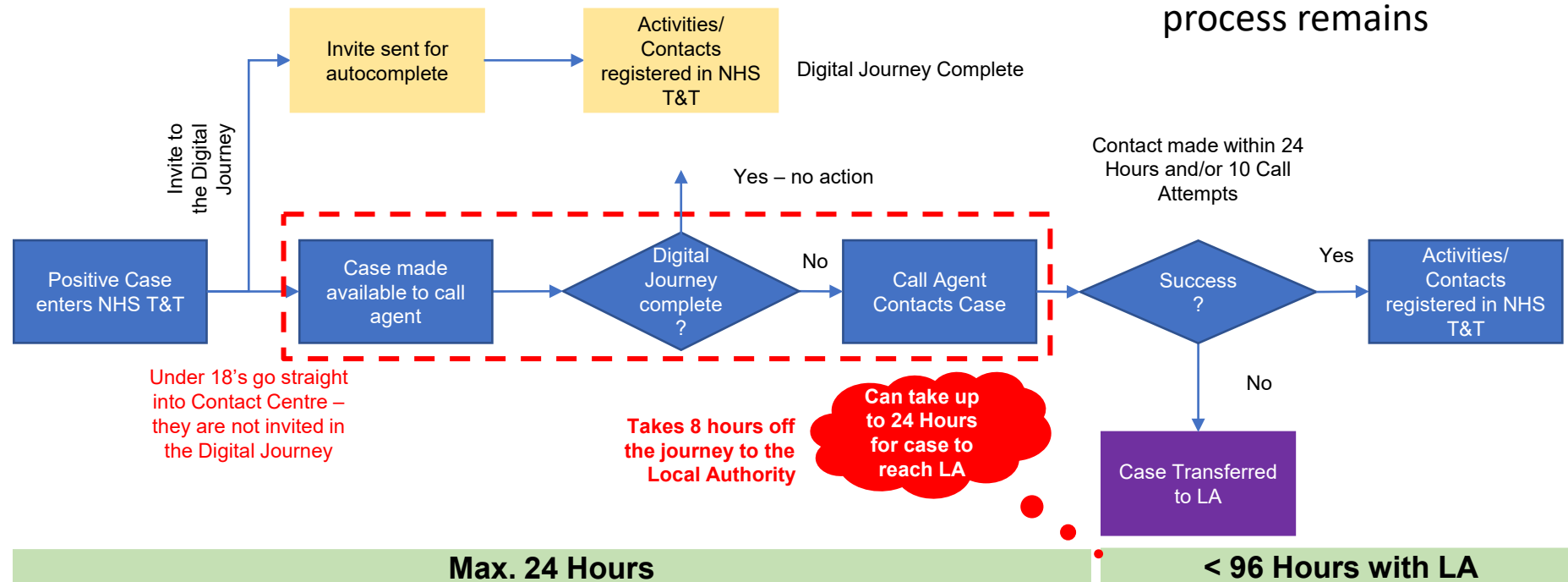
## Addressing inequalities and reaching under-served communities

The selection of testing sites has been based on providing universal coverage and in particular ensuring good access in areas with higher rates of COVID-19.

- Communication materials are provided in different languages, as Ealing is a diverse borough and people speak many languages.
- Community engagement is an important part of building trust, providing key information and sign posting to testing resources. EACH is a community provider that is taking forward community engagement and dissemination of key messages to residents and groups through voluntary sector groups, local leaders and trusted sources.
- Providing opportunities for walk in testing allows a flexible offer to those who may not otherwise book for a test.
- Ealing Together is accessible by phone and can provide residents with further advice and support with regards to COVID-19 testing.

# Local Contact Tracing Partnerships (\*Source – ADPH London)

## Process flow:



## In the new process:

- The Index Case record is made available to the National Contact Centre or Local Authority in the Local 4 programme, 4 hours after the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority.

This process commenced on the 1<sup>st</sup> March 2021

# Ealing Local Enhanced Contact Tracing (LECT)

The LECT is a 7-day service, which supports NHS T&T service to enable residents to start self-isolation at the earliest opportunity and signpost them to local support. The Service was mobilised 1 year ago on 12th November 2020.

