
London Borough of Lewisham

COVID-19 Outbreak Prevention and Control Plan

June 2020



Title	Lewisham COVID-19 Outbreak Prevention and Control Plan
Purpose & Description	<p>The Lewisham COVID-19 Outbreak Prevention and Control Plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19.</p> <p>The plan brings together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management in Lewisham.</p>
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Date of Publication & Version Number	v1 – published 30 th June 2020
Date of next formal review	<p>31st July 2020</p> <p>NB This document is a live document and is subject to change in line with the latest developments concerning the COVID-19 pandemic. Please take note of the version control which is indicated by the “Date of Publication and Version Number” above.</p>
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Audience & Distribution	<p>Mayor and Cabinet</p> <p>Lewisham Health and Wellbeing Board</p> <p>Lewisham Council Gold Command</p> <p>Lewisham COVID-19 Health Protection Board</p> <p>Publication on the Lewisham Council Website</p>
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Version Control

Version	Author	Date	Review Date
V1	Lewisham Public Health	30 th June 2020	30 th July 2020
V2			

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Acknowledgements

Members of the Lewisham Testing and Contact Tracing Co-ordination Group for overseeing the development of this plan.

Members of the London Outbreak Control Plan Good Practice Network for providing templates and action cards that have been included in this plan.

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Definitions

Single suspected/possible case – a person with coronavirus symptoms (fever, persistent new cough, and/or loss of taste/smell)

Single confirmed case – a person who has tested positive for coronavirus

Single complex case – a suspected or confirmed case of coronavirus where this is complicated factors (e.g. homelessness, Learning difficulties)

Community Cluster - when 3 or more household member(s), living in the same Middle Layer Super Output Area (MSOA –see “Definitions”), receive a positive test result for COVID-19 within a 7 day period and those people are not already known to be linked to a complex setting that is already the subject of an outbreak management plan (e.g. a care home, school, workplace etc).

Outbreaks - defined by Public Health England, as two or more suspected and/or confirmed cases associated with the same setting and with onset during a 14-day period.

Middle Layer Super Output Area (MSOA) – a geographical area that is larger than a postcode but smaller than a ward, with a minimum population of 5000 people

‘Vulnerable’ - a person who has support needs and is required to self-isolate

Incidents - one or more suspected or confirmed case of COVID-19 associated with a setting. Where there is a single case the focus is on outbreak prevention.

Contact - anyone in close contact with a confirmed case from 48 hours prior to onset of symptoms until they self-isolate.

Close contact means:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face conversation within one metre
 - having skin-to-skin physical contact, or
 - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

List of Acronyms

ADPH	Association of Directors of Public Health
BAME	Black Asian and Minority Ethnic
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CYP	Children and Young People
DASS	Director of Adult Social Services
DCS	Director of Children's Services
DHSC	Department of Health and Social Care
DPH	Director of Public Health
HPT	Health Protection Team(PHE)
ICC	Incident Co-ordinating Centre
IMT	Incident Management Team
IPC	Infection Prevention Control
LA	Local Authority
LBL	London Borough of Lewisham
LCRC	London Coronavirus Response Cell
LRF	Local Resilience Forum
MSOA	Middle Layer Super Output Area
NHS	National Health Service
OPCP	Outbreak Prevention and Control Plan
ONS	Office for National Statistics
PHE	Public Health England
PPE	Personal Protective Equipment
SCG	Strategic Coordination Group
SEL	South East London
SPOC	Single Point of Contact
VCS	Voluntary and Community Sector

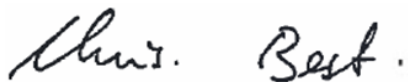
Foreword

As we enter the next stage of this pandemic, the ability to test and trace individual cases and outbreaks will be vital in how we contain and manage this disease. We know that COVID-19 does not affect all equally with it being most damaging to those who are older, from Black, Asian and minority ethnic (BAME) communities, and those from lower socio-economic backgrounds.

Lewisham has one of the most diverse populations in the country and also has high levels of deprivation meaning we are particularly susceptible to the disease. Therefore, it is vital we protect the most vulnerable to this disease. That is why Lewisham's plans puts these key groups at the heart of its strategy and will ensure that there is tailored messaging and support to these and other key groups.

Our Public Health teams are experienced in contact tracing and I know that this experience will be crucial. Throughout the pandemic Lewisham's Public Health team has responded superbly, for example ensuring that care homes had the latest guidance on PPE and training in disease prevention. Building on this knowledge the Public Health team have ensured this plan focuses on planning for outbreaks in high risk areas such as care homes, schools and homeless shelters. Additionally, the plan will also build upon the strong relationships and partnerships across the borough between the Council, Lewisham Greenwich NHS Trust and local healthcare providers to ensure that all aspects of this strategy from communications, infection control, social distancing, and testing and contact tracing are successful.

