

Local Outbreak Management Plan

Prevention and management of Covid-19

January 2022



Document version control

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5.2 ID	15/6/21	Updated information on surge vaccination
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5.5 BS	27/01/2022	Updated national LOMP guidance, plan B arrangements, and self-isolation/contact guidance. Appendices C and D reformatted. Appendix H updated with 2021-2022 Winter Vaccine comm plan. Appendix E updated with new graphic. Appendices F and J removed (out of date) - all subsequent appendices names updated.

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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. The revised planning themes for Local Outbreak Plans

- 2.1 The Local Outbreak Management Plan (LOMP) was initially developed in Spring 2020 using a seven-point plan to cover programmes for Covid prevention using the facilities, technologies, and capacities available then. For October 2021, national guidance has been provided for priority themes to enable an update for local outbreak plans. LOMPs need to include the following themes:
 - High risk workplaces, communities, and locations;
 - Vulnerable and underserved communities;
 - Governance;
 - Resourcing;
 - Communications and engagement;
 - Data integration and information sharing.

2.2 In addition, plans must also address new developments in Covid prevention through the following areas:

- Surveillance
- Target testing, local contact tracing, support for those isolating
- Management of outbreaks (including of variants)
- Responding to enduring transmission
- Supporting roll out of the vaccine including addressing disparities in uptake

2.3 This update to the LOMP addresses these new areas for intervention and will be updated in an iterative manner as further development to facilities, technologies, and capacity are provided.

2.4 The initial LOMP from Spring 2020 was developed in line with a London-wide approach which structured the local response to Covid around the following six key areas:

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 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.

- 2.5 This continues to shape our broad approach for developing any and all key interventions for Covid prevention in the borough.
- 2.6 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.
- 2.7 The UK Health Security Agency (UKHSA) is the successor organisation to Public Health England that leads 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.
- 2.8 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 A** 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 B** provides a flowchart which shows how outbreaks will be managed.
- 2.9 While the LCRC leads on many aspects of the outbreak response for care homes, schools, other high-risk workplaces, and community clusters, this requires high levels of support from London Borough of Redbridge (LBR) and other partners. The local knowledge that Redbridge-based organisations and individuals hold is 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 provides support for vulnerable people who do not have the social network of relatives and friends to support them during that difficult time.
- 2.10 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.
- 2.11 **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. 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 C**.

3. Principal prevention measures

3.1 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 so we need to limit the amount of time spent with others.
- 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. It is important to maintain good ventilation in indoor spaces.
- If you have symptoms of coronavirus make sure to stay at home and arrange to have a test.

3.2 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.



- 3.3 Social distancing (and regulations to facilitate this) has been the primary non-pharmaceutical intervention to prevent Covid transmission at population level. National and tiered local restriction regimes have been implemented at different times since the start of the Pandemic. The current national guidance is summarised at the web address below:

<https://www.gov.uk/coronavirus>

3.4 **Autumn and Winter Plan – 2021/22**

The Government has set out its autumn and winter plan for preventing further spread of the Covid virus and managing the eventual move from Pandemic to endemic nature of the infection. It will model all current and future interventions in this timeframe through the following framework:

- Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- Identifying and isolating positive cases to limit transmission: Test, Trace and Self-Isolation.
- Supporting the NHS and social care: managing pressures and recovering services.
- Advising people on how to protect themselves and others: clear guidance and communication.
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

- 3.5 The Autumn and Winter Plan (2021/22) is summarised below:

- Vaccination and antivirals
 - Uptake of vaccines will be maximised in those individuals and groups who have not yet taken up the offer of two vaccine doses;
 - People aged 12 and over are eligible to have the 1st and 2nd doses of COVID-19 vaccine
 - Boosters are available for people 16 years or older plus those aged 12 years and over who are immunosuppressed or live with someone who is, at least 3 months after their second dose;
 - A primary vaccination course of two doses is due to be offered to 5-11 year olds in a risk group (recently approved by JCVI);
 - Approved antiviral medication (casirivimab/imdevimab, sotrovimab and molnupiravir) will be rolled out through NHS services for people who require this, such as those at high risk of becoming unwell with severe COVID-19. A further antiviral, Paxlovid, has also been recently approved by MHRA;
 - Conditions of employment are now in place for people working in CQC registered care homes, and from April 2022 all NHS, health and social care staff, to have received two doses of Covid vaccination;
- Test, Trace, and Isolation
 - Continuation of the expectation that everyone with COVID-19 symptoms self-isolates and takes a polymerase chain reaction (PCR) test. Over autumn and winter, PCR testing for those with COVID-19 symptoms will continue to be available free of charge;
 - Regular asymptomatic testing will continue to help find cases and break the chains of transmission. It will be focused on those who are not fully



- vaccinated, those in education, and those in higher-risk settings such as the NHS, social care, and prisons. Public access to lateral flow devices (LFDs) via GOV.UK and pharmacies will continue in the coming months to help manage periods of risk. At a later stage, as the government's response to the virus changes, universal free provision of LFDs will end, and individuals and businesses using the tests will bear the cost;
- Those who test positive on LFD but are asymptomatic will no longer be required to get a confirmatory PCR test and should isolate as per national guidance;
 - Community testing will continue to be provided for local authorities to focus on disproportionately impacted and other high-risk groups;
 - Self-isolation guidance has now changed. People who test positive for coronavirus should isolate for up to 10 days. They will be able to end their isolation after 5 full days if LFD tests taken on days 5 and 6 (taken 24 hours apart) are negative and they do not have a fever. They are advised to limit contact with high-risk groups if they leave self-isolation at this point.
 - Close contacts who are over 18 years of age and not fully vaccinated are still required to isolate for 10 days. Provision of practical and financial support to those who are eligible and require assistance to self-isolate will continue. Local authorities will continue to play a role in managing financial support by administering and raising awareness of the Test and Trace Support Payment scheme (TTSP);
 - Close contacts who are fully vaccinated, or under 18 years, do not need to self-isolate. Those in this group who are over 5 years old are strongly advised to take daily LFD tests for seven days, or until 10 days after the contact started isolating if this is earlier. If the LFD is positive they should follow the guidance above.
 - The partnership between the National Test and Trace service and our local contact tracing team will continue. Similarly, the Government will continue to encourage the use of the NHS Covid app;
 - The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ('No.3 Regulations') which give local authorities the power to issue a direction imposing restrictions, requirements or prohibitions in relation to individual premises, events and public outdoor places have been extended until 24 March 2022;
 - Support for areas with enduring transmission will continue, along with national support for an enhanced response in areas with particularly challenging disease situations. The government will also continue to provide access to the Education Contingency Framework, which provides guidance on the principles for managing local outbreaks of COVID-19 in all education and childcare settings.
- People who are Clinically Extremely Vulnerable
 - Previous shielding advice for people who are categorised as clinically extremely vulnerable has now ended;
 - Ventilation
 - National provision of support for business and schools in relation to advice and monitoring for ventilation is now being provided;
 - Carbon dioxide monitoring technology is being provided for schools and where appropriate for business;
 - National and regional assurance



The UKHSA will continue to provide:

- Case detection and test uptake rates;
- Incidence and prevalence information;
- Trajectory information for case rates;
- Information for NHS occupancy and admission rates;
- Information on Covid variants;
- Vaccine uptake and efficacy information;
- Information on operational response effectiveness (contact tracing, testing, financial support, compliance and enforcement);
- Surveillance data from laboratory systems, testing numbers, outbreaks, case rates, vaccination services, hospital admissions, deaths, and wastewater sampling.

▪ Finance

- The Contain Outbreak Management Fund (COMF) monies which have been provided to local authorities to support Covid prevention and management activities are required to be spent by March 2022.

▪ Enforcement

- Local authorities will continue to be the main enforcement authority in retail, hotel and catering, office and consumer or leisure settings while, in general, HSE inspectors lead on enforcement in more industrialised settings such as manufacturing;
- As of 19 July 2021, many measures have moved from legal requirements to advice and guidance. With fewer regulations to enforce against and with some of the enforcement powers for local authorities also removed, LAs will carry out less enforcement work. Local authorities will support businesses and public places to be COVID-safe, for example by improving knowledge of infection prevention and control, ensuring spaces are well ventilated, and explaining the relevant regulations and guidance (<https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020>) ;
- Local authorities can use resources previously deployed for COVID-19 compliance and enforcement to support businesses and public places to follow guidance, where available. They can also continue to use marshals, for ongoing support, such as providing in-person advice and support to businesses and to the public. These resources could be considered as part of local outbreak management planning in areas of higher risk, or where there is demand from businesses or the public locally for this type of intervention.
- Local authorities will retain powers under the No. 3 Regulations until 24 March 2022 and will also play a role in ensuring that employers comply with their obligations under the self-isolation regulations.

▪ Plan B

The Autumn and Winter Plan includes contingency should the NHS come under unsustainable pressure. This came into force in December 2021 (reversion to plan A occurred in mid-January 2022). Plan B included guidance advising:

- Face masks were required indoors (except in hospitality settings)
- NHS Covid pass was required for nightclubs and large events
- People advised to work from home where possible



4. The NHS Test and Trace system

- 4.1 The NHS Test and Trace system was launched nationally on 28th May 2020. Alongside the vaccination programme introduced in December 2020, it is the Government's primary strategy for managing the spread of the Covid-19 virus. It was 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. The powers available to local authorities relating to local restrictions are provided in **Appendix D**.
- 4.2 The system works in the following way. People may test with a PCR¹ test (for example, if they have coronavirus symptoms), or with an LFD through asymptomatic testing. Those with a positive test will be contacted by the Test and Trace service Local Contact Tracing team who work 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".
- 4.3 Everyone who has received a positive test result is asked to isolate in their place of residence for up to 10 days. They may be able to end their isolation after 5 full days if they have negative LFDs taken on day 5 and 6 (24 hours apart), and do not have a fever.
- 4.4 Other people living in their place of residence are also asked to isolate for a minimum of 10 days unless:
- They have received at least two doses of Covid vaccine, more than 14 days ago;
 - They are under 18 years of age
- Guidance on household isolation can be found at the web address below:
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- 4.5 Everyone who is informed by Test and Trace that they have been identified as a "contact" needs to isolate in their place of residence for a minimum of 10 days unless they are double vaccinated or under 18 years of age. Other people living in the same place of residence as a "contact" do not need to isolate unless they start to experience symptoms. Close contacts over the age of 5 who do not need to self-isolate are strongly advised to take daily LFDs for 7 days, or until 10 days after their contact entered isolation if this is earlier.
- 4.6 **Appendix E** provides the NHS self-isolation guidance for people who test positive;
- 4.7 The national Test and Trace service has trained staff 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, within 1 metre for 1 minute or more, or having travelled in the same vehicle) with other identifiable individuals. Other members of the national Test and Trace team will then call these "contacts". Individuals who test positive will also be able

¹ A polymerase chain reaction (PCR) 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.

to complete an online contact tracing process in the first eight hours after the test result is received. If this is not completed in the time period, they will be called by a Test and Trace contact tracer by phone.

- 4.8 Additionally, Redbridge has developed a local Contact Tracing service which is able to apply local knowledge and data to support tracing where the national service is unable to reach individuals. Our service can contact up to 50 cases per day to notify them of positive test results, discuss isolation needs, and determine which further individuals need to be classified as contacts requiring telephone follow up. This service works in tandem with the national service and we are working together to develop plans for enhanced contact tracing programmes to pick up cases immediately after positive test results are received at LFD sites, and working on a longer timescale to backwards trace where cases may have been infected. See Section 6 for further information.
- 4.9 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 UKHSA² with the support of local authorities, local health services, and partner organisations. The allocation of tasks is provided in **Appendices A and B** and local authority support may include provision of local knowledge and local expert staff on the ground, organisation of IMTs, local infection control advice and audit, and community engagement.
- 4.10 NHS trusts lead the test and trace response to notifications of positive Covid-19 cases in their patients, visitors, and staff.