## Capacity:

- LECT Tracing manager, 4 Team leaders, 14.5 call handlers (redeployed library staff, internal volunteers and secondees)

## Protocol on CTAS notification:

- Text message sent to cases as they are assigned to LECT
- At least 6 attempts by telephone over 2 days (most completed calls take approx. 30 minutes)
- Letter sent if no response; or email if no address is given
- Cases are signposting to 'Ealing Together' for support and given general Covid advice

## Progress

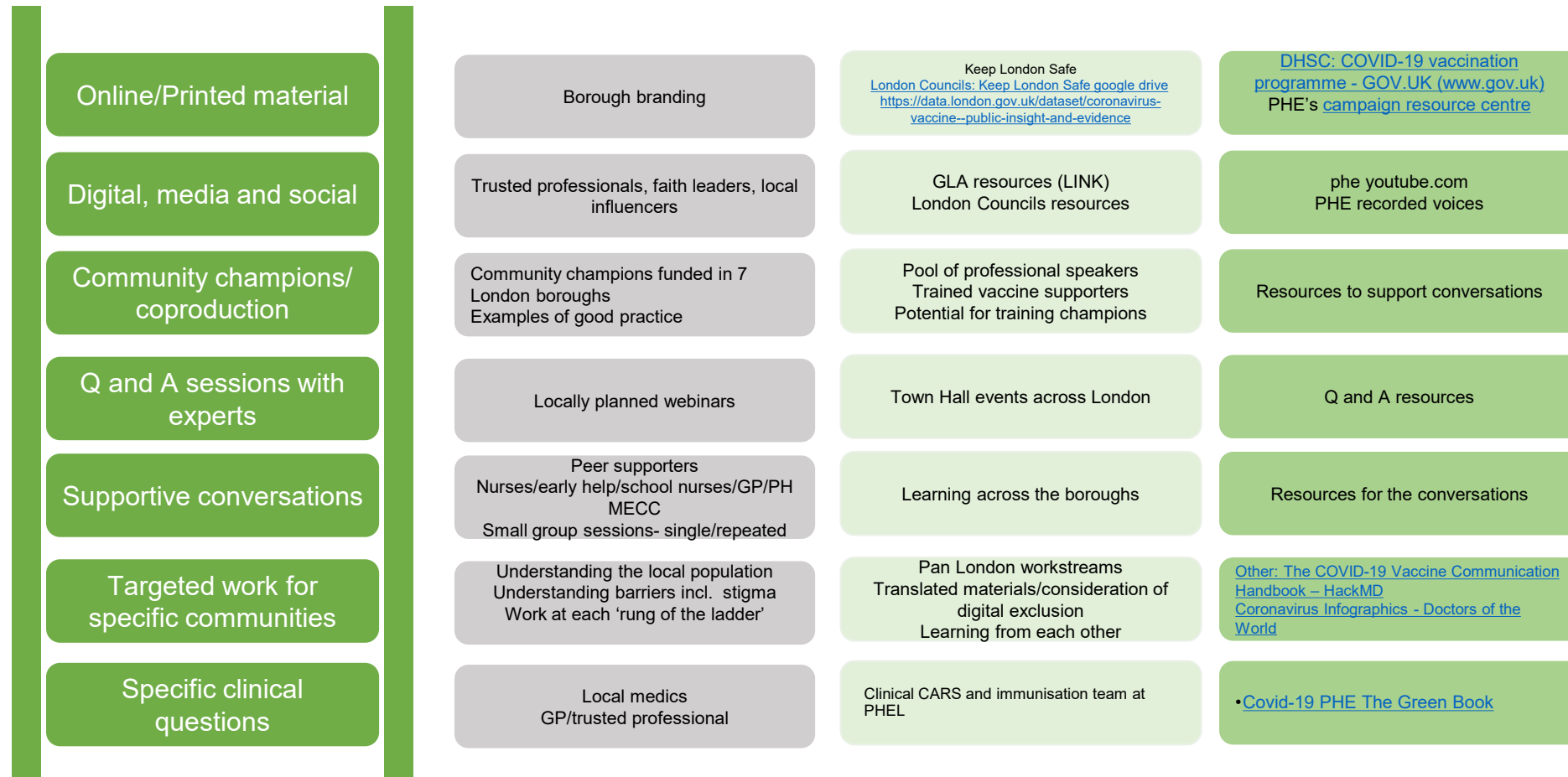
- Joined Local 4 on 6/4/21 but had to roll back to Local 24 on 22/7/21, due to sharp increase in cases. Reintroduced Local 4 to Acton on 11 October with plans for further, gradual roll outs.
- The team also helped calling the homeless to encourage vaccination.
- Considerations for future expansion – Contact trace at the time of testing, combine contact with self-isolation support and vaccination information; send Covid officers to knock on doors to cases not reached by phone

