

# **Local Outbreak Plan**

Prevention and management of Covid-19

June 2020

Document version control

Version	Date	Comments
1.4 ID, JB, SC, NH, FH	25/06/2020	Initial completed draft provided to Gold, Silver, and the the Covid-19 Board for comment
1.5 ID, JB, LD	29/06/2020	Additions following comments received: Appendix F added – action plan re impact of Covid-19 on communities with BAME Explicit link to 7 Key Themes on the action table
1.7 ID, JB	30/6/2020	Additions related to mutual aid across London boroughs
1.8 ID	06/07/20	Risk table amended

This document reflects an iterative process and there will be frequent review and amendment in response to changes to the national system and local learning.

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## **1. What is Covid-19?**

- 1.1 Covid-19 is an infectious disease caused by the most recently discovered coronavirus. Coronaviruses are a large family of viruses that circulate among animals and can infect humans. Covid-19 was first discovered in Wuhan, China in December 2019 and spread globally becoming pandemic.
- 1.2 The most common symptoms of Covid-19 are recent onset of a new continuous cough or a high temperature or loss of, or change in, normal sense of taste or smell (anosmia). Some people may have Covid-19 and not have any symptoms at all (being asymptomatic).
- 1.3 The time between exposure to Covid-19 and start of symptoms (incubation period) of Covid-19 can range from 1-14 days.
- 1.4 People can catch Covid-19 from others who have the virus. The disease mainly spreads through respiratory droplets from the nose or mouth, generated by coughing and sneezing. People can also catch Covid-19 through contact with contaminated surfaces.
- 1.5 Some people who get Covid-19 may not have any symptoms. Most people who have Covid-19 will have mild to moderate illness like a bad cold or flu, not needing hospital treatment. However, some people may develop severe illness such as pneumonia requiring hospital admission.
- 1.6 Older people (over 70), and people with pre-existing medical conditions (such as diabetes, heart disease and lung disease) appear to be at higher risk for severe illness from Covid-19. A Public Health England (PHE) report also highlighted that males, people from Black, Asian and Minority Ethnic groups, those who are obese, people living in deprived areas and those working in front line jobs (such as nurses, taxi drivers and security guards) may also be at higher risk of severe illness from Covid-19.

## **2. Principle prevention measures**

- 2.1 Covid-19 is mainly thought to spread from person to person. Therefore, one of the most effective prevention measures is to limit how many people you interact with and how close you get to them.
  - Keep 2 metres between each other, whether you are meeting people socially, or going about your daily life in a public space.
  - The longer people spend together the more chance they have to pass the virus on.

- Avoiding crowds, avoiding peak travel or shopping times, and working from home reduces the number of people with whom you come into contact.
- Cover your mouth and nose with a face covering when on public transport and in other enclosed public spaces around other people. This does not replace social distancing. However, if you are infected but have not developed symptoms, it may protect others with whom you come into contact.
- If you cough or sneeze use a tissue and dispose of it safely. If you do not have a tissue, sneeze and cough into the crook of your elbow.
- When socialising with others stay outside. There is some evidence that the virus is less likely to be passed between people outdoors.
- If you have symptoms of coronavirus make sure to stay at home and arrange to have a test.

## 2.2 It is also possible that coronavirus can live on a surface or object.

- Therefore, outside of your own home avoid touching all surfaces and shared objects, even eating utensils, sports equipment, or garden furniture.
- If you touch surfaces when you are outside your home, for example if you must use other people's bathrooms, wipe surfaces down with disinfecting wipes after use and wash your hands.
- Avoid touching your eyes, nose or mouth so reducing the risk of transferring coronavirus from surfaces into your body.
- Wash your hands frequently and effectively with soap and water, for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. When you return home wash your hands.
- There is some evidence that the virus can stay on fabrics for a few days. Therefore, if you are spending time with people outside your household, wash your clothes when you get home.

### 3. The NHS Test and Trace system

- 3.1 The NHS Test and Trace system was launched nationally on 28<sup>th</sup> May 2020. It is the Government's primary strategy for managing the spread of the Covid-19 virus. It is designed to enable the gradual relaxation of nationwide social restrictions and facilitate the implementation of localised social restrictions where there are outbreaks or clusters of cases in organisations, businesses and neighbourhoods.
- 3.2 The system works in the following way. Anyone who is experiencing potential symptoms of Covid-19 is asked to contact the Test and Trace system and they will then be provided with an antigen<sup>1</sup> test. Everyone who receives a positive test result is then contacted by a trained health professional who works with them to identify anyone with whom they may have been in contact during the period when they may have been infectious. These "contacts" will then be informed that they have been identified as being at risk of Covid. This is known as "contact tracing".
- 3.3 Everyone who has received a positive test result is asked to isolate in their place of residence for a minimum of 7 days. If this person has no fever symptoms after 7 days and feels well, they can end their isolation. Other people living in their place of residence are asked to isolate for a minimum of 14 days. No-one who is isolating can leave that place of residence until the period is complete. For further information on Covid-19 isolation, please go to <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- 3.4 Everyone who is informed they have been identified as a "contact" needs to isolate in their place of residence for a minimum of 14 days. This period takes account of the incubation period for the virus and the period when someone may be infectious but not showing any symptoms. Other people living in the same place of residence as a "contact" do not need to isolate unless they start to experience symptoms.
- 3.5 **Appendix A** provides flowcharts for what to do if you experience symptoms of Covid-19 or if you are identified as a "contact".
- 3.5 The national Test and Trace service has employed trained health professionals to undertake contact tracing with people testing positive for Covid-19. They will call cases by phone and interview them to determine where they may have come into close contact (within 2 metres, for 15 minutes or more) with other identifiable individuals. Other members of the national Test and Trace team will then call these "contacts".

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<sup>1</sup> An antigen test will tell an individual if they currently have the Covid-19 virus. It will not tell an individual if they have previously had Covid-19 or have immunity to it.

- 3.6 There will be circumstances where there are complex situations involving Covid-19 cases. This could be where a case is in a high risk setting for further infection such as care homes, schools, or businesses where there could be a lot of close contact. Some positive cases may be difficult to contact by telephone or there may be other barriers to communication such as language differences. In these situations, contact tracing may be conducted by Public Health England<sup>2</sup> with the support of local authorities, local health services, and partner organisations.
- 3.7 NHS trusts will lead the test and trace response to notifications of positive Covid-19 cases in their patients, visitors, and staff. A flowchart outlining the protocol for the test and trace process in North-East London NHS Foundation Trust (NELFT) is provided as **Appendix B**.
- 3.8 This Local Outbreak Plan provides information on how this local support for the NHS Test and Trace system will operate.

#### 4. Testing for Redbridge residents

- 4.1 Antigen tests for Covid-19 are currently undertaken using swabs of the nose and the throat. It is possible to administer the test yourself or you may have someone who can administer the test for you. Tests of saliva are currently being piloted and if this is successful, this will be available on a widescale basis. Saliva tests would be easier to self administer.
- 4.2 There are several ways in which a Redbridge resident can access a Covid-19 antigen test. Details on this are provided below:

	Currently available	Comment
Home test kit	Yes	Capacity for home test kits is continuing to increase
Regional drive through test centre	Yes	These are available for Redbridge residents in Lea Valley, Greenwich O2, and Twickenham. Access must be by private car.
Mobile Test Units (MTUs)	Yes	The MTU visits Redbridge on 2 days in every 8 currently. Frequency of attendance is planned to increase. The MTU also visits neighbouring

<sup>2</sup> Public Health England is the agency of the Department of Health and Social Care responsible for health protection.

		boroughs and residents can utilise the MTU in any borough.
Outbreak response testing	In planning stage	Mobile testing units are expected to be available to visit locations where there are outbreaks and clusters to facilitate localised testing.
Local Testing Site	In planning stage	There is the potential to work with the DHSC <sup>3</sup> to develop a 7 days per week local test centre in Redbridge. This could be sited in areas where there is the highest need to remove the potential risk from travel by public transport.