² Public Health England is the agency of the Department of Health and Social Care responsible for health protection. In October 2021, PHE was combined with NHS Test and Trace for the UK Health Security Agency (UKHSA)

5. Testing for Redbridge residents

- 5.1 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. These test samples can either be tested through the accredited laboratory system (PCR tests) or via lateral flow devices (LFD) which provide a result directly at the place of testing.
- 5.2 There are several ways in which a Redbridge resident can access a Covid-19 test. Details on this are provided below:

	Currently available	Comment
Home test kit	Yes	Home test kits can be ordered for mail delivery or via collection at community collect sites. PCR and LFD home test kits are available for all residents to use.
Regional drive through test centre (PCR tests)	Yes	These are available for Redbridge residents in Lea Valley, Greenwich O2, and Twickenham. Access must be by private car.
Mobile Test Units (MTUs) (PCR tests)	Yes	An MTU can be provided as a versatile alternative to the fixed local test sites. They can be sited at an appropriately sized and accessible location for short or longer timescale periods. An MTU is currently sited at the Mildmay Road Car Park location in Ilford. They are also available wherever surge testing is required for a borough or a targeted location within a borough.



Local Testing Site (PCR)	Yes	There are two LTS open at Charteris Road Car Park, and Gants Hill providing tests 7 days per week. The sites are run by Serco and have been commissioned by the DHSC and Deloitte. These sites are primarily for symptomatic people.
Lateral Flow Device (LFD) testing	Yes	<p>Redbridge Council is now offering LFD tests to all residents. LFD testing provides rapid results (within half an hour) and is available to the public at Redbridge Library in Ilford. Further testing for LBR staff and other key workers is available at Lynton House and Station Road. Early Years providers are also able to set up as test sites and there is local support for the national programme for LFD testing for businesses.</p> <p>Redbridge Council is also now offering LFD tests as part of the community collect scheme to all residents. Anyone who is over-18 can collect up to 14 LFDs per household through:</p> <ul style="list-style-type: none"> - their employer - LFD test site - As described above under 'Home test kit', LFDs can also be collected from over 50 pharmacies in the borough (Pharmacy Collect) or ordered on the government website
Door to door test service	Yes	A team is available to visit high prevalence areas of the borough and offer a door to door testing service where there are access issues and where case rates make it a priority for testing levels to be increased. This service has in the past been expanded to undertake surge testing in target areas where a variant of concern (VoC) have been identified.
School testing	Yes	Testing for school communities (staff and students/pupils) can be accessed through LFD on site testing and through LFD home testing. The wider school community (households of individuals who work in or attend schools) can access LFD asymptomatic testing through home test delivery or community collect.
Other high-risk settings	-	There are no prison settings in Redbridge and only two providers of further/higher education. This college does not provide community residential accommodation. Students and staff are accessing regular LFD testing through community test sites and community collect. There are no large-scale meat production facilities in Redbridge (an industry associated with higher risk in other parts of the country). Hostel accommodation is



		supported by a dedicated outreach LFD testing team.
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- 5.3 Access to PCR home test kits and visits to Local Test Sites (LTS) for anyone who is 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/>
- 5.4 Asymptomatic testing should be accessed through attendance at LFD test sites, home testing via home delivery or community collection for all residents, or via door to door testing when this service is operating. People are advised to take lateral flow tests before attending high-risk events, visiting high-risk individuals or if they are a close contact of a COVID-19 positive case but do not need to isolate. Staff and pupils (year 7 and above) are advised to take a lateral flow test twice a week. Pupils in year 6 and below do not have to take lateral flow tests unless they are over the age of 5 and are a close contact of a COVID-19 positive case.
- 5.5 People who test positive on LFD testing and who are asymptomatic are no longer required to get a confirmation PCR test. They should isolate as per government guidance from the day of the positive LFD.
- 5.6 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, we do not have extensive 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.
- 5.7 New variants of the virus have been identified which are beginning to circulate in populations across the country. This includes the omicron variant, first detected in Southern Africa in November 2021, and which is currently spreading in the UK. The DHSC and PHE have developed a surge testing programme to identify the spread of the variants wherever cases have been identified. This has been provided through hyper-local testing at postcode level although there is the potential to expand to borough-wide approaches. Please see **Appendix F**.

6. Contact tracing

- 6.1 In addition to the national NHS Test and Trace system for contact tracing, a local contact tracing service has been implemented in Redbridge. This enables us to take advantage of local knowledge and intelligence to follow up cases identified through PCR testing where the national system may have failed.
- 6.2 Cases are diverted to the Redbridge contact tracing service if the online information collation prompt has not been completed and if the national service is unable to make phone contact within 24 hours of the service being notified of a positive test result. The Redbridge service will then use the demographic and contact information provided, plus locally sourced information where available, to phone the case and conduct an interview to ascertain which other individuals may have been at risk of exposure to the virus from the case. Where the Redbridge service is unable to make contact by phone

after a set number of attempts/time period, the details of the case are passed to an outreach service who visit the individual's home to deliver a letter requesting contact be made. Contact tracing reviews the potential contacts of a case for between 48 hours to 9 days prior to the onset of symptoms or positive test result.

- 6.3 The objectives of the service are:
- To ensure cases are aware of the need for they and their households to isolate from first symptoms (or test result if asymptomatic) as per national guidance;
 - To ensure there are no welfare concerns for cases and households who need to isolate;
 - To identify which other individuals may have been at risk of exposure to the virus from the case and to notify these "contacts" to the national system.
- 6.4 The Redbridge contact tracing service has capacity to work with up to 50 cases per day. Where this capacity ceiling is reached, excess numbers of cases are returned to the national system for contact tracing.

7. Street Engagement and COVID Marshalling

- 7.1 A street engagement programme ran in Redbridge from October 2020 to September 2021. This comprised of a 30 person team of COVID Marshals operating 7 days per week. The aim of the programme was to:
- Distribute PPE and remind residents of social distancing and face covering requirements;
 - Distributing leaflets and materials with up to date Covid-19 guidance;

The team were deployed to high footfall areas, predominantly in areas around busy supermarkets and high streets to ensure maximum coverage. If there are local parks and recreation areas in the vicinity the team also covered these areas as part of the exercise. The programme was stepped down in September 2021 with the ending of national lockdown restrictions but it can be reconstituted should the national or local situation require this.

8. Support for self-isolation

- 8.1 Current national advice is for people who had been shielding due to extreme clinical vulnerability (CEV) to now follow the standard guidance for the general public. The Government advises that general prevention advice relating to vaccination uptake, test and trace compliance, caution around social distancing, ventilation, and face covering is sufficient to enable people who previously shielded to be confident in following the general return from lockdown restrictions. The local Contact Tracing Team in Redbridge has systems to identify people who are CEV in its contact tracing work and can provide specific advice for individuals. Individuals can then be referred on to the Redbridge

Wellbeing Service who can assess specific needs and advise, signpost or provide accordingly.

- 8.2 All positive cases and contacts of cases who are over 18 and who have not had at least two doses of Covid vaccination (more than 14 days previously) are required to isolate for 10 days from the date of first symptoms (or date of test if it is an asymptomatic case). Where individuals may face hardship from such isolation, for instance where isolation would leave them without ability to acquire food or medication, the Redbridge Wellbeing Service can provide assessment and support as above.
- 8.3 From 28 September 2020, where an individual has received a positive Covid-19 test result or has been notified by the NHS to self-isolate because of close contact with someone who has Covid-19, they may be eligible for a £500 lump sum support payment. Payments will only be made for people with a positive diagnosis and a valid unique 8-digit reference number.

The Test and Trace Support Payment is only for Redbridge residents that were working immediately before being instructed to self-isolate for 10 days and cannot work from home during this period.

- 8.4 Everyone who has completed the Test and Trace questionnaire will receive a message (sent either via a text message or email or post for people with no access to mobile phone or email) containing the unique 8-character Account ID.

Eligibility for the main £500 Test and Trace Support Payment scheme is restricted to people who meet all the following criteria:

- Have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive.
- Are employed or self-employed;
- Are unable to work from home and will lose earned income as a result; and
- Are currently receiving Universal Credit, Working Tax Credit, income -based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and or Pension Credit.

A discretionary payment of £500 can be made to individuals who meet all the following criteria:

- Have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive. A notification from the Test and Trace app is not adequate at present. You must have either a test or email sent to you by NHS Test and Trace containing an 8-digit unique identifier either inviting you to create an account if you test positive, reminding you to do this, or giving advice on self-isolation; and
- Are employed or self-employed; and
- Are unable to work from home and will lose earned income as a result.

In addition, the discretionary payment is designed for people who:

- Are not currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and
- are on low incomes and will face financial hardship because of not being able to work while they are self-isolating.

Further, individuals may be eligible for a discretionary payment if they have applied for a benefit listed in the main scheme or have been refused and have made an appeal against the decision, and have capital of less than £6,000.

8.5 Individuals are not eligible for the scheme if they:

- Were not working immediately before being instructed to self-isolate.
- You receive a student grant or loan for your living costs.
- Continue to receive full wages while you self-isolate.
- Are receiving furlough payments.
- Can work from home during a period of self-isolation.
- Are quarantining after travelling abroad (unless testing positive during the 14-day quarantine period).
- Have not received a notification from NHS Test and Trace telling you to self-isolate.
- Have not responded to messages from NHS Test and Trace.

8.6 The Government have announced a further funding pot to support local authorities meet any costs involved in assessing residents' practical support needs and helping them access support. LBR awaits confirmation of the sum which will be allocated to us. This funding can also be enhanced by the Contain Outbreak Management Fund grant also. LBR will use this funding to maintain its current Wellbeing Service which provides this local assessment and support. Support for isolation is a key enabling element for the test and trace programme locally. Support provided may include provision or signposting to:

- Emotional wellbeing support;
- Supporting people to access online services;
- Mental health support;
- Practical support;
- Help with caring responsibilities;
- Access to food, medicine, and other essential supplies

In addition, the centrally run Medicines Delivery Service is in place to provide essential deliveries for people who are clinically extremely vulnerable and isolating.

9. Outbreak management and variants of concern (surge testing)

- 9.1 Where local outbreaks of Covid are identified, local authorities can request support from UKHSA and DHSC. UKHSA support may relate to contact tracing and infection control advice and is outlined in **Appendix A**. Support for enhanced local testing capacity can be provided from the DHSC. This can be provided through provision of a Mobile Test Unit (MTU) or Mobile Processing Unit (MPU) to the specific locations where the outbreaks are centred.
- 9.2 In addition, in wards or specific geographic areas where the case rate is particularly high at a sustained level, we have instituted door to door testing to improve engagement with the test and trace system. A door to door service will provide PCR home test kits to homes where there is raised risk of asymptomatic cases or symptomatic cases who are not engaging with other routes for testing. The service operatives will deliver test kits to homes, offer guidance on test use, and wait while the sample is taken so they can return the tests to laboratory services by courier.
- 9.3 Community engagement and communications provision are enhanced during outbreak situations alongside enhanced testing for the locations most at risk of onward transmission. Street engagement teams are deployed to key high footfall areas within the borough and within the targeted locations of outbreaks or high transmission. Dynamic street signage and mail drops are deployed which can be highly location specific. Redbridge also provides targeted digital communications to residents using technologies that tailor messages to their demographic details and knowledge of Covid and the current situation.

Variants of concern (VoC) and surge testing

- 9.4 There is the potential for variation in the genetic properties of the virus. These mutations may bring changes to risk in terms of higher transmission rates, increased severity of symptoms, and efficacy of vaccination.

Where cases of these variants are identified through genomic testing of samples, boroughs are supported by the DHSC to implement surge testing. See **Appendix F**.