This is a crucial time in this pandemic and this Outbreak Prevention and Control Plan is essential in ensuring that any new cases are quickly contained before new outbreaks can take place. It is also right that we have made protecting the most vulnerable at the heart of this plan acknowledging the disproportional impact this disease has on those from BAME communities, on older residents and those on the lowest incomes.



Cllr Chris Best

Deputy Mayor and Cabinet Member for Health and Adult Social Care



Background

COVID-19 Pandemic and Outbreak Management

Local authority public health teams in London have worked alongside local health protection teams and the PHE London Coronavirus Response Cell (LCRC) throughout the COVID-10 pandemic to respond to outbreaks in complex settings and communities. Following the initial peak of the pandemic and as lockdown measures are eased, the ability to prevent and manage outbreaks of COVID-19 will be critical to enable residents, communities and businesses to resume activities safely.

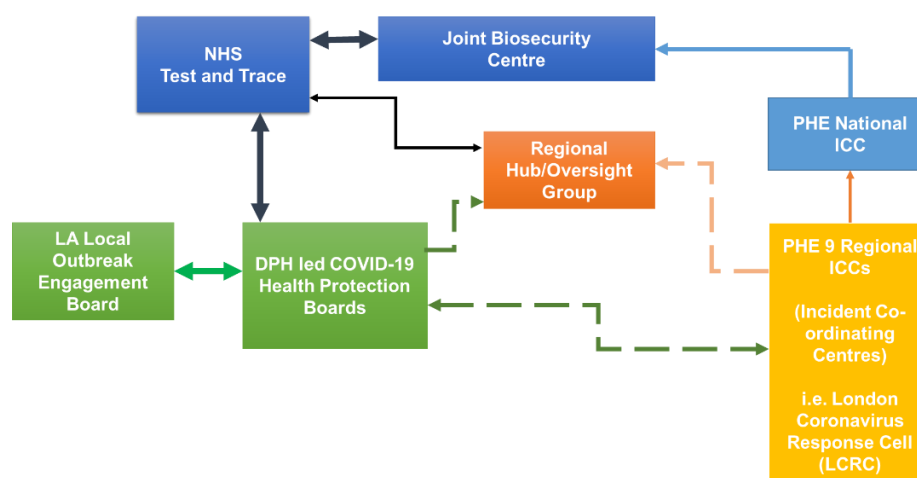
NHS Test and Trace

The introduction of NHS Test and Trace service will now provide a vital infrastructure to support this existing outbreak prevention work by scaling up the capacity to test, trace and isolate cases and contacts of COVID-19. The service was launched on 28th May 2020, to provide a comprehensive national contact tracing service for COVID-19 in England involving national, regional and local partners. The service operates through 3 levels of workforce:

- Level 1: National and regional health protection teams with support from Local Authorities
- Level 2: Professional contact tracing staff employed by the NHS who will interview cases and identify contacts, escalating complex issues to Level 1
- Level 3: Call handler staff who will communicate with and provide advice to contacts, escalating difficult issues to Level 2

A schematic diagram of the interaction between NHS Test and Trace, national, regional and local functions contributing to outbreak management can be seen in Figure 1 and Table 1 below.

Figure 1: Relationships between local and national elements of outbreak management¹



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

Table 1: Local, regional and national elements of outbreak management²

National	
NHS Test and Trace	Develop and implement national test and trace strategy
Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems
PHE National ICC	National oversight identifying sector specific and cross-regional issues that need to be considered
Regional	
London Coronavirus Response Cell	PHE Incident Co-ordinating Centre for London managing outbreaks in complex settings
Local	
DPH led COVID-19 Health Protection Boards	Responsible for the development of local outbreak control plans by Directors of Public Health
Local Authority Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response

This plan will therefore bring together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management.

Legal Context for Outbreak Management

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits³:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

The table below sets out what this legal context means for local outbreak management and who is able to act to implement the powers conferred.

² DHSC Local Outbreak Control Plans, 22nd May 2020

³ <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Table 2: Legal Framework for Outbreak Management

Legal Framework	Implication for Outbreak Management	Who can implement?
Public Health (Control of Disease) Act 1984	To prevent the spread of infection or contamination, the Public Health (Control of Disease) Act provides that Justices of the Peace may impose restrictions and requirements on individuals, premises, groups, and objects through orders, known as “Part 2A Orders.”	Environmental Health Officers
Civil Contingencies Act 2004	The Civil Contingencies Act 2004 places two duties on responders to public health crises. The first duty is to warn and inform the public of any likely risks and threats that NHS organizations may address, and of any planned responses to these risks and threats. The second duty is the organization’s response to a crisis.	Emergency Planning
Health Protection (Local Authority Powers) Regulation 2010	<p>Local authorities are able to request or require action to be taken to prevent, protect against or control a significant risk to human health. Allows local authorities to:</p> <ul style="list-style-type: none"> • Require that a child is kept away from school (notice procedure/non compliance is an offence) (s2) • Require a head teacher to provide contact details of pupils attending their school (notice procedure/non compliance is an offence) (s3) • Request individuals or groups to cooperate for health protection purposes (notice procedure and the LA may offer compensation or expenses in connection with its request (s8). Where a person is not willing to cooperate with such a request and the grounds are met, the local authority may apply to a magistrate for an order to enforce the action (Public Health (Control of Disease) Act 1984 (as amended) Part 2A) see above. • Request the disinfection or decontamination of premises or articles (s4) 	Public Health England/Local Authority
Health and Social Care Act 2012	Regulation 8 imposes a duty on local authorities to provide information and advice to certain persons and bodies within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population, including infectious disease, environmental hazards and extreme weather events.	Director of Public Health
Coronavirus Act 2020	Provide for the detention, isolation and screening of, and other appropriate restrictions to be imposed upon persons who have or may have COVID-19, or who have arrived in England from an area in which the virus is prevalent.	Consultant in Communicable Disease Control (CCDC)