## Performance:

- 12,081 cases accepted and attempted to contact; 7,460 reached by call handlers
- Average of 60 cases called 3 times each day, with an overall contact success rate 64%

# Covid-19 Vaccination Programme – London approach

## Ladder of Support for London (\*Source of data – ADPH)



\* Adapted from LB Newham

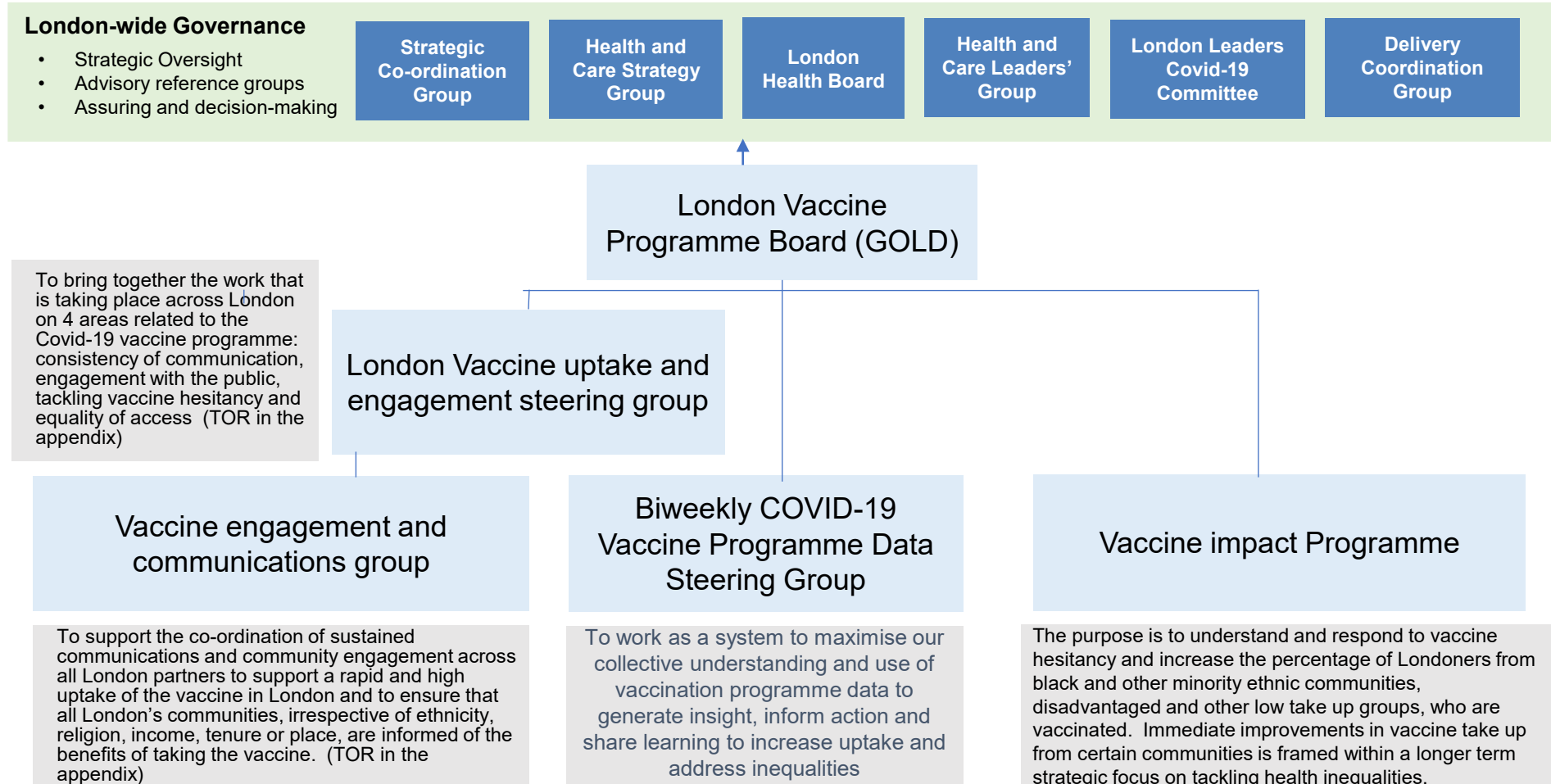




# Vaccine Equity – Governance across London

(\*Source of data – ADPH)





## Governance of COVID-19 Vaccine Equity work across London



# Vaccination equity and hesitancy – London approach

(\*Source of data – ADPH)