At a national and regional level, surveillance of virus strains is ongoing from tests undertaken to monitor prevalence of the variants at a background level. Where the threshold for cases is met (see above), there will be a borough escalation:

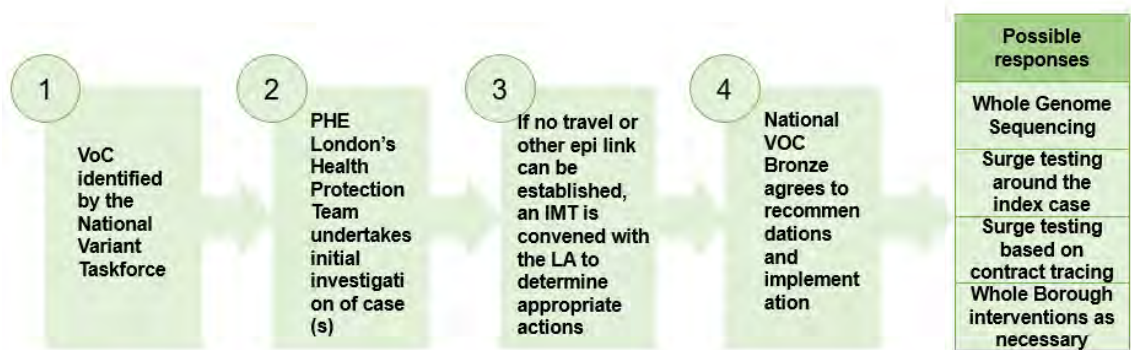
- Promotion of national lockdown restrictions
- Boroughwide communications to reinforce prevention, testing, and support for isolation and staying at home
- Enhanced and backward contact tracing of all +PCR tests in the borough with strict guidance on isolation
- Enhanced surge testing in localities where infection rates are still high

- 9.5 The process for implementing the response to Variants of Concern is provided below³:

³ Diagram taken from ADPH London presentation, LOMP – Pan London approaches V4

Responding to Variants of Concern (VoCs)

Variants of Concern (VoC) Investigation and Management



- 9.5 Every person aged over 16 living in the locations where the variant has been identified will be strongly encouraged to take a Covid PCR test across a period of two weeks, whether they are showing symptoms or not. This can be through Local Test Site (LTS), Mobile Test Unit (MTU), or home testing.

Surge testing involves high intensity testing over a two-week period in a highly localised area. There is an expectation to test 5,000 people aged over 16 in this period. Postcodes are identified in the locality around the place of residence of the case or cases. An MTU and an enhanced door to door testing team are deployed to cover this area over the two-week period. The objective is to identify any further cases of the new variant and for them to isolate to prevent further spread.

The door to door testing team and the MTU are supported by the deployment of Covid marshals who will provide street engagement in key locations within the target area to facilitate attendance at the test site. There will also be support for digital registration and response to queries from the public.

- 9.6 In addition to enhanced testing, enhanced contact tracing is deployed in surge testing areas. See section 6.5. An example of the Communications plan for surge testing is provided in **Appendix G**.

10. Surveillance

- 10.1 Surveillance at a national, regional, and local level will be vital to ensuring rapid response to outbreaks, broad case rate increase, and the prevalence of new Variants of Concern (VoC). Data collation for areas of Covid incidence/prevalence is derived from PCR/LFD antigen test results, antibody test results, information from the NHS Covid App, and waste water analysis.

- 10.2 Case rates, testing rates, and vaccine uptake rates at different population and demographic levels are monitored and presented by UKHSA daily (with borough level reports provided three times per week). Surveillance of household and extra-household clusters is undertaken both by UKHSA and by the LBR Business Intelligence service. Data analysis from UKHSA dashboards (Covid Situational Awareness Explorer) and contact tracing databases enable geo-spatial analysis of clusters to inform acute outbreak and engagement response from Redbridge services. In addition to driving acute rapid response, this surveillance is used to provide weekly reporting to key stakeholders. The following data at individual level are used to provide local surveillance via the Covid Situational Awareness Explorer:
- Line list (positive cases and cases),
 - Line list (negative and void tests),
 - Line list (contact tracing),
 - Line list (enhanced contact tracing),
 - School helpline data,
 - HPZone Covid-19 situations,
 - Vaccine data,
 - Cases at Lower Super Output Area level
- 10.3 The presence of Covid-19 virus is monitored in waste water and 30 water treatment plants across London. Samples of waste water are collected four times per week from the 44 plants and the abundance of a specific gene from the virus is measured as gene copies per litre of water sampled. This enables capture of data from populations where testing engagement has not been comprehensive or where there is asymptomatic transmission. Although viral concentrations cannot yet be directly converted into population prevalence, it can provide insight into trends of the relative levels of Covid-19 infection in the population. Data for local sources (sub-regional) is provided through the Covid Situational Awareness Explorer.
- 10.4 Genomic testing from PCR test samples through the national test and trace system is enabling the identification of new VoC. This is informing the acute enhanced response in locations where VoC are identified through surge testing and enhanced targeted engagement work (see Section 8).

11. Interface with vaccine rollout

- 11.1 London Borough of Redbridge is working to support NHS partners with the rollout of the Covid vaccine for residents of the borough. The main areas of support are with provision of venues of vaccine clinics, a vaccine bus, and with communication support to encourage and facilitate uptake and attendance at appointments.
- 11.2 The Council has provided two large venues for vaccine clinics for use in addition to NHS and other sites (such as community pharmacies): Redbridge Town Hall in Ilford and the Sir James Hawkey Hall in Woodford. It has also provided a bus to provide pop-up clinics in areas of high need and ease of access. Provision of the bus also requires significant

ancillary facilities in terms of indoor spaces for observation following provision of Pfizer vaccine and equipment and staffing.

- 11.3 All individuals aged 12 and above are eligible to receive a Covid vaccination. People aged between 12 and over are advised to have two doses of the vaccination. Booster doses are also advised from a minimum of three months after the second dose has been taken for all people aged over 16 and for 12-15 year olds at risk. A course of two doses has been approved for high-risk 5-11 year olds.
- 11.4 A programme of schools vaccination for children aged between 12 and 15 began operation in October 2021. This programme is run by Vaccination UK and NHS partners and takes place on school premises during the school day. Parents and children are asked to provide consent prior to receiving any vaccination. Clinics are available at Redbridge Town Hall and at Sir James Hawkey Hall to cover children who miss the schools based clinics through absence, lack of completed consent, or if they are home learners.
- 11.5 The Council Communications plan for Covid has provided multi-channel content targeted on encouraging and facilitating vaccine uptake for eligible groups. The current Communications Plan for supporting vaccine rollout is provided as **Appendix H**.
- 11.6 In addition to work supporting vaccine provision against the national priority tiers, Redbridge has supported vaccine provision for further vulnerable groups such as people who are homeless/rough sleeping where stocks of vaccine are available and require immediate use. This is provided through the specialist LFD testing service for this population group which has been running in Redbridge since early January 2021.
- 11.7 London Borough of Redbridge has also liaised with NHS partners throughout the vaccine rollout to ensure frontline social care workers and public-facing Council staff have been able to access the vaccine as appropriate to timescales for prioritisation.
- 11.8 We are aware that vaccine uptake hesitancy is a problem to a differing extent for individuals and groups within all communities and demographic groups in the borough. We have produced an engagement plan to address this hesitancy which has been guiding support for provision since March 2021.
- 11.9 In May 2021, PHE (now UKHSA) and the DHSC identified Middle Super Output Areas (MSOAs) across London which demonstrated persistent above average case rates, lower than average vaccination uptake rates, and above average levels of deprivation. One such MSOA was identified in Redbridge – Ilford South East. Directors of Public Health for identified areas were asked to implement a hyperlocal approach to tackling the challenges of case rates and vaccine hesitance. LBR and partners developed a hyperlocal approach for Ilford South East, to be implemented between 4th and 19th June which consisted of the following interventions:
 - Surge vaccination – using a vaccine bus at primary school and high street sites (including the Town Hall for a walk in mass vaccination session),
 - Door to door engagement to build awareness of the availability and access to vaccination (plus provision of a Making Every Contact Count service to raise awareness of other health services for vulnerable groups),
 - Targeted digital communications to key population and geographic groups.

This plan may be revisited in future should case rate monitoring and evaluation suggest this would be beneficial again.

12. Enduring transmission and living with Covid

- 12.1 While the vaccine rollout is providing protection from Covid infection and potential serious illness, we are aware that there is a significant risk that Covid will be an endemic illness in the population in the medium to long term. We will need to ensure that social and economic life can operate in a way that balances minimal restrictions for acceptable virus transmission risk reduction.
- 12.2 Covid transmission prevention will require a joint approach at individual, community, and organisational level in the near and long-term future. As individuals, we may be expected to retain some of the social and cultural changes that have been requested during the acute Pandemic phase, such as social distancing, use of face coverings, and improved hand hygiene. At community level, facilitation of social distancing and consideration of hygiene and ventilation can continue to be supported. And organisations may need to consider new ways of working and provision of service to reflect prevention measures for Covid and other air and surface borne diseases.
- 12.3 With regards to social care, infection control/management practices for residential care, domiciliary care, and social work visitation will need to consider learning and change to practice brought about through Covid prevention experience. Clear plans for mid to long term safe practice will be developed at local level in liaison with local and regional partners and in line with national guidance.
- 12.4 For social care day services, the mitigating measures to disrupt transmission of Covid-19 meant most non-residential sessional community opportunities for children and adults suspended their activities. These included youth clubs, respite opportunities for children and young adults with Learning Disabilities, play centres for young children and parents including those with additional safeguarding purposes.

Enabling these opportunities to begin to resume to support children and family's needs to consider the principles and learning of Covid safety established in the Primary School and Early Years sector. This is best established by using a Setting Risk Assessment approach. Work is in hand to begin to develop this with the assistance of Public Health England and local providers.

- 12.5 Redbridge is preparing for enduring transmission and living with Covid in a secure manner through development of an Exit Strategy and Sustainability Plan. This is currently in progress and the current iteration is available as **Appendix I**. To enable this transition to a Covid secure future, Redbridge will need to achieve the following criteria:
 - To have sustainably low transmission rates of Covid to enable a progressive and careful re-opening of the economy and social life,
 - To have confidence in our understanding of what works and what does not work locally,
 - To have a very high vaccine uptake especially across those population cohorts who at highest risk,



- To have articulated and piloted how key sectors of our economy can re-open safely,
- For businesses to have applied this advice and are opening safely,
- To have strong test, trace and isolate performance,
- To have leadership and communications which articulate the borough direction of travel and everyone's role,
- To have every sector of the economy compliant with Covid secure measures,
- To have the surveillance in place to ensure early reaction to poor compliance, and the enforcement tools and political buy in to support and enable this,
- To have a high level of population understanding of and compliance with key measures,
- To have a recovery plan to address the health and economic impacts,
- To have the multi-faceted surveillance programme needed for suppression and preparedness⁴.

12.6 A Communications plan is currently being developed for this vital transition phase of exit from restrictions and for long term Covid secure living and operation of services. This will be shared when completed.

12.7 The health effects of Covid may not be restricted to the acute phase of the infection for individuals. Long Covid is the name that has been applied to longer term physical health impacts from Covid-19 infection. Symptoms can include:

- Extreme tiredness
- Shortness of breath
- Chest pain
- Problems with memory and concentration
- Insomnia
- Heart palpitations
- Dizziness
- Pins and needles⁵

12.8 A clinical diagnosis for Long Covid has been formalised and residents in Redbridge who are diagnosed as such can be referred for a new treatment with Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT).

13. Communications

13.1 Communication about the Covid-19 pandemic continues to be a combination of proactive and reactive work, balancing the need to provide clear, consistent and persistent information and messaging to local people to amplify and clarify national messages and promote the need to follow government guidance with tailored messaging and engagement with hard-to-reach audiences.

13.2 Clear, comprehensive and culturally sensitive communication is a vital part of our response to the prevention of the spread of Covid-19. Our approach is integrated, multi-

⁴ Learning has been taken here from work undertaken to map out criteria by Hertfordshire County Council

⁵ <https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>

channel, and data driven, using behavioural insights about local attitudes and behaviours and the demographic make-up of Redbridge. This approach has enabled us to get targeted information to residents with speed and ease.