- 4.3 Access to home test kits and visits to test sites for anyone who is in the first 5 days of experiencing symptoms can be made through use of the NHS self-referral portal at the following web address:  
<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/>
- 4.4 Additionally, if you are an essential worker in the first 5 days of experiencing symptoms, priority tests can be arranged using the gov.uk self-referral portal at the following web address:  
<https://www.gov.uk/apply-coronavirus-test-essential-workers>
- 4.5 Tests for antibodies, where an individual can find out whether they have previously had the virus, are not currently available for the general public. As yet, there is little knowledge about the level of immunity to the virus that these antibodies provide. The test does not provide any information on the risk to an individual of further exposure to Covid-19 if they have already had the virus.

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<sup>3</sup> Department for Health and Social Care

## 5. The 7 key themes of a Local Outbreak Plan

5.1 National guidance on development of Local Outbreak Plans includes 7 key themes to cover in all local arrangements:

- 1 **Care Homes and Schools**  
Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- 2 **High Risk Workplaces, Communities and Locations**  
Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- 3 **Mobile Testing Units & Local Testing approaches**  
Deploy local testing capacity optimally
- 4 **Contact Tracing in Complex Settings**  
Deliver contact tracing for complex settings and cohorts
- 5 **Data Integration**  
Access to the right local data to enable the other 6 themes and prevent outbreaks
- 6 **Vulnerable People**  
Support vulnerable people and ensure services meet the needs of diverse communities
- 7 **Local Boards** (including Communication & Engagement)  
Take local actions to contain outbreaks and communicate with the general public

5.2 Providing a local response for these themes requires co-operation and co-ordination across lots of organisations, communities, and individuals. Our action plan needs to work for all communities and individuals in Redbridge, and for all the organisations that work in the borough and provide support to us all.

5.3 Public Health England is the organisation who will lead many of the actions within this plan to manage outbreaks and community clusters, undertake contact tracing in challenging situations, and provide the data we need to understand Covid-19 and how well our system is working. At the beginning of the Covid-19 outbreak, Public Health England created the London Coronavirus Response Cell (LCRC) and this team works across all 33 London boroughs to provide this dedicated expert health protection service for Covid-19.

5.4 A joint agreement has been made between the LCRC and local authorities to identify which organisation will take the lead for specific tasks and responsibilities. **Appendix C** provides a table which shows which organisation

will take responsibility for different tasks in the event of an outbreak in high risk settings or in a specific community or neighbourhood. **Appendix D** provides a flowchart which shows how outbreaks will be managed.

- 5.5 While the LCRC will lead on many aspects of the outbreak response for care homes, schools, other high-risk workplaces, and community clusters, this will require high levels of support from London Borough of Redbridge (LBR) and other partners. The local knowledge that Redbridge-based organisations and individuals hold will be invaluable in supporting the expert health protection teams. In addition, the requirements of the system for individuals to isolate could lead to problems for them in maintaining food, shelter, and income security. The local partnership will provide support for vulnerable people who do not have the social network of relatives and friends to support them during that difficult time.
- 5.6 We know that many people will have barriers to accessing and engaging with the Test and Trace system. These may be language barriers, lack of digital and telephone access, and a lack of confidence to engage with our services. The Local Outbreak Plan seeks to meet these challenges through a comprehensive communications plan at a population level and through intensive one-to-one and small group engagement across the borough. We know this is a challenge with current Covid-19 prevention advice meaning many of our usual methods of face-to-face contact are difficult to undertake. Redbridge Community and Voluntary Services (RCVS) are working closely with LBR to develop protocols for face to face and other engagement with groups and individuals taking account of social restrictions for Covid-19.

## 6. The 6 Point Action Plan for London Boroughs

6.1 London boroughs have co-ordinated their response to fit a 6 point action plan in liaison with the London Coronavirus Response Cell (LCRC). These 6 action points have been identified to help us create an effective local system across the 7 themes that we need to work to (see section 5).

6.2 The six actions are:

The core requirements	Establishment of a local contact tracing working group and lead, Protocols for outbreak management, Establishment of a local data hub, Safety of local workplaces and buildings.
Identification of and protection for vulnerable groups	Identification of potentially vulnerable groups, Understanding local vulnerabilities, Defining the role of shielding and shielding plus services.

Understanding and responding to community and economic impact	Understanding community and economic impact, Developing offers of support to mitigate negative impacts to communities and the local economy.
Local partnership response	Engagement and co-ordination across local organisational partners in our support and response, Co-ordinating and co-operating with local intelligence, Developing joint action plans.
Connecting and engaging communities	Supporting uptake of the national Test and Trace system in Redbridge residents, Understanding the barriers to engagement with the system for our residents, Focusing support work with our vulnerable groups and individuals, Providing universal communications, targeted communications, and one-to-one engagement with our residents, groups, and organisations.
London regional resilience	Developing local and regional resilience in our communities and organisations, Providing support as required to the LCRC, Agreeing mutual aid arrangements with other London boroughs.

6.3 **Appendix E** provides our local outbreak action plan which uses this 6 point London model as its structure. It also cross-references the national 7 Key Themes. This action plan is an iterative document so we will be adding to this plan and completing actions as we learn from our experiences in Redbridge, from our neighbouring local authorities, and from the national Test and Trace programme.

6.4 **Covid-19 and ethnicity**

We know that nationally and here in Redbridge, some populations who have Black or Asian Minority Ethnicity (BAME) have experienced particularly devastating outcomes from Covid-19. We are working to understand the reasons for this and to mitigate the risk factors that many people with particular ethnicities more frequently have. This work is being co-ordinated with the development of this Local Outbreak Plan and is included throughout the action plan in Appendix E. One of the key risk factors for poor outcomes from Covid-19 is the presence of long term health conditions. Evidence suggests that people who have certain ethnicities are more likely to have some of the key long-term health conditions. Where we can tackle the presence and impact of these conditions, we can also mitigate some of the future negative impacts of Covid-19. We have developed a focused action plan to assess and mitigate the impacts of Covid-19 on communities who have BAME, based on the national reports on disparities of impacts. This is provided in **Appendix F**.

## **7. Governance arrangements**

- 7.1 The designated lead for the Redbridge Local Outbreak Plan is the Director of Public Health.
- 7.2 The development of the Local Outbreak Plan is led by the Contact Tracing Working Group. This is chaired by the Consultant in Public Health for London Borough of Redbridge (LBR). It includes representation from identified leads for action plan areas from across LBR and North-East London NHS Foundation Trust (NELFT).
- 7.3 This operational working group is accountable to the Covid-19 Board. This Board is chaired by the Director of Public Health and includes representation from across the health, social care, and public and voluntary sector partnership. This Board advises and provides strategic direction to the Working Group ensuring effective partnership working and co-ordination across agencies and with other work on Covid prevention and the wider health protection programme.
- 7.4 The Covid-19 Board is accountable to the Council Member-led Health and Wellbeing Board. This public Board is the decision making body for the Local Outbreak Plan development process and provides final sign off for this plan.
- 7.5 This Board structure will cover all elements of the 7 themes together.

## **8. Data flow**

- 8.1 Effective management of local outbreaks require the need for accurate and timely information of confirmed cases which can be plotted on a map so that possible clusters can be identified. Such clusters can appear at any point in time within an area, or may appear at regular intervals in a specific area.
- 8.2 Data received from the London Coronavirus Response Cell (LCRC) and the acute health trust (NELFT) is combined, and is cross-checked with social care data systems (Care First), primary care data systems, the list of people identified by the NHS as needing to shield, and the Redbridge property register. This enables the identification of vulnerable individuals within a cluster or outbreak.
- 8.3 The final collated list contains postcodes that have been assigned a COVID-19 risk score. These can be shown on a map that can be updated daily. The maps show daily cases identified as well as total cases identified to date. A flowchart to show the process is provided as **Appendix F**.

