Newham Covid-19 Management Plan   July 2020
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Newham's Covid-19 Management Plan v2

Version	Date	Description of changes
0.1	30.06.2020	First draft signed off by COVID-19 subgroup of health and wellbeing board on behalf of health and wellbeing board
0.2	14.07.2020	Additional and/or updated appendices: • Communications plan for outbreak and general rise in infections (appendix 14) • Sheltered and Extra Care guidance (appendix 3) • postcards for wraparound support helpline/email (appendix 5) • updated script (appendix 5) • updated primary prototype description as prototype now live (appendix 6) • Updated education settings FAQ and guidance (appendix 3 Pull out case guide) • Highlight report updated to July 8

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SUMMARY

This is Newham's Covid-19 Management Plan. It sets out how we intend to take steps to prevent and respond in the case of an outbreak, or outbreaks, of Covid-19 in the borough and/or a second peak. This COVID-19 management plan fulfils the central government requirement for each upper tier authority in England to develop and publish an outbreak management plan by the end of June 2020.

This plan includes detail relating to our governance and oversight, as well as the actions and tools we will draw upon to manage our response. This plan was signed off by a sub-group of the Health and Wellbeing board on 30 June. This subgroup will meet as required to provide strategic oversight if it is rapidly required outside of the normal Health and Wellbeing board governance.

This is a practical and operational document with the key tools and resources provided as appendices. It is expected to evolve as further work is undertaken with settings in the borough, and as we receive feedback the appendices will be updated with key changes noted in the version control on the cover page.

This Plan sets out not only our local engagement with the NHS Test and Trace system, but also our ambition to inform, reassure, and protect our communities so that they have the full support necessary to safely comply with the next phase of Covid-19 management and stay well.

A large number of Appendices are embedded at the end of this plan. These are the detailed Standard Operating Procedures (SOPs), data sharing agreements, settings' guidance and both inform this work and provide the detail necessary to making this operationally effective.

INTRODUCTION

We have chosen to name our plan the Newham COVID-19 management plan as we recognise that we will need to actively manage the impact of COVID-19 for some time to come and that, as ever, proactive prevention is better than reactive response. We want to work closely with settings across the borough and communities to reduce the likelihood of outbreaks occurring. We also recognise the fear and emotions surrounding COVID-19 and do not feel it is helpful to suggest we are only interested in managing outbreaks. This plan details our Public Health plan, but also the deep engagement across our community that will ensure that no-one is left behind or overlooked.

The NHS Test and Trace service, launched on 28th May 2020, aims to ensure that people with coronavirus symptoms can get tested, and that if they have the virus the service can trace and notify people that they have been in close contact with. This is a vital step in preventing the spread of coronavirus and a possible second wave; but, for it to work a high level of understanding, trust, engagement and compliance is crucial. However, we know in Newham that many of our residents may struggle for a range of reasons to be served effectively by the national system. Our plan is about tailoring the national approach to work for a Newham context and to augment it in ways we think necessary for our community.

This plan is rooted both in our accumulated understand of Covid-19 over the past few months, as many years of experience in local government working with Public Health England health protection teams on managing communicable disease incidents and outbreaks.

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Our plan is structured under the following headings which directly relate to the seven requirements set out by Government[1]:

- SECTION 1: Our approach to managing COVID-19 in settings, and high-risk places
- SECTION 2: Local testing capacity
- SECTION 3: Contact tracing in complex settings
- SECTION 4: Data integration
- SECTION 5: Supporting Newham's communities
- SECTION 6: Governance
- SECTION 7: Risks and issues
- APPENDICES

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[1] We have combined points 1 and 2 from the seven requirements into section 1

SECTION 1: MANAGING COVID-19 IN SETTINGS AND HIGH RISK PLACES

Throughout the pandemic Newham's public health team has provided support locally to settings, including care homes and schools which have remained open throughout the duration of lockdown. This support has included advice and guidance to settings as well as practical support through the #HelpNewham programme and close working with the faith and VCS sector to enable them to support a wider cohort of residents.

As with all significant communicable diseases, the council has worked closely with health protection colleagues at PHE London (coordinated through the PHE London Coronavirus Response Cell, (LCRC)) and has remained in close contact with other London boroughs and other similar local authorities nationally to share practice and experience.

Since May and the launch of the national contact tracing approach (NHS Test and Trace) Newham has worked at pace and with other London boroughs, the LCRC and PHE to clarify local authorities' responsibilities in what has become a very complex landscape. The output of the work with other London boroughs to clarify the role of London local authorities was produced in advance of guidance from Government and describes six key areas, which largely align with the subsequent seven key areas around which this plan is developed.

Appendix 1 contains a briefing outlining the NHS test and trace approach in more detail and Appendix 2 contains the output of the London Chief Executive task and finish group and the London six point plan.

How we manage setting-based incidences of COVID-19
An outbreak management group has been established, terms of reference drafted and a simulation meeting has been held so that we are clear what would happen in the case of being notified by the LCRC of a setting-based outbreak in the borough. More information about the scope of responsibilities of the outbreak management group is contained in section 6 on Governance.

Members of this group have created a set of guidance documents and an outbreak field response which includes detailed information about what should happen in the event of an outbreak including the instances when settings or locations should be subject to a localised lockdown.

Appendix 3 contains the suite of guidance documents for care homes, libraries, schools, colleges, sheltered housing, other care settings including respite and day centres.

Appendix 4 contains the overall outbreak field response.