Further details about the practical application of these powers in the event of an outbreak can be found in [Appendix 1](#).

Main themes of Lewisham Outbreak Prevention and Control Plan

This plan will cover the seven main themes outlined by the Department of Health and Social Care (DHSC) for inclusion in local outbreak control plans:

1. Care homes and schools – planning for local outbreaks in these settings
2. High risk places, locations and communities – identifying and planning how to manage high risk places, locations and communities
3. Local testing capacity
4. Contact tracing in complex settings
5. Data integration
6. Vulnerable people – supporting local people to get help to self-isolate
7. Local boards - establishing governance structures

Plan Governance

Building on the robust governance structures used for the COVID-19 pandemic response in Lewisham, the three main governance levels for development implementation and oversight of the plan will be as outlined in Figure 2 and Table 3 below. Escalation and decision making around the management of an outbreak will be outlined in ‘Data Integration’ and ‘Outbreak Management’ sections below.

Figure 2: Lewisham Outbreak Control Governance Arrangements

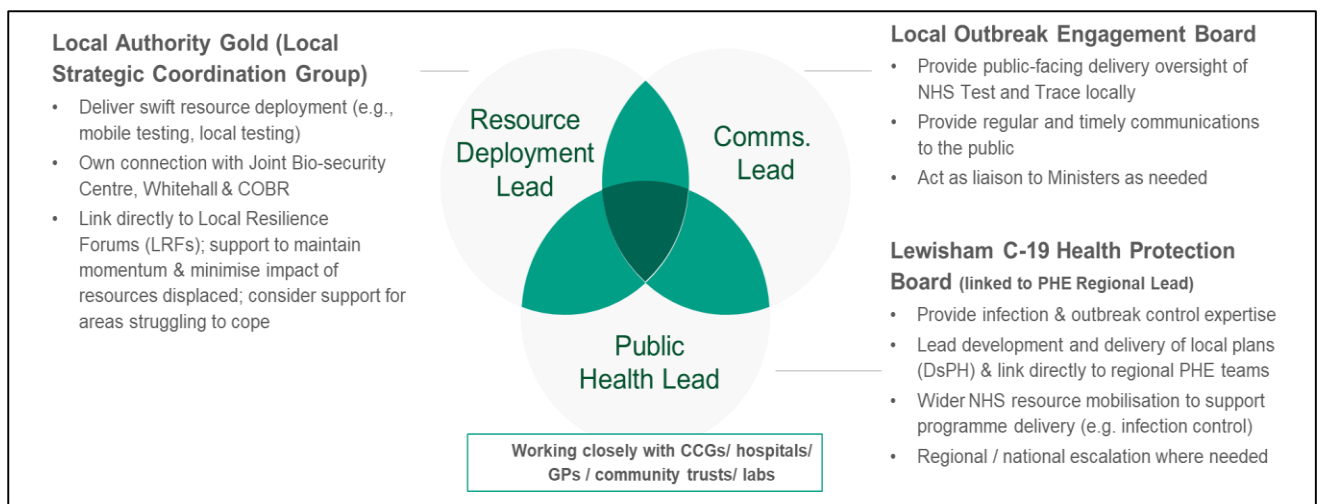


Table 3: Lewisham Outbreak Control Governance Arrangements

	Lead	Membership	Purpose	Accountable to
Local Outbreak Engagement Board (Lewisham Health and Wellbeing Board (HWBB) with direct reporting to Mayor and Cabinet until HWBB resumes)	Elected Mayor of Lewisham	Health and Wellbeing Board members including LBL Executive Directors of Community Services and Children and Young People, Chair of Lewisham and Greenwich Trust, South London and the Maudsley representative and Lewisham Healthwatch. Other invited stakeholders as required e.g. police or Lewisham homes.	Political and partner oversight of strategic response Oversee the coordinated, transparent response to local COVID-19 outbreaks (and collaborating across the region) <ul style="list-style-type: none"> • Provide timely communications to the public • Provide public-facing delivery oversight of Test and Trace programme locally • Act as liaison to Ministers as needed 	Mayor and Cabinet
Local Authority Gold	LBL Chief Executive/ COVID-19 Gold Director	Executive Directors and Council officers	Responsible for implementing the Council's overall Covid19 Outbreak Control Plan management, policy and strategy and achieving its strategic objectives; delivering swift resource deployment; owns the connection with the Joint Biosecurity Centre, Government departments & COBR	Mayor and Cabinet
COVID-19 Health Protection Board	Director of Public Health (DPH)	Multi-agency representation, including Public Health, NHS (incl. CCG, LGT, Primary Care), Environmental Health, Adult Social Care, communications	Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during COVID-19 <ul style="list-style-type: none"> • Provide infection control expertise • Lead development and delivery of local plans (DsPH) • Link directly to PHE London Coronavirus Response Cell (LCRC) 	Local Authority Gold
Public Health Single Point of Contact (SPOC)	DPH	Public Health Team	<ul style="list-style-type: none"> • Receives notification of outbreak from LCRC, local settings or other sources • Ensuring control measures are implemented as soon as possible • Ongoing support for settings during an outbreak • Answering Covid-19 related enquiries from settings and other Council departments 	COVID-19 Health Protection Board and Gold

An appropriate risk management framework aligned with those used for the wider pandemic response in Lewisham will be developed overseen by the COVID-19 health protection board to capture key risks and mitigations for implementation of the plan.

Aims and Key Principles

Main Aim

Our plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19.

Main Objectives

1. To prevent outbreaks of COVID-19 in our communities and complex settings (schools, care homes, communal settings and public spaces)
2. To respond rapidly and effectively to emerging outbreaks of COVID-19 as evidenced by data and health intelligence
3. To manage and control established outbreaks of COVID-19, particularly those in complex settings
