Bromley Covid-19 Outbreak Control Plan

Document name:	**Bromley Covid19 Outbreak Control Plan**
Version: 1.1	Developed by: Public Health Bromley
Latest update date: 2 July 2020	

Table of contents

1. Introduction

This plan is the local COVID-19 Outbreak Control plan and provides the framework for coordinating the Bromley borough multi-agency response to COVID-19 pandemic. The information within this plan is designed to complement individual agencies own arrangements. Partner agencies will need to link this plan with their own COVID-19 Incident Plans and Business Continuity Plans.

In the case of a local outbreak of Covid-19, in most situations the lead for this outbreak will be PHE via the London Coronavirus Response Centre (LCRC). Bromley will be providing a local support role to the work of the LCRC in the event of an outbreak in all settings except a Community Cluster (Table 1).

In the event of a Community Cluster, which is likely to be identified first by the close data surveillance in LB Bromley Public Health but may be notified by LCRC, Bromley Public Health will take the lead. An action plan outlining how Bromley Public Health will manage a community cluster is in Appendix 2.

Table 1. Responsibilities and roles of PHE and local authority in the event of an outbreak

	Setting						Community cluster
	Care settings	School and Early Years	Workplace	Primary care	Prison/ custodial institutions	Homeless and/or hostel	
London Coronavirus Response Centre (PHE) response	- Receive notification from Level 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene Incident Management Team (IMT) if required - Provide information to DsPH and advice/recommendations for ongoing support						- Receive notification from Level 2 - Support Local Authority in their risk assessment of and response to an identified community cluster
Local authority response	- Prevention work and respond to enquiries - Support vulnerable contacts who are required to self-isolate - Liaise with settings to provide ongoing advice and support for testing, communications, infection control and PPE - Participate in IMT if convened by LCRC - Local communications e.g. briefings for Cllrs, local press enquiries, communications with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting						- Receive notification from Level 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public)

Table 1 clearly summarises that the role of the local authority Public Health is prevention of outbreaks, supporting LCRC in their management of all outbreaks except those which are community cluster, where the local Bromley Public Health will lead the management of the outbreak with the support of the LCRC.

In the event of an outbreak affecting neighbouring boroughs, there is an agreement in place across South East London for managing cross-border outbreaks and for mutual aid.

This Outbreak Control Plan is the overarching plan beneath which we have individual teams or work streams leading on Test and Trace, Data and Intelligence, Outbreak Prevention, Communications and Engagement, and an Outbreak Control Team. Each team/work stream has its own Action Plan (see Appendix 4 for outline).
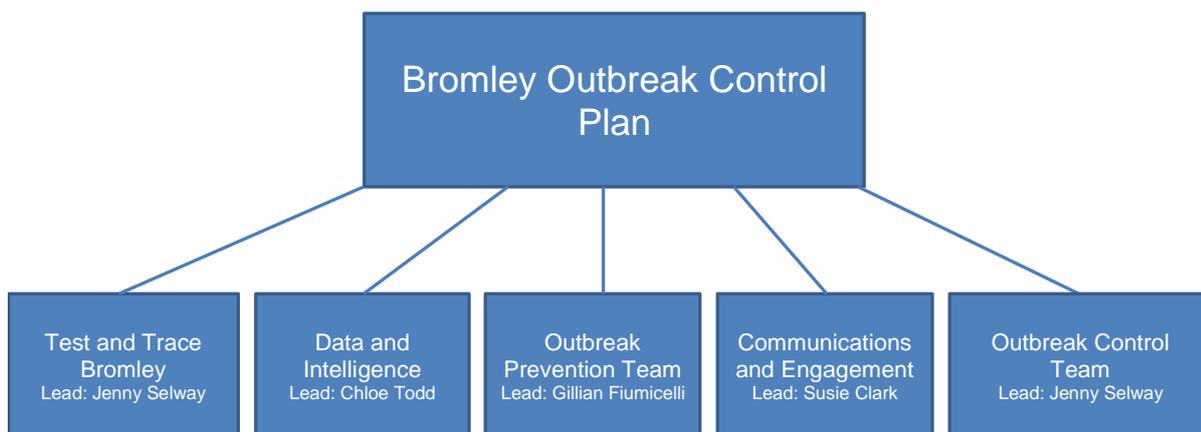
This plan also links to the Bromley Pandemic Plan developed together with the Bromley Resilience Forum and the London Resilience Partnership.

1.1 Aim

The aim of this plan is to detail arrangements for managing the response in Bromley borough to the Covid-19 pandemic, and provide guidance to ensure that local statutory organisations, alongside voluntary agencies, are able to respond effectively and in a timely manner and **mitigate the impact of Covid-19 on Bromley's population and communities**.

1.2 Objectives

The main objectives of this plan are to**:**
- Provide strategic leadership as part of a multi-agency response
- Identify key areas of responsibility between agencies. This will include co-ordinating with regional and other health protection specialist advice in the management of outbreaks and instituting **local control measures** as they may be required.
- Provide a framework for communications between local agencies to ensure a co-ordinated response
- Detail procedures for determining pressure points that may arise during a pandemic, including prioritisation of resources in the event of multiple outbreaks.
- Work with local communities, institutions and partners from across sectors to maximise the impact of COVID-19 **prevention** measures across the borough, recognising the inequitable impact of the pandemic on some of our most disadvantaged communities.
- Develop a rapid **identification, testing and response** capability for emerging clusters and outbreaks of infection within the borough.

- Manage a **single point of contact** for the exchange, management and interpretation of **intelligence** and other epidemiological evidence with local, regional and national assets (including Public Health England and the Joint Biosecurity Centre).
- Provide appropriately governed **assurance and oversight** of how the pandemic is handled in Bromley to local, regional and national stakeholders.