- 13.3 We've used social media with a greater emphasis on community social media channels such as Next-door and Community Facebook groups, taking the conversation to where our key audiences are already engaging as well as using our own social media channels.
- 13.4 WhatsApp has been a vital channel for communications during the pandemic. It is quick and has helped us to combat cultural myths that you wouldn't necessarily find on bigger social media platforms. Using this channel has also enabled us to be hyper local in our approach and to work with key community influencers to broaden and deepen our reach.
- 13.5 We have also used email newsletters, leaflet drops to homes and businesses, and letters to ensure that we reach out to local people who may not have access to the internet or social media channels. We have held public meetings, sometimes with our local NHS partners, to enable residents to hear from public health experts and ask the questions they want answers to. Our close work with local media has increased the reach of Covid-19 messages and clearly shown how we are protecting public and taking action against people who put public safety at risk.
- 13.6 Digital advertising during the pandemic has proven to be important and effective. We work with the Council Advertising Network to feed key messages to residents via branded adverts online. This has been demographically tailored by geography, age, gender, and ethnicity throughout the pandemic.
- 13.7 In addition to this, due to the diverse background of the borough, translating all our materials is central to our approach. We focus on six of the main languages spoken in Redbridge. Communications has gone hand-in-hand with engagement as we work closely with local community leaders, sharing resources and holding meetings within different communities to address the different needs.
- 13.8 Specific communications plans around surge testing and vaccination rollout support are provided in **Appendices G and H**.

14. Governance arrangements

- 14.1 The designated lead for the Redbridge Local Outbreak Plan is the Director of Public Health.
- 14.2 The development and implementation 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).
- 14.3 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.

- 14.4 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.
- 14.5 Day to day oversight of Covid prevention and management work is undertaken through a Silver and Gold meeting/group structure. This is to ensure that the Covid programme is considered holistically with all channels of Council work. Programme development and implementation is monitored by Silver daily and by Gold on a weekly basis.
- 14.6 This Board structure covers all elements of the LOMP together.

15. Data flow

- 15.1 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.
- 15.2 The following system is currently being developed:
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 previously needing to shield, and the Redbridge property register. This enables the identification of vulnerable individuals within a cluster or outbreak.
- 15.3 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 J**.
- 15.4 In terms of local contact tracing and the national Test and Trace system, our local services have access to the national CTAS system where all cases and negative or void test results are recorded. This provides the information required for our local team to follow up cases to identify further individuals who may have been exposed to the virus and with enhanced contact tracing, to identify where the virus may have been acquired. LBR uses in house performance management software to manage cases and there is data transfer between these two systems. Additionally, Power BI is used to locally acquire data from the Covid Situational Awareness Explorer.

16. Financial support for the Local Outbreak Plan

- 16.1 The UK Government has provided funding for local authority Covid prevention and management work over the course of the Pandemic through separate distinct funding streams. An initial £1.29 million was provided to Redbridge for development and implementation of the Local Outbreak Management Plan. In addition, Contain Outbreak Management Funding (COMF) has been provided in two tranches relating to the tiers of Covid control within which Redbridge was placed in 2020.
- 16.2 In addition, local authorities receive community testing funding for asymptomatic testing. This is to enable local authorities to set up systems for provision of LFD testing with an agreement to fund this at a level of £14 per test conducted. However, a letter of comfort has been provided to give assurance to local authorities that should expense on infrastructure and staffing costs exceed this £14 per test limit, that the DHSC would cover any reasonable difference between expenditure and income. This would include any difference caused by changes to national restrictions or prioritisation categories for tests. A further funding stream has been provided by the DHSC to support LFD testing in care homes.
- 16.3 Along with test and trace provision for acute Covid response, a further 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 has been prioritised. This includes support for primary, secondary and tertiary prevention of long term health conditions⁶, 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. Scenario testing exercises have helped to inform the planning for prioritisation of expenditure.
- 16.4 Financial planning against the actions in the Local Outbreak Plan is overseen by the Covid-19 Board with final decision making on a financial plan made by the Health and Wellbeing Board.
- 16.5 Workforce resourcing for interventions within the LOMP has been provided through a mixture of redeployment of Council staff and staff from Vision, direct employment of fixed contract and temporary staff, and procurement of services from external providers. The national roadmap for exit from lockdown sets out an indicative pathway for return to an adapted business as usual for many areas of the economy and civic life. Where staff have been seconded or redeployed from other roles to support Covid prevention and management, there will need to be an effective and efficient transition for enabling continuation of Covid prevention and management interventions while standing up those services which have been paused or scaled back during lockdown. This resourcing plan is currently being developed for LBR.

⁶ Such as cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD), kidney disease, and diabetes.

17. Linked documents

17.1 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)

18. 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
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
UKHSA	UK Health Security Agency
VCS	Voluntary and Community Services

Appendix A: Covid-19 outbreak management – roles and responsibilities

LCRC / Local Authority Response

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	Receive notifications of cases via national test and trace route Investigate and manage cases and contacts as per local SOPs Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols Provide support packages as required	Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols Investigate and manage high risk cases and contacts as per local SOPs
VOCs (or other cases of concern)	Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings 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
Enhanced contact tracing (Cluster) investigation and management	Investigate, identify priority clusters Manage clusters as per relevant settings SOPs Chair IMTs if required	Overview of cluster identification and management Overview management of priority settings Attend IMTs if required
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	Receive notification of cases and clusters via a number of different routes Investigate and manage cases and clusters in settings. Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Chair IMTs if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting	Receive notification of cases and clusters via a number of different routes Overview and investigate and manage cases and clusters in high priority settings Review and update resources Provide advice and support Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Attend IMT if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

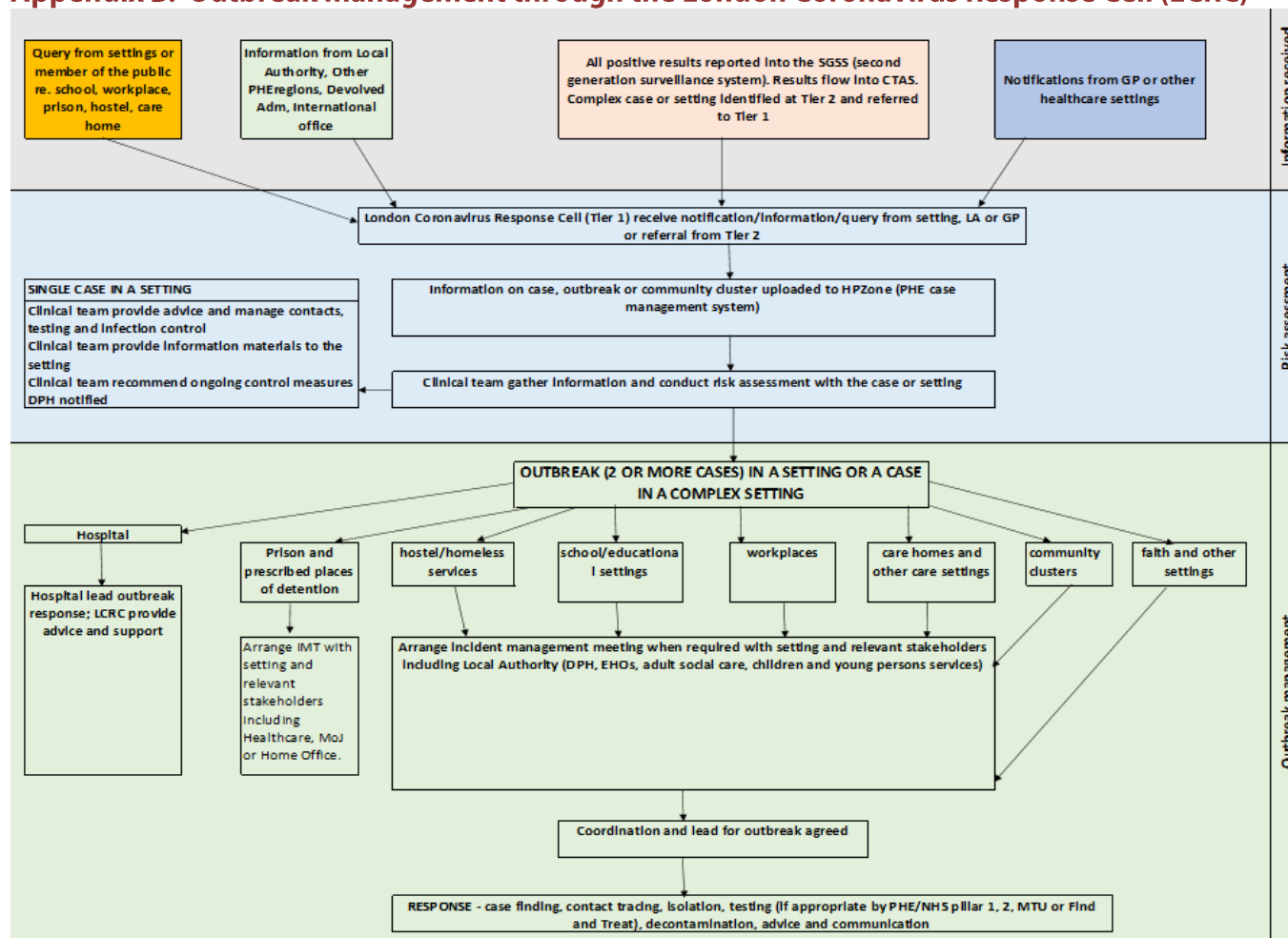
Provided by Public Health England, London Coronavirus Response Cell (LCRC)