4. To rapidly reflect on and adapt to lessons learnt during the management of outbreaks
5. To have a robust oversight and assurance process for the prevention and management of outbreaks of COVID-19

Key Principles

Building on the [key principles](#) set out by the Association of Directors of Public Health (ADPH) for developing robust outbreak control plans⁴, the main underlying principles for Lewisham'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

⁴ <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Outbreak Prevention

We will take a proactive and preventative approach to outbreaks, supporting Lewisham communities and settings to take measures to prevent COVID-19 infection. We will pay particular attention to ensuring that our communications and community engagement are appropriate for our diverse communities; and that our most vulnerable residents are well supported to take preventative action.

Infection Prevention and Control

The local authority and NHS have been providing infection prevention control advice to support care homes, schools, homeless hostels and workplaces and building relationships based on trust. We will continue to work collaboratively with Ward Councillors, communities and other organisations to provide information and assurance regarding current and future outbreak prevention measures and 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 Lewisham can be seen in Table 4 below.

Table 4: Outbreak Prevention in Lewisham complex settings

Setting	Outbreak Prevention Activity
Schools (early years, primary, secondary, tertiary education settings)	<ul style="list-style-type: none"> Provision of guidance summaries to reduce the risk of transmission in provided to education settings including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. Public health advice at fortnightly meetings for Heads of Schools (primary, secondary and special).
Care Homes (older adult, mental health, and learning disability providers)	<ul style="list-style-type: none"> Lewisham support to care homes action plan: https://lewisham.gov.uk/myservices/socialcare/adult/support-for-care-homes, which includes access to emergency supply of personal protective equipment (PPE), provision of infection prevention and control training and access to whole care home testing. Public Health advice at regular fortnightly sessions for care home managers Provision of tailored advice to specific homes requiring additional support
Supported Living and Homeless Shelters	<ul style="list-style-type: none"> Provision of guidance summaries to reduce the risk of transmission of COVID-19 including use of appropriate personal protective equipment (PPE), infection prevention and control guidance, signposting to testing and tracing/isolation of cases/identified contacts. Provision of tailored advice and support to the supported living and homeless hostel providers.
Other Lewisham settings (places of worship, workplaces, transport hubs and sporting venues)	<ul style="list-style-type: none"> Risk assessments for the reopening of council owned public places Infection, prevention and control sessions for complex community settings in Lewisham e.g. places of worship and Goldsmiths University

	<ul style="list-style-type: none"> Support for risk assessment for sporting venues and businesses in the borough e.g. Millwall Football Club
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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.

All queries relating to the prevention or management of a COVID-19 outbreak should be sent to: incident.internal@lewisham.gov.uk with the subject “Outbreak Prevention” or “Outbreak Management”. We will develop a triage and escalation protocol for the management of these queries by officers and public health staff.

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

Communications and Engagement

Building trust and maintaining open channels of communication with our communities is critical to the success of our outbreak prevention and control plan. We are working to ensure that relevant local guidance to support the prevention of an outbreak, engagement in testing and tracing and self-isolation for our communities, particularly those that are most vulnerable to severe impacts of COVID-19 infection.