## Tackling vaccine hesitancy and inequalities: A overarching London approach built upon 4 pillars

| Aspect             | Data and evidence   | Addressing hesitancy    | Practical aspects of vaccination    | Monitoring, evaluation and system leadership   |
|--------------------|--|--|--|---|
| Issues to consider | <ul style="list-style-type: none"> <li>• <b>Data:</b> Best use of available data to understand where the inequalities are, to support local and pan London action and interventions</li> <li>• <b>Evidence:</b> work is rooted in the evidence including behavioural science and from other vaccination programmes.</li> <li>• <b>Lessons learnt:</b> identifying and sharing good practice from other countries, regions, boroughs</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Hesitancy higher in:</b> Under 25 year olds, BAME groups (partic black ethnic groups) &amp; less affluent Londoners</li> <li>• <b>Health and care professionals:</b> Current rates are lower comparatively</li> <li>• <b>Culturally competent community engagement:</b> essential, locally led, regionally enabled</li> <li>• <b>Behavioural insights:</b> understanding models of vaccination behaviours, including role of stigma</li> </ul>   | <p><b>Other aspects affecting vaccination uptake of minority groups</b></p> <ul style="list-style-type: none"> <li>• Accessibility/familiarity of the setting</li> <li>• Invitation &amp; appointment booking process</li> <li>• Vaccine site location</li> <li>• Opening hours/time off work</li> <li>• 58% of those in the UK answered no to the question 'is it easy to get a vaccine' (Global Institute of Innovation)</li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Evaluation:</b> systematic, academically rigorous service evaluation that is agile, answers the essential q's and feeds learning back into the system</li> <li>• <b>Measures of success:</b> clearly defined</li> <li>• <b>System Leadership:</b> join up and oversight across the system, across the <i>test-trace-isolate-vaccinate</i> journey and tackling inequalities from COVID more generally</li> <li>• <b>Potential for drop off for second vaccine:</b> as seen in other vaccines</li> </ul>   |
| Next steps         | <ul style="list-style-type: none"> <li>• <b>Data:</b> Track and share data on vaccine hesitancy/acceptance, and vaccine uptake (rolling equity audit)</li> <li>• <b>Integrate:</b> Integrate vaccination data with surveillance and T&amp;T data, to inform outbreak control /response</li> <li>• <b>Insights:</b> Facilitate the collection and sharing of insights from across London</li> <li>• <b>Evidence:</b> Synthesise the evidence on barriers, enablers and what works</li> <li>• <b>Quality assure:</b> provide PH input/ advice to ensure communications/ interventions are grounded in evidence</li> <li>• <b>Agile system:</b> Ongoing gathering of evidence / learning from the system</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Coordinated and targeted programmes:</b> reaching specific communities. Current focus on BAME, health and care professionals and inclusion health</li> <li>• <b>Sharing resources and assets:</b> maintain an easy access repository of local, regional and national resources that are sensitive to local communities</li> <li>• <b>Network and support London partners:</b> across organisations to make connections, support workstreams</li> <li>• <b>Develop a bureau of professional speakers</b></li> <li>• <b>Consider other models:</b> MECC</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Adapting programme delivery:</b> understand barriers to access for minority and vulnerable populations, and feed into and refine NHS programme delivery</li> <li>• <b>Training:</b> emphasise and support healthcare staff in their role as a trusted source of health information for key population groups</li> <li>• <b>Impact of vaccination on behaviours:</b> monitor impact of vaccination rollout on social distancing and adherence to other NPIs; develop clear communications and other strategies</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Evaluation:</b> evaluation of local/STP interventions/approaches, with academic support</li> <li>• <b>Listen and learn:</b> Use range of fora and networks to engage, listen and share good practice and understand partners' support needs</li> <li>• <b>Horizon scan/plan ahead:</b> for groups likely to have low uptake, thinking also of messaging for second vaccine</li> <li>• <b>Celebrate success:</b> keep momentum &amp; promote further action</li> <li>• <b>Extending success:</b> use these opportunities/relationships for wider programmes to reduce inequalities more generally</li> </ul> |

# Covid-19 Vaccination Programme in Ealing

The fast and equitable rollout of Covid-19 vaccinations in Ealing is one of the main attributes for our recovery approach