Role and responsibilities for the PHE London Coronavirus Response Cell (LCRC) and the Council
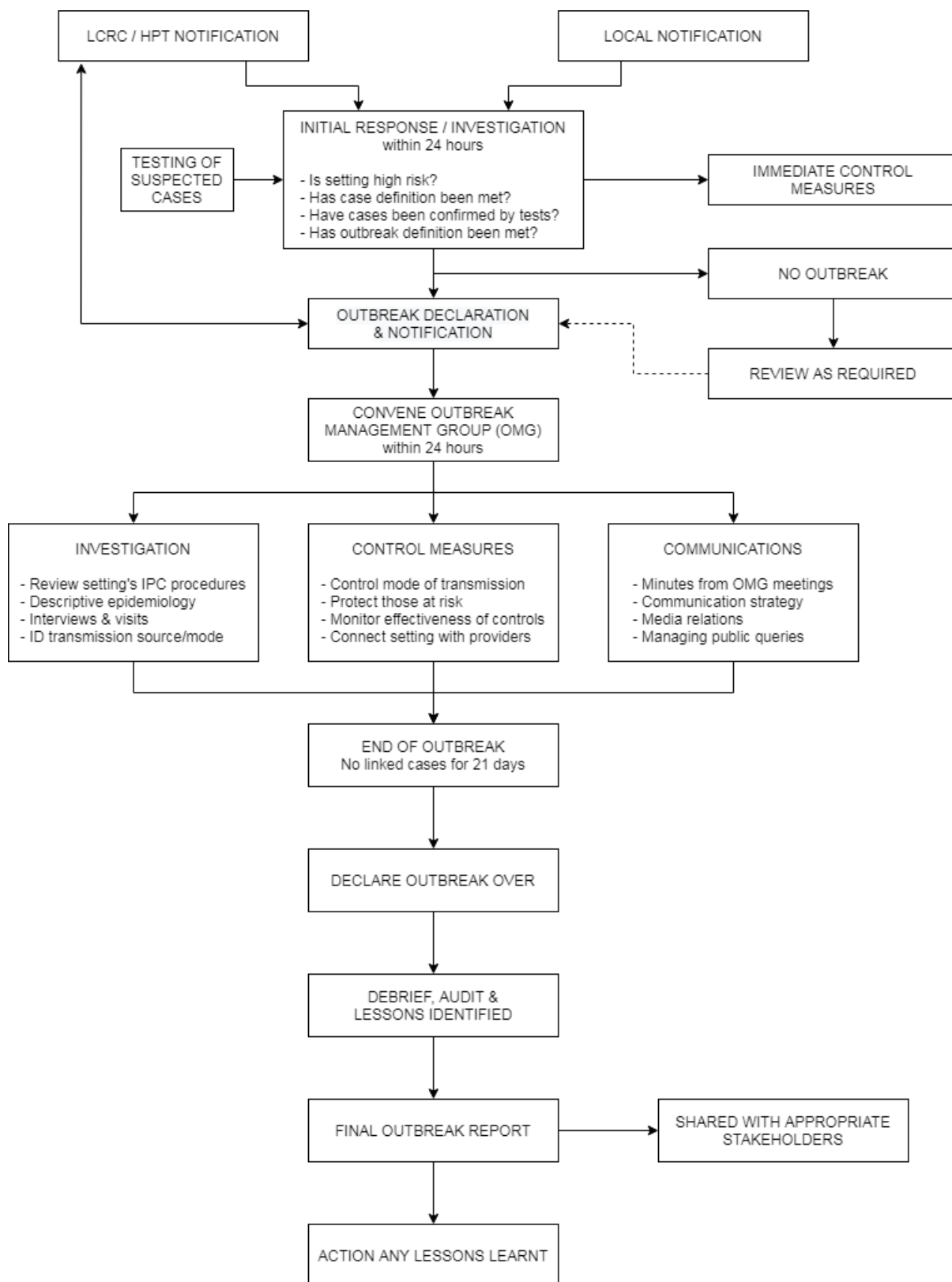
The table below summarises the role of the local authority and LCRC in managing local outbreaks as part of the Test and Trace system:

	PHE LCRC	**Newham**
Setting-specific outbreak	• Receive notification of outbreak from the setting and/or the Test and Trace system • 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 • Contact local authority for information or to request additional support	• Prevention work e.g. proactively sharing guidance & supporting with its implementation • 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 • Local communications • Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting and affected individuals, as appropriate
Community cluster	• Identify community cluster through Test and Trace system or other surveillance systems • Support Local Authority in their risk assessment of and response to an identified community cluster	• Receive notification of community cluster from LCRC, or identify community cluster through local data, intelligence and surveillance • 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, as appropriate • Local communications

Outbreak field response protocol
The details of the outbreak field response protocol can be found in Appendix 4.
The protocol has been adapted from PHE's Communicable Disease Outbreak Management Operational Guidance.

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┌─────────────────────────┐                    ┌─────────────────────────┐
│  LCRC / HPT NOTIFICATION│                    │   LOCAL NOTIFICATION    │
└─────────────────────────┘                    └─────────────────────────┘
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INITIAL RESPONSE / INVESTIGATION
within 24 hours

- Is setting high risk?
- Has case definition been met?
- Have cases been confirmed by tests?
- Has outbreak definition been met?

TESTING OF SUSPECTED CASES

IMMEDIATE CONTROL MEASURES

NO OUTBREAK

OUTBREAK DECLARATION & NOTIFICATION

REVIEW AS REQUIRED

CONVENE OUTBREAK MANAGEMENT GROUP (OMG) within 24 hours

INVESTIGATION
- Review setting's IPC procedures
- Descriptive epidemiology
- Interviews & visits
- ID transmission source/mode

CONTROL MEASURES
- Control mode of transmission
- Protect those at risk
- Monitor effectiveness of controls
- Connect setting with providers

COMMUNICATIONS
- Minutes from OMG meetings
- Communication strategy
- Media relations
- Managing public queries

END OF OUTBREAK
No linked cases for 21 days

DECLARE OUTBREAK OVER

DEBRIEF, AUDIT & LESSONS IDENTIFIED

FINAL OUTBREAK REPORT

SHARED WITH APPROPRIATE STAKEHOLDERS

ACTION ANY LESSONS LEARNT

The Outbreak Management Group members

Role	Title/Member	Named Person(s)
Chair and Public Health Lead	Public Health Consultant (Consultant refers to the professional title)[2]	BECC rota lead
Public Health	Public Health Strategists	
Environmental Health Lead	Head of Environmental Health or Health and Safety (depending on setting)	
Communications Lead	Communication Representative	
Setting Based/Sector Specialist	Identified based on outbreak setting (e.g. infection control nurse, school nurse | Specialist from council – e.g. housing lead, adult social care etc)	(List provided in Outbreak Management Group's Terms of Reference)
Data Lead	Data Analyst/Intelligence Analyst	
Meeting Coordination, Loggist and Liaison with BECC and CSG		BECC on call manager
CCG Lead	Member of the Clinical Commissioning Group	
Primary Care Lead		
HPT Lead	Member of the Health Protection Team PHE	
Newham University Hospital lead	Director of Infection Prevention and Control (DIPC)	