Our approach focuses on proactively tailoring messaging and engaging communities around infection control, social distancing, testing and contact tracing. We will use national, regional and local insights outlined in the table below to ensure that we are communicating and reaching the members of our community particularly key vulnerable groups including:

- Young or elderly
- Homeless populations
- Gypsies and Traveller communities
- Black, Asian and Minority Ethnic (BAME) communities
- Those with physical, mental health and learning disabilities
- Refugee and resettled families

Table 5: National, Regional and Local Communication and Engagement inputs

National	<p>Public Health England ‘Disparities in the risks and outcomes of COVID-19’ and ‘Beyond the data: understanding the impact of COVID-19 on BAME groups’ (June 2020)⁵</p> <p>Reports summarising the key disparities in risks and outcomes of COVID-19 and recommendations to address disparities for BAME groups, including the recommendation to develop and implement culturally competent COVID-19 education and prevention campaigns.</p>
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⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Regional	<p>Hackney Local Authority (part of the London Good Practice network)</p> <p>Lead London local authority gaining communications insights and developing materials to support NHS Test and Trace communications to diverse and vulnerable London communities.</p>
Local	<p>Lewisham Healthwatch</p> <p>Providing local insights to awareness and perceptions of NHS Test and Trace and other COVID-19 prevention measures via engagement forums and online surveys with Lewisham residents.</p> <p>Lewisham Black Asian and Minority Ethnic (BAME) Health Inequalities Working Group</p> <p>Working group of Lewisham Health and Wellbeing Board that oversees an action plan to address health inequalities in BAME communities including a COVID-19 workstream on communications and engagement.</p> <p>Local Demographic Data</p> <p>Lewisham Joint Strategic Needs Assessment (JSNA) and Corporate Equalities Data outlining key socio-demographic information for the Lewisham population.</p>

Our detailed communication and engagement plan outlining the methods and channels that will be used in this approach can be found in [Appendix 2](#). This includes working with regional colleagues on London wide communications to support the roll out of the NHS test and trace service.

Supporting Vulnerable People

Residents who are asked to socially isolate as a result of testing positive for COVID-19 or being identified as a contact of a positive case will be provided with support should they identify that they are likely to face difficulties during the period of self-isolation.

When residents are advised to self-isolate they will be asked if they consider themselves to be vulnerable and in need of support. Those that request support will be signposted to a website containing details of their local authority's support offer and a helpline number to contact for support.

Lewisham has established an operating model for the provision of support for shielding residents and those with wider vulnerabilities due to the impact of COVID-19 and the lockdown. The Lewisham Community Hub is currently providing food, befriending, practical assistance and signposting to additional sources of support for those affected by COVID-19.

We will utilise this model to manage the provision of support to those who identify as vulnerable due to being asked to self-isolate as part of the National Test and Trace programme.

The offer of support will be adjusted to reflect the need for rapid but short-term support during the 14-day period of self-isolation. Support needs are likely to be focussed around the delivery of food, dog-walking and other daily chores requiring people to leave the house.

Resource plans will be developed to enable the Lewisham Community Hub to continue provide this support to those self-isolating beyond the current funding period (31st August 2020).

Data Integration

We will aim to use reliable, informative and timely data to help us 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. We will also use this data to help us to respond to queries and aid in forming responses to local concerns around the spread of the virus.

A virtual Lewisham COVID-19 Data Integration and Analytics Team has been established to receive, analyse, distribute, store and manage the COVID-19 data flows into and out from the council.

Table 6 below summarises the roles and responsibilities of the team.

Table 6: Roles and responsibilities of Lewisham COVID-19 Data Integration and Analytics Team

Role	Responsibility
Consultant in Public Health	<p>Receives data via the Single Point of Contact</p> <p>Local report design, review and quality control</p> <p>Identification and escalation of local intelligence indicating emerging trends or clusters to Gold via DPH</p> <p>Horizon scanning for new data sources</p> <p>Liaison across SEL and London to facilitate analysis and identification of cross-border clusters</p> <p>Line Management of Public Health Analysts and Lead Analyst for Population Health</p>
Project Manager	<p>Design and manage data storage and data integration protocols (including data on cases and contacts and vulnerable people who require support during self-isolation)</p> <p>Line Management of Data Officers</p>
Public Health Analyst	<p>Collate data and produce analysis for the Daily Surveillance Report and Weekly Epidemiology Report with a specific focus on geographical analysis / mapping</p> <p>Produce and update maps of the geographical locations of complex settings in Lewisham</p>
Public Health Analyst	<p>Collate data and produce analysis for the Daily Surveillance Report and Weekly Epidemiology Report with a specific focus on complex settings</p>
Data Officers	<p>Collate data and produce analysis for the Daily Surveillance Report</p> <p>Collate and manage core datasets on Complex Settings (location, contact details etc.)</p>

	Support the management of information on cases and contacts and outbreaks in complex settings
Population Health Lead Analyst	Support the scoping of a local COVID-19 early warning system utilising data available from the Lewisham Population Health Management System and national datasets

The sections below summarise how this team will use data to inform Lewisham’s outbreak prevention and control activity.