Local, regional and national roles

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

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

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



Provided by Public Health England, London Coronavirus Response Cell

Appendix C: 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
63% of Redbridge residents identify as BAME communities and are at higher risk of death from Covid-19	<ul style="list-style-type: none"> Ensure that communications are appropriate to highlight the risks to BAME communities in preparation for subsequent waves of Covid-19 infection 	<ul style="list-style-type: none"> Identify which wards are most likely to be at risk and target actions to these wards 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 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 	<ul style="list-style-type: none"> Good engagement between LBR social inclusion and community groups Social prescribing 	<ul style="list-style-type: none"> Redbridge Faith Forum Youth Council LBR Comms team Somali Welfare Trust translated the messaging for our Reach Out DV service recently RCVS newsletter Health Buddies to deliver messages Redbridge Council BAME Network 	<ul style="list-style-type: none"> Redbridge's BAME groups are varied and not one community. This will require different approaches and mediums of communication We need clarity on what groups we have limited relationships or communication with – e.g. Roma communities 	<ul style="list-style-type: none"> Policy, Equality & Communities Public Health 	July 2020
Racism, discrimination, stigma, fear and trust were identified as negatively impacting health seeking behaviours amongst BAME communities	<ul style="list-style-type: none"> Traditional health and social care services may not cater for the needs of BAME individuals and communities 	<ul style="list-style-type: none"> 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. This was mandated by Government in October 2020 	<ul style="list-style-type: none"> Well established providers of health and social care services 	<ul style="list-style-type: none"> Adult Social Care Children's Social Care BHRCCGs NELFT BHRUT 	<ul style="list-style-type: none"> The timescale in preparation for subsequent waves may be too short to implement actions to enable people from BAME communities to access health services 	<ul style="list-style-type: none"> BHRCCGs 	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"> 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 					
People aged over 80 years are at significantly higher risk of death (70 times more likely to die) than those under 40	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 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 Living Streets to contact 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 Ensure that conversations with BAME individuals through the Council's Shielding telephone service include a discussion about the risk factors for elderly 	<ul style="list-style-type: none"> Living Streets older people project Care homes Age UK Befriending Schemes Faith groups who provide support to elderly residents 	<ul style="list-style-type: none"> Age UK Redbridge Redbridge Pensioners Forum Ageless teens (Black Caribbean) Awaaz Group (Bushra Tahir) Satkar Health & Social Pensioner Group Living Streets 	<ul style="list-style-type: none"> Work with care homes may require a degree of sensitivity given the increased numbers of sad deaths from Covid-19 experienced in these setting Communication with these care homes and community groups should be conducted in a manner to minimise risk to residents and staff 	<ul style="list-style-type: none"> Policy, Equality & Communities Age UK 	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
		BAME communities and signpost to relevant support services					
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,	<ul style="list-style-type: none"> Additional measures may need to be put in place to reduce the risk to care home residents of a BAME background 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Care home forum Infection prevention and control advice is available from qualified clinicians at local health centres 	<ul style="list-style-type: none"> Care Homes IPC leads at NELFT, BHRUT, Public Health Adult Social Care 	<ul style="list-style-type: none"> Care homes are already at increased level of alert and are doing everything they can to protect all their residents 	<ul style="list-style-type: none"> Adult Social Care 	August 2020
Despite making up 46% of confirmed diagnoses, men aged 50-70 years are more likely to be admitted to critical care than women (60%) and are more likely to die (70%)	<ul style="list-style-type: none"> Men in occupations such as taxi and minicab drivers, chauffeurs and those working in security and related occupations are at higher risk of death from Covid-19 Ensure that men and women working in (particularly ethnic) food shops are appropriately protected through social distancing measures Hospitality and industry professions are some of the hardest hit financially during the Covid-19 lockdown 	<ul style="list-style-type: none"> Develop communications with local employers of men in at-risk occupations, targeted towards BAME men to support them to protect themselves against Covid-19, such as provision of suitable PPE, maintaining social distancing, and undertaking workplace wellbeing and risk assessments 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 Utilise Shielding Lists to identify at risk men Ensure local track and trace programmes include appropriate messaging to support men to quarantine if they have been in contact with a suspected case 	<ul style="list-style-type: none"> Good relationship with local businesses through Business Improvement District Advice available from Health and Safety professionals within the Council Good links with occupational health services Relationship with Faith Forum Connection with Places of worship via our Community Engagement Coordinator List of contacts through Health and Wellbeing Service A range of physical activity opportunities 	<ul style="list-style-type: none"> Owners of taxi/minicab firms Uber Local security companies Places of worship – especially Gurdwaras and masjids that already support men from Muslim (Pakistani and Bengali) and Sikh backgrounds RCVS Grocery and Halal meat shops owners/managers 	<ul style="list-style-type: none"> Permission to identify at risk men will require agreement with NHS Shielding service to share appropriate data 	<ul style="list-style-type: none"> Health and Safety team Economic Development Ilford Business Improvement 	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
			are already available and targeted at this cohort, including Man v Fat Football session, Walking football and Health Walks				
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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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"> PPE Workplace wellbeing and risk assessments Targeted education, awareness and support for key workers Occupational risk assessments 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 	<ul style="list-style-type: none"> Good relationship with local businesses through Business Improvement District Advice available from Health and Safety professionals within the Council A variety of local occupational health services are available 	<ul style="list-style-type: none"> Local Authority BHRUT BHRCCGs Nurseries Child Minders TfL Taxi firms Minicab drivers/ Uber 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> LBR workplace wellbeing Economic development 	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
		available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.					
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 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	<ul style="list-style-type: none"> Undiagnosed diabetes may present an unknown additional risk factor in some communities; raising awareness will be key to people understanding their risk for Covid-19 	<ul style="list-style-type: none"> 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 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. Engage with GPs, patient expert groups to share and promote existing information among residents with diabetes https://www.diabetes.org.uk/about-us/news/coronavirus Increase awareness of the risks of diabetes and encourage people with diabetes, especially those from BAME communities, to get tested 	<ul style="list-style-type: none"> Range of South Asian community groups (e.g DAWN, Awaaz, Gujarati Association, Punjabi Centre, Redbridge Indian Welfare Association, The Friends of Bangladesh, Liberty Arts (youth)) A long list is available via the FIND directory or Policy Team Redbridge Councillors, MP 	<ul style="list-style-type: none"> BHR CCGs Diabetes Prevention Programme Health watch Redbridge GPs Expert Patient Groups Faith Forums 	<ul style="list-style-type: none"> Ongoing Covid-19 infections are likely to limit the capacity of GPs to engage in wider risk factors 	<ul style="list-style-type: none"> BHRCCGs LMC / GPs 	August 2020
59.7% of people over 18 in Redbridge are overweight or obese; this may	<ul style="list-style-type: none"> Accelerate efforts to target culturally competent health promotion and disease prevention 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Exercise on referral and weight management programmes 	<ul style="list-style-type: none"> BHR CCGs GPs NELFT Vision 	<ul style="list-style-type: none"> Public confidence in returning outside to engage in 	<ul style="list-style-type: none"> Vision Public Health Parks and Open Spaces 	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
further increase due to lack of exercise during lockdown	<ul style="list-style-type: none"> programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing Virtual/online support rather than face to face weight loss support may be required to allow for social distancing measures 	<ul style="list-style-type: none"> reduces their risk of poor outcomes from Covid-19 infection. Promote online Tier 2 weight management services Signpost to Vision-led services and dietetics service (NELFT) Encourage alternative forms of exercise, such as chair based exercise or simple body movement 	<ul style="list-style-type: none"> Man v Fat football programme Healthy Lifestyle Programme for families 		exercise whilst maintaining safe and effective social distancing		
People living with one or more Long Term Conditions (LTC) have higher risk of poor outcomes or death from Covid-19	<ul style="list-style-type: none"> Communicate with BAME communities utilising a holistic, person-centred approach to 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 	<ul style="list-style-type: none"> Contact those identified through the Covid-19 Wellbeing Service Communications to be aimed at those with Long Term Conditions 	<ul style="list-style-type: none"> Multi-agency partnerships which allow consideration of the wider determinants of health and wellbeing 	<ul style="list-style-type: none"> Communications RCVS Newsletter Staff e-newsletter 	<ul style="list-style-type: none"> Ensuring continued care for highly vulnerable people with LTCs whilst ensuring health protection methods are kept safely in place 	<ul style="list-style-type: none"> BHRCCGs NELFT Public Health 	July 2020
The inequalities experienced by many BAME communities has	<ul style="list-style-type: none"> Ensure equity of access to mental health support 	<ul style="list-style-type: none"> Conduct a health equity audit on users of mental health services to identify where there are potential disparities in access 	<ul style="list-style-type: none"> Well established Taking Therapies service 	<ul style="list-style-type: none"> BHRCCGs NELFT Community organisations 	<ul style="list-style-type: none"> People from BAME communities may be less able 	<ul style="list-style-type: none"> BHRCCGs NELFT 	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
impacted significantly on their mental wellbeing, particularly in terms of stress, employment and bereavement	services by BAME communities	<ul style="list-style-type: none"> Providers of mental health support services to consider alternative ways of delivering outreach services to BAME communities to support their specific needs 			to access digitally delivered services		
Mental health impact of Covid-19 relating to bereavement, inability to conduct culturally competent burial practices/funerals	<ul style="list-style-type: none"> Responding appropriately to the needs of different cultures to maintain dignity and respect in bereavement 	<ul style="list-style-type: none"> Work with BAME communities to develop suitable and culturally competent alternatives to funeral/burial practices 	<ul style="list-style-type: none"> We have a list of burial and bereavement support services still being offered across all our faith spaces here 	<ul style="list-style-type: none"> Faith Groups BAME Forums Bereave-ment counselling 	<ul style="list-style-type: none"> Limitations to responding to different cultural needs whilst maintaining safe and effective health protection methods 	<ul style="list-style-type: none"> Registrars Service Crematoria and Cemetery Services 	September 2020
Perinatal mental health; and mental health of children under five as these impact on the life outcomes and comorbidities	<ul style="list-style-type: none"> 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. Provide more support to families during the 1001 critical days 	<ul style="list-style-type: none"> Fully publicise and implement the multi-agency Redbridge 'Ready to Learn' programme with allocated resources. 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 and early intervention strategy and action to reduce comorbidity risk factors of BAME and also ACEs. This will end up helping all communities and the future generations in all aspects of life. 	<ul style="list-style-type: none"> Children's centres, Health Visiting and perinatal mental health services, settings, schools, PH etc but need to do more. This is part of the PHE's strategy and recommendations for school readiness – and so will be easy to further develop 	<ul style="list-style-type: none"> BHRUT Community Midwives Health Visitors Children's Centres 	<ul style="list-style-type: none"> Vulnerable families may be less visible/less easy to reach out to because of lockdown 	<ul style="list-style-type: none"> BHRUT Maternity Services BHRCCGs 	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
Maternal health	<ul style="list-style-type: none"> Seek alternative ways of engaging with pregnant women which shields them from risk of Covid-19 infection 	<ul style="list-style-type: none"> Reach out to pregnant mums to monitor and support their welfare and mental health 	<ul style="list-style-type: none"> Families can 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. Midwives are contacting CC if support needed for family. Families accessing non-CC venues are not currently been registered due to the current situation 	<ul style="list-style-type: none"> Midwives Children's Centres 	<ul style="list-style-type: none"> Vulnerable pregnant women may be less visible/less easy to reach out to because of lockdown 	<ul style="list-style-type: none"> BHRUT Maternity Services Health Visitors 	August 2020

Appendix D: Schedule 21 to the Coronavirus Act 2020: legal powers and duties to assure the conditions for people to be healthy, and limits on the state's power to constrain individual rights

Summary of Coronavirus Act 2020 – Schedule 21: Powers relating to Potentially Infectious Persons

- Schedule 21 of the Coronavirus Act 2020 includes measures which are like those previously available under the Health Protection (Coronavirus) Regulations 2020, having previously come in to force on the 10th February 2020
- The measures under Schedule 21 of the Coronavirus Act 2020 provide for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons
- Part 2 of the Schedule applies to England and includes:
 - Powers to direct or remove persons to a place suitable for screening and assessment by public health officers
 - Powers exercisable at a screening and assessment place by public health officers; constable and immigration officers
 - Powers exercisable after assessment
 - Powers as it relates to children
 - Powers of Public health officers, constable or immigration officers to give reasonable instructions in relation to a direction or removal of persons

9 notices set out under Schedule 21 of the Coronavirus Act 2020

- Notice of direction to go to a suitable place for screening and assessment given by a public health officer.
- Notice of requirement to undergo screening and assessment given by a public health officer and of any other requirements relating to the screening and assessment imposed by such public health officer.
- Notice given by public health officer to remain at a suitable place for screening and assessment.
- Notice of the imposition of restrictions or requirements given by a public health officer.
- Notice of variation or revocation of restrictions or requirements given by a public health officer.
- Notice of requirement to remain at a specified place in isolation.
- Notice of requirement to remain at a specified place .
- Notice of direction to go to another place for screening and assessment given by a public health officer.
- Notice of variation or revocation of certain restrictions and requirements given by a public health officer, including substituting a different time period

Introduction

- To manage the spread of coronavirus, the Coronavirus Act 2020 ("the Act") provides Public Health Officers (PHO) with powers to control the spread of coronavirus.
- The powers enable the imposition of proportionate requirements (which may include screening and isolation, for example) and other appropriate restrictions:
 - on individuals where a Public Health Officer has reasonable grounds to suspect that an individual in England is, or may be, infected or contaminated with coronavirus and
 - considers that there is a risk that individuals will infect or contaminate others, or where they have reasonable grounds to believe the individual has recently travelled from a specified infected area.
- Powers can only be used once the Secretary of State for Health and Social Care has issued a declaration (and such declaration remains in force) that the incidence or transmission of coronavirus constitutes a serious and imminent threat to public health in England.
- A PHO is either (i) **an officer of the Secretary of State** (e.g. an employee of Public Health England (PHE)); or (ii) **a registered public health consultant** so designated by the Secretary of State.

Powers of a Public Health Officer under the Coronavirus Act 2020

- Summary table of powers under the Act, Schedule 21, Parts 1 and 2

Paragraph 6(2) and 9(1)	Paragraph 10	Paragraph 14(2)
PHO may direct, remove or request a constable to remove, an individual to a place suitable for screening and assessment. The time such person is required to remain at the place for screening and assessment cannot exceed 48 hours.	PHO may require an individual to be screened and impose other requirements on an individual in connection with their screening and assessment.	Following an assessment, a PHO can impose requirements and restrictions on the individual.

Where do these powers apply?

These powers only apply in England

Who do your powers apply to?

People in England whom, during the transmission control period, you have reasonable grounds to suspect may be potentially infectious
A person is potentially infectious

The person is or may be infected or contaminated with coronavirus AND there is a risk that the person might infect or contaminate others OR
the person has been in an infected area within the 14 days preceding that time.

Power to direct or remove persons to a place for screening and assessment

- During the transmission control period, PHO's may have reasonable grounds to suspect that a person is potentially infectious, they may:
 - a) direct the person to go immediately to a place specified which is suitable for screening and assessment;
 - b) remove the person to a place suitable for screening and assessment; or
 - c) request a Constable to remove the person to a place suitable for screening and assessment.
- PHO can require a person to remain at a place for screening and assessment for up to 48 hours. The 48-hour period starts from the time the person is removed to, or arrives at, a place suitable for screening and assessment.
- PHOs may only exercise these powers if you consider it is necessary and proportionate to do so in the interests of the person, for the protection of other people or for the maintenance of public health
- PHOs should document and keep a detailed record of the decision-making process.