Appendix 8 sets out the Terms of reference and initial agenda for the Outbreak Management Group.
Appendix 9 provides the Standard Operating Procedures that have been issued by the LCRC
Appendix 10 sets out the agreement between the LBN and the LCRC
Appendix 11 sets out the short audit template to be completed and signed off by the Outbreak Management Group at the conclusion of an outbreak.

Cross-borough / agency working
As well ensuring any setting or sector specialists are included in the Outbreak Management Group as necessary, the Group may determine that it is necessary to work with other Local Authorities or agencies.

In this case, Chair will contact the necessary Local Authority or agency to explain the scenario and request a representative to join the Outbreak Management Group. Once the representative is confirmed the Chair and Meeting Coordinator will ensure they are included in all communication channels and documentation.

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[2] Consultant refers to the professional title (as in medical consultant). All Newham's public health consultants, Jason Strelitz, Sally Burns, Adeola Abegbiyi and Jonathan Cox are permanent members of staff

Escalation

Any escalation will be decided by the Outbreak Management Group, and agreed by the Director of Public Health before approval from the Health Protection Board (undertaken by the Newham Health and Well Being Group).

The Health Protection Board will be notified in the following scenarios:
Evolving/Complex/High risk situations that require ongoing/intensive input due to scale, vulnerable residents being at risk, media interest or a high profile location.

The Local Outbreak Control Board (Newham Health and Wellbeing Board) and Borough Resilience Forum as well as the London Borough of Newham BECC and Gold COVID-19 response group will be regularly updated on incidents and actions taken.

The closure of premises will only take place if absolutely necessary, and ideally voluntarily. Any enforcement required will be in line with The Health Protection (Local Authority Powers) Regulations 2010.

SECTION 2: LOCAL TESTING CAPACITY

This section outlines arrangements for local testing to ensure rapid access for Newham residents and settings.

Whilst, in the majority of cases it is expected that testing will be done through the national testing process, localised capacity has also been created as we recognise that many of our residents will struggle to engage for a variety of reasons with the national testing system. Diagram 1 describes how the patchwork of testing fits together in the borough. The Project team coordinating this work in the council will ensure the diagram below and associated local communications are kept up to date so that key stakeholders are kept abreast of any changes.

Diagram 1: Testing landscape in Newham
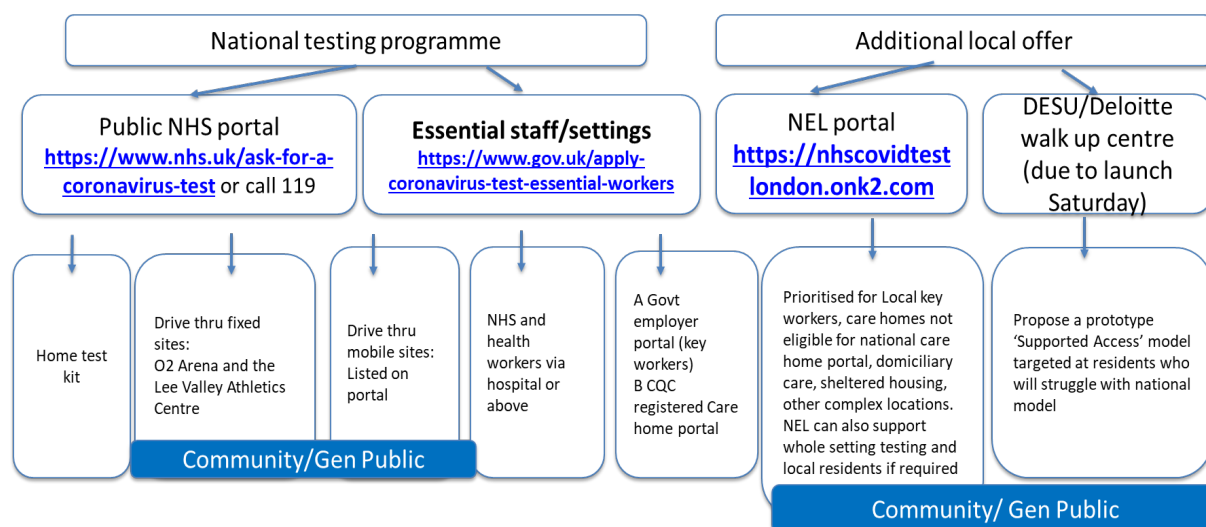
Since May 28 2020 anyone (including the under fives) with symptoms can get a test via a the NHS portal https://www.nhs.uk/ask-for-a-coronavirus-test Most testing is via self-test swab kits- either from home delivery, fixed or mobile drive thru or for whole home testing. There are a range of online portals for key workers, care homes, employers of key workers

There is also a North East London (NEL) local offer which offers individual home or drive through tests to essential workers and has also been focussed on care settings, using a self-test model by staff who then test residents. This model, using the capacity at the Barts Lab, is being flexed to support other local settings to target and proactively test in possible hotspot locations, like Care homes unable to access the care home portal (non CQC registered, non-elderly population), hostels and temporary group housing for the homeless, and similar locally identified locations. **In the event of an outbreak we will draw on this local testing capacity if necessary to expedite access to testing in the borough.**

All test results are communicated directly with the person taking the test, usually via text message. Neither drive thru access or home test kits share results with the employer, not even when requested through the employer portal. However the NEL portal will share results, via a secure NHS.net email, with a setting manager and the Director of public health to facilitate local tracing follow up. Consent is sought at the point of registering for the test and all data is stored in line with GDPR requirements.