Surveillance and monitoring data

The Director of Public Health acts as the Single Point of Contact (SPOC) for receipt of COVID-19 surveillance information for the borough on a daily basis from a number of sources. A summary of the current data sources and contributors to this report can be found in [Appendix 3](#). Although some of this data is publically available, much of it is deemed sensitive and highly confidential which is not for wider sharing or publication. Public Health England are currently developing guidance as to what information could be made publically available in the event of an outbreak.

A Daily COVID-19 Surveillance Report has been developed to collate this data and translate them into accessible analysis of the local spread of COVID-19 and actionable insight.

This report will be updated daily and sent directly to members of Council Gold Team. A summary of the Daily Surveillance Reports for the previous week will also be provided to the COVID-19 Health Protection Board and Local Outbreak Engagement Board.

A Weekly COVID-19 Epidemiology Report will continue to be produced to provide more in-depth analysis of the impact of COVID-19 on the population of Lewisham. This analysis will include trends in COVID-19 cases and mortality (including excess deaths). The report will be based on data provided up until close of play on Wednesday and distributed to Gold Team Members prior to the meeting on Thursday afternoons.

The in-depth analysis of COVID-19 mortality, previously published at the end of May will be integrated into a broader analysis of the differential health impacts of COVID-19 across the population of Lewisham. This report is being developed in collaboration with Public Health Teams across South East London and is intended to inform local and regional recovery plans.

All local reports are iterative and will be developed further as new regional and national data sources become available.

Escalation

Should the Daily Surveillance Report indicate any of the following situations then the Consultant in Public Health will alert the Director of Public Health who will consult with the LCRC, members of the COVID-19 Health Protection Board, Lewisham Council Chief Executive and Lewisham Mayor 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 is red on 2 or more consecutive days

Data for management of complex outbreaks

The Director of Public Health will receive notifications from the LCRC 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 - will 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.

GDPR & Data Security

All locally produced reports and the national surveillance reports on which they are based will be stored on a secure network.

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 the purposes of COVID-19 and give health organisations and local authorities the security and confidence to share the data they need to respond to COVID-19. These notices 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.

Outbreak Management

We will aim to work with our partners in PHE and local statutory services to respond promptly and effectively to any emerging or established outbreaks/community clusters occurring in Lewisham and across our borough boundaries.

Definition of an outbreak

An outbreak as defined by Public Health England, is two or more suspected and/or confirmed cases associated with the same setting and with onset during a 14-day period.

Definition of a community cluster

The London-wide definition of a community cluster of COVID-19 is in the process of being agreed. The following working definition has been adopted locally in the interim:

A community cluster is identified when 3 or more household member(s), living in the same Middle Layer Super Output Area (MSOA –see “Definitions”), receive a positive test result for COVID-19 within a 7 day period and those people are not already known to be linked to a complex setting that is already the subject of an outbreak management plan (e.g. a care home, school, workplace etc).

Outbreaks in complex settings

An outbreak in a complex setting can be regarded as taking place in a setting that has a number of complicating factors including:

- vulnerable staff/residents/communities affected
- the potential to result in a large number of cases/contacts
- likelihood of requiring prolonged support for ongoing outbreak management.

A number of action cards including standard operating procedures have been developed for outbreak management in complex settings for London. These can be found in [Appendix 5](#). The most relevant action cards for Lewisham will include those for the following complex settings:

- Schools
- Care Homes
- Support Living and Homeless Shelters
- Hospitals and Primary Care
- Workplaces
- Places of Worship
- Sporting Venues

Role of PHE London Coronavirus Response Cell (LCRC) and Local Authority COVID-19 Health Protection Boards

PHE LCRC and the Lewisham COVID-19 Health Protection Board will work in partnership to lead the management of outbreaks in complex settings alongside wider system partners. The Director of Public Health alongside Consultants in Public Health will act as the single point of

contact (SPOC) for notification of outbreaks in complex settings and community clusters by PHE LCRC. The role of the LCRC in conjunction with Lewisham local authority is outlined in the Table 7 below. Please see [Appendix 4](#) and [Appendix 6](#) for further detail.

Table 7: Outbreak Management in Lewisham complex settings (see Appendix 2 for outbreak management process)

	Setting					Community cluster
	Care settings	School and Early Years	Workplace	Primary care	Homeless and/or hostel	
London Coronavirus Response Centre response	<ul style="list-style-type: none"> - Receive notification from Level 2 of NHS Test and Trace - 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 IMT if required - Provide information to DsPH and advice/recommendations for ongoing support 					<ul style="list-style-type: none"> - Receive notification from Level 2 of NHS Test and Trace - Support Local Authority in their risk assessment of and response to an identified community cluster
Lewisham Local authority response	<ul style="list-style-type: none"> - Prevention work and respond to enquiries - Support vulnerable contacts who are required to self-isolate - Liaise with setting 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 inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting 					<ul style="list-style-type: none"> - Receive notification from Level 2 of NHS Test and Trace - 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)

Role of the Incident Management Team (IMT)

Incident management teams will be mobilised to respond to outbreaks when required. These will be triggered by the LCRC in line with current health protection arrangement and the Joint agreement or by the local authority (DPH, Lewisham Mayor, Lewisham Council Chief Executive, COVID-19 Health Protection Board or Gold Command) as deemed appropriate. Triggers for setting up an IMT are outlined in Table 8 below.