Screening and assessment: how PHOs apply powers?

- It is recognised that many PHOs will not be able to take biological samples as they do not have the necessary equipment or clinical expertise, and in any event, are unlikely to be physically present at the suitable place where the person has been taken. Such samples will only be taken by doctors, nurses and any other healthcare professional
- With respect to assessment, asking for documents or contact and contact tracing information, PHOs only require such details as is necessary in order to reduce or remove the risk of the person infecting or contaminating others. PHOs should also specify the period that the contact or contact tracing information should cover.
- A PHO can enforce a requirement imposed on a person to remain in a suitable place for screening and assessment. For example, PHOs may call upon security personnel (at a hospital) to assist in preventing the person from leaving. You may do this with the support and assistance of a Constable if necessary. As such, the local police may be involved when exercising these powers if PHOs need their assistance.

Powers post-assessment and screening

- PHOs may impose requirements on a person, such as:
 - a) to provide information to a PHO or any specified person;
 - b) to provide contact details for contact during a specified period;
 - c) to undergo further screening and assessment;
 - d) to remain at a specified place for a specified period ('requirement to remain');

- e) to remain at a specified place in isolation for a specified period ('requirement to remain in isolation').
- PHOs may impose restrictions on a person for a specified time, such as on the person's:
 - a) movements or travel (in or out of UK);
 - b) activities (including work or business activities);
 - c) contact with other persons or with specified persons.
- PHOs can only impose these requirements and restrictions upon a person if they consider that it is necessary and proportionate to do so in the interests of the person, for the protection of other people or for the maintenance of public health.

Criminal offences

- There are circumstances in which PHOs must inform people as to when they might be committing a criminal offence. These are the same circumstances PHOs should give the person a notice of their decision and the reasons for it, whether orally or in writing
- A person commits an offence if they:
 - a) fail, without reasonable excuse, to comply with any direction, reasonable instruction, requirement or restriction given or imposed by you under Schedule 21;
 - b) fail, when acting as an individual with responsibility for a child, to comply with their duties;
 - c) abscond or attempt to abscond;
 - d) knowingly provide false or misleading information; or
 - e) obstruct a person exercising their powers under Schedule 21.
- A person guilty of an offence under Schedule 21 is liable on summary conviction to a fine not exceeding 3 on the standard scale (currently £1,000).

New local powers for Covid containment: July 2020

- Significantly increases the powers available to Councils, to be used with discretion, and only having had regard to any advice given to it by its Director Public Health.
- In any event, in exercising any of these powers the Council must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.
- Powers should not be applied to settings of national importance without prior consultation with the setting owner and the NHS Test and Trace Regional Support and Assurance team



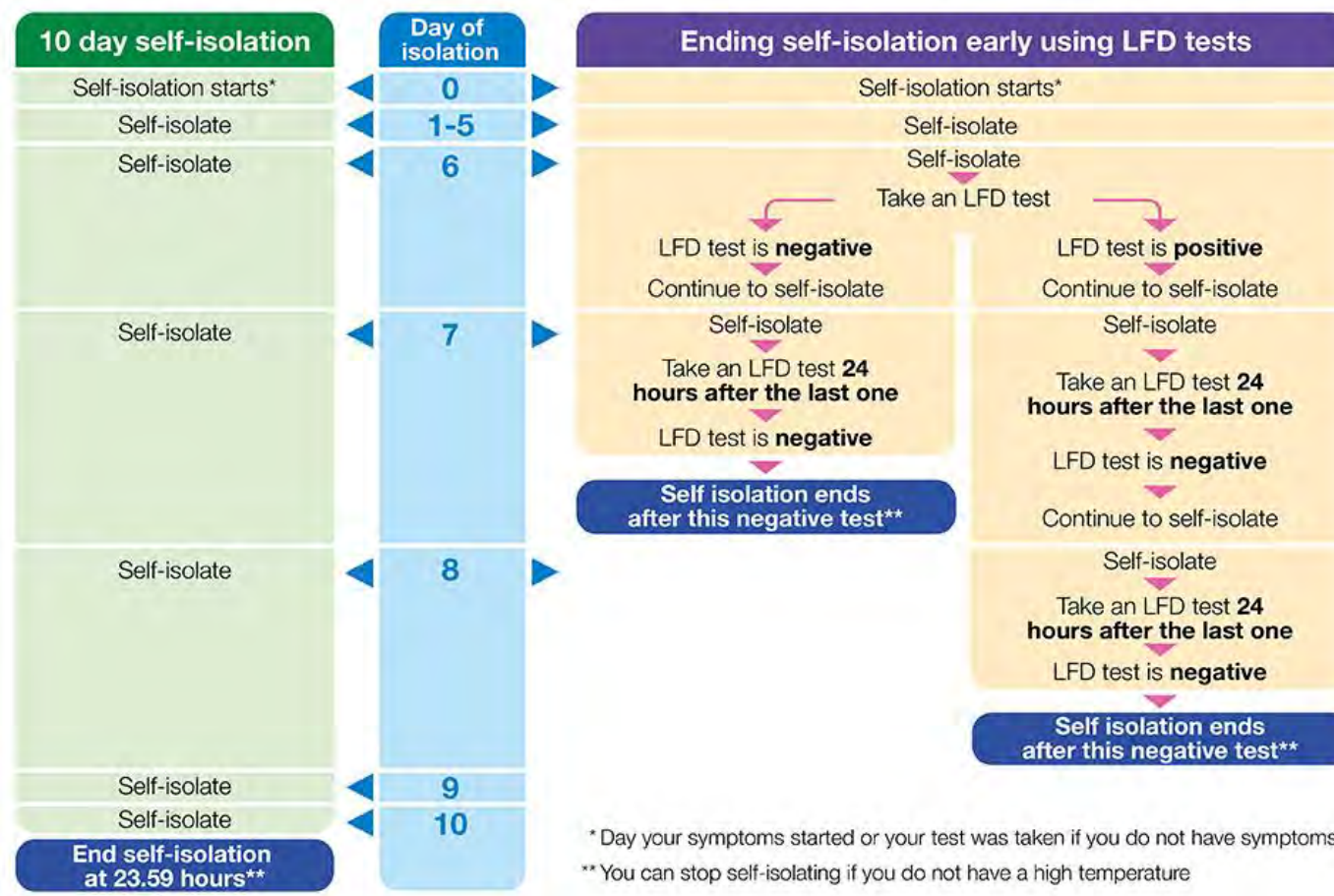
References

- Public Health England Guidance for public health officers on Potentially infectious persons: Schedule 21 to the Coronavirus Act 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899391/Guidance_for_public_health_officers_potentially_infectious_persons.pdf
- Coronavirus Act 2020: Schedule 21 <http://www.legislation.gov.uk/ukpga/2020/7/schedule/21/enacted>
- COVID-19 contain framework: a guide for local decision-makers <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>

Acknowledgement

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Appendix E: Self isolation guidance for people who test positive



[Available from UK Government Website](#)

Appendix F: Plan for surge testing if required via Project Eagle

LONDON COVID-19 CONTAINMENT AND ESCALATION FRAMEWORK – VARIANTS OF CONCERN

PHASE 2 PROJECT EAGLE – LONDON STRATEGIC RESPONSE

OUR OUTBREAK CONTROL STRATEGY WILL BE A PHASED TACTICAL ROLL OUT WHICH OPERATES AT DIFFERENT SPATIAL LEVELS.

BOROUGH APPROACH	TRIGGER	PAN LONDON	BOROUGH LEVEL
Phase 0: Background WGS activities to ensure place based resilience	Routine surveillance of variants to understand prevalence	<ul style="list-style-type: none"> 5% whole genomic sequencing (WGS) in place Work with national teams to increase the proportion of tests routinely sent for WGS Work with national teams to increase the turnaround times for results. 	<ul style="list-style-type: none"> Borough level testing, contact tracing and mobilisation in place Promotion of contact tracing, stay at home messages Ongoing work to contain infections in hyperendemic (high incidence) wards and neighbourhoods Local Project Eagle Plans developed
Phase 1: Project Eagle Implementation (1-2 VOCs Identified) Initial approach when new variant is identified in a locality	Initial management of a single isolated native VOC case identified through routine surveillance, contact tracing with no travel history <i>Project Eagle is the initial approach for borough wide activation when the first case of a VOC is identified.</i>	<p>Phase 1(a)</p> <ul style="list-style-type: none"> HPT notifies borough(s) of findings. HPT confirms completion of contact tracing and backward contact tracing with the case If possible, HPT arranges prospective genetic sequencing of 100 Pillar 1 & 2 diagnoses from an agreed geography within the borough Rapid contact tracing pathway switched on via national VOC trace cell for all PCR+ cases from defined geography Data reviewed by HPT, NHSTT with local borough via IMT to determine next steps and plan VUI and VUM to be considered <p>Phase 1(b)</p> <ul style="list-style-type: none"> NHSTT supports borough on implementing their Project Eagle Plan 	<p>Phase 1(a)</p> <ul style="list-style-type: none"> Symptomatic pillar 1 & 2 testing promoted Increased symptomatic MTU testing capacity deployed around the home or workplace of index, as required. Borough level surveillance data interrogated Local enhanced contact tracing implemented (in partnership with national Trace) Review WGS data and determine next steps VUI and VUM to be considered <p>Phase 1(b) Borough begins Project Eagle implementation, as agreed via IMT with NHST&T and HPT:</p> <ul style="list-style-type: none"> Borough-wide promotion and reinforcement of NPIs Targeted asymptomatic community testing (up to 10,000 tests) as outlined in the local Project Eagle Plan.
Phase 2: Brough wide escalation of VOC response Following identification of 3 or more VOCs in locality	If a cluster or 3 or more isolated (or unlinked) cases of native VOCS identified within the borough	<ul style="list-style-type: none"> HPT/NHSTT work with local DPH to agree their approach to scaling symptomatic and asymptomatic community testing HPT works with borough to support borough-wide activation including: <ul style="list-style-type: none"> Borough-wide messaging Reinforce Stay at home Promote symptomatic and asymptomatic testing Self-isolation support ad other NPIS 	<ul style="list-style-type: none"> Borough switches strategy to: <ul style="list-style-type: none"> Focus on reducing transmission in hyperendemic areas Monitor ongoing WGS data to track VOCS prospectively Borough-wide messaging Reinforce stay at home Promote symptomatic and asymptomatic testing Self-isolation support ad other NPIS

Appendix G: Communications plan for Variants of Concern/Surge Testing

Surge Testing – Communications Plan

Context

We have been informed that the SA variant of COVID-19 has been detected in the Loxford ward covering some of the Ilford Lane area of Redbridge. This means that the Government is due to announce surge testing in this area of the borough starting next week. We do not yet know when the announcement will be made, but there is a clear protocol set out by Government which prohibits us from doing any communications work ourselves until this announcement has been made. However, there is a suite of communications materials, provided by Government which we can use, to ensure consistency of messaging across all local authorities implementing surge testing.

Given the work the Redbridge engagement and enforcement teams started in December, taking the twin approach hyper-local and borough-wide engagement, the council is already in a good position in terms of implementing surge testing.

This work has been supported by the council's communications team, which is equally well-placed to support the council in meeting its aim of delivering aim of providing 5,000 PCR tests over a two-week period, which we anticipate will start towards the end of next week.

The plan below is based on what we currently know, and an assumption that Government may make an announcement over the weekend, to avoid detracting from the publication of its roadmap out of lockdown which is due to be published on Monday (22 February). Announcement of surge testing in advance of the publication of its roadmap may also be used to help land key messages related to how England comes out of lockdown and when. The plan below is, therefore, based on an assumed timeline and necessarily flexible.

There may also be a need to work with neighbouring councils as the Ilford Lane area lies within Redbridge and Havering and Dagenham.

Communications aim

To protect and enhance Redbridge Council's reputation as a trusted voice working with partners and community leaders to:

- monitor and slow the spread of Covid-19 in Redbridge
- provide information and support where needed

Communications objectives

- To raise awareness and understanding of the need to surge test for the SA variant of COVID-19 with residents and business within those identified Redbridge communities directly affected; to explain what surge testing means for them; to provide information, support and guidance to those affected.
- To raise awareness and understanding with Redbridge Council staff and councillors and explain what support is available to anyone directly affected.
- To raise awareness and understanding with residents, businesses, and stakeholders borough-wide of what the council is doing, how and when.