1.3 Principles

Building on the key principles set out by the Association of Directors of Public Health (ADPH) for developing robust outbreak control plans[1], the main underlying principles for Bromley's plan will be to:
1. Have a system wide, collaborative approach to prevent and manage outbreaks of COVID-19
2. Work with our residents and local communities to prevent and manage outbreaks of COVID-19
3. Build from lessons learned and assets developed by system partners and local communities during the COVID-19 pandemic
4. Mobilise and commit resources to prevent and manage outbreaks of COVID-19 where required

1.4 Relationships to other plans

This document builds on pre-existing outbreak plans to accommodate distinctive features of the current situation. It supports, and should be read in conjunction with:
- London Resilience Partnership Pandemic Influenza Framework v 6.0. http://www.london.gov.uk/sites/default/files/LRF_PanFlu_Framework_6.0.pdf
- Department of Health; https://www.gov.uk/coronavirus
- Individual organisations' Pandemic   Plans
- London / Bromley Excess Deaths Plan
- Bromley Pandemic Plan
- Bromley Outbreak Control Plan Action Plans

---

[1] https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

2.   Planning and Preparedness

2.1 Background

The 20th century pandemics ranged in severity from something resembling a severe outbreak of seasonal influenza to a major event where millions of people became ill and died. They also varied with respect to a number of waves of disease, age groups affected and symptoms caused. Planning at the start of the 21st century was based on these events, however the 2009 pandemic did not manifest as anticipated, thus illustrating the uncertainty underpinning the science behind pandemic preparedness.

The novel coronavirus (SARS-CoV-2) was first reported in December 2019 in Wuhan, China with the first case of COVID-19 reported in the United Kingdom in late January 2020.

HM Government declared the pandemic a Level 4 incident for England's NHS on 3 March 2020 In March 2020 HM Government instituted a 'lockdown' of all-but-essential business. Since then some of these constraints have been relaxed in the context of a renewed focus on testing, tracing and isolating infected individuals.

Local Government has been involved in the acute response to the pandemic since the beginning, in particular by providing relief to individuals at higher risk of disease, by enabling supply of personal protective equipment (PPE) and in granting financial relief to small businesses.

Local Directors of Public Health have been instructed by HM Government to establish local outbreak control plans by the end of June 2020, along with a range of other new duties which include overseeing testing in care homes and leading the local implementation of the national contact tracing programme (NHS Test and Trace).

Central government funding of £300m for upper tier local authorities in England has been allocated with Bromley receiving £1,370k to support the public health efforts relating nominally to contact tracing.

2.2 Outbreak prevention

We will take a proactive and preventative approach to outbreaks, supporting Bromley communities and settings to take measures to prevent COVID-19 infection. The local authority and NHS have been providing infection prevention control advice to support care homes, and other settings, building relationships based on trust. We will continue to work collaboratively with other organisations and the communities to enhance their ability to prevent transmission, particularly through identifying those at greatest risk. A summary of outbreak preventative measures being implemented for complex settings of note in Bromley can be seen in Table 2 below.

Table 2: Outbreak Prevention in Bromley settings

Setting	Outbreak Prevention Activity
Schools	• Guidance summaries on the use of PPE to reduce the risk of transmission is provided to education settings. • Public health advice via Covid-19questions email inbox
Care Homes	• Bromley support to care homes action plan • Public Health advice and support to care home managers • Tailored advice to specific homes requiring additional support

Other Bromley settings	• Risk assessments for the reopening of council owned public places • Infection, prevention and control sessions for complex community settings in Bromley e.g. Gypsy and Traveller sites, outdoor markets and food distribution centres.

We will maintain our relationship of working with partners in the NHS, social care and local voluntary and private sectors to develop guidance and deliver prevention training, IPC liaison and increasing capacity in order to reduce transmission risks.

A dedicated support email address and a telephone line for COVID enquiries is set up to be able to respond to queries to COVID_19@bromley.gov.uk and 020 8313 4433 in a timely fashion.

Public health will carry on the interpretation and oversight of the implementation of national guidance relating to prevention where needed.

2.3 Data and Intelligence

The presence of reliable, informative and timely data helps to understand the local spread of Covid-19 and to identify any communities or settings that are affected. Monitoring and acting on this data is crucial in protecting residents from the virus. The sections below summarise how data will be received, monitored, stored and managed.

2.3.1 Surveillance and monitoring data

Having good, reliable and timely surveillance data is necessary to understand the local spread of Covid-19, including any communities and geographical areas affected. This data also helps to respond to queries and aid in forming responses to local concerns around the spread of the virus.

The Consultant in Public Health Lead for Public Health Intelligence will take lead responsibility for receiving and monitoring surveillance data. NHS test and trace data received from the London Coronavirus Response Cell (LCRC) and the Joint Biosecurity Centre (JBC) will be saved in a secure network. Ahead of any regional or national dashboard being made available, the local Public Health Intelligence team will develop an excel dashboard that will contain the following information detailed in table 3 on a weekly basis Health Protection Covid Board. The dashboard will provide an overview of the current situation and change from the previous week. The dashboard will also include charts showing daily change and trends for each of these indicators.

Table 3. Proposed COVID19 surveillance monitoring indicators

Deaths
Weekly number of Covid19 related deaths
Cases
• Average number of new cases over last 5 days
• Crude rate of cases per 100,000 population
• LA regional rank of crude cases
• LA % of total regional cases
New and cumulative number of situations by setting and type of setting
Contact tracing
• Number of cases via NHS test and trace web tool
• Proportion of cases successfully contacted
• Number of Contacts via NHS test and trace web tool
• Proportion of contacts successfully contacted
Exceedance reporting
Number of Tier 1 outbreaks

In addition to the above indictors, any postcode level data on cases that are received will be plotted on a map using a geographical information system. The maps will show new cases spread over time on a weekly basis. The maps will plot any key settings such as care homes and schools.

Where demographic data are available a profile of cases by age, gender and ethnicity will also be completed periodically to monitor population groups or communities impacted.

We expect to iterate and further develop the dashboard, to bring together the various disparate data sources received by the Council. All data including NHS test and trace data received from the London Coronavirus Response Cell (LCRC) and the Joint Biosecurity Centre (JBC) is saved in a secure network.

Further work will be undertaken as regional and national dashboards are made available.