Resident tests, when ordered by a GP as part of local whole home or individual testing, are shared with the GP who ordered. GPs and labs are required by law to report all COVID-19 positive results to PHE.

Newham is also central to a school testing pilot the SKID study, a joint research project between PHE and an East London Foundation trust paediatrician, supported by Primary Care and the Newham council 0-19 health team. The study surveys pupils and any staff member in Newham schools who wants a test and tests both for presence of virus and antibodies. Since May 28th over 500 people have been tested. The results from this study has been invaluable in refining our local processes and support to school settings.

Newham's local walk through site based in East Ham opened on Tuesday June 23, will provide capacity for 56 tests a day and is accessed via the national portal. We are also considering prototyping an approach where slots at the walk-up centre are reserved for GPs, VCS and faith organisations and other stakeholders in touch with residents to refer directly into.

Anti-body testing
DHSC/NHSE have started to roll out antibody testing as part of a surveillance exercise among health care workers. It is initially starting in acute settings before being rolled out to primary care pharmacy and care settings. This will give a level of exposure to COVID-19 in the workforce. However there is no comprehensive evidence on whether having antibodies corresponds to immunity or for how long any immunity lasts. Until this is known, antibody testing will be a research tool only to support modelling of the pandemic and any spikes or second waves.

Asymptomatic testing
Currently outside of the whole setting testing pilots in care homes and schools through SKID and NEL there are no plans for testing asymptomatic residents who believe they may have been exposed to the virus.

There are plans through the East Ham walk through site to prototype approaches to asymptomatic testing of priority professions.

Mobile test units
Appendix 12 sets out the incidence where a Mobile Testing Unit will be deployed to support concentrated test capacity to help contain a localised outbreak. It also sets out the process to support deployment of a Mobile Test Unit. Any decision are deploying a Mobile test Unit will be undertaken in collaboration with the LCRC and through the Outbreak Management Group.

SECTION 3: CONTACT TRACING IN COMPLEX SETTINGS

Whilst the national Test and Trace system expects that all contact tracing will be coordinated outside of Local Authorities, we have undertaken some work locally to develop a more localised contact tracing approach and have identified localised resources in public health and environmental health which can be expanded to provide local surge capacity if needed. This is not intended to cut across or undermine the national approach, but rather to support it, and to ensure we are prepared in the eventuality that we are called upon to help.

Appendix 5 contains the localised contact tracing script that has been developed and testing in a school and care setting.

We are also prototyping an approach to undertaking presumptive contact tracing through a supported access model. Residents who go through the supported access model will be asked at point of test, or point of requesting a test to identify the contacts they had 48 hours prior to developing symptoms. This conversation is also intended to put the support the resident might need in place to enable them to participate in testing and possible 14 day self isolation (e.g. translation, food and supplies, financial support etc.)

Appendix 6 sets out the Supported Access prototype approach which is currently being explored with GP practices, pharmacies and through the walk up test site in East Ham.

SECTION 4: DATA INTEGRATION

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 if we are to protect residents from the virus. The sections below summarise how data will be received, monitored, stored and managed.

Surveillance and monitoring data

A live dashboard has been developed available here, which we expect to iterate and further develop, 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.