## Local Vaccination Strategy

- Multi-agency strategy to support the NHS in the roll out of Covid-19 vaccinations
- Data and intelligence informed identification of vaccination sites – faith settings, community venues
- Consistent universal communication and engagement to enhance awareness and reach of messages
- Targeted communication and engagement on the basis of local intelligence
- Close co-operation with NWL, pan London and national work on vaccine uptake and vaccine hesitancy
- Local co-operation with anthropologists from a number of academic institutions to understand context and reasons for local vaccine hesitancy
- Programme of local information webinars and engagement events
- Communication material in a range of local languages
- Embedding of vaccination messaging in local Covid services (testing, contact tracing, self-isolation support etc. using a MECC approach)
- Development of local ‘community champion’ network to embed vaccination messages and improve community resilience

# Covid-19 Vaccination Programme in Ealing

## **Booster Campaign**

This has been delivered across Ealing's three PCN sites (Dominion Centre, St Johns and Grand Union Village) and 19 community pharmacy sites. The NWL Roving Team based at CP house continues to run clinics for our population albeit in smaller numbers. The booster will be offered in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group. In response to the changing risk posed by the Omicron variant, the booster will now be given no sooner than 3 months after the primary course. Patients can book directly into appointments via the national website [www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination)

Moderna is being offered to all PCN sites and some pharmacy sites.

Housebound vaccination have been on-going over the last few weeks; however some patients may experience a delay in receiving as it is extremely resource intensive to deliver the Pfizer vaccination in patients' homes.

## **Evergreen Offer**

In addition to the booster vaccinations – Phase 3 practices and pharmacies are delivering an evergreen offer which means all outstanding first and second doses can be received at sites. Ealing remains at 68% uptake for first doses but we are still seeing incremental increases to both first and second dose uptake.

## **Care Homes**

Excellent progress has been made with the delivery of booster vaccines to care homes in Ealing which is currently at 73%. It is now mandatory for all care home workers in England to be double jabbed, unless they are exempt. The Government has announced mandatory vaccinations for all frontline health and social care staff from April next year.

# Covid-19 Vaccination Programme in Ealing

## **16-17 Year Olds**

From the 22<sup>nd</sup> November 16-17 will be eligible for a second dose and can book their vaccine appointment via the national booking system. Young people can simply turn up at the pop-up clinics on the day with, or without, parents or carers. A list of clinics which provide walk-ins is available via the grab a jab website.

## **12-15 Vaccination Programme – Schools rollout**

The government accepted the 4 UK chief medical officers' advice to extend the offer of universal vaccination with a first dose of Pfizer vaccine to all 12- to 15-year-olds not already covered by existing JCVI advice. Healthy children in this age group primarily received their COVID-19 vaccination in their school and Ealing were the first London borough to go live. The programme was the highest performer in North-West London and exceeded the London average. The programme came to an end on Monday 8th November 2021.

CP House, one of the boroughs Mass Vaccination sites, was opened to eligible students over half term in October. This included those who are home schooled, in further education colleges, secure services or specialist mental health settings.

## **Immunosuppressed**

A third dose should be offered to people over 12 who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV and recent organ transplants. To note a third primary dose is an extra 'top-up' dose for those who may not have generated a full immune response to the first 2 doses. Specialist clinics are currently being delivered for this cohort.

# Inequalities – context (\*Source of data – ADPH)

- The PHE report on disproportionate impact of COVID-19 in June 2020 demonstrated the disproportionate impact of the pandemic in terms of both morbidity and mortality in Black, Asian and minority ethnic communities
- These inequalities are also reflected in differences in Covid-19 vaccine uptake between ethnic communities as well as individuals and communities with different levels of deprivation
- 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
- 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. 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.

# Addressing inequalities in Ealing

The detection and reduction of inequalities runs as a key aim through all themes of this plan. It is based on detailed local data and insights and plans draw on best available evidence and local evidence on effective interventions.

- Whilst the COVID-19 pandemic impacts everyone, we know from national literature and local data that it exposes and exacerbates existing health, social and economic inequalities
- Local data has continually demonstrated sub-borough regional inequalities
- In the first wave, areas most affected by Covid-19 were Southall and Acton
- In the second wave, areas most affected are Southall, Northolt, Greenford
- Such inequalities have multiple contextual and population origins
- In addition to this place-based analysis of inequalities, inequalities can be shown by age, deprivation, occupation group
- Local strategies and interventions to identify and address inequalities include:
  - Borough integrated impact assessment to explore the longer-term, wider impact of Covid-19 on inequalities
  - Weekly data deep-dives to identify areas of inequality around Covid-19 infections, vaccination uptake, as well as hospitalisations and death
  - Monitoring of wider impact measures - unemployment, children and young people – safeguarding, FSMs, housing...number registering as homeless etc.
  - Data and intelligence informs multi-agency approach to both universal and target interventions (communication, engagement, geographic allocation of testing and vaccination sites, support around shielding and self-isolation)
  - Learning from the local race-equality committee

# Inclusion Health

Inclusion health as a subtheme of local inequality work has its dedicated workforce across local organisations and is embedded in the strands of this plan, with particular emphasis around the vaccination rollout.