## 9. Key risks

9.1 Provided below is a table showing the currently identified key risks for the effective achievement of the aims within the 7 outbreak plan themes:

Theme	Risk Description	Risk Effect (impact)	Mitigations
<b>Care homes and schools</b>	Delays in positive test results being communicated will put more people at risk in care homes and schools	Contacts not being informed in the required time period, with virus potentially spreading further	Exploring potential for asymptomatic testing in outbreak circumstances
	Staff concerned about income security may not comply with advice when contacted posing risk to settings	Potential outbreaks within care homes and schools	Business continuity planning and engagement with settings
	Parents sending children to school with symptoms due to childcare requirements	Potential outbreaks within schools	Engagement with school leadership teams, governors and parents
<b>High risk workplaces, communities, and locations</b>	Non compliance from individuals in businesses and places of worship	Potential outbreaks within community settings	Engagement with faith leaders and businesses
	Non compliance from community groups and identified personas	As above	Engagement with communities utilising available channels
	Nightclubs reopening and consequent infection risk	As above	Exploring channels for engagement. Awaiting national guidance
	Outbreaks in HMO's, hostel and unregistered dwellings	As above	Identification exercise with housing and licensing
	Increased risk of transmission at smoking shelters	As above	Communications prepared for internal staff,

			businesses and wider residents.
	Community and faith choirs re-emerging as lockdown eases	As above	Engagement and communications via faith forum and community channels
<b>Mobile testing units and local testing approaches</b>	There will not be sufficient testing available for all cases that develop symptoms	Individuals unable to get tests within the appropriate timescales reducing the effectiveness of Test and Trace service	Options to add to current testing routes are being developed
	Current test site is an income generating car park that could be required again for permanent commercial use	New site would need to be found in borough	Multiple future options for testing sites due to changes in the criteria for site settings
<b>Contact tracing in complex settings</b>	LA's will be required to support Tier 1 and 2 Test and Trace if NHS capacity unable to cope with demand	Reduced internal resource for BAU and other COVID related activities	HR to consider resource impact with a view to redeployment
	Multiple individuals identified as contacts from other LA's could be working in a complex setting within LBR	Added complexity in contact tracing and case recording	London wide mutual aid and co-ordinated response to London plan
<b>Data integration</b>	Post code data only being provided for positive cases, not contacts	Without a complete picture of cases and contacts it will be difficult to risk manage and locally plan effectively	Escalation to LCRC
	Ethnicity data is not currently available	inhibits ability to engage with or inform approach with specific communities	Escalation to LCRC
	LCRC data not received due to	Reduced internal resource for BAU	Reporting on local intelligence only, no spatial maps

	failure of LCRC systems	and other COVID related activities	
	LCRC surveillance not received due to failure of LCRC systems	Inability to report	Reporting on local intelligence only, no spatial maps
	NELFT data not received due to NELFT data transfer failure	NELFT data not integrated	Request direct reports from NELFT
	Matching datasets not received due to data extraction failure	Inability to report	Use national reporting only till resolution
	NTAT and exceedance reports not received if PHE are unable to upload files	Inability to report	Use report till date, response to PHE (NTAT)
	mapping not possible due to software/systems failure	GiS data not included in report	Reports without map, data tabulation only
<b>Vulnerable people</b>	Increase in self isolation due to contacts being identified will lead to bigger demand in the wellbeing service	Increase resource requirement in the Wellbeing service and Potential Reduced internal resource for the service to deliver due to staff in isolation. Potential impact on compliance	HR to consider resource impact with a view to redeployment. Budget considerations for food packages
	Vulnerable groups will not adhere to test and trace advice due to personal circumstances such as immigration status, victims of DV or trafficking, cash in hand employment.	Increased spread of the virus in communities	Engagement with vulnerable groups

## **10. Financial support for the Local Outbreak Plan**

- 10.1 The UK Government has provided an additional funding pot of £300 million to local authorities to support the development and implementation of Local Outbreak Plans and local Test and Trace support arrangements. Redbridge has been allocated £1.29 million.
- 10.2 Final guidance on how this additional money can be spent is expected soon but there will likely be limitations to ensure it is used solely to support the effective implementation of Test and Trace support. A key priority of the Local Outbreak Plan is to support community engagement and build local resilience for the potential of second wave of Covid-19 infection. Targeted support for communities and individuals at particular risk will be prioritised. This will include support for primary, secondary and tertiary prevention of long term health conditions<sup>4</sup>, particularly with those communities and ethnicity groups where prevalence of these conditions is highest. Mitigation of the risks of long term conditions is also mitigation of the risks of Covid-19. The planned scenario testing exercises will help to inform the planning for prioritisation of expenditure.
- 10.3 Financial planning against the actions in the Local Outbreak Plan will be overseen by the Covid-19 Board with final decision making on a financial plan made by the Health and Wellbeing Board.

## **11. Linked documents**

- 11.1 This Local Outbreak Plan should be read in conjunction with the following documents and information sources:
- The Redbridge Multi-Agency Pandemic Influenza Plan
  - The full suite of Coronavirus (Covid-19) guidelines and guidance documents available at: <https://www.gov.uk/coronavirus>
  - The London Regional Outbreak Plan (in development)

## **12. Glossary**

ASC	Adult Social Care
BAME	Black and Asian Minority Ethnicity
BECC	Borough Emergency Control Centre
BHRUT	Barking, Havering, and Redbridge University NHS Trust
BID	Business Improvement District
CSC	Children's Social Care

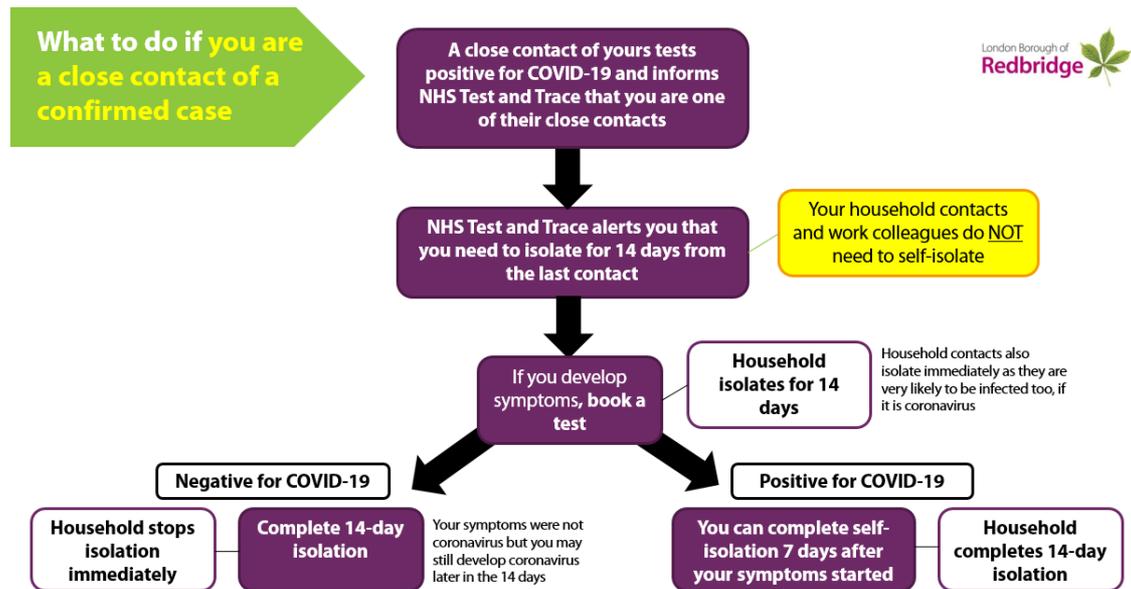
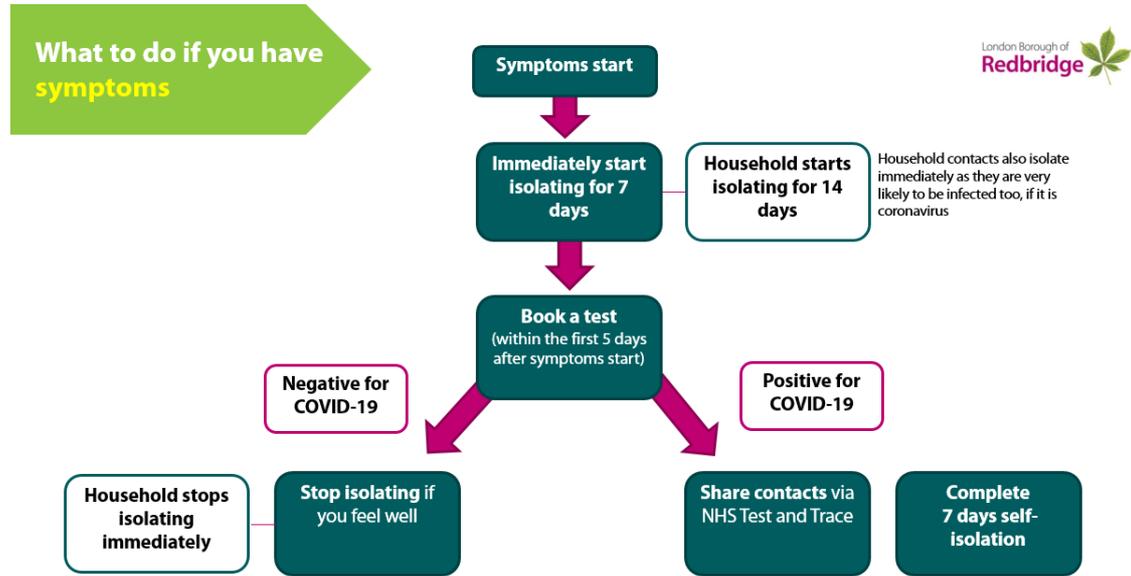
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<sup>4</sup> Such as cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD), kidney disease, and diabetes.