2.3.2 Escalation

Should the Daily Surveillance Report indicate any of the following situations then the Consultant in Public Health Lead for Public Health Intelligence will alert the Director of Public Health who will consult with the LCRC and members of the Health Protection Covid Board regarding appropriate action to be taken:

- An increasing trend in confirmed COVID-19 cases on 3 or more consecutive days
- Geographical analysis indicating the definition of a community cluster has been fulfilled
- The exceedance RAG rating moves to red

Table 4. Escalation criteria

Setting	Criteria for escalation	Escalation to:	
		Health Protection Covid Board	**Bromley Strategic Response Group**
Major events (any setting)	- Death of a child	Yes - immediate	Yes - immediate briefing needed
	- Outbreak linked to a major public building or event in the borough	Yes – immediate	Yes – immediate briefing needed
Schools/childcare	- More than one case in a school/EY setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak		
	- School closure	Yes – immediate	Yes
	- Media interest in outbreak/cases	Yes	Yes
Adult social care	- More than 1 cases in ASC setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak		
	- Cases linked to a hospital outbreak	Yes	Yes
Prisons/Detention Centres	- Cases in those living or working in Prison or other places of detention	Yes	Yes
Homeless setting	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
Council as workplace	- Any outbreak	Yes	Yes
Local businesses	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes

2.3.3 Data for management of complex outbreaks

The Consultant in Public Health Lead for Public Health Intelligence and the Single Point of Contact (Consultant in Public Health Medicine), Programme Lead for Test and Trace will receive notifications of any complex outbreaks as and when they arise. All information on these complex outbreaks – including the relevant setting, details of contacts, cases and any actions taken – is to be held on a secure system in a systematic way that makes information retrievable. In addition, this information will be shared with teams and services as necessary to manage these complex outbreaks effectively.

2.3.4 Data requirements to support cases and contacts identified as vulnerable

The Consultant in Public Health Lead for Public Health Intelligence and the Single Point of Contact (Consultant in Public Health Medicine) to receive details of any cases or contacts identified as vulnerable and needing support for the 14 days of isolation. These data will be received in a secure way and shared with the Communications Team in Bromley who will send automated emails and SMS to individuals with details of how they can access support. The data will be held in a secure system in a systematic way that makes the information retrievable.

Residents will be signposted to a range of council and partner services to include: financial support, mental health support, housing support and details of the Bromley Assistance Team who can work with residents to help them access support with accessing food or medicines and will make connections out to other partner organisations as necessary.

2.3.5 GDPR and Data Security

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

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

These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Local data sharing agreements are being developed and will be attached in the appendices.

2.3.6 Local data reporting

There will be three reports as follows:

1) Highlight report for test and trace programme – produced weekly

2) Covid surveillance report (Test & Trace) – produced weekly

3) Published data report (cases and deaths only) – produced fortnightly

A data hub and response protocol has been developed to support this process.

2.4 Supporting vulnerable people

Our aim is to ensure that all identified vulnerable individuals and communities are supported in their settings in order to achieve the highest levels of compliance with the requirements for the national Test and Trace Programme. We have jointly assessed local needs and identified a number of potentially vulnerable individuals, groups and community settings.

Our collaborative approach with partners e.g. the voluntary sector, the faith sector, NHS, and GPs enables us to work effectively and efficiently to meet the needs of the diverse population of Bromley. Bromley support services includes a Volunteering and Assistance Programme which help those self-isolating for two weeks with access to food, medicines, and volunteer assistance, where required. This support is supplemented by partners in the Voluntary and Community Sector in reaching out directly to individuals and community groups.

Building public confidence and trust
We have used scenario planning exercises to identify particular challenges posed by specific individuals and groups, the communication requirements for different settings, and the roles, responsibilities and actions required of the different partners and agencies involved in managing cases and contacts. This work will help in our ability to respond appropriately and sensitively to outbreaks of Covid-19 and to communicate with all residents of Bromley*.*

Community engagement
Working in partnership with the public and community groups is key to ensuring the success of the Test and Trace Programme. This includes raising awareness of preventive measures, knowing the symptoms and knowing what to do if an individual is contacted by the NHS Test and Trace service. Our approach to supporting people and groups in the event of future outbreaks focuses on four key requirements for outbreak control:
1. Prevent the spread of infection by practicing social distancing and hygiene measures
2. Get a test for coronavirus if the person display symptoms
3. Help to trace others if the individual tests positive and has been in close contact with other people
4. Self-isolate – for those displaying symptoms, for those who have been in close contact with someone who has tested positive.

Communication
Our plans include the production of proactive, tailored messages to build trust and correct misinformation; this includes -
- Development of simple standard messaging around test and trace, using different formats and channels; translated leaflets will be made available where needed.
- Communication with voluntary, community groups and faith sector partners to enhance their role in increasing awareness and compliance and support to those required to self-isolate.

2.5 Bromley's approach to testing

The information below outlines arrangements for local testing to ensure rapid access to testing in Bromley. In the majority of cases it is expected that testing will be done through the national testing process.

2.5.1 National testing
- Residents who have symptoms of COVID-19 can access testing online through the national testing website: www.nhs.uk/coronavirus or by calling 119.
- Essential workers access priority testing through a dedicated national website here.
- Several options for accessing national testing are available, all booked through the national website:
  - Drive-through testing: with various sites open across London
  - Mobile units: venues are not fixed and rotate around London
  - Home Test Kits: delivered to households and then collected by courier
- The national testing should offer 48-72 hour turnaround. It is anticipated that the majority of people as part of test and trace will access the testing through the national supply.
- Residents of care homes and other residential care settings are able to access testing for symptomatic and non-symptomatic residents through a dedicated national care home testing portal. The local Adult Social Care and Public Health teams will work together to prioritise settings to access this offer.

Table 5. The Governments testing strategy has 5 pillars of testing:

Pillar 1	Antigen testing for symptomatic and asymptomatic front-line workers, patients and care home residents delivered by PHE	Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the GOV.uk site Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting Outbreak testing – At the point of notification, PHE will request testing of symptomatic (and sometimes asymptomatic) individuals where appropriate, in order to inform outbreak management in various settings, including care homes, prisons and hostels.
Pillar 2	NHS Test and Trace: Mass testing for anyone who has Covid-19 symptoms via mobile testing units and home test kits	Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit. Regional testing centres Mobile testing units (MTU) which are deployed in various locations across London for a few days at a time. Essential workers can be referred via the GOV.uk site, or in bulk via the GOV.uk sit
Pillar 3	Antibody testing to detect if people have had Covid-19.	Currently available for front line staff
Pillar 4	Antibody surveillance to understand the proportion of the	A national surveillance programme for population blood testing, using a high accuracy antibody test operated by Public Health England at Porton Down, to find out what

	population who have already had Covid-19	proportion of the population have had the virus.
Pillar 5	Building a diagnostic industry.	Government working with industry to develop national diagnostic mass-testing capacity.