## 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:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the London Coronavirus Response Cell (LCRC).
- **Variants of concern (VOC):** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support:** Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high-risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination:** Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)
- Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to asylum hotels in London (until end March 2021).



# Responding to Variants of Concern (VoCs) – generic 1

**(\*Source of data – ADPH)**

## **Responding to 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, 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.

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.

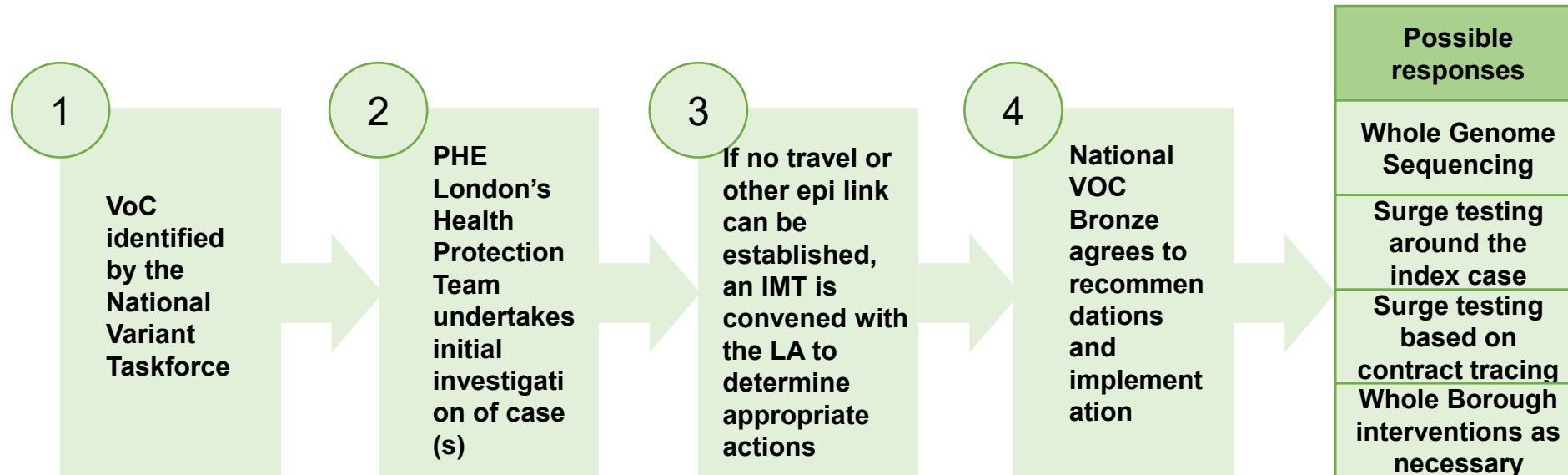
The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can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

**The figure overleaf gives a high level representation of this process, and slide 3 describes the measures and interventions that boroughs should consider deploying as part of their local VOC response.**

# Variants of concern (VOC) management – generic 2

(\*Source of data – ADPH)

## Variants of Concern (VoC) Investigation and Management



(\*Source of data – ADPH)