Table 8: Triggers levels for instigating a local Incident Management Team (IMT)

Number(s) and nature of outbreak	Level of action	IMT convened
Sporadic cases of COVID-19 and individual outbreaks in single care homes, schools, workplaces or supported living/homeless shelters	<p>SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions</p> <p>SPOC inform Gold members of situation and actions taken</p>	<p>Only if the following take place:</p> <ul style="list-style-type: none"> - Individual setting requires closure and/or large numbers of cases affected

		and contacts to be identified - Deaths occurring in an individual setting - Situations where there is likely media or political concerns/interest
Outbreak in hospital, multiple care homes, multiple schools, linked to places of worship, sporting venues or universities	SPOC inform relevant members of Lewisham COVID-19 Health Protection Board and instigate outbreak follow up actions SPOC convene virtual Gold meeting to discuss any resource implications and escalation to Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes
Community clusters	SPOC inform Gold Gold inform members Outbreak Engagement Board SPOC contact PHE LCRC regarding IMT	Yes

Where a local incident management team is formed, its role will be to coordinate the management of the incident and associated communications and provide support for vulnerable people. Membership of local IMTs can be seen below in Table 9.

Table 9: Roles and Responsibilities in Lewisham Incident Management Teams (IMTs)

Role	Title/Member
Chair and Public Health Lead	Director of Public Health
COVID-19 Incident Response Leads	Council Gold Director Council Silver Director
Emergency Planning	Emergency Planning Lead
Public Health	Public Health Strategists and consultants
Environmental Health Lead	Head of Environmental Health or Health and Safety (depending on setting)
Communications Lead	Communications Officer
Setting Based/Sector Specialist	Identified based on outbreak setting (e.g. infection control nurse, school nurse, hospital infection control team, specialist from council – e.g. housing lead, adult social care etc.)
Data Lead	Public health consultant/Data Analyst/Intelligence Analyst
Meeting Coordination, Loggist and Liaison	Incident Response Team
CCG/Primary Care Lead	South East London CCR/Primary Care Rep
HPT Lead	Lewisham Borough Lead at South London Health Protection Team

Local Testing Capacity

We aim to ensure rapid access to testing via a number of routes. In the majority of cases, it is expected that testing will be done through national testing routes. Where national testing routes are not appropriate for the scale of an outbreak or speed of response required local testing routes will be mobilised.

National Testing Routes

There are a number of national testing routes available:

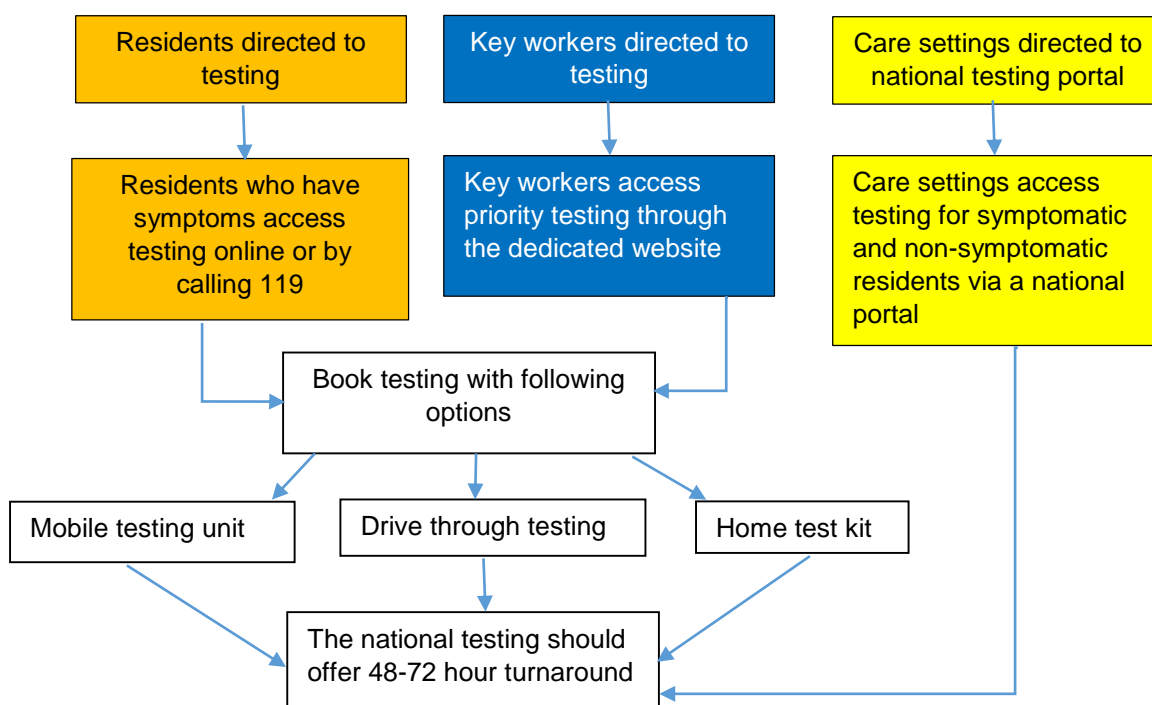
- Self-referral: Lewisham residents who have symptoms of COVID-19 can access testing online through the national testing website: www.nhs.uk/coronavirus or by calling 119.
- Key Worker: Essential workers access priority testing through a dedicated national website [here](#).
- Care Home Portals: Residents 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.