2.5.2. Additional local testing for NHS, health and social care staff

For those working in NHS settings and other health and social care staff working in face to face roles, there are additional local testing hubs across the South East London in addition to the government offer. SEL testing capacity has the flexibility to support NHS and care settings to access rapid testing where they are not fully able to meet their testing needs though the national testing offer.

2.5.3. Additional local capacity

Although the majority of those with symptoms of COVID-19 requiring testing should access this through national testing programme, it is acknowledged that there will be circumstances where we need to expedite a test for an individual or a group of people, in order to make rapid decisions locally. In these instances, an assessment will be made around accessing testing. Currently it is anticipated that there will be sufficient capacity for tests in Bromley with results back in 24-48 hours. However the availability of tests and turnaround times will vary depending on other priorities for testing.

Access to these tests will be determined on a case by case basis and will require a specific request to be made through the Director of Public Health.

Bromley Public Health Team are developing a pathway to support this, including arrangements for getting swabs to those who need to be tested and how this will link into the NHS Test, Track and Trace system.

A local Testing Group will be established to develop a local testing strategy that will coordinate local testing capacity in an outbreak and will include the following themes of work:

- **Directing national mobile testing units.** We will use local intelligence to identify sites for deployment of mobile testing units to enable us to direct national capacity to high risk areas.

- **Delivery and administration of tests to isolated or vulnerable individuals.** Our local testing strategy will also consider the options for local delivery and administration of tests to isolated, complex and vulnerable individuals.

Mobile Testing Units (MTU's)

1. **Director of Public Health oversight of MTU deployments**
   Directors of Public Health (DPH) have oversight of the deployment of MTUs in London. Regional coordination of deployments are undertaken by the Strategic Co-ordination Group (SCG) MTU Sub-Group. This group is facilitated by the London Resilience Group with representation by the lead DPH (Steve Whiteman, Royal Borough of Greenwich), DHSC, and military colleagues responsible for deployment of MTUs.

2. **Number of MTUs and deployment model**
   By 13 July there will be 16 MTU's available for deployment each day in London. By this date it is anticipated that the balance of deployments will change so that more MTU's are held in reserve for next day deployments to outbreaks. Regular scheduled deployments will have a two day gap between them in each Borough. The exact balance is anticipated to change over time in response to the prevalence of COVID-19.

3. **Smaller-format MTU deployments**
   A smaller form of MTU will be available for deployment where it is not possible to meet the site specification for a full MTU. This will be a scalable model, enabling deployments to specific communities or settings as required anywhere it is possible to park a van. Smaller deployment locations will mean a lower testing capacity and a greater balance towards pedestrian rather than vehicular access for tests.

4. **Additional MTU site locations**
   Local authorities are encouraged to consider expanding their number of full-specification MTU sites to create better coverage across Boroughs. Consideration to utilise Local Authority owned car parks if required is currently being explored.

MTU deployment protocol
Full details of the MTU deployment protocol are contained in Appendix 3.

2.6 Responding to local outbreaks: Staffing and resource

Both capacity and capability require urgent extension to meet the likely surge needs arising. Bromley will need to be able to deal with outbreaks at an unprecedented scale across multiple locations and facility types simultaneously.

The resourcing and coordination across Bromley Council will build on the existing work of the Bromley Health Protection Covid Board which has met since May 2020.
- **Existing resource** from public health, environmental health, communications, community engagement and communities will be drawn into the OCP implementation.
- A business case has also been developed and submitted to bring in **additional capacity** to the above teams, drawing down on the additional funding made available for the Test and Trace implementation in Bromley.
- Increasing capacity in nursing and EHOs in Bromley is being developed.
- Public Health commissioned services, e.g. school nurses, may be redeployed to help with an outbreak.

Training will be needed for many team members given that health protection work of this nature is not a routine function of public health practice. The development of Standard Operating Procedures will over time expand the range of staff who can operate in the teams.

2.7 Triggers

Community outbreaks and clusters are defined as **an increase in cases above expected or two or more cases linked by time, place or person**.
- Community clusters will be identified by PHE Test and Trace Level 2 from a number of positive tests in a locality or a common site or activity or symptoms of Covid-19/ requests for tests from a number of people tests in a locality or a common site or activity.
- Community settings include workplaces, community halls and spaces, faith groups, shops and places of entertainment (including food premises).

Schools, care homes and other residential settings (including hostels)
1.LCRC to risk assess and provide outbreak control

2.LCRC determines if an LCRC-led IMT should be convened

3.LCRC notifies SPOC

4.Bromley Incident Management Team to provide support and liaison on local issues and provision of testing

Workplaces, communities and commercial venues

1.LCRC notifies SPOC

2.Bromley Outbreak Control Team to risk assess and provide outbreak control with determination of the Bromley Incident Management Team

3.Bromley Incident Management Team liaises with Test and Trace and Health Protection Covid Team as required, and can call on LCRC for advice