# S1.3 Variants of concern (VOC) management – generic 3

- **Guide to determining Public Health Action- range of approaches**

| 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"> <li>• Define and agree coverage/scope of PCR positives for WGS (over &amp; above routine 5% surveillance) including pillar 1, and time period</li> <li>• Data led eg small area/geography around VOC case; setting specific; whole borough</li> <li>• Contingent on national capacity</li> <li>• Explore leveraging local hospital and academic sequencing capabilities</li> </ul>   | <ul style="list-style-type: none"> <li>• Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours</li> <li>• Enhanced or increased local communications to encourage and ensure people get tested. Start or potentially increase the local booking arrangements for LTS sites</li> </ul> | <ul style="list-style-type: none"> <li>• Determine target population, geography or setting</li> <li>• Determine best operational method(s) for targeted surge testing eg:               <ul style="list-style-type: none"> <li>• Door drop model (Council, VCS or other trusted delivery partner, commercial partner)</li> <li>• Collect and drop model ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives)</li> <li>• Surge of up to 5000 asymptomatic tests</li> <li>• MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process</li> <li>• A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting</li> <li>• LA's Local CT Partnership service works alongside national VOC Trace cell</li> <li>• Re-enforcement of isolation and public health advice to all cases and contacts</li> <li>• Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control</li> </ul> | <ul style="list-style-type: none"> <li>• Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts</li> <li>• Self isolation payments and discretionary support for those in financial need</li> <li>• Consider enhanced welfare support/follow up calls and other enhancements</li> </ul> | <ul style="list-style-type: none"> <li>• Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach</li> <li>• Reinforce covid-secure and IPC measures in key settings</li> </ul>   |
|   |  |   |   |   | <p><b>Monitoring and evaluation</b></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 LA and IMT 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><b>Communications and engagement</b></p> <ul style="list-style-type: none"> <li>• Locally led plan for culturally competent communications and community engagement</li> <li>• Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities</li> <li>• Ensure alignment of national comms with local comms</li> <li>• Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes</li> <li>• Harness existing community assets, networks and trusted messengers eg community champions</li> <li>• Specific considerations include: an inbound helpline; a postcode checker on Council website</li> </ul> |  |   |   |   |   |

# Ealing Response to Variants of concern (VoCs)

Ealing was among the first boroughs in the UK where a case of non-travel related South African variant (SAV) of SARS-Cov2 was detected.

## **Local response (Phase 1)** 1<sup>st</sup> to 15<sup>th</sup> February 2021:

- Determination of geographical area in the vicinity of the case enabling 'surge testing' of approximately 10,000 PCR tests over two weeks to determine any further spread of the variant through community transmission
- Door-to-door distribution of PCR tests
- Re-enforcement of stay-at-home messages and support for self-isolation
- In total, almost 9,000 people without COVID-19 symptoms carried out tests. 5,952 home testing kits were collected, and a further 735 kits were collected from local workplaces and settings in the area, e.g. staff at local schools. In addition, 2,281 tests were undertaken at the testing unit based at Dean Gardens Car Park

(A lessons learned document on the Ealing approach to Phase one is available on request)

## **Local response (Phase 2)** 25<sup>th</sup> February to 25<sup>th</sup> March 2021:

Following the identification of a small number of further cases of SAV, a second wave of local response was initiated to contain the spread of this variant and reduce the overall transmission of SARS-CoV2. cases were found in the borough later in the month and we are currently in Phase two of Surge Testing.

- Focus is on whole borough, and especially communities with higher prevalence / focus on reducing inequalities
- Daily conversations with DHSC, LCRC and local partners
- Increased Symptomatic Testing through the addition of 2 MTUs (bookable via the national portal)
- Increased Asymptomatic Testing through the addition of Hyper-Local/roving MTU, LTD testing in local pharmacies
- Door-to-door delivery of Home Test kits, which residents are then asked to return to the MTU
- Continued Genome-Sequencing for the duration of phase 2
- Enhanced targeted communication, enforcement capacity, supported self-isolation
- Community engagement pilot with the view to developing longer-term community resilience and reduced inequalities

# Ensuring system resilience

- Maintenance and continuous improvement of local governance and response structures
- Ongoing service infrastructure e.g., testing, contact tracing
- Sustained, joined-up communication (universal and targeted)
- Sustained community engagement and participation
- Ongoing improvements to the use of data and intelligence
- Sustained join-up between LBE and the local NHS as well as other system partners
- Ongoing identification and reduction of inequalities
- Sustained reduction of viral transmission
- Joined-up response to surges and local variants of concern
- Joined-up vaccination rollout both universal and targeted
- Continuous evaluation, learning and improvement
- Health and Social Care leads cover system resilience through the work plan for the ICP (for example Winter Planning)
- Number of posts and resources funded by COVID funding until March 2022 and awaiting confirmation of ongoing funding

# Responses to increasing transmission

| Challenges | Outbreaks |   | Challenging disease scenario | Ending transmission in the community                            |
|------------|-----------|---|------------------------------|---|
|            |           | UKHSA will support you with core response measures. |                              | UKHSA can support an enhanced local response for up to 5 weeks. |