Summary dashboard
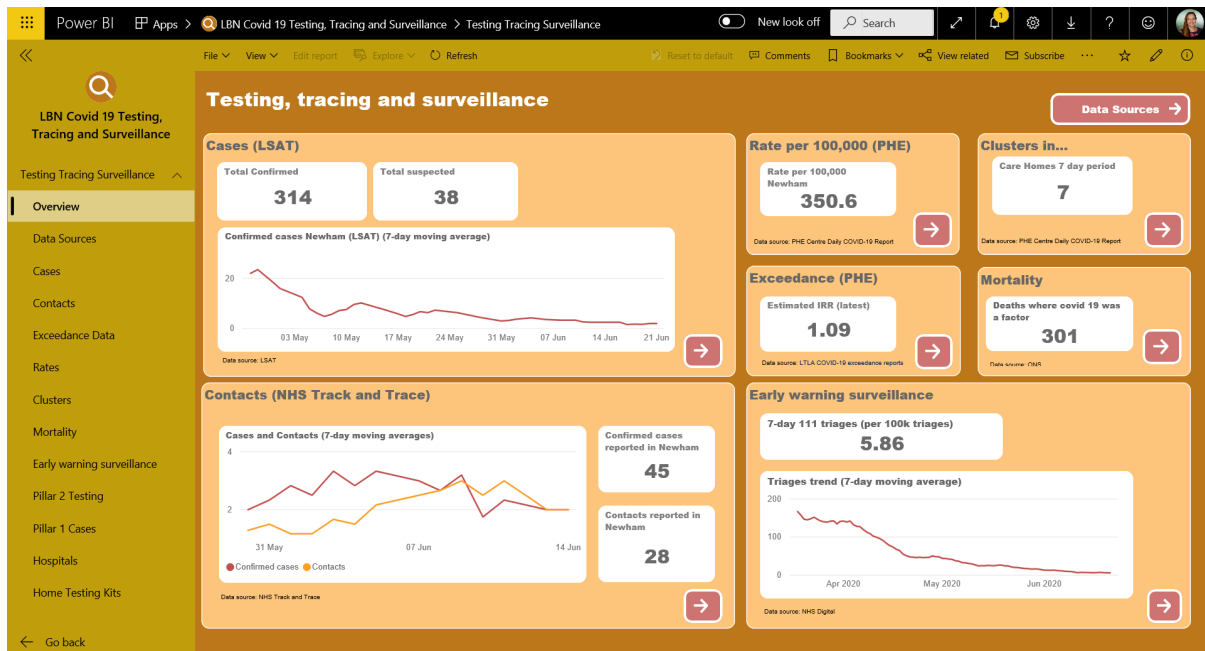
Example detailed dashboard page (there is a similar page for each of the tabs on the left of the dashboard)
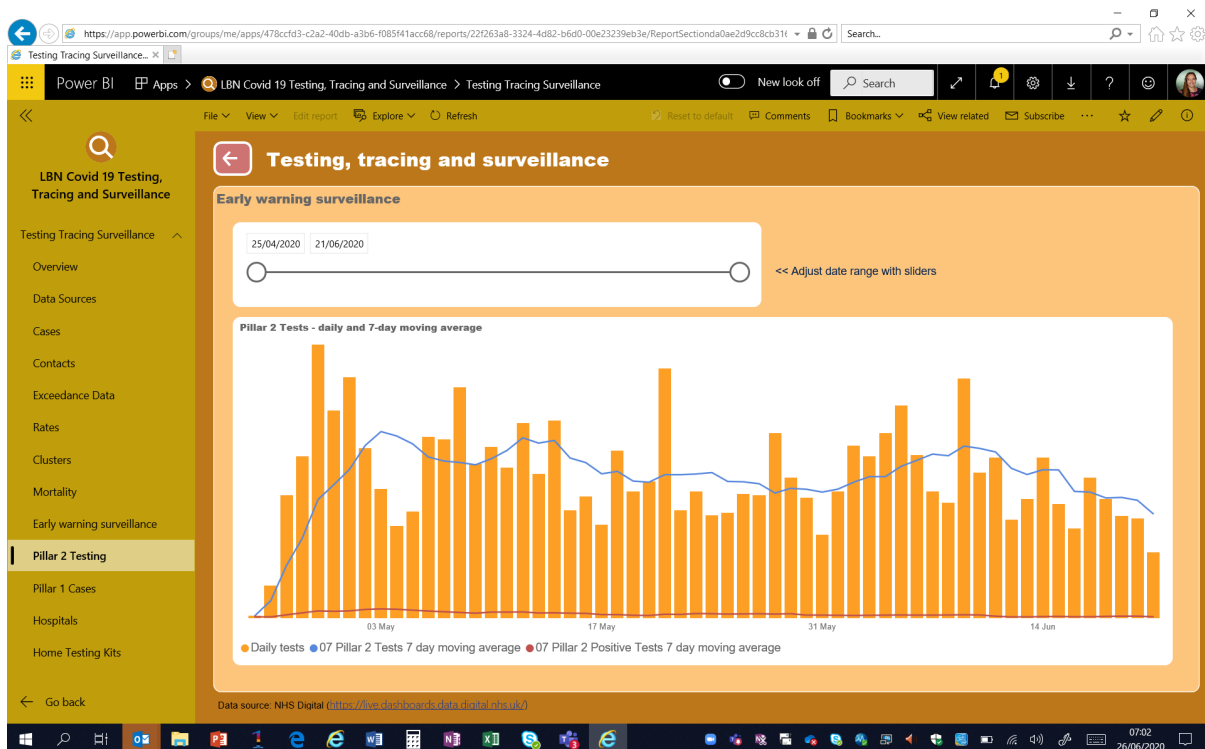
The data sources included in the dashboard are subject to review and constant iteration. At the point of publication of this plan the following sources are include:

Data Sources

Ref	Report Title	Frequency	Source	Notes
1	NEL COVID Data	Daily	NELCA	NEL view of acute based view of system pressure; admissions, discharges etc
2	LSAT Total number of new confirmed cases by Local Authority by postcode	Daily	PHE	Age & postcode of confirmed cases for London LAs
3	Number of laboratory confirmed cases of COVID-19 and contacts reported to NHS Test and Trace for LAs	30/5 & 31/5 only so far	NHS Test and Trace web-based tool	Number of cases & contacts through the web tool. All England LAs.
4	Daily LTLA COVID-19 exceedance reports	Daily	PHE	Summary of the pillar 1 COVID-19 cases in the past ten days (change in incidence) for all England LAs.
5	London daily COVID-19 surveillance report	Daily	PHE	Laboratory-confirmed cases reported to PHE in past 7 days excluding data from Pillar 2. Rate/100,000. Outbreaks by LA in past 7 days. Deaths in past 7 days.
6	ONS_weekmort_wk23_v2	Weekly	LKISLondon <LKISLondon@phe.gov.uk>	Trends in deaths, excess deaths, place of death by region and LA
7	Pillar 2 Testing Dashboard for Public Health	live dashboard	NHS Digital Pillar 2 Service Team	Pillar 1 cases, pillar 2 test, 111 calls
8	London Care Home Situations Summary	?	SGSS reporting, HPZ (SWL), PHE	HPZ (SWL) which is a clinical case management system that holds reports of laboratory and clinically notified cases. SWL HPZ is an independent data source and is not linked into to any other local or national database eg acute trust death data reports and has been used for all reported COVID-19 enquiries, cases and situations since February 1st 2020.
9	London Directors of Public Health Daily Summary-COVID 19	Daily	SGSS reporting, HPZ (SWL), PHE	HPZ (SWL) which is a clinical case management system that holds reports of laboratory and clinically notified cases. SWL HPZ is an independent data source and is not linked into to any other local or national database eg acute trust death data reports and has been used for all reported COVID-19 enquiries, cases and situations since February 1st 2020.
10	Covid-19 leading indicators dashboard		WEL financial strategy team	Various indicators

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 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.

Data requirements to support cases and contacts identified as vulnerable

The data intelligence team will receive details of any cases or contacts identified as vulnerable and needing support for the 14 days of isolation. This data will be stored in the same way as has been established for #HelpNewham and the national shielding programme in line with requirements of GDPR and Caldecott. We will adopt the same approach to contacting residents to establish details of any support that they require.

SECTION 5: SUPPORTING NEWHAM'S COMMUNITIES

Newham is committed to ensuring that a comprehensive system of support is and remains in place as we all respond to COVID-19 at the individual and at the community level. Working together with our partners, we want to ensure that no one becomes more vulnerable or is left without appropriate support as a result of the rollout of the national Test and Trace service.