Figure 1. Decision flow chart
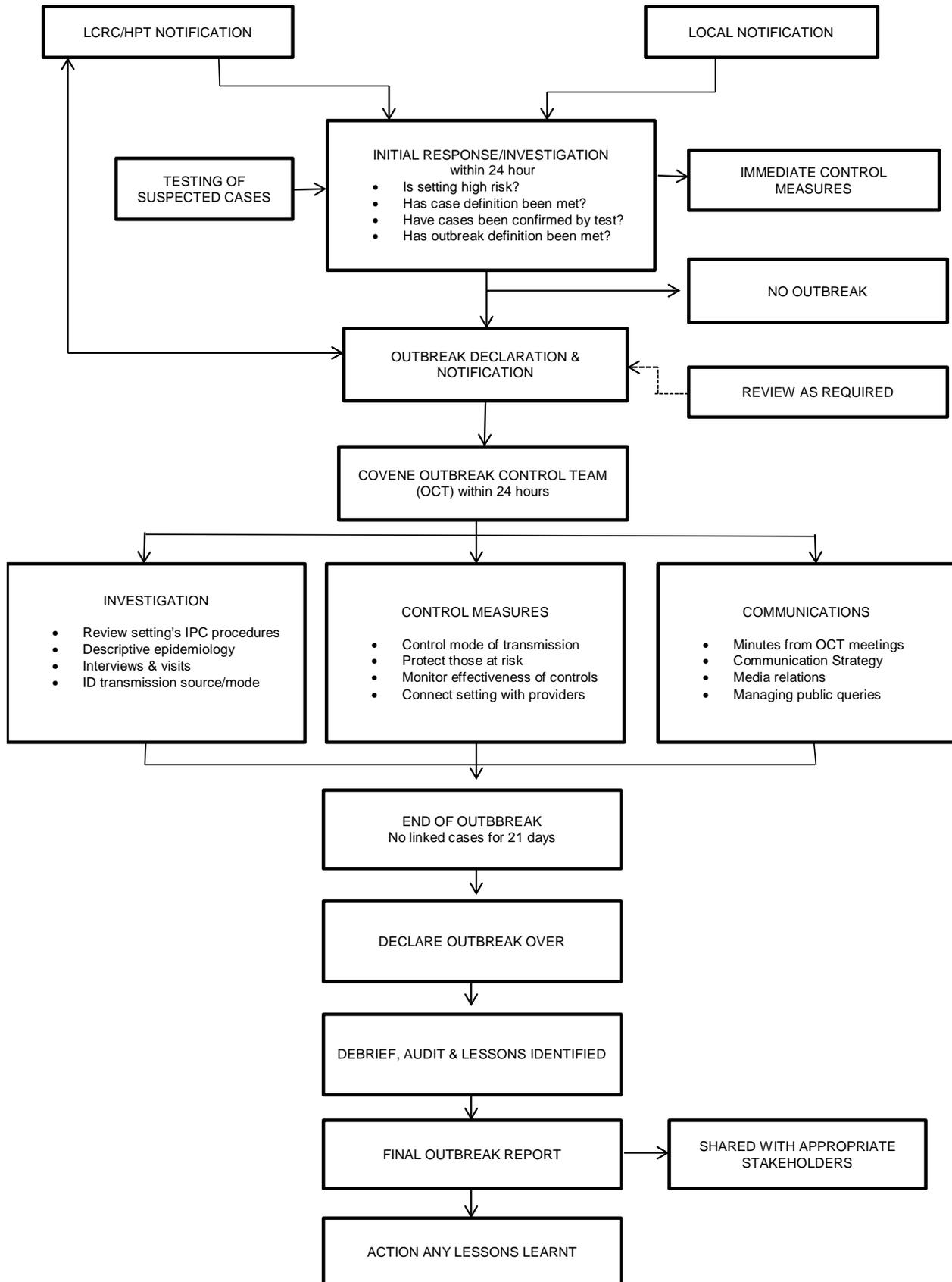
3 Legal powers

Local government possessed responsibilities and powers for health protection prior to the pandemic

The legal basis for managing outbreaks of communicable disease (pre-pandemic) is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	Provides for powers to intervene in cases of public health risk, however these powers are seldom used.	Environmental Health in local government
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual	Environmental Health in local government
Health and Social Care Act, 2012	Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government
Health and Safety at Work etc. Act 1974	Impose duties on employers to protect employees and members of the public and a power to require employees to cooperate	Environmental Health in local government and HSE

New legislation confers additional powers and prepares the way for a new legal basis for local control measures

Since April 2013, the responsibility for providing day-to-day health protection advice and response has rested with Public Health England's Health Protection Teams (HPTs) having taken over from the Health Protection Agency (following the Health and Social Care Act 2012).

The Coronavirus Act 2020
The Coronavirus Act was brought forward as emergency legislation designed to facilitate a range of cross-government activity in a time of emergency.

Within the Act new powers were created for the investigation, isolation and testing of persons suspected of being infected, with roles for both police and public health officers. In London the public health officers are named consultants working in Public Health England.

Health Protection (Coronavirus, Restriction) (England) Regulations 2020, statutory instrument exercised on the basis of the Public Health (Control of Disease) Act 1984(1).
These new regulations provide for specific restrictions relating to the national lockdown.

Any 'localised' lockdown would require further secondary legislation. The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions may need to be increased if infections increase again.

4 Governance

The governance of this Bromley Outbreak Control Plan is led by the Health Protection Covid Board, reporting to the Bromley Strategic Response Group and with oversight by the London Borough of Bromley Executive Committee and Health and Wellbeing Board.

Bromley Strategic Response Group (Gold)
- Deliver swift resource deployment (e.g., mobile testing, local testing)
- Own connection with Joint Bio-security Centre, Whitehall & COBR
- Link directly to Local Resilience Forums (LRFs); support to maintain momentum & minimise impact of resources displaced; consider support for areas struggling to cope
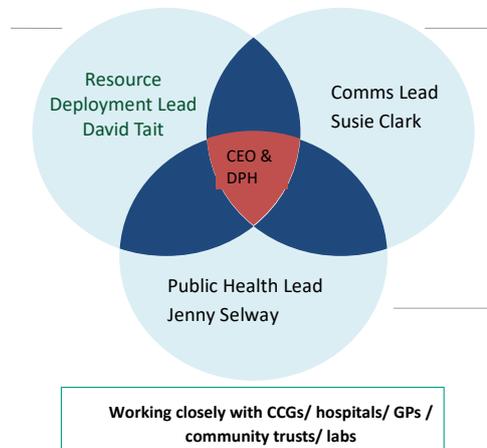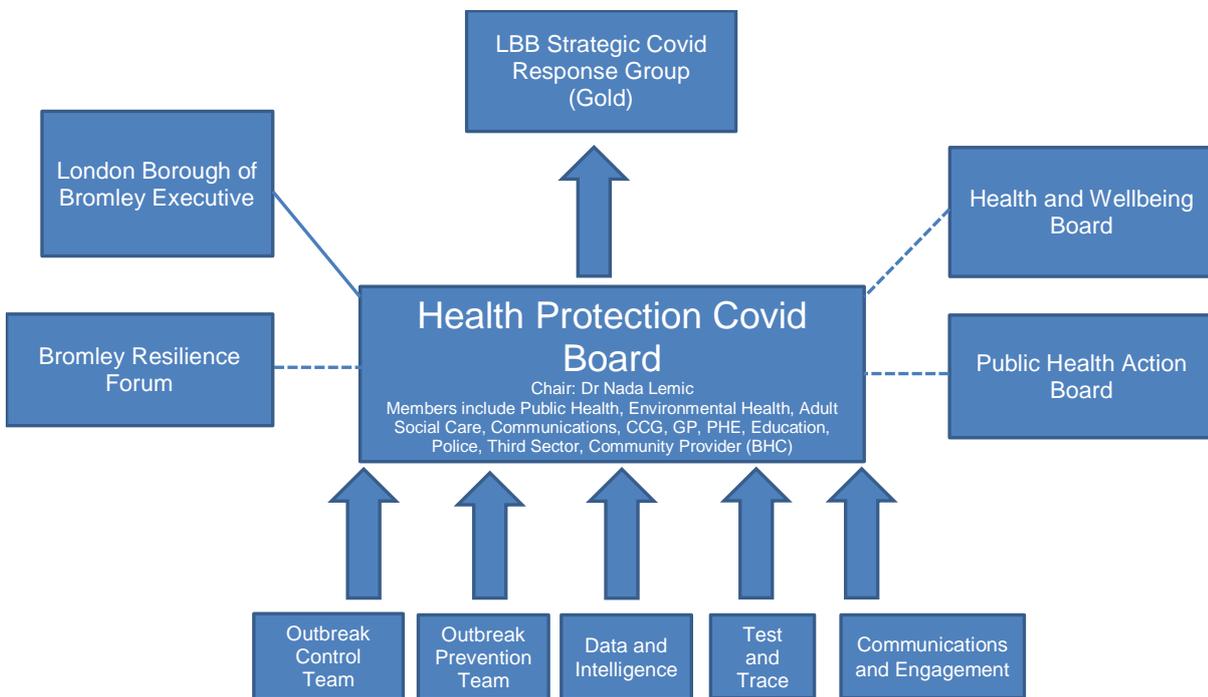
LBB Executive
- Provide public-facing delivery oversight of NHS Test and Trace locally
- Provide regular and timely communications to the public
- Act as liaison to Ministers as needed