CCG	Clinical Commissioning Group
CPH	Consultant in Public Health
DPH	Director of Public Health
DV	Domestic Violence
H&S	Health and Safety
HMO	Housing of Multiple Occupancy
HSE	Health and Safety Executive
IMT	Incident Management Team
LA	Local Authority
LAC	Looked After Children
LBR	London Borough of Redbridge
LCRC	London Coronavirus Response Cell
LD	Learning Disability
NELFT	North East London NHS Foundation Trust
PH	Public Health
PHE	Public Health England
PPE	Personal Protective Equipment
RCVS	Redbridge Community and Voluntary Services
SoP	Standard Operating Procedure
TA	Temporary Accommodation
UASC	Unaccompanied Asylum Seeker
UCL	University College London
VCS	Voluntary and Community Services



**Appendix A: What to do if you are experiencing potential Covid-19 symptoms or are identified as a “contact”**



Flowcharts adapted from versions produced by London Boroughs of Camden and Islington

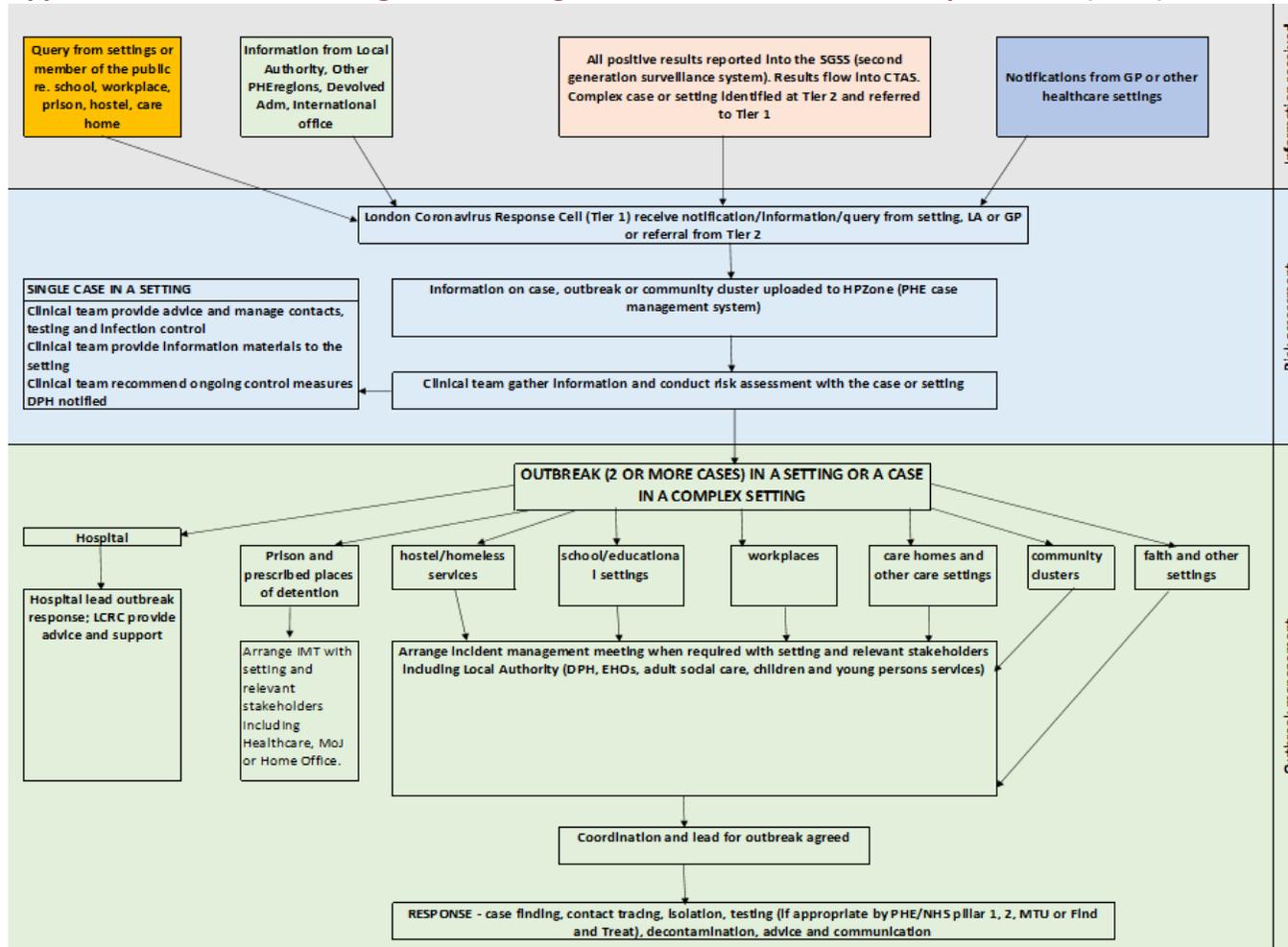


## Appendix C: Covid-19 outbreak management – roles and responsibilities

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

Provided by Public Health England, London Coronavirus Response Cell (LCRC)

### Appendix D: Outbreak management through the London Coronavirus Response Cell (LCRC)



Provided by Public Health England, London Coronavirus Response Cell

**Appendix E: The Redbridge Local Outbreak Action Plan**

This document sets out the Redbridge’s proposed localised action plan in response to the regional six point plan which is under development and sets out thinking relating to London LA’s likely responsibilities to enable and support the national tracing and testing programme.

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
Point 1: The Local Authority model: core elements and structures. Core elements	1a Identify a Local Authority Contact Tracing Lead (guidance strongly suggests that this should be the local Director of Public Health)	Complete	NA	

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
for engaging/co-ordinating with the national tracing model:	1b Establish a Local Authority Contact Tracing Working Group (i.e. Local Authority Contact Tracing Lead, Public Health leads for infection control and outbreak management, Environmental Health services, Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police), Consideration of representation from local VCS and faith groups)	<ul style="list-style-type: none"> <li>• Working group set up, meeting weekly chaired by Consultant in Public Health. Terms of reference developed and agreed</li> <li>• Workstreams defined and leads identified: Shielding, Engagement, Data, Testing and local outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>• Working group to be streamlined with activity being delivered in workstreams</li> </ul>	<ul style="list-style-type: none"> <li>• 7</li> </ul>