We are aware in Newham that the national portal and system of testing and contact tracing is likely to prove difficult for some of our residents. Newham Council has undertaken a short survey of 700 residents. This suggests that of those who are reluctant to engage with the national system, it relates to:

- Lack of trust in system/security of their data
- Lack of access to technology
- Lack of confidence in English or literacy
- Even if they have access to tech, they may lack of knowledge on how to use it
- Perception that it will not/does not affect them (particularly if they are asymptomatic)
- Many residents may not be eligible for statutory sick pay (if self-employed, in casual or gig economy roles)

- Lack of awareness of how to get a test, and the circumstances in which to take one
- Lack of confidence in how to swab

Role of VCS, faith organisations and health champions

The council is working with VCS and faith sector colleagues, and with local health champions to explore their role in the following four areas which are designed to mitigate some of the issues highlighted above:

- Translation
- Digital access
- Increasing awareness and compliance and
- Wraparound support to those required to self-isolate for 7 or 14 days as a consequence of contact tracing.

Supported Access prototype

A supported access prototype is also under development to address some of the risks with applying the national model locally and which builds on the work being undertaken with VCS colleagues. This prototype is based on council, NHS and other colleagues working together to support our most complex and vulnerable residents by using relationships of trust, wherever they may exist. We recognise that in order to support people best we need to take a person-centred approach which builds on existing relationships.

This means that in developing a pathway for 'supported access' we recognise that the initial referral point could come from a variety of locations depending on who the resident feels most comfortable with for example: GP, pharmacist, faith leader, food bank, other VCS organisation, social worker, local public services (like mental health, LD), housing officer, Facebook mutual aid provider etc.

The initial prototype of this supported access model is being trialled in primary care and the walk up centre in East Ham. Through the supported access model residents will be able to access tests through their GPs, and access supportive conversation which will cover: 1. Getting tested, 2. Access to support required to self-isolate (including the trial of a micro-grant to the equivalent of statutory sick pay for those not eligible for SSP) and 3. Helping the person think through their contacts so that they are prepared when they are called by the National Test and Trace service.

Based on learning from the prototype we are keen to consider how the approach could be rolled out more broadly.

#HelpNewham

Our #HelpNewham service, which provides food, supplies, prescription delivery and befriending for those affected by COVID-19, will be drawn upon to provide the support that may be required to self-isolate as a consequence of the national test and trace approach.

The #HelpNewham Offer has been created with the principles of community wealth building at its heart:

- ✓ Targeting support to **the most vulnerable residents** in our community – especially those impacted by poverty and inequality.

- ✓ Collaborating with Newham's vibrant **voluntary, faith and community sector**

- ✓ Partnering with **local suppliers** to provide support and relief

- ✓ Proactively providing information and guidance to **local businesses** who want to help

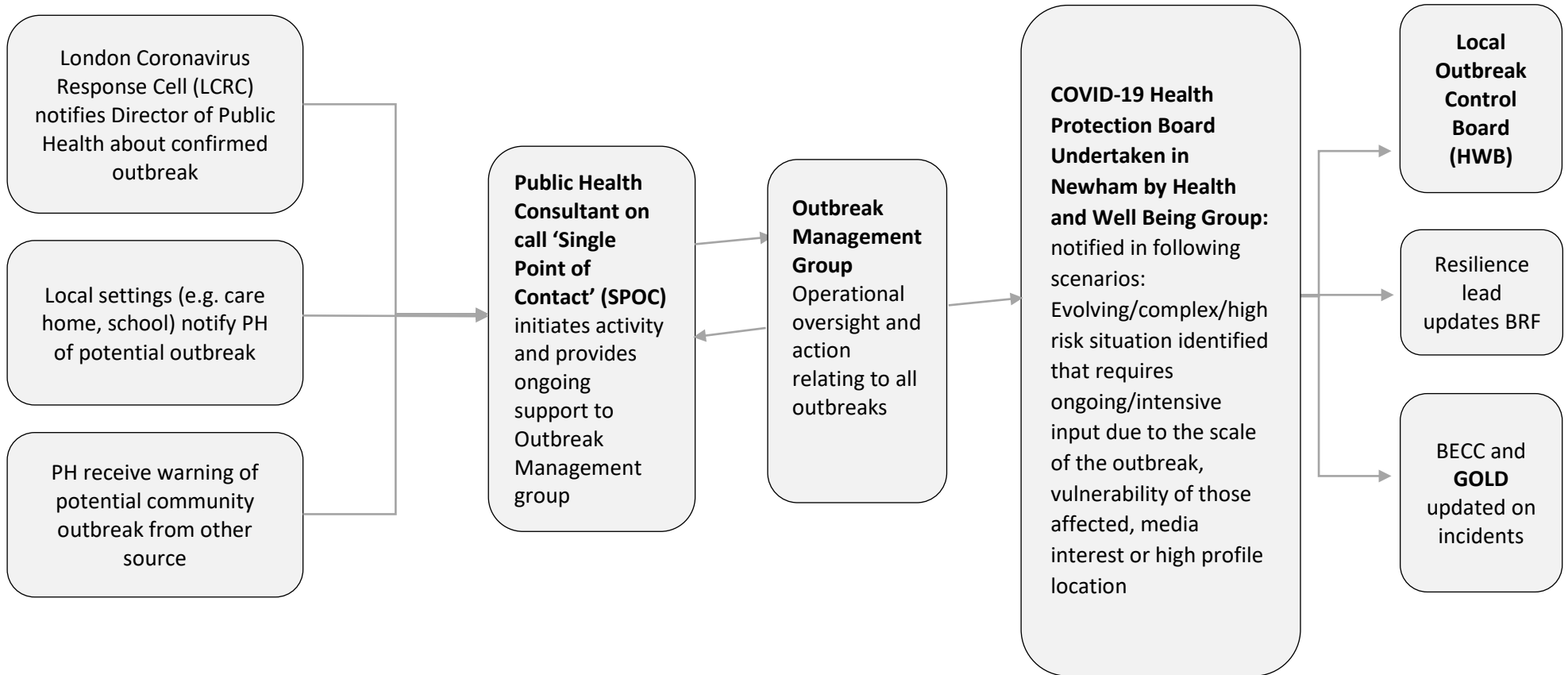- ✓ Focus on recovery and long-term **community resilience**

SECTION 6: GOVERNANCE

By establishing clear and appropriate governance for our approach to managing COVID-19 in the borough we will actively engage our local stakeholders and communities, while supporting our public health experts and local leaders to act swiftly and effectively in the interests of the community when needed.