Health Protection Covid Board
(linked to PHE Regional Lead)
- Provide infection & outbreak control expertise
- Lead development and delivery of local plans (DsPH) & link directly to regional PHE teams
- Wider NHS resource mobilisation to support programme delivery (e.g. infection control)
- Regional / national escalation where needed

Resource Deployment Lead David Tait

Comms Lead Susie Clark

CEO & DPH

Public Health Lead Jenny Selway

Working closely with CCGs/ hospitals/ GPs / community trusts/ labs

Accountability flows and links are set out in the following diagram.

A **framework for joint working** between the PHE London Coronavirus Response Centre (LCRC) and the public health structures in London Local Authorities (LAs) for managing COVID-19 outbreaks, complex settings and community clusters has been agreed. This is attached in Appendix 1.

The LCRC group will remain the source of specialist advice (temporarily centralising and replacing existing health protection team arrangements) and there will be close operational working between LCRC and Bromley's teams (Test and Trace Bromley and the Outbreak Control Team).

5   Learning from this Plan

This plan will be tested through the Bromley Resilience Forum. Lessons learned and best practice will be captured for incorporation into the final document. The plan will then be subject to periodic review, and incorporated into the Borough Resilience Forum training and exercising programme.

Appendix 1. Joint agreement LCRC and Local Authority

Joint Agreement between the PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings

Version: 5
Date: 5th June 2020
Review date: 6th July 2020

OVERVIEW

This joint agreement provides a framework for joint working between the PHE London Coronavirus Response Centre (LCRC) and the public health structures in London Local Authorities (LAs) for managing COVID-19 outbreaks, complex settings and community clusters.

This agreement will be kept under monthly review initially due to the rapidly changing regional situation and guidance, and fluctuating capacity across the system. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems in London.

RATIONALE FOR THE JOINT AGREEMENT

- To have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in councils' Local Outbreak Control Plans (LOCPs).

- To improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services

- To share outbreak information to facilitate appropriate measures

- To have a Single Point of Contact (SPoC) in LCRC and in each local authority to facilitate data flow, communication and follow up

- To provide consistent advice to settings and local public health teams

JOINT APPROACH

The overarching joint approach to managing **complex settings and outbreaks** will be as follows:

- LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information to the setting on management of the outbreak;

- LCRC will manage cases and contacts, and provide advice on testing and infection control;

- LCRC will convene an Incident Management Team (IMT) if required;

- LCRC will inform the relevant local authority SPoC;

- The local authority will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access;

- The local authority will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans.

The overarching joint approach to managing **community clusters** will be as follows:

- The local authority or LCRC will receive notification from Level 2

- The local authority will inform the LCRC SPoC/LCRC will inform the local authority SPoC

- The local authority will convene an IMT

- The local authority will provide support to the community

- LCRC will support the local authority in their risk assessment of and response to an identified community cluster

CONTACT DETAILS FOR SINGLE POINT OF CONTACT (SPOC)

SPoC for PHE LCRC is LCRC@phe.gov.uk

Appendix 2. Outline of Bromley Standard Operating Procedures for managing Community Clusters

Source of concern

A number of positive tests in a locality or a common site or activity
Notification from Level 2
Symptoms of Covid-19/ requests for tests from a number of people tests in a locality or a common site or activity

Action

HPU/Local Follow PHE guidelines on isolating cases, PPE and cleaning
Inform Bromley SPoC

LCRC Receive notification from Level 2
Gather information and undertake a risk assessment with the setting
Inform Bromley SPoC
Provide advice and manage cases and contacts, testing and infection control
Provide information materials to the setting
Recommend ongoing control measures
Convene IMT if required or refer to local team

Local authority

Prevention work and respond to enquiries
- Regular Newsletter has been delivered to all Bromley residents
- Training for volunteers.
- Volunteer hub run by Community Links rather than LB Bromley to enhance trust.

Communication with local community
- Worked with local agencies to identify list of vulnerable groups
- Contact list of local voluntary and community sector and other agencies who have relationship of trust with vulnerable groups

Determine whether a mobile or hyper-local testing unit is required
- Access to local MTU and additional mobile MTU is clarified in Appendix 3.