	<p>1c Review local outbreak control readiness, processes and structures and begin considering undertaking scenario planning on how outbreaks will be managed within key settings (e.g. Care Home, Schools, and Hospitals etc.)</p>	<ul style="list-style-type: none"> <li>• Complex setting meetings have taken place focusing on Care Homes, Schools, Community settings and Homeless / Hostels. Care home processes are in place. Community setting process has been developed in draft and schools SoP is in progress</li> <li>• NHS-wide processes are in place for daily surveillance of cases and contacts in health settings</li> <li>• Schools RACI has been circulated via education.</li> </ul>	<ul style="list-style-type: none"> <li>• LBR Homeless and Hostel list has been produced, further work is required to engage with settings and agree process.</li> <li>• Fire stations and other Home from Home environments process review to commence</li> <li>• Protocol to be developed for support in health setting outbreaks</li> <li>• Extra testing site to be implemented in borough - portable unit that could access community cluster or outbreak site</li> <li>• Explore options around utilising PH and Coronavirus Acts to mitigate non-compliance in high risk / complex situations.</li> <li>• Scenario testing - London wide (open markets)</li> <li>• Scenario testing to be run in all local complex settings</li> </ul>	<ul style="list-style-type: none"> <li>• 1,2,3,4,6</li> </ul>
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6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
			<ul style="list-style-type: none"> <li>• PVI and Childrens centre RACI to be developed and circulated</li> </ul>	
	<p>1d Establish a local data-hub to co-ordinate and communicate local information and data on tracing and testing in the local area.</p>	<ul style="list-style-type: none"> <li>• Data protocol has been developed using LCRC postcode data as spatial identifier</li> <li>• Daily reports on Test and Trace figures are received by the DPH</li> </ul>	<ul style="list-style-type: none"> <li>• Further work required to plug gaps in data such as contact post codes as current data only provides positive test result post codes</li> <li>• Boundary data to be considered - specifically in cases of outbreaks in Care Homes / schools. Conversations with neighbouring boroughs to be progressed</li> </ul>	<ul style="list-style-type: none"> <li>• 1,2,3,5</li> </ul>

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
	1e Make workplaces and settings safe	<ul style="list-style-type: none"> <li>• H&amp;S guidelines 1 pager has been developed for distribution to key settings (HSE doc has been used as template), which can include Test and Trace guidance</li> <li>• Leaflet has been distributed to all HMO's in licencing database</li> <li>• Guidance on safe return to LBR work spaces and a process for agreeing return have been developed</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up with Housing standards to engage with all TA types used within LBR</li> <li>• Hostel and B&amp;B RACI being adapted from schools template and distributed via housing</li> </ul>	<ul style="list-style-type: none"> <li>• 1,2,3,4</li> </ul>
<b>Point 2:</b> Supporting and protecting vulnerable groups	2a Consider specific residents and groups who may need additional support as a result of being asked to self-isolate. A number of groups have been identified (see main report) as potentially highly impacted by additional pressure arising from self-isolation.	<ul style="list-style-type: none"> <li>• Groups identified using Toolkit personas as well as data from Covid Wellbeing service</li> <li>• Estimates for potential additional numbers of people within vulnerable cohorts have been calculated.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with RCVS to consult on approach and identify any gaps</li> <li>• Link in with NELFT programme</li> </ul>	<ul style="list-style-type: none"> <li>• 3,6</li> </ul>

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
	<p>2b Understand local vulnerability and develop local approach to address these (NB. the Task and Finish group is working on a high-level impact assessment/checklist for Local Authorities to use/consider)</p>	<p>Engagement and comms initiated with:</p> <ul style="list-style-type: none"> <li>• Care leavers, LAC, CWD and foster carers around Test and Trace programme</li> <li>• Refuge and RAMFEL (Domestic violence)</li> <li>• Contact Tracing narrative shared with Reach out service (DV)</li> <li>• Children working with Housing to secure 1 bed units for UASC who are required to isolate</li> <li>• Support provided for rough sleeper/homeless residents and visitors through the UCL outreach team.</li> <li>• Presentation at the Foster Carers support network</li> <li>• Presentation at the 'Don't Whisper' young people in care council</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with LD team to develop bespoke comms for LD service user, utilising digital channels where possible</li> <li>• Engagement plan to be developed for specific groups such as sex workers and non-contracted day workers</li> <li>• Implement Action Plan to Mitigate for Disparities in the Impact of Covid-19 on BAME Communities Living and Working in Redbridge (see appendix E)</li> </ul>	<ul style="list-style-type: none"> <li>• 2,6</li> </ul>

	<p>2c Consider the role of shielding and ‘shielding plus’ services going forward and how these can support local response.</p>	<ul style="list-style-type: none"> <li>• Flagged with BECC and HR that there may be a requirement to increase internal staff resource in the Wellbeing service</li> </ul> <p>Following have been identified as potentially requiring extra support:</p> <ol style="list-style-type: none"> <li>1) Those who have been instructed to shield, are eligible for an NHS/DEFRA food parcel, but their parcel has not arrived</li> <li>2) Those who have been instructed to shield, but are not eligible for the NHS/DEFRA food parcels and have no support</li> <li>3) Non-shielding vulnerable people who are the predominant callers to the wellbeing service.</li> <li>4) Those with symptoms of the virus who must not leave the house (isolate)</li> <li>5) A) NEW group which will include a. those who have been contacted by the PHE Test and Trace service as a CONTACT of the person declaring they have symptoms, and instructed to quarantine, these people may have additional needs where they have insufficient funds to purchase food to last them the minimum 2 weeks (or</li> </ol>	<ul style="list-style-type: none"> <li>• Continued monitoring of Wellbeing service incoming and outgoing call data to identify any spike in referrals</li> <li>• Localised measures for shielding in the event of a community cluster to be developed – data flow in to wellbeing outgoing calls team as a required output</li> <li>• Identification of residents with long term conditions and classification of high, medium and low risk to initiate, with a view to providing preventative interventions and support</li> </ul>	<ul style="list-style-type: none"> <li>• 2,6</li> </ul>
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6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
		longer if they develop symptoms) and/or no support to get food in for them. B). people who are returning from travel who will be required to quarantine for 14 days in case they have been exposed to the virus		
<p><b>Point 3:</b>            Understanding and mitigating wider community impact</p>	<p>3a Understand and plan to mitigate impacts of extended scope of self-isolation in your area. These impacts include impacts on local economies, businesses and enterprises, community groups, essential services and workforce, and local enforcement. (NB. the Task and Finish group is working on a high-level community impact checklist as part of the toolkit to help identify gaps and key considerations).</p>	<ul style="list-style-type: none"> <li>• Channels for communication with local businesses have been identified</li> <li>• Utilising weekly business newsletter and Ilford BiD</li> </ul>	<ul style="list-style-type: none"> <li>• Continued use of toolkit and working group forums to identify further channels and requirements</li> </ul>	<ul style="list-style-type: none"> <li>• 2,3</li> </ul>

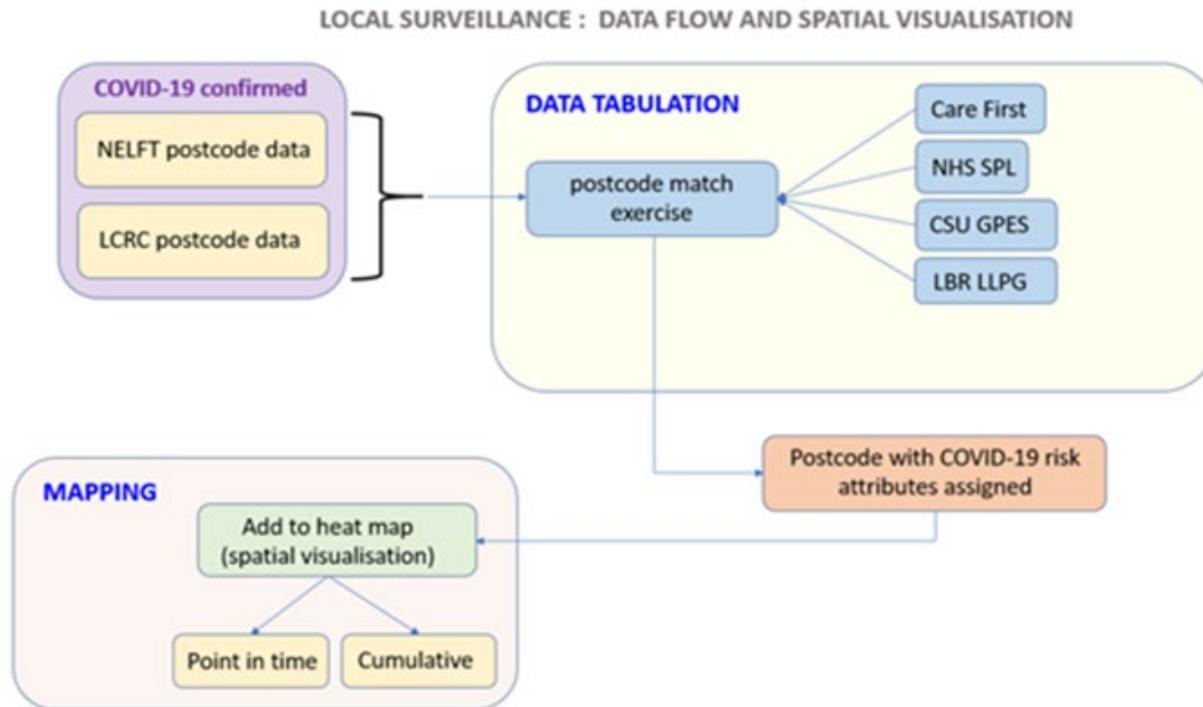
6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
	<p>3b Develop/update local business continuity plans to prepare for scenarios where large proportions of the local workforce (especially those required to deliver critical face-to-face or in-office services).</p>	<ul style="list-style-type: none"> <li>• PH England game developed for flu outbreaks has been redesigned for COVID and circulated to local businesses for continuity planning</li> <li>• Public Health offer to businesses provides broad and situation-specific infection control and Covid prevention advice, and review of individual business risk assessments.</li> </ul>	<ul style="list-style-type: none"> <li>• Toolkit to be updated and distributed to businesses</li> </ul>	<ul style="list-style-type: none"> <li>• 2</li> </ul>
	<p>3c Additional considerations: local level SIT rep reporting (for high risk services), sharing of best practice, planning for the next phases of the easing of restrictions and regular engagement with critical local businesses in key sectors etc.</p>	<ul style="list-style-type: none"> <li>• Awaiting further regional steer about whether SitRep reporting will be required on capacity and community impact</li> </ul>	<ul style="list-style-type: none"> <li>• Further consideration required on whether we want to create our own SITrep for local businesses/settings to report</li> <li>• Start to identify and collate best practice.</li> </ul>	<ul style="list-style-type: none"> <li>• 2,5</li> </ul>