Newham's Health and Wellbeing Board agreed to take on the responsibilities of the Local Outbreak Control Board in May 2020.

Appendix 7 is the presentation which went to the Health and Wellbeing Board where this new role was agreed.

Process of initiation, information flows, and escalation process

London Coronavirus Response Cell (LCRC) notifies Director of Public Health about confirmed outbreak

Local settings (e.g. care home, school) notify PH of potential outbreak

PH receive warning of potential community outbreak from other source

Public Health Consultant on call 'Single Point of Contact' (SPOC) initiates activity and provides ongoing support to Outbreak Management group

Outbreak Management Group Operational oversight and action relating to all outbreaks

COVID-19 Health Protection Board Undertaken in Newham by Health and Well Being Group: notified in following scenarios: Evolving/complex/high risk situation identified that requires ongoing/intensive input due to the scale of the outbreak, vulnerability of those affected, media interest or high profile location

Local Outbreak Control Board (HWB)

Resilience lead updates BRF

BECC and **GOLD** updated on incidents

Governance, responsibilities and trigger points for escalation

Group	Frequency of meetings	Chair	Members	Responsibilities during Outbreak	Trigger points for escalation
Public Health Single Point of Contact (SPOC)	NA	Adeola Agbebiyi Sally Burns Jon Cox	Public Health Consultants on weekly rota	- Receives notification of outbreak from LCRC, local settings or other sources - Initiates information gathering and any initial advice and simple or urgent control measures for cases if missed and settings - Stands up the outbreak management group - Answers Covid-19 related enquiries from settings and other Council departments	**Trigger for immediate escalation include:** - Situations where there is likely media or political concerns/interest (e.g. death of in child) **Trigger for routine scrutiny by Health Wellbeing and Welfare group includes:** - Evolving/complex/high risk situation identified that requires ongoing/intensive input due to the scale of the outbreak, vulnerability of those affected, media interest or high-profile location - Outbreak within the Council as a workplace.
Outbreak management Group	As required	Public health consultant on rota	See Outbreak management ToR	- Information and intelligence gathering - Ensures control measures are implemented as soon as possible - Ongoing support for settings during an outbreak -	**Escalate to Health wellbeing and welfare group**
Covid-19 Health Protection Group (HPG) undertaken in	Fortnightly (may meet more frequently if needed in	Jason Strelitz	Representatives from: - Resilience lead/BRF - CCG	- Providing assurance that there are safe, effective and well-tested processes and structures in place to protect the health of Newham's population which includes:	**Escalate to Resilience Strategic Group/GOLD** - Situations where surge capacity is required

Group	Frequency of meetings	Chair	Members	Responsibilities during Outbreak	Trigger points for escalation
Newham by the Health, Wellbeing and Welfare group	response to evolving situation)		- ELFT - Other Council departments as needed depending on situation (e.g. ASC, Schools)	○ Review of the dashboard ○ Review of delivery of this COVID-19 management plan ○ Escalate to the HWB, Gold, BECC, and resilience forum as required - Identify outbreaks and situations to escalate to inform Camden Gold and Local Outbreak Control board - Activate surge capacity with links across the Council - Coordinate response with resilience forum and BECC	- Situations where there may be an impact on Council's services due to high proportion of staff self-isolating **Escalate to Health and wellbeing board** - Situations where there is likely media or political concerns/interest (e.g. death of a child)
Local Outbreak Control Board (in Newham undertaken by the Health and Wellbeing Board)	At least once a month	Mayor	See HWB ToR	- Provide oversight and facilitate transparency with regards to the implementation of the Council's COVID-19 management plan. - Using influence as community leader to give strong PH messages when needed. - If required a sub-group of the Health and Wellbeing Board will be brought together to ensure we are able to provide strategic oversight at pace.	N/A
Newham Gold	Weekly	Chief Executive of the Council	See Camden Gold TOR	- Determine the Council's overall management, policy and strategy	N/A

Group	Frequency of meetings	Chair	Members	Responsibilities during Outbreak	Trigger points for escalation
				- Provide Council support as needed by the Covid-19 Health Protection Group - Activate further surge capacity with links across the Council	

Escalation criteria

Setting	Criteria for escalation	Escalation to:	
		Covid-19 Health Protection Group (HPG)	Local Outbreak Control Board (LOCB)
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	- 3 or more cases in non-care home ASC setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak		
	- Cases linked to a hospital outbreak	Yes	Yes
Large employers	- 3 or more Cases in setting	Yes	Yes
Homeless setting	- 3 or more 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	- 3 or more cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes

SECTION 7: RISKS AND ISSUES

The full risk Assessment document is in Appendix 13.

An over overview of risks and mitigations is below

Risk	Description of proposed mitigation
Low uptake of testing or contact tracing due to social vulnerability, including specific groups: · Homeless · people living in temporary accommodation or HMOs · undocumented migrants · sex workers · those with mental ill health or substance misuse · other specific communities	Proactively identify groups at risk of not engaging with contact tracing and to coordinate approaches to manage this, with the support of VCS, including outreach where required. Prototype a supported access model with Community Links and other VCS organisations. Prototype supported access with GPs. LBN delivering webinars and guidance for specific communities and settings (e.g. faith settings, supported accom)
Low uptake of testing or contact tracing due to lack of digital access, including older people	Ensure routes to testing and CT information are accessible by all including those with no digital or phone access through outreach and engagement work with VCS and faith organisation
Low uptake of testing or contact tracing due to other language or abiility to engage, including: - people with learning disability - people who do not speak English - lack of understanding of eligibility - poor quality of home testing returns	Translation services to be available to all Tiers via National system (not sure if this is yet in place) Infographics and other communications being developed by London wide comms group Translated materials available In East Ham walk up, community languages spoken in supported access prototype.
Failure to engage with contact tracing due to lack of public trust	Local prototype to focus on building rapport and includes element of script to help people think through their contacts and be prepared for call from national Trace and Test
Refusal to get tested if symptomatic - previous positive test - lack of trust	Supported access prototype, localised comms