Liaise with the local CCG/ GP and other health providers
- Where appropriate a local GP will be on the on the Incident Management Team

Infection control follow up
- Consider doing contact tracing using local resources (e.g. EHOs) rather than PHE team where there may be issues of trust

Convene Local IMT if required
- Membership of IMT: Core team would be DPH, Consultants in Public Health, Infection Control Nurse and Comms lead. Additional members depending on site of outbreak may include GP, Reps from Housing, VCS, Social Care (Adult) & Environmental Health

Data and reporting

Data in CTAS and HPZone
Local Datahub with continuous surveillance
Reported centrally and to LA on a weekly basis
- Data on which schools local vulnerable children attend
- SITREP as spreadsheet on SharePoint so can be kept updated and used for daily reports

Comms   Local Comms Toolkit is aligned with that from London Councils and GLA.
                 Key resources will also be in pictorial form with translations as needed –
                 Local postcards with key messages to circulate to surrounding area can be
                 ready within 24 hours. Also develop easy read communications.
                 Care not to stigmatise a community affected by an outbreak.
                 Key Message is "Keep London/Borough/Place/ Families etc. Safe"

Appendix 3. Mobile Testing Units. Guidance for Regional Coordination Groups and the directing of Mobile Testing Units (MTUs)

1.   Purpose and objectives

The Government has built a national infrastructure for COVID-19 testing, with the aim to expand the reach of testing across the UK. Mobile testing is one of a suite of testing capabilities which has been developed.

Mobile testing is an agile capability that allows temporary testing sites to be set up quickly to serve communities on a rolling basis. The Mobile Testing Units (MTU) have been designed as a flexible testing capability that can respond to most situations. There are some situations in which MTUs are not the most appropriate testing capability.

The high-level direction and supply of MTUs sits with the DHSC, with decisions around their daily deployment being made at a London wide level by the MTU Deployment Cell. The MTU Cell directs the movement of MTUs, but with greater input from Directors of Public Health (DPH). While DPHs will have the power to direct MTUs in response to outbreaks, the decision to do so will be taken together with London Covid Response Cell (LCRC), building on the existing model and the learned experience and familiarity with the capability held by MTU Cell.

2.   What is a Mobile Testing Unit?

An MTU provides a clinically assured, stand-alone testing capability in the community. It is an adapted standard white van that can be used in a variety of different settings and setups to deliver testing where needed

The MTU comprises a van with pop-up shelters and an integral traffic management system. It can operate at varying scales in order to best serve the community, with a standard capacity of up to 500 tests per day. The number of tests that can be completed in a day depends on the size of the site, the ratio of vehicle to pedestrian subjects, the hours of operation and the distance it has to travel form the host Regional Testing Centre.

A smaller unit, without the need for parking spaces except for the unit, is now being added to the capability.

MTUs use RTS as supply and delivery hubs, moving between the RTS and selected sites in the community. Tests undertaken by the MTUs are returned to Regional Testing Centres and are managed as Pillar 2 tests.

More detail on the operation of an MTU is set out in Annex A.

3.   The Mobile Testing Unit National Distribution

Mobile Testing Units will be allocated into three main groups:
- **Regionally Allocated MTUs** – MTUs allocated by Region for routine scheduling by the MTU cell under the auspices of the DsPH
- **Regional Reserve MTUs** – MTUs kept in Reserve by the MTU Cell to meet Local Outbreaks("next-day-testing") and to provide immediate Resilience in case of MTU failure (break down etc)
- **Strategic Reserve MTUs** – c30 MTUs, regionally dispersed but scheduled and operated centrally by the DHSC. The Strategic Reserve will meet Nationally Generated Demand and may be deployed in support of Local Outbreaks when requested to provide surge capacity.

The initial deployment of MTUs is being expanded through June and early July. This will result in 16 MTUs in London. (approx. one per two councils by 13th July 2020.

4.   The Roles and Responsibilities of London MTU Cell

While the ultimate powers to direct an MTU will remain with DHSC, decisions around where to place vehicles and direct their movements will continue to be planned by the London MTU Cell with input from the DsPH. To support the DsPH in the delivering their statutory requirement the MTU Cell will have four primary roles relating to MTU deployment:

The MTU Cell will:

- Work with regional stakeholders to collate testing demand requests and determine where and when an MTU is needed on a routine basis. The MTU Cell will maintain a forecast out to at least 5 days including associated site permissions and access; ensuring this is delivered when the MTU attends at each site.
- Maintain a Reserve of at least 2 MTUs at any time from within the London's allocation of vehicles.
- Respond to areas of urgent need, informed by LCRC/LA IMTs, under the direction of DsPH. This may draw upon the London Reserve vehicles.
- Identify and agree local sites for MTU use and establish a broad portfolio of sites that can be accessed routinely or in times of urgent need.

Should a crisis or outbreak arise, the DHSC may deploy additional units from the Strategic Reserve to an area on a temporary basis if the Regional Reserve is not enough. These may be requested urgently by the MTU Cell and/or DsPH to provide surge capacity when demand exceeds London capacity.

At all times, the MTU Cell will remain accountable to DsPH.

5. Pre-Planning

Boroughs need to identify a network of sites that cover all areas of the Borough as possible sites for MTU deployment. This work could also review sites suitable for alternate day deployment of MTUs using the following criteria:

Accessible for all – fit with existing outreach services/ JSNA priorities
- Social vulnerability – link to find and treat service
- Hard to reach groups
- Lack of digital access
- Language barriers
- HMOs/overcrowding
- Physical access to testing sites – low car ownership

Meets potential local surge in prevalence
- High demand in local areas
- Communities with outbreaks
- Workplaces
- Population needs and behaviour/ any groups less likely to comply with social distancing

Suitability of site (see appendices 1-3).
For the smaller units you do not need on-site parking, except for the van.

6. Mobile Testing Unit deployment for large local outbreaks

London Coronavirus Response Cell (LCRC) (Incident Management Team) or LA Incident Management Team (IMT) or DPH identifies a situation (either through data or notification from DPH) where an enhanced investigation will be required, e.g.:
- School
- Universities / halls of residence
- Other educational settings
- A complex workplace
- A place of worship, place of mass gathering – once these are allowed

LA/ LCRC identifies a need for testing at scale to manage the situation/outbreak as per Standard Operating Procedures and joint agreement, taking into account the need for rapid testing, difficulties accessing the Regional Testing Site or scheduled MTU deployments in the local area, convenience and accessibility.

If the number of tests required for outbreak management cannot be met through the usual route of LCRC arranging PHE pillar 1 tests AND the scale of the outbreak is such that a local testing site is required, a decision will be taken by the DPH to request a MTU deployment the following day.