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
<p><b>Point 4:</b>            Leading the local partnership response</p>	<p>4a Ensure a ‘whole-area’ approach is taken to responding to the potential expansion of self-isolation and general increased risk as lock-down is incrementally eased. Consider inviting key partners to be part of the proposed Local Area Contact Tracing Working Groups (CCG, Police, VCS), supporting local area-based data hub to co-ordinate local information, and /or developing joint-action plans between the local authority, CCG and police partners.</p>	<ul style="list-style-type: none"> <li>• We have engaged with the Borough Commander highlighting the requirement for joint working and considerations for Police station outbreaks</li> <li>• The Covid-19 Board has been instigated using the standing Pandemic Committee to ensure planning, communication, and implementation is co-ordinated across the health, social care, and public service partnership.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional engagement with Pharmacies and CCG</li> </ul>	<ul style="list-style-type: none"> <li>• 3,5,7</li> </ul>

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
<p><b>Point 5:</b>            Connecting and engaging local communities</p>	<p>5a Consider level of support we are able to provide in supporting the local uptake and outreach of the national testing and tracing model.            Develop understanding of the potential outreach and engagement gaps            Consider mitigating the risk of low-take up and engagement with hard-to-reach groups and communities.</p>	<ul style="list-style-type: none"> <li>• Community and Faith engagement channels identified</li> <li>• Script for Test and Trace videos developed for distribution</li> <li>• Community engagement resource identified for one-to-one and face-to-face engagement (through existing engagement officers)</li> <li>• Prevention focused plan for BAME has been developed in first draft</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation at RCVS forum</li> <li>• Videos to be recorded and distributed</li> <li>• Face to face engagement plan to be developed</li> <li>• Work to be tied in with corporate community impact assessment</li> <li>• Councillors to be approached to assist in delivering comms</li> <li>• Consideration of appointment of specific Test and Trace community engagement officer</li> </ul>	<ul style="list-style-type: none"> <li>• 3,5,6,7</li> </ul>

6 Point Plan	Summary actions – as set out in London response	Redbridge progress	Proposed next steps	Key requirements met
<p><b>Point 6:</b>            Building London regional resilience and mutual aid</p>	<p>6a It appears highly likely variation between local authority areas may continue into the future and as such developing regional resilience within London appears to be a critical consideration e.g.</p> <ul style="list-style-type: none"> <li>• Voluntary secondment of resource into LCRC to support rapid regional deployment of resource to areas of pressure and need.</li> <li>• Establishment of more formal mutual aid and sit-rep reporting within localities in London.</li> </ul>	<ul style="list-style-type: none"> <li>• Once there is greater clarity about how mutual aid between LAs might work LBR will be able to consider how to respond.</li> <li>• Financial support agreed from London boroughs towards the London-wide UCL outreach team for rough sleepers/homeless</li> <li>• Agreement across London boroughs to contribute to the city-wide University College London Find and Treat service (contact tracing service for the homeless and rough sleeping population)</li> </ul>	<ul style="list-style-type: none"> <li>• Continued engagement with London-wide development groups</li> <li>• Continued adaptation of London-wide resources</li> <li>• Planning for being both recipient and provider of mutual aid within NE London footprint</li> </ul>	<ul style="list-style-type: none"> <li>• 7</li> </ul>

## Appendix F: Data flow process



**Appendix F: Proposed Action Plan to Mitigate for Disparities in the Impact of Covid-19 on BAME Communities Living and Working in Redbridge**