Audiences

Primary:

- All residents within the specified surge testing area
- Business owners/managers of businesses, charities and community groups within the testing area
- Faith Leaders within the testing area
- Places of worship
 - Shree Sanatan Dharm Mandal
 - Durga Mandir (Durga Hindu Temple)
 - Al Madina Mosque (Barking)
 - Ilford Lane Seventh-Day Adventist Church
 - Catholic Church of SS. Mary and Erconwald
 - The Sacraments Church
 - House of Prayer Apostolic Church Ilford
 - Clementswood Baptist Church
 - Tamil Church London
 - Muslim Community Center
- GP practices (to be informed by Redbridge CCG)
 - Mathukia's Surgery
 - Ilford lane Surgery
 - Loxford Polyclinic ATS medical
- Community pharmacies (to be informed by Redbridge CCG)
 - P&S Chemist
 - Britannia Loxford
 - DP pharmacy
 - Woodland pharmacy
- Schools
 - Loxford School
 - Ilford Lane Under Fives Pre- School
 - Loxford Children's Centre
- All Redbridge Council staff and members

Key messages

Additional testing to be deployed to control the spread of COVID-19 variant.

Public Health England has found evidence that the variant of Covid-19 first discovered in South Africa has been identified in Loxford, Ilford [tbc]

To help us monitor and suppress this new variant, we are strongly encouraging as many people as possible in areas with the new variant to get tested, even if they don't have symptoms.

- We are making testing more easily available via MTUs [include details], door-to-door home testing kits and permanent testing centres.
- If you have coronavirus symptoms please book a test www.redbridge.gov.uk/gettested or call 119

The more cases of the variant we find, the better chance we have at suppressing it. Please help to keep your community safe by getting tested so we can find the variant and protect you and your loved ones.

Get tested to stop the spread. More information [include web link]

Translations

The key messages above will also need to be translated into different languages. From the data we have received, this ward is mainly occupied by those who speak Urdu, Gujarati and Hindi.

This will be used to form a translated leaflet that can be handed out by the covid marshals who are also bilingual.

Timing

We anticipate the actual operational work to start on February 25/26 (Thursday/Friday), however, we need to be prepared for the that the Government making an announcement either over the weekend or early next week. Testing, therefore, would run from 25 February to 10 March.

Communication approach

There is a need for a twin approach to our communication that encompasses hyper-local as the primary focus and a borough-wide approach to ensure awareness and understanding is raised across Redbridge. This is particularly important, given that Ilford Lane is affected. This area of the borough borders neighbouring Barking and Dagenham which means a joint approach is likely to be necessary and beneficial from an operational and communications viewpoint. This area is also mixed-use, unlike other areas where surge testing has taken place, which have been predominately residential. There are businesses, places of worship, local GP practice and a care home within the Loxford ward of the Ilford Lane area. Therefore, there is a need for wider communication to support and underpin our hyper-local approach.

Evidence shows that within diverse communities, there is also a need to engage community and faith leaders, and those from a medical background, to help the council to deliver its messages and help them to land well with target audiences. Therefore, our approach will be to continue to maximise such communications channels, building on our experience to date.

To support our media and PR approach, we have also included at Annex A, geo targeting advertising.

Given the timing set out above, there are two phases to our approach:

- Phase 1 – immediately after the Government's announcement
- Phase 2 – to support operational implementation

Preparation for these two phases has already started and will be shared over the next couple of days.

Identified local WhatsApp groups

- Loxford Covid Aid WhatsApp group – 71 participants
- Clean Up Ilford Lane WhatsApp group – 31 participants

- Covid19 Banter and Support WhatsApp Group – 85 participants
- East London Muslimah Network WhatsApp Group – 25 participants
- WhatsApp faith groups
- Redbridge CVS - 1,000 groups and people from voluntary sector on their mailing list
- Faith Forum
- Loxford Ward Panel WhatsApp Group – 28 participants
- Clementswood Covid Aid WhatsApp group – 34 Participants

Timeline and tactics – dates subject to change

Date	Audience	Action	Channel	Ownership
Monday 22 February (TBC) – focus on informing politicians and then general borough-wide announcements	Ward Cllrs within the specified surge testing area	Cllrs meeting – including neighbouring borough	MS Teams	Cllr Santos/ Cllr Athwal
	Residents and businesses borough-wide	Publish press release	LBR website, social media, local media	LBR Comms
	Residents and businesses borough-wide	Banner on the front page of website	LBR website	LBR Comms
		Social media announcements	Twitter, Facebook, Next-door, Instagram	
Tuesday 23 February – start targeted comms and contact partners	Residents within the specified surge testing area	Contact local charities and partners (Redbridge CVS and food banks)	Email	LBR Comms
	Residents within the specified surge testing area	Contact local businesses	Business e-news	LBR BT
	Residents within the specified surge testing area	Contact local schools (meeting with headteachers)	Email	LBR Education

	Residents within the specified surge testing area	Contact local faith groups	WhatsApp, Email, Newsletter	Yusef Patel/ Sree Roy
	Vulnerable/ shielding residents within the specified surge testing area	Share content for local social care workers		LBR ASC
Wednesday 24 February	Residents within the specified surge testing area	Letter drop to targeted resident group	Letter drop	LBR Comms
	Residents within the specified surge testing area	Commence social media targeted advertising	Instagram and Next-door	LBR Comms
	LBR Staff – managers to alert staff in those areas	Managers Briefing	Email	LBR Comms
	Residents within the specified surge testing area	Targeted COVID-19 Email Bulletin	Email	LBR Comms
	Residents within the specified surge testing area	Contact community leaders, groups, ambassadors, vulnerable groups etc	WhatsApp, Email, Text messages	LBR Comms/ PH
Thursday 25 February	Start of surge testing			
	Residents and businesses borough-wide	COVID-19 Email Bulletin	Email	LBR Comms

	Residents within the specified surge testing area	Commence CAN targeted advertising	Social media and web	CAN
Monday 1 March	LBR Staff	PH Internal Staff Q&A	MS Teams	LBR Comms
Tuesday 2 March	Community Leaders within the specified surge testing area	Residents Public Meeting (?)	MS Teams and to be shared on YouTube	LBR Comms/ PH

Continue hyper local and borough-wide communication activities until 10 March, repeating or revising messages, tactics and channels as necessary and appropriate, based on continuous evaluation and audience feedback.

ANNEX A

Paid Advertising

To support a surge testing awareness campaign in a localised area, the following paid advertising is suggested:

Programmatic advertising in Loxford Ward over a 10-day period

By geo targeting, paid content would be pushed to 10,000 people aged over 16 years (male and female), 30 times over a 10-day period (Three times per day). This would achieve 300,000 impressions

The advertising period can be increased to 14-days, but we may wish to evaluate testing uptake on day 7 and then decide if a further promotion is needed.

Appendix H- Winter vaccination comms plan 2021-2022

1. Context

Levels of protection from some vaccines may decrease over time. The COVID-19 booster vaccine is now available from the NHS, at least six months after receiving the last dose of an approved vaccine, for the people most at risk from COVID-19.

The winter flu vaccination is offered every year on the NHS to help protect people at risk of getting seriously ill from flu. It helps protect individuals and the wider community. Residents can book their flu jab between now and the end of March 2022. There is a higher than usual seasonal flu vaccination target from the Department for Health this winter, with the intention of helping to reduce co-circulation of COVID-19 and seasonal flu infections. It is safe for individuals offered both the flu and COVID-19 booster vaccines at the same time.

The COVID-19 case rate in Redbridge remains the second highest of all the North East London (NEL) boroughs. Seventy per cent of residents have had their first dose, and 64% have had their second – the second highest uptake in NEL. Uptake remains lowest among 16–17-year-olds, Black residents and those whose ethnicity isn't recorded.

The scope of this communications plan is to propose a strategic approach to reaching each priority audience this winter, ensuring residents know what vaccinations they are eligible for and how to access them, while avoiding message fatigue. This plan does not include the 12-15 vaccination programme taking place in schools.

2. Objectives

- Encourage uptake of the COVID-19 booster vaccine among eligible residents
- Support enhanced uptake of the winter flu vaccinations in Redbridge
- Encourage uptake of the COVID-19 vaccination among those yet to have their first or second dose
- Continue to promote positive, COVID secure behaviours e.g. regular testing

3. Audiences (Note: see Appendix for full eligibility)

	COVID Booster vaccination	Winter flu vaccination	First and second dose of COVID-19 vaccination	Positive behaviours and testing
External	<ul style="list-style-type: none"> • People aged 50+ • Care home residents and workers • People aged 16+ with a health condition that puts them at risk • Carers aged 16+ • People aged 16+ living with someone immunosuppressed 	<ul style="list-style-type: none"> • People aged 50+ • Care home residents and workers • Parents of children aged 2-16 • Pregnant women • Anyone clinically at risk aged 6 months to 50 years 	<ul style="list-style-type: none"> • 16–17-year-olds • Young people aged 18+ • Parents of 16–17-year-olds and young people • Black residents 	<ul style="list-style-type: none"> • All residents

		<ul style="list-style-type: none"> Homeless individuals 		
Internal		<ul style="list-style-type: none"> Frontline health and social care staff Other Redbridge Council staff 		

4. Strategic approach

Communications for the winter vaccination programmes will use the AIDA model (Attention, Interest, Desire, Action) to initially share information about who is eligible and how to access, before building in more personal calls to action, to reassure and normalise, delivered by trusted community voices such as GPs. As we move closer to Christmas, messaging will be adapted to factor in the holiday period and increased desire to protect and support relatives and loved ones.

October – Announce and motivate

November - Persuade

December - Prompt

To ensure clarity of message and avoid confusion and message fatigue, each of the vaccination campaigns will be treated as an individual arc of an overarching winter vaccination campaign. This will ensure key audiences receive the information they receive, at the right times, in formats they can easily understand – avoiding duplication and/or mixed messaging. Where it is sensible for the information to be housed together, this will be done so – for example in a leaflet clearly outlining who is eligible for which jab this winter, to be delivered to all households.

Messaging provided by Public Health England will underpin our own key messages, adapted to respond to local insights where appropriate. New content will be developed including web copy, video assets and sharable graphics, to support the national assets provided by PHE. CAN Digital campaigns will be targeted to the information needs of priority audiences, and community radio stations engaged at key milestones. Our localised communications will support the national and regional ‘boost your immunity’ NHS campaigns.