Risk	Description of proposed mitigation
Refusal to self isolate, including: - impact on employment - previous positive test - lack of trust - current capacity to provide hostels/hotels/housing for those unable to self isolate at home exceeded - individuals having to repeatedly self isolate due to higher risk of frequent contacts	Prototyping micro grant, localised comms
Failure to report contacts due to unwillingness, completeness or vulnerability, resulting in - incomplete list or no contacts provided - failure to provide contact details	Local prototype to focus on building rapport and includes element of script to help people think through their contacts and be prepared for call from national Trace and Test
Lack of capacity for Pillar 1 testing, including: - focus on mass testing shifts priorities - lack of understanding across system around who is responsible for testing means concerns and issues are not appropriately escalated and can be missed	Ensuring we have a clear picture of local testing landscape, calling on NEL capacity and MTU capacity as required. Tracking demand to see if any pressure points
Lack of capacity for Pillar 2 testing, including: - substantial increase in demand for testing due to widespread community transmission - insufficient staff to conduct home/community tests for those unable to access other testing routes, and a lack of PPE for those staff	Ensuring we have a clear picture of local testing landscape, calling on NEL capacity and MTU capacity as required. Tracking demand to see if any pressure points
Failure to manage surge/mutual aid arrangements	Conversations ongoing with NEL colleagues. Need to finalise arrangements around mutual aid

Risk	Description of proposed mitigation
A higher number of individuals isolating and requiring support leads to: - current capacity for support to vulnerable people by Local Authorities exceeded - increased impact on local economy, public sector workforce, communities and local enforcement - pressure on health and social care workforce - increased anxiety in workplaces, schools and other settings	LBN to needs assess requirements for expanding support to vulnerable people needing to isolate as a result of contact tracing system Proactive management in workplaces and schools to prepare them for potential public health measures that will need to be put in place, and reassurance around how contact tracing will operate in their setting SOPs and communications templates for workplaces to take into account this risk
Delays in transfer of data between Levels or with Local Authorities/NHS, including requirment for manual input or data cleaning	Frequent and formalised feedback on data requirements. Regular touch base between Tier 1 and DsPH
Low quality of data transferred between Levels or with Local Authorities/NHS, including requirment for manual input or data cleaning	LBN to be provided with minimum data set for management of local situations, including clear outline of measures taken by Tier 1
Safeguarding issues identified through contact tracing not appropriately managed by Tier 2 or 3 contact tracer due to failure to exchange data	Safeguarding to be explicitly included in Tier 2 and 3 SOPs
Risk to loss or disclosure of sensitive data during data exchange	Appropriate data sharing agreements signed and adhered to

SECTION 8: CURRENT PROGRESS AND IMPLEMENTATION PLAN

The live project plan which sets out progress in delivering the actions associated with sections 1-5 of this COVID-19 Management plan is here: To Do

A summary of key progress is provided below, this progress summary on a page is regularly kept up to date

Newham's COVID-19 management plan progress update July 8

Area	Progress
1. Care homes and schools	• Detailed guidance for schools developed based on principles. Webinar for schools with Public Health. Clinical advisory group reviewing School risk assessments. Increasing schools' knowledge and capacity, SOP drafted. • Working with Waltham Forest, Tower Hamlets and Hackney to explore join-up of proactive care home testing, incl. dedicated support and guidance to care homes • Whole setting testing in schools through EFLT over 500 tests completed
2. High risk places, locations, settings	• Guidance for other settings agreed and included in Covid-19 management plan (libraries, whole of adult care sector including sheltered accom, dom care, faith settings, large employers, colleges). • Settings being proactively approached to understand their processes, protocols and readiness (all food manufacturing and nurseries contacted) • Outbreak field response for particular settings agreed and included in Covid-19 management plan, scenario testing undertaken, multi-borough school based scenario on July 7, first situation been identified by LCRC on July 1. • Working with NUH around supporting self isolation before and after surgery and patients presenting to A&E (initial data suggests only 13-17% are able to self isolate for 14 days before and after- key issues relate to finance and housing)
3. Local testing capacity	• Walk through test centre launched in East Ham All walk-ups were accommodated. On average seeing 120 tests against capacity of 144. In first 12 days 1,072 tests completed • NEL portal launched and operational and capacity can be used to support local testing relating to outbreak management • All GPs to be able to undertake testing via support from Home Monitoring service starting July 8
4. Contact tracing in complex settings	• Developed local script and prototyped in school, care home. Learning session undertaken • Capacity identified to support LCRC if required • Outbreak management team in place and meeting three times a week • Work with NEL to be started to establish processes around outbreaks cross borough boundaries.
5. Data integration	• Draft local dashboard which brings together all data sources –ethnicity data has been added • Data sharing with LCRC and various other sources, and timeliness of data to GPs remains key live issue and major risk
6. Vulnerable people	• #HelpNewham to support those told to isolate for 7-14 days. System set up to accommodate this • Undertaken survey with 700 residents to understand concerns and possible risks with national system. • BAME workshop completed to consider what further actions might be required • Key comms out to 130 health champions on test and trace • Joint Health Prototype 'Supported Access' model for residents who may struggle to engage with national system. Proposed first areas of prototype are in Primary Care GP practice, via the mobile walk-up test centre, NUH, VCS organisations, LBN and health champions • Undertaking leadership role in national good practice network on BAME engagement
7. Local boards	• Subgroup of Health and wellbeing board met on June 30 to sign off first draft of Covid-19 management plan, next meeting 14 July • COVID-19 Health Protection Board Undertaken in Newham by Health Wellbeing and Welfare Group, operational work happens in Outbreak Management Group