**Direct Health Risk Factors for Covid-19 Amongst BAME Communities**

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<p><b>63% of Redbridge residents identify as BAME communities and are at higher risk of death from Covid-19</b></p>	<ul style="list-style-type: none"> <li>Ensure that communications are appropriate to highlight the risks to BAME communities in preparation for subsequent waves of Covid-19 infection</li> </ul>	<ul style="list-style-type: none"> <li>Identify which wards are most likely to be at risk and target actions to these wards</li> <li>Engage with key community representatives/ stakeholders to understand the social, cultural, structural, economic, religious and commercial determinants of Covid-19 within a range of BAME communities</li> <li>Work with local communities to co-produce appropriate guidance specifically for individual BAME communities, helping them to develop targeted messages written by and for their communities to reduce the risk factors for Covid-19 and improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Good engagement between LBR social inclusion and community groups</li> <li>Social prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Redbridge Faith Forum</li> <li>Youth Council</li> <li>LBR Comms team</li> <li>Somali Welfare Trust translated the messaging for our Reach Out DV service recently</li> <li>RCVS newsletter</li> <li>Health Buddies to deliver messages</li> <li>Redbridge Council</li> </ul>	<ul style="list-style-type: none"> <li>Redbridge's BAME groups are varied and not one community. This will require different approaches and mediums of communication</li> <li>We need clarity on what groups we have limited relationships or communication with – e.g. Roma communities</li> </ul>	<ul style="list-style-type: none"> <li>Policy, Equality &amp; Communities</li> <li>Public Health</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<p><b>Racism, discrimination, stigma, fear and trust were identified as negatively impacting health seeking behaviours amongst BAME communities</b></p>	<ul style="list-style-type: none"> <li>Traditional health and social care services may not cater for the needs of BAME individuals and communities</li> </ul>	<ul style="list-style-type: none"> <li>Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.</li> <li>Consult regularly with BAME users of health and social care services to establish what are the potential barriers to them accessing services, their needs and develop services that are delivered in a culturally competent manner</li> </ul>	<ul style="list-style-type: none"> <li>Well established providers of health and social care services</li> </ul>	<p>BAME Network</p> <ul style="list-style-type: none"> <li>Adult Social Care</li> <li>Children’s Social Care</li> <li>BHRCCGs</li> <li>NELFT</li> <li>BHRUT</li> </ul>	<ul style="list-style-type: none"> <li>The timescale in preparation for subsequent waves may be too short to implement actions to enable people from BAME communities to access health services</li> </ul>	<ul style="list-style-type: none"> <li>BHRCCGs</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<p><b>People aged over 80 years are at significantly higher risk of death (70 times more likely to die) than those under 40</b></p>	<ul style="list-style-type: none"> <li>Engage with the voluntary sector providing services for those aged 65+, e.g. Age UK to ascertain and understand the limitations imposed during and post lockdown, particularly on older people who are, or have been shielding</li> </ul>	<ul style="list-style-type: none"> <li>Consult with BAME community representatives of people aged 65+ to establish what they know and understand about Covid-19, including their fears, concerns and needs to be able to respond in a culturally competent manner</li> <li>Ensure that existing partners who provide support to elderly residents e.g. via befriending and shopping delivery services to provide targeted and culturally competent support for individuals from BAME communities</li> <li>Living Streets to make contact with groups and services that have regular contact with older people from BAME communities to raise awareness of the importance of increasing movement and walking to remain fit and healthy</li> </ul>	<ul style="list-style-type: none"> <li>Living Streets older people project</li> <li>Care homes</li> <li>Age UK</li> <li>Befriending Schemes</li> <li>Faith groups who provide support to elderly residents</li> </ul>	<ul style="list-style-type: none"> <li>Age UK Redbridge</li> <li>Redbridge Pensioners Forum</li> <li>Ageless teens (Black Caribbean)</li> <li>Awaaz Group (Bushra Tahir)</li> <li>Satkar Health &amp; Social Pensioner Group</li> <li>Living Streets</li> </ul>	<ul style="list-style-type: none"> <li>Work with care homes may require a degree of sensitivity given the increased numbers of sad deaths from Covid-19 experienced in these setting</li> <li>Communication with these care homes and community groups should be conducted in a manner to minimise risk to residents and staff</li> </ul>	<ul style="list-style-type: none"> <li>Policy, Equality &amp; Communities</li> <li>Age UK</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
		<ul style="list-style-type: none"> <li>Ensure that conversations with BAME individuals through the Council's Shielding telephone service include a discussion about the risk factors for elderly BAME communities and signpost to relevant support services</li> </ul>					
<p><b>There is emerging evidence from CQC data that, despite making up 3% of care home places, deaths amongst residents of care homes from Covid-19 were higher in BAME residents than white residents,</b></p>	<ul style="list-style-type: none"> <li>Additional measures may need to be put in place to reduce the risk to care home residents of a BAME background</li> </ul>	<ul style="list-style-type: none"> <li>Communicate and work with care home managers and staff to understand the increased risk to BAME communities and establish protocols for BAME residents to safeguard their health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Care home forum</li> <li>Infection prevention and control advice is available from qualified clinicians at local health centres</li> </ul>	<ul style="list-style-type: none"> <li>Care Homes</li> <li>IPC leads at NELFT, BHRUT, Public Health</li> <li>Adult Social Care</li> </ul>	<ul style="list-style-type: none"> <li>Care homes are already at increased level of alert and are doing everything they can to protect all of their residents</li> </ul>	<ul style="list-style-type: none"> <li>Adult Social Care</li> </ul>	<p>August 2020</p>
<p><b>Despite making up 46% of confirmed diagnoses, men aged 50-70 years</b></p>	<ul style="list-style-type: none"> <li>Men in occupations such as taxi and minicab drivers, chauffeurs and</li> </ul>	<ul style="list-style-type: none"> <li>Develop communications with local employers of men in at-risk occupations, targeted towards BAME men to support them to</li> </ul>	<ul style="list-style-type: none"> <li>Good relationship with local businesses through Business</li> </ul>	<ul style="list-style-type: none"> <li>Owners of taxi/minicab firms</li> <li>Uber</li> </ul>	<ul style="list-style-type: none"> <li>Permission to identify at risk men will require agreement</li> </ul>	<ul style="list-style-type: none"> <li>Health and Safety team</li> <li>Economic Development</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<p><b>are more likely to be admitted to critical care than women (60%) and are more likely to die (70%)</b></p>	<p>those working in security and related occupations are at higher risk of death from Covid-19</p> <ul style="list-style-type: none"> <li>• Ensure that men and women working in (particularly ethnic) food shops are appropriately protected through social distancing measures</li> <li>• Hospitality and industry professions are some of the hardest hit financially during the Covid-19 lockdown</li> </ul>	<p>protect themselves against Covid-19, such as provision of suitable PPE, maintaining social distancing, and undertaking workplace wellbeing and risk assessments</p> <ul style="list-style-type: none"> <li>• Work with local employers to support them to encourage and enable BAME men to take a Covid-19 test when they first notice potential symptoms</li> <li>• Utilise Shielding Lists to identify at risk men</li> <li>• Ensure local track and trace programmes include appropriate messaging to support men to quarantine if they have been in contact with a suspected case</li> </ul>	<p>Improvement District</p> <ul style="list-style-type: none"> <li>• Advice available from Health and Safety professionals within the Council</li> <li>• Good links with occupational health services</li> <li>• Relationship with Faith Forum</li> <li>• Connection with Places of worship via our Community Engagement Coordinator</li> <li>• List of contacts through Health and Wellbeing Service</li> <li>• A range of physical activity opportunities are already available and targeted at this cohort, including Man v</li> </ul>	<ul style="list-style-type: none"> <li>• Local security companies</li> <li>• Places of worship – especially Gurdwaras and masjids that already support men from Muslim (Pakistani and Bengali) and Sikh backgrounds</li> <li>• RCVS</li> <li>• Grocery and Halal meat shops owners/managers</li> </ul>	<p>with NHS Shielding service to share appropriate data</p>	<ul style="list-style-type: none"> <li>• Ilford Business Improvement</li> </ul>	

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
			Fat Football session, Walking football and Health Walks				
<p><b>People of BAME groups may be more exposed to Covid-19 through factors associated with ethnicity such as occupation, population density, use of public transport, housing composition and housing conditions and therefore more likely to be diagnosed positive.</b></p>	<ul style="list-style-type: none"> <li>A high proportion of BAME groups are key workers and in occupations that placed them at greater risk of being exposed to those infected with Covid-19</li> </ul>	<ul style="list-style-type: none"> <li>It is vital to value and respect the work of key workers. All employers of key workers in Redbridge could be communicated with to ensure they have adequate health protection arrangements in place for workplace wellbeing including:               <ul style="list-style-type: none"> <li>PPE</li> <li>Workplace wellbeing and risk assessments</li> <li>Targeted education, awareness and support for key workers</li> <li>Occupational risk assessments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Good relationship with local businesses through Business Improvement District</li> <li>Advice available from Health and Safety professionals within the Council</li> <li>A variety of local occupational health services are available</li> </ul>	<ul style="list-style-type: none"> <li>Local Authority</li> <li>BHRUT</li> <li>BHRCCGs</li> <li>Nurseries</li> <li>Child Minders</li> <li>TfL</li> <li>Taxi firms</li> <li>Minicab drivers/Uber</li> </ul>	<ul style="list-style-type: none"> <li>All employers in Redbridge would need to be willing to engage in effective ethnicity data collection and recording; a frank and open conversation may be required to explain why such data collection is important and to mitigate for any potential reluctance to do so.</li> </ul>	<ul style="list-style-type: none"> <li>LBR workplace wellbeing</li> <li>Economic development</li> </ul>	August 2020