Operational process:
- The DPH notifies the mobile testing unit (MTU) cell of the need for an MTU the next day, the number of tests needed, the location for the deployment, and that a list will be provided of the names of those advised to attend.
- LA, working with the school, workplace, or other setting, contacts all people or parents of children requiring testing in writing ideally by email· These people attending the MTU will be provided with a test kit by the MTU.
- LA confirms with mobile testing cell that the site meets the requirements (see DHSC guidance) for a full-scale MTU with vehicular accessor if a smaller MTU deployment is required (e.g. pedestrian only), and provides a list of names.
- LA staff will support on the day to register people who attend but are not on the list of names provided in advance.
- All testing will be as per national testing protocols and results entered onto SGSS and CTAS systems.

Prioritisation

In London, MTU numbers are increasing which will provide additional capacity to allow for DPH requested "next-day-testing" (NDT).

In the event that more than one borough requests urgent MTU deployment for the same day, and the number of reserve MTUs available is not sufficient to provide for these requests, a request can be made to access MTUs from the DHSC national reserve.

If required, there is also the ability to redeploy one or more of the MTUs that are operational in London to meet surge requirements. A decision on which MTUs to redeploy will be taken jointly by the LCRC on-call lead and the MTU DPH on-call lead in consultation with DHSC and military commanders responsible for MTU deployments.

Tasking should be according to the following priorities:
1. Homeless/hostels as this is a mobile population which it may be difficult to find in 24/48hrs time.
2. Community clusters
3. Care homes: residents and staff
4. Schools/ nurseries
5. Workplaces
6. Other

DPH/LCRC/IMT will decide if all those waiting for tests should be asked to self-isolate until tested and the results received.

Appendix 4. Teams/Work Streams sitting under Bromley Outbreak Control Plan

Test and Trace

LA Role	Resourcing
- Deliver a safe, effective and sustainable local arm of the national NHS Test and Trace programme for Bromley, that supports and coordinates with national and regional contact tracing efforts - Set up systems - Identify those needing further investigations - Identify those in need of further support - Direct local covid testing	Lead by Consultant in Public Health Medicine with lead for Test and Trace programme

Data and Intelligence

LA Role	Resourcing
- Identify different sources of data and how to access this data in timely fashion - Establish a local data-hub to co-ordinate and communicate local information and data on tracing and testing in the local area - Develop local approach to managing different data sources and checking accuracy, completeness, timeliness - Detect in a timely manner new cases and situations by type of institution (Patterns of SARS-COV2 transmission) - Identify audiences for reports and processes which data will feed into - Develop regular surveillance reports and agree triggers for escalation - Scope and set up early warning communication (Early detection of new cases) - Monitor local interventions and outbreak response (efficiency and gaps identified) - To monitor impacts of COVID-19 on health, inequalities and the local economy (need for mitigation identified)	Lead by Consultant in Public Health lead for Public Health Intelligence

Outbreak Prevention Team

LA Role	Resourcing
- Identify high risk areas requiring infection prevention - Build prevention capacity - Management of Health Protection queries - Act as SARS-COV-2 infection prevention expert resource	Lead by Head of Vascular Disease Prevention Programme

Communications and Engagement

LA Role	Resourcing
- Raise awareness & generate community understanding - Promote the Government's communications messages via existing channels - Engage with partners, VCS and other agencies to spread the message - Regular engagement and sharing of best practice among LAs - Targeted and bespoke local communications – via existing partnerships and channels, or via development of targeted, local guides and communications material for hard to reach groups - Commissioning of additional insight gathering activities (surveys, forums, workshops etc.) to gather intelligence - Easy read versions of key literature	Lead by Communications Executive

Outbreak Control Team

LA Role	Resourcing
• Adapt national and regional guidance for local use – develop local Standard Operating Procedures (SOPs) and circulate to key partners regularly • Propose working arrangements and governance for sharing resource between Public Health and Environmental Health teams recognising the likely need for surge capacity • Respond to incidents – declare incidents, outbreaks and convene incident management teams (IMT) as needed and identify IMT members for each outbreak scenario • Enforcement – coordinate with the Health Protection Covid Board in taking control and enforcement measures as circumstances arise • Reporting – record and report on incidents	Lead by Consultant in Public Health Medicine with lead for Test and Trace programme

Glossary of Terms

a. **Antibody test** means the type of test that looks for the presence of antibodies (produced by people with the virus to counteract the virus) against the COVID-19 virus. These antibody tests are also referred to as serology tests and can be conducted in a laboratory or through point-of-care testing. This test is not widely available yet.

b. **Community cluster** means a number of confirmed cases linked by geographical location or other similar characteristic (e.g. linked to a neighbourhood or community group, specific buildings, or groups with social links like through language or common interest).

c. **Confirmed case** means an individual that has taken the PCR swab test and has tested positive for COVID-19, with or without symptoms.

d. **Contact tracing** means a process in which when a person tests positive for COVID-19, they are contacted to identify anyone who has had close contact with them during the time they are considered to be infectious, and these close contacts are also contacted to give them the advice they need.

e. **Incident management team** means team convened by either LCRC to manage a high risk complex outbreak, or team convened by local authority to manage a community cluster outbreak.

f. **Incubation period** means the period from exposure to the virus to the onset of symptoms. The incubation period for COVID-19 is 5-6 days on average, however it can be up to 14 days.

g. **Infectious period** means the period in which an individual may be contagious to others.

h. **Outbreak** means two or more people that have tested positive for COVID-19, which are linked through common exposure, personal characteristics, time or location; A greater than expected rate of infection compared with the usual background rate for the particular population and period.

i. **Outbreak control team** means team convened by local authority to manage the COVID-19 pandemic.

j. **PCR swab test** means the type of test that looks for the presence of genetic material from the COVID-19 virus within a swab or saliva sample. PCR stands for polymerase chain reaction. Evidence shows that an individual can test positive on a PCR swab test for COVID-19 from 1-3 days before the onset of symptoms. The highest levels of the virus in the nose and throat are in the 3 days following the onset of symptoms. After day 5, levels of the virus are too low for the PCR swab test to reliably detect and infection (the test may not be valid).

k. **Possible case** means an individual that may be presenting with symptoms of COVID-19 but has not been tested or are awaiting their PCR swab test result.

l. **Self-isolation** means when an individual stays at home because they have or might have COVID-19, which helps stop the virus spreading to other people.

m. **Social distancing** means individuals avoiding close contact with anyone that they do not live with.