The national testing offer is available with a number of different options:

- Regional testing drive-through centres: with various sites open across London. For Lewisham it is the O2 in Greenwich
- Mobile Testing 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.

The primary method for testing is the national testing portal.



Local Testing Routes

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 via a local offer. The availability of tests and turnaround times will vary depending on other priorities for testing.

Lewisham and Greenwich Trust Testing

Lewisham and Greenwich Trust have antigen testing capability that is being utilised to support high risk settings not covered by Pillar 1. This is also provided to hospital staff, patients and other frontline workers. Access to antigen 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 as per the criteria and notification arrangements in Table 10 below.

Table 10: Lewisham and Greenwich Trust (LGT) testing arrangements

<p><u>Criteria</u></p> <ul style="list-style-type: none">- Symptomatic residents and staff who are not picked up through PHE outbreak management or the CQC portal.- Sampling should be done within 3-5 days from the onset of symptoms.- Care homes must notify incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged. <p><u>Notification & kit requests</u></p> <ul style="list-style-type: none">- Notification: Care home notifies incident.internal@lewisham.gov.uk with number of staff, number of residents, number of symptomatic residents, and the details of the person that will be receiving the swab tests- Requesting kits: LA team to request testing kits from QEH Laboratory to and inform- Tquest: LA to liaise with OHL to arrange the addition of test request onto T quest (viral resp swab; nose and throat) <p><u>Swabbing arrangements:</u></p> <ul style="list-style-type: none">- Swabs will be supplied by LGT team- LA team will liaise and coordinate with the OHL Home Visiting Team to arrange for suitably qualified and trained staff to undertake the swabbing in the CH, please note nursing homes will complete their own swabbing. If there is no capacity, alternative arrangements would need to be sought.- Swabs will be collected from and returned to UHL.- To request swabbing please contact: incident.internal@lewisham.gov.uk with TESTING – CARE HOMES in the subject line, within 24 hours of the onset of symptoms so testing can be arranged. <p><u>Transport and results</u></p> <ul style="list-style-type: none">- Pick-up and drop-off of test kits: Delivery to the requesting home will be organised on a case by case basis (se.- Communicating test results: Lab to inform the following channels with results within 24 hours:<ul style="list-style-type: none">o Care Home manager <p>Add results to Tquest</p>

Directing national mobile testing units

We will use local intelligence to identify sites for deployment of mobile testing units (MTU) to enable us to direct national capacity to high risk areas (See [Appendix 7](#) for details of local MTU deployment for outbreak response).

Delivery and administration of tests to isolated or vulnerable individuals

We will consider the options for local delivery and administration of tests to isolated, complex and vulnerable individuals. This will build on the experience gained from providing support via the Lewisham Community Hub to those who are shielding or vulnerable as outlined in the 'supporting vulnerable people' section above.

Testing for the homeless population and homeless hostels

A reporting and outreach testing model has been successful in avoiding major outbreaks in the homeless population by encouraging the reporting of symptomatic cases among the homeless population. Notification prompted a response from the Find and Treat team which included testing the individual, close contacts and staff and in some cases a whole location. The team also provide infection control advice tailored to the setting.

Appendix 1: COVID-19 Legislative Powers



COVID-19 Legislative
Powers Summary 29C

This embedded document will be made publicly available as appropriate.

Appendix 2: Communication/Engagement Plan



Appendix 3
22062020_Contact_Ti

This embedded document will be made publicly available as appropriate.

Appendix 3: Data Sources for COVID-19 Outbreak Prevention and Control



Data Flows for
Outbreak Managemer

Appendix 4: Process Map for Outbreak Management between LCRC and Local Authority



Process Map for
Outbreak Managemer

These embedded documents will be made publicly available as appropriate.

Appendix 5: Outbreak Action Cards



Action cards for GPN
engagement 15 June.

This embedded document will be made publicly available as appropriate.

Appendix 6: Agreement between LCRC and Lewisham Council



Appendix 6 Joint
Agreement between L

This embedded document will be made publicly available as appropriate.

Appendix 7: Local Mobile Testing Unit (MTU) Deployment



MTU Deployment
v3.docx

This embedded document will be made publicly available as appropriate.