|           |  |   |   |   |
|-----------|--|---|---|---|
| Responses | <b>Testing, tracing and self-isolation</b> | <b>Symptomatic and asymptomatic testing. Local trace partnerships and access to pilots. Financial and practical support for self-isolation.</b> | <b>Additional testing for specific groups and locations.</b>  | <b>Support available for hyper-local testing, contact-tracing and support to improve self-isolation and home quarantine compliance.</b> |
|           | Vaccines                                   | National COVID-19 vaccination programme   | Logistical support available to support vaccines delivery   | <b>Logistical support available to support vaccine delivery</b>   |
|           | Comms and outreach                         | Local messaging supported by national strategy and Coronavirus Resource Centre.   | Support and funding available for local campaigns   | <b>Support and funding available for local campaigns</b>  |
|           | Education                                  | Rapid at-home testing. Some onsite testing  | Approval for onsite testing and face-coverings  | <b>Approval for onsite testing and face-coverings</b>   |
|           | <b>Workplace and venues</b>                | <b>Signposting employees to free weekly testing. Regular tests in high-risk and vulnerable settings. Promoting venue alerts</b>                 | <b>Local context and information including on events is considered as part of designation process</b> | <b>Extra capacity available to help workplaces and venues be COVID-secure</b>   |

# Additional support areas: Enhanced response area support

| Service or asset       | Description   | Contacts and resources   |
|------------------------|---|--|
| Enhanced response area | Enhanced response areas will be designated through Bronze/Silver/Gold using analysis of case rate data and local insight from RPTs and local DPHs. Once designated as an enhanced response area, LAs will have access to a menu of support measures which they can choose to implement as part of a localised plan. | <p>Contact your RPT</p><br><br><br><br><br><br><br><p><a href="#">Link to Vaccinations and surge response   A system guide</a></p> |
| Communications         | Nationally funded support to local communications effort and optional guidance. Areas will be listed on GOV.UK and receive extra guidance.  |  |
| Testing                | Targeted testing to address disease drivers within the supported area.  |  |
| Logistics              | Eligible for logistics support to help coordinate a ground campaign (for example, door knocking)  |  |
| Vaccines               | Contributing to local vaccination efforts through additional logistical support, including extended opening hours and community outreach.   |  |
| Education              | <b>Approval under the education contingency framework to work with schools to support the standing up of onsite testing; and discretion to work with schools on the proportionate temporary reintroduction of face coverings.</b>   |  |

# Additional support areas: Enduring transmission

| Service or asset   | Description  |                                |
|--|--|--------------------------------|
| <p><b>Enduring transmission</b></p>  | <p>Enduring transmission (ET) areas are those where COVID case rates remain above the national or regional average for a prolonged period of time. This historical analysis is combined with local insight from RPTs and local DPHs. In recognition of the particular challenges that areas experiencing enduring transmission face, we have committed to working with them to, if necessary, support them to put in place additional measures.</p> <p>This is a small bespoke programme targeted at the areas of the country hardest hit by COVID-19 over the longest period. We have already identified and are working in partnership with the first tranche of ET areas to develop bespoke local plans. Further rollout of this support to additional areas will be similarly highly targeted and communicated to eligible local authorities via RPTs.</p> |                                |
| <p>Examples of potential additional measures that areas of enduring transmission can choose to access or implement are set out below. However, the intention is that each area develops a bespoke local plan tackling the particular drivers of ET in their communities.</p> |  |                                |
| <p><b>Testing and tracing support</b></p>  | <p>Additional capacity to deliver enhanced hyper-local testing, adapting fixed testing sites and locally letpop-ups to distribute home test kits.</p> <p>Additional capacity to deliver local contact tracing and support to improve self-isolation and home quarantine (following international travel) compliance</p> <p>Wastewater testing samples in these areas to be prioritised for sequencing</p> <p>Ability to pilot symptomatic testing on an extended list of symptoms</p> <p><b>Support and capacity to develop pilots designed to improve self-isolation compliance</b></p>   | <p><b>Contact your RPT</b></p> |



# Additional support areas: Enduring transmission

| Service or asset                  | Description   | Contacts and resources |
|-----------------------------------|---|------------------------|
| <b>Vaccines support</b>           | National COVID-19 vaccination programme support to an area's local planning and activities. Support to apply for Vaccine Community Champions funding  | Contact your RPT       |
| <b>Education</b>                  | Approval under the education contingency framework to work with schools to support setting up onsite testing; and discretion to work with schools on the proportionate re-introduction of face coverings. |                        |
| <b>Workplace and venue safety</b> | Capacity to support workplaces and venues to become, or remain, COVID-secure  |                        |
| <b>Workforce capacity</b>         | Support to maintain local public health workforce capacity and resilience   |                        |
| <b>Communications</b>             | Specialist communications to support increased awareness and focused engagement with disadvantaged groups   |                        |
|                                   | Local communications to encourage surge test uptake supported financially where communications budgets are not available.   |                        |
|                                   | Support for both national and local VCS groups on communications and engagement   |                        |