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
		<ul style="list-style-type: none"> <li>Mandate comprehensive and quality <b>ethnicity data collection and recording</b> as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.</li> </ul>					
<p><b>Diabetes is a significant risk factor for poor health outcomes from Covid-19 – there are 8.9% of people registered as diabetic on the QOF registers; Individuals of</b></p>	<ul style="list-style-type: none"> <li>Undiagnosed diabetes may present an unknown additional risk factor in some communities; raising awareness will be key to people</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen health promotion programmes that improve early diagnosis and clinical management of chronic disease as a strategy to improve overall health, increase resilience and reduced the risk of adverse Covid-19 associated health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Range of South Asian community groups (e.g DAWN, Awaaz, Gujerati Association, Punjabi Centre, Redbridge Indian Welfare Association, The Friends of</li> </ul>	<ul style="list-style-type: none"> <li>BHR CCGs</li> <li>Diabetes Prevention Programme</li> <li>Healthwatch Redbridge</li> <li>GPs</li> <li>Expert Patient Groups</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing Covid-19 infections are likely to limit the capacity of GPs to engage in wider risk factors</li> </ul>	<ul style="list-style-type: none"> <li>BHRCCGs</li> <li>LMC / GPs</li> </ul>	<p>August 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<p><b>South Asian descent are four times more likely to have type 2 diabetes; individuals with a Black African or Black Caribbean ethnicity are three times more likely to develop type 2 diabetes than those of white British ethnicity</b></p>	<p>understanding their risk for Covid-19</p>	<ul style="list-style-type: none"> <li>• Contact those that are identified as diabetic via NHS/CCG and Diabetes Prevention Programme to ensure those identified are given the right support to manage their long term condition and reduce the risk of poorer outcome.</li> <li>• Engage with GPs, patient expert groups to share and promote existing information among residents with diabetes <a href="https://www.diabetes.org.uk/about_us/news/corona_virus">https://www.diabetes.org.uk/about_us/news/corona_virus</a></li> <li>• Increase awareness of the risks of diabetes and encourage people with diabetes, especially those from BAME communities, to get tested</li> </ul>	<p>Bangladesh, Liberty Arts (youth))</p> <ul style="list-style-type: none"> <li>• A long list is available via the FIND directory or Policy Team</li> <li>• Redbridge Councillors, MP</li> </ul>	<ul style="list-style-type: none"> <li>• Faith Forums</li> </ul>			
<p><b>59.7% of people over 18 in Redbridge are overweight or obese; this may further increase</b></p>	<ul style="list-style-type: none"> <li>• Accelerate efforts to target culturally competent health promotion and</li> </ul>	<ul style="list-style-type: none"> <li>• Identify those that are overweight/obese through GPs and offer services such as Exercise on Referral to help them reduce their BMI to a level that reduces their</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise on referral and weight management programmes</li> </ul>	<ul style="list-style-type: none"> <li>• BHR CCGs</li> <li>• GPs</li> <li>• NELFT</li> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Public confidence in returning outside to engage in exercise whilst</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Public Health</li> <li>• Parks and Open Spaces</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<b>due to lack of exercise during lockdown</b>	<p>disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing</p> <ul style="list-style-type: none"> <li>Virtual/online support rather than face to face weight loss support may be required to allow for social distancing measures</li> </ul>	<p>risk of poor outcomes from Covid-19 infection.</p> <ul style="list-style-type: none"> <li>Promote online Tier 2 weight management services</li> <li>Signpost to Vision-led services and dietetics service (NELFT)</li> <li>Encourage alternative forms of exercise, such as chair based exercise or simple body movement</li> </ul>	<ul style="list-style-type: none"> <li>Man v Fat football programme</li> <li>Healthy Lifestyle Programme for families</li> </ul>		<p>maintaining safe and effective social distancing</p>		
<b>People living with one or more Long Term Conditions (LTC) have higher risk of poor outcomes or</b>	<ul style="list-style-type: none"> <li>Communicate with BAME communities utilising an holistic, person-centred approach to</li> </ul>	<ul style="list-style-type: none"> <li>Contact those identified through the Covid-19 Wellbeing Service</li> <li>Communications to be aimed at those with Long Term Conditions</li> </ul>	<ul style="list-style-type: none"> <li>Multi-agency partnerships which allow consideration of the wider determinants of</li> </ul>	<ul style="list-style-type: none"> <li>Communications</li> <li>RCVS Newsletter</li> <li>Staff e-newsletter</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring continued care for highly vulnerable people with LTCs whilst ensuring health</li> </ul>	<ul style="list-style-type: none"> <li>BHRCCGs</li> <li>NELFT</li> <li>Public Health</li> </ul>	<p>July 2020</p>

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<b>death from Covid-19</b>	understand the risks to people with one or more LTCs in the context of their lives and their limitations/restrictions; this information will then be used to develop targeted support systems to help them manage their conditions and thus reduce their risk of poor outcomes from Covid-19		health and wellbeing		protection methods are kept safely in place		
<b>The inequalities experienced by many BAME communities has impacted significantly on their mental wellbeing,</b>	<ul style="list-style-type: none"> <li>• Ensure equity of access to mental health support services by BAME communities</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a health equity audit on users of mental health services to identify where there are potential disparities in access</li> <li>• Providers of mental health support services to consider alternative ways</li> </ul>	<ul style="list-style-type: none"> <li>• Well established Taking Therapies service</li> </ul>	<ul style="list-style-type: none"> <li>• BHRCCGs</li> <li>• NELFT</li> <li>• Community organisations</li> </ul>	<ul style="list-style-type: none"> <li>• People from BAME communities may be less able to access digitally delivered services</li> </ul>	<ul style="list-style-type: none"> <li>• BHRCCGs</li> <li>• NELFT</li> </ul>	September 2020

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
<b>particularly in terms of stress, employment and bereavement</b>		of delivering outreach services to BAME communities to support their specific needs					
<b>Mental health impact of Covid-19 relating to bereavement, inability to conduct culturally competent burial practices/funerals</b>	<ul style="list-style-type: none"> <li>Responding appropriately to the needs of different cultures to maintain dignity and respect in bereavement</li> </ul>	<ul style="list-style-type: none"> <li>Work with BAME communities to develop suitable and culturally competent alternatives to funeral/burial practices</li> </ul>	<ul style="list-style-type: none"> <li>We have a list of burial and bereavement support services still being offered across all our faith spaces <a href="#">here</a></li> </ul>	<ul style="list-style-type: none"> <li>Faith Groups</li> <li>BAME Forums</li> <li>Bereavement counselling</li> </ul>	<ul style="list-style-type: none"> <li>Limitations to responding to different cultural needs whilst maintaining safe and effective health protection methods</li> </ul>	<ul style="list-style-type: none"> <li>Registrars Service</li> <li>Crematoria and Cemetery Services</li> </ul>	September 2020
<b>Perinatal mental health; and mental health of children under five as these impact on the life outcomes and comorbidities</b>	<ul style="list-style-type: none"> <li>Raise awareness of the impact of maternal and paternal mental health during the 1001 critical days from pregnancy; and the impact on child development and mental health and their life outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Fully publicise and implement the multi-agency Redbridge 'Ready to Learn' programme with allocated resources.</li> <li>Need to take the above to the next level of implementation ensuring all parties embed it fully into their service action plan so that it is more well-coordinated and there is a strategic approach across all agencies and the wider community as a prevention</li> </ul>	<ul style="list-style-type: none"> <li>Children's centres, Health Visiting and perinatal mental health services, settings, schools, PH etc but need to do more.</li> <li>This is part of the PHE's strategy and recommendations for school readiness – and</li> </ul>	<ul style="list-style-type: none"> <li>BHRUT</li> <li>Community Midwives</li> <li>Health Visitors</li> <li>Children's Centres</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable families may be less visible/less easy to reach out to as a result of lockdown</li> </ul>	<ul style="list-style-type: none"> <li>BHRUT Maternity Services</li> <li>BHRCCGs</li> </ul>	July 2020

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
	<ul style="list-style-type: none"> <li>Provide more support to families during the 1001 critical days</li> </ul>	<ul style="list-style-type: none"> <li>and early intervention strategy and action to reduce comorbidity risk factors of BAME and also ACEs.</li> <li>This will end up helping all communities and the future generations in all aspects of life.</li> </ul>	<ul style="list-style-type: none"> <li>so will be easy to further develop</li> </ul>				
<b>Maternal health</b>	<ul style="list-style-type: none"> <li>Seek alternative ways of engaging with pregnant women which shields them from risk of Covid-19 infection</li> </ul>	<ul style="list-style-type: none"> <li>Reach out to pregnant mums to monitor and support their welfare and mental health</li> </ul>	<ul style="list-style-type: none"> <li>Families are able to access midwifery services ante-natal and post natal in Children's Centres (CC) ensuring families are safe and babies receiving necessary checks which are time sensitive.</li> <li>Midwives are contacting CC if support needed for family.</li> <li>Families accessing non-CC venues are not currently</li> </ul>	<ul style="list-style-type: none"> <li>Midwives</li> <li>Children's Centres</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable pregnant women may be less visible/less easy to reach out to as a result of lockdown</li> </ul>	<ul style="list-style-type: none"> <li>BHRUT Maternity Services</li> <li>Health Visitors</li> </ul>	August 2020

Issue	What do we need to do differently in the light of Covid-19?	Actions	What assets/services have we already got in place?	Partners/Key Stakeholders	Dependencies/Risks	Lead(s)	Timeline
			been registered due to the current situation				