Channels to be utilised:

Campaign arc	External channels	Internal channels
COVID Booster vaccination	<ul style="list-style-type: none"> LBR website – dedicated page including who is eligible, how to access and FAQ Social media – Twitter, Facebook, Instagram NextDoor Redbridge e-news COVID e-news Redbridge Life winter editions – photo led story with resident / PH quotes Postcard / Leaflet – who can get which jab and where – delivered to all households 	<ul style="list-style-type: none"> Staff e-news Direct email to eligible members of staff Direct email from Director of children’s and adult services’ to all social workers Request to staff who have had their booster jab to attached shield sticker to their lanyards Digital screens – reminders in Linton House plus posters for other office locations Fortnightly Members Briefing

	<ul style="list-style-type: none"> • Community Radio – interviews with NuSound Radio and Asian Star Radio at key milestones • WhatsApp – Sharable graphs for resident groups, community networks and Members • CAN Digital – who is eligible / how to access 	
Winter flu vaccination	<ul style="list-style-type: none"> • LBR website – dedicated page including who is eligible, how to access and FAQ • Social media – Twitter, Facebook, Instagram • NextDoor – generic borough wide messaging and hyper local messaging in neighbourhoods with less uptake • Redbridge e-news • COVID e-news • Redbridge Life autumn and winter editions • Postcard / Leaflet – who can get which jab and where – delivered to all households • Video – short video clips with circa 5 Redbridge GPs, sharing why it's important to get the jab • Editorial – share newsworthy updates with local press contacts at key milestones • Community Radio – interviews with NuSound Radio and Asian Star Radio at key milestones • WhatsApp – Sharable graphs for resident groups, community networks and Members • CAN Digital – myth busting campaign 	<ul style="list-style-type: none"> • Managers briefing • Staff e-news • Intranet content from PH • Intranet pop up one per week • Direct email to eligible members of staff • Direct email from Director of children's and adult services' to all social workers • Request to staff who have had their jab to attached shield sticker to their lanyards • Yammer – weekly updates from PH • Digital screens – in Linton House plus posters for other office locations • Fortnightly Members briefing
First and second dose of COVID-19 vaccination	<ul style="list-style-type: none"> • LBR website – review and update content • Social media – Twitter, Facebook, Instagram • TikTok – LBR account due to launch November • NextDoor – targeted to younger audiences • Redbridge e-news • COVID e-news • Video – targeted to younger people (work with Youth Council) • Redbridge Life winter edition – feature on young people who have had their jab / parents who changed their mind 	<ul style="list-style-type: none"> • Staff e-news – key milestones only • Request to staff who have had their jab to attached shield sticker to their lanyards • Digital screens – in Linton House plus posters for other office locations • Fortnightly Members Briefing

	<ul style="list-style-type: none"> • Virtual Q&A event for parents with PH experts and community voices – work with New City College to signpost • Community Radio – signpost upcoming dedicated clinics and events • WhatsApp – Sharable graphics for resident groups, community networks and Members • CAN Digital – targeted messaging to hesitant groups 	
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5. Implementation plan

	COVID Booster Vaccination		Winter flu vaccination		COVID-19 vaccination first / second dose	
	Key messages	Key outputs	Key messages	Key outputs	Key messages	Key deliverables
October 2021	<ul style="list-style-type: none"> • <i>Top up your immunity this winter</i> • <i>The booster will extend your protection from the first two doses</i> • <i>Who is eligible</i> • <i>How to book</i> 	<ul style="list-style-type: none"> • Internal campaign begins w/c 4 Oct – then ongoing • New page on LBR website, including FAQ • Leaflet • COVID e-news (1 Oct) • Redbridge e-news (6 & 20 Oct) • Share latest national PH assets across all channels • CAN Digital campaign • Community radio interviews 	<ul style="list-style-type: none"> • <i>Anyone can catch the flu. Getting the jab stops you catching it and passing it on</i> • <i>Autumn is the best time to have your jab</i> • <i>Who is eligible</i> • <i>How to book</i> • <i>It's safe to have both the flu and COVID-19 booster vaccine</i> 	<ul style="list-style-type: none"> • Internal campaign begins w/c 4 Oct – then ongoing • New page on LBR website, including FAQ • Leaflet • COVID e-news (1 Oct) • Redbridge e-news (6 & 20 Oct) • Share latest national PH assets across all channels • CAN Digital campaign - mythbusting • Community radio interviews 	<ul style="list-style-type: none"> • <i>The jab protects your teen and your family</i> • <i>The jab keeps your teen's life on track</i> • <i>16-17 year olds can now book their vaccination online at a local pharmacy</i> • <i>They can also visit a walk-in site</i> 	<ul style="list-style-type: none"> • Updated messaging for all social channels • Videos with Youth Council • Updated CAN Digital content – targeting parents
November 2021	<ul style="list-style-type: none"> • <i>Vaccinations are our best protection this winter</i> • <i>Who is eligible</i> • <i>How to book</i> 	<ul style="list-style-type: none"> • COVID e-news (w/ c 1 Nov) • Redbridge e-news (3 & 17 Nov) • Share latest national PH assets across all channels • CAN Digital campaign (adjust 	<ul style="list-style-type: none"> • <i>Vaccinations are our best protection this winter</i> • <i>Who is eligible</i> • <i>How to book</i> • <i>It's safe to have both the flu and COVID-19 booster vaccine</i> 	<ul style="list-style-type: none"> • COVID e-news (w/ c 1 Nov) • Redbridge e-news (3 & 17 Nov) • Videos with local GPS • Share latest national PH assets across all channels 	<ul style="list-style-type: none"> • <i>Continuation of October messaging</i> 	<ul style="list-style-type: none"> • Virtual Q&A event for parents • Feature in winter edition of RL • Continuation of CAN Digital campaign • Content for launch of LBR TikTok channel



		<ul style="list-style-type: none"> based on performance) Winter edition of RL Life feature 		<ul style="list-style-type: none"> CAN Digital campaign (adjust based on performance) Winter edition of RL Life feature 		
December 2021	<ul style="list-style-type: none"> <i>Keep yourself protected this Christmas and New Year</i> <i>Who is eligible</i> <i>How to book</i> 	<ul style="list-style-type: none"> COVID e-news (w/ c 6 Dec) Redbridge e-news (1 & 15 Dec) Share latest national PH assets across all channels CAN Digital campaign (adjust based on performance) Radio interviews – TimeFM, community radio Media engagement 	<ul style="list-style-type: none"> <i>Protect your loved ones this Christmas and New Year</i> <i>Who is eligible</i> <i>How to book</i> <i>It's safe to have both the flu and COVID-19 booster vaccine</i> 	<ul style="list-style-type: none"> COVID e-news (w/ c 6 Dec) Redbridge e-news (1 & 15 Dec) Share latest national PH assets across all channels CAN Digital campaign (adjust based on performance) Radio interviews – TimeFM, community radio Media engagement 	<ul style="list-style-type: none"> <i>Continuation of previous messaging, adapted for pre-Christmas period</i> 	

6. Scoring / Evaluation

- Website traffic
- E-newsletter open rate and click throughs
- Social media engagement – likes, comments and shares
- Video views and engagement
- Virtual event attendance
- CAN Digital engagement rates
- Media coverage and balance
- Feedback from community partners and stakeholder

Appendix

1. National PH assets

- COVID-19: <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/>
- Winter vaccinations: <https://campaignresources.phe.gov.uk/resources/campaigns/34-winter-vaccinations-public-facing-campaign/resources>

2. Winter flu vaccination eligibility (use this approved version for external audiences)

Eligible group	Where to get your Seasonal Flu Vaccine
<ul style="list-style-type: none"> • children aged 4-5 in reception year group • all children aged under 16 on 31 August 2021 	In schools through Vaccination UK (parents must remember to sign and return the consent form).
<ul style="list-style-type: none"> • pregnant women 	Through your GP or Midwifery service.
<ul style="list-style-type: none"> • children aged 2-4 who are not in school • anyone aged 6 months to 50 years, who is in a clinically at risk group • people aged 50+ • people in residential / nursing care homes • carers • people who are contacts of individuals more at risk from infections 	Through your GP practice or local pharmacy (adults only). Your GP will invite you for your appointment - please attend when called. Alternatively, adults can visit a local pharmacy.
<ul style="list-style-type: none"> • health and social care workers 	Through your GP practice or local pharmacy.
<ul style="list-style-type: none"> • people who are homeless 	Through pharmacies, Healthbridge Direct or the PELC out of hours community GP service.

Appendix I: Living with Covid (Covid secure)

EXIT STRATEGY AND SUSTAINABILITY PLAN: RETURNING TO WORK AFTER LOCKDOWN LEVERAGING ON RESILIENCE

Purpose

In response to the Central Government's Roadmap out of lockdown⁷ through a phased approach, London Borough of Redbridge has set out incremental steps which allow the Authority to protect the health, wellbeing and safety of residents. At the same time, it will continue to strengthen community resilience, encourage local health and social care organisations to 'work with' communities rather than 'doing to' them; share power and resources with communities to drive better health and wellbeing, and work with our diverse communities to tackle disparities wherever they may be.

What is different from easing of this lockdown?

The current position in Redbridge remains to stay at home except for: carrying out essential shopping for food or supplies; attending work where this cannot be conducted in the home; undertaking up to 2 hours recreational activity outdoors; and seeking medical care. We know the Government's plan is based on four tests, namely (see Appendix 1):

- the vaccine deployment programme continues successfully;
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated;
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS;
- our assessment of the risks is not fundamentally changed by new Variants of Concern;

We have also learnt from previous lockdowns following a comparative framework for COVID-19 lockdown exit strategies:

Table 1: Comparative framework for COVID-19 lockdown exit strategies

Knowledge of infection status	Community engagement	Council response capability	Health and Care system capacity	Measures for COVID-19 control
<ul style="list-style-type: none"> - indicators to monitor the epidemiological situation 	<ul style="list-style-type: none"> - Prevention/safety policies for social distancing and face covering 	<ul style="list-style-type: none"> - Testing, tracing and isolating 	<ul style="list-style-type: none"> - Social care/other essential workforce - Local NHS capacity 	<ul style="list-style-type: none"> - Outbreak control - Risk from being a London borough open to inbound travel

⁷ <https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary#roadmap-out-of-lockdown>

	<ul style="list-style-type: none"> - Measures in schools and workplaces - Communication and engagement to sustain public trust and co-operation - Protecting vulnerable populations 			
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Adapted from Han et al (2020)

The purpose of a framework is to act as a guide to give considerations specific plans e.g. outbreak control plan. It in no way limits wider considerations for key issues in our road to a resilient recovery for a 'new normal':

- Workforce of the future
- Crisis (including outbreak) management and recovery
- Operations
- Brand and strategy
- Finance and liquidity

Assumptions

In setting out a medium-term scenario plan i.e. six months to two years, we focus on key potential drivers which may bring Redbridge and London back into new restrictions following easing of lockdown. These may include:

Graphic 1: Assumption for this plan

COVID-19 endemicity	New SARS-CoV- 2 variants	Deepening prevention measures	COVID-19 vaccination
<ul style="list-style-type: none"> • Local outbreak proactive planning • Test and trace capacity retained but reduced 	<ul style="list-style-type: none"> • Continue to suppress virus while rolling out vaccines • improve surveillance 	<ul style="list-style-type: none"> • Increase regularity of cleaning and infection control • Social distancing and face covering 	<ul style="list-style-type: none"> • Vaccination becomes routine and embedded with Flu-vaccination

Epidemiological consideration

As at 1st March 2021, the seven-day average rate of individuals tested is 282 per 100,000 and a case rate of 75/100,000 as seen in Table 1

Table 2: Coronavirus cases in Redbridge: epidemiological data, 1st March 2021

Region	Area	Lower Tier Local Authority	Individuals tested per day per 100,000 population (7 day moving average)	Trend	Case rate per 100,000 population (weekly)	Trend	Case rate per 100,000 population aged 60 years and over (weekly)	Trend	Local COVID Alert Level	Change in Alert Level during the week commencing 22 February 2021
London	London	Redbridge	282	Decrease	75	Decrease	49	Decrease	National Restrictions	No Change

DHSC 2021

Redbridge Priorities

Limit the transmission of COVID-19	Avoid unnecessary closures	Keep all childcare, schools and colleges open	Maintain health and social care system capacity	Protect vulnerable populations	Provide bespoke community support as required
Put measures in place that work to limit transmission, prevent hospital admission and death	Enable businesses/workplaces to sustain operations while reducing risk of transmission	Enable wraparound care, schools and colleges across the borough sustain a safe environment for learning	Ensure the health and care system is meeting the needs of communities of Redbridge	Put measures in place to protect those vulnerable to COVID-19	Deploy financial tools for groups and sectors disproportionately impacted by COVID-19 as per APCR

Principles for keeping Redbridge Safe and Open

1. *Proactive, controlled, strategic, graduated and responsive*: this may include enforcement, and will work to prevent transmission, thereby protecting our health and social care system and helping businesses stay open. The graduated measures are in response to the Central Government Roadmap, informed by local circumstances and targeted to outcome generation

2. *Clear*: Aligned to Central Government Roadmap (Appendix 1) and providing further clarity to individuals, groups, businesses, communities at every advised time.
3. *Responsible*: protecting the health and wellbeing of all residents, especially those most vulnerable such as care homes etc.
4. *Evidence/data-informed*: led by the best-available scientific knowledge, public health data, defined criteria and with consistent measures, this will inform decisions locally.

Approach

We will utilise the PPRCM approach:

- Prevent (standard measures)
- Protect (strengthened measures)
- Restrict (intermediate measures)
- Control (stringent measures)
- Maximum measures

Appendix J: Data flow process

