



HILLINGDON

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Hillingdon Covid-19 Local Outbreak Management Plan 30 March 2021

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1. Introduction

Hillingdon Council is committed to Putting Residents First. From the start of the Covid-19 public health pandemic in 2020, the Council has worked closely with the NHS, the voluntary sector and other partners to proactively provide advice, support and assistance to residents, businesses, care homes and schools to help keep residents safe and minimise the disruption to everyday life from the restrictions that have had to be put in place to help protect our health.

The Council has delivered food parcels to vulnerable residents who need them, administered grants to support local businesses and worked with a wide range of commercial, voluntary and charitable organisations to put in place measures to protect health, such as the provision of Personal Protective Equipment (PPE) to care providers and schools, contact tracing, testing, support for self-isolation and more recently support to rollout the Covid-19 vaccine.

Hillingdon's Covid-19 Local Outbreak Management Plans (LOMP) sets out how we are working together with partners in Hillingdon to help reduce the likelihood of further outbreaks of Covid-19, particularly for some of the most vulnerable residents, such as those living in care homes, deprived communities and what the rapid response will be, should there be an outbreak.

Our Local Outbreak Control Plan from June 2020 set out:

- Governance arrangements with clear roles and responsibilities.
- Key processes to be followed in the event of an outbreak.
- The approach to communications and engagement in the event of an outbreak, including information sharing with stakeholders.

In addition to the above, this updated Local Outbreak Management Plan (LOMP) sets out the approach to:

- Responding to Variants of Concern (VOC)
- Action on enduring transmission
- Delivering enhanced contact tracing, in partnership with the Health Protection Team
- The ongoing role of Non-Pharmaceutical Interventions (NPIs)
- Supporting the roll out and take-up of the Covid-19 vaccine
- Delivering activities to enable 'living safe with Covid-19'
- Cross-cutting considerations, such as inequalities

The Council working with its partners is committed to doing what is necessary to reduce the likelihood of further outbreaks of Covid-19 and protect residents from the virus. By its very nature, Government guidance and advice is changing on a regular basis in response to greater understanding about the virus and its effects, therefore, this plan will be kept under review.

2. Aim and Guiding Principles

The aim of the Hillingdon LOMP is to ensure there is effective joint working and coordination between local services and Public Health England's (PHE) local health protection teams to identify measures to prevent and identify, contain and respond to Covid-19 infections and emergent variants to help protect residents.

In Hillingdon we are working to achieve the following to support a sustained recovery from the pandemic, whilst protecting health:

- Low levels of Covid-19 infection
- High rates of vaccine take-up
- High rates of integrated testing, tracing and isolation
- Public health messages are understood and followed
- Responding effectively and quickly to contain outbreaks

The four principles which guide this plan come from the Association of Directors of Public Health:

- Be rooted in public health systems and leadership;
- Adopt a whole system approach;
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence;
- Be sufficiently resourced;

Hillingdon Council continues to take a leadership role in developing community engagement and outreach programmes and continues to support elements of the national drive to reduce the spread of coronavirus.

3. Responding to and Containing Outbreaks

Settings – Care Homes and Schools

This section of the plan is about preventing and managing outbreaks in specific individual settings, such as care homes and schools.

Roles and Responsibilities

When there is an outbreak in a setting and community cluster the joint agreement between Public Health England and local authorities makes clear that the PHE London Coronavirus Response Centre (LCRC) will initially take the lead.

The overarching joint approach to managing complex settings and outbreaks has been as follows:

- The LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information to the setting on management of the outbreak;
- The LCRC will manage cases and contacts, and provide advice on testing and infection control;
- The LCRC will convene an Incident Management Team (IMT) if required;
- The LCRC will inform the local authority Single Point of Contact (SPoC);
- The local authority will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and access to personal protective equipment (PPE);
- The local authority will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate.

Particular attention has been given to higher risk settings such as the following, and all have Standard Operating Protocols in place to set out what to do when there is an outbreak.

- Care Homes (for people with mixed needs, learning disability and mental health needs) - Care Quality Commission (CQC) and non-CQC registered
- Sheltered housing and domiciliary care providers
- Supported Living, extra care assisted living
- Schools
- Children's centres and other early years settings
- Day centres
- Workplaces: critical essential local businesses (e.g. overcrowded offices, venues that don't allow social distancing)
- Primary care settings, including health centres and community health clinics
- Community clusters
- Fire stations and other home from home environments (e.g. residential settings)
- Homeless accommodation, hostels (including shared accommodation), hotels and B&Bs
- Youth offending / detention centres

Key risks and mitigation

There is a risk that outbreaks across a high number of settings could exceed the capacity available to respond quickly to contain and prevent the spread of the virus. The mitigation is that Hillingdon would call on partners and seek mutual aid from other boroughs and support from Public Health England, if necessary.

There will also be a need for settings to train their staff and monitor arrangements closely to ensure protective measures are in place and guidance is adhered to.

Further work is underway to develop standard operating procedures / protocols for all settings with scenario planning completed, some of which are already in place and prescribed (e.g. care homes, schools, hostels and hotels for rough sleepers, supported living, universities).

Reflections:

Reflections from outbreaks in schools and early years settings: The DfE provides schools with guidance on dealing with outbreak situations. However, we have found that School Heads and Early Year's managers have consistently sought ongoing advice from the local Public Health Team for confirmation regarding action that needs to be undertaken, responding to diverse queries from parents and staff, and support throughout the pandemic. This has served to strengthen the education providers' awareness of the public health support that is available to them locally.

Reflections from outbreaks in care homes: The local Public Health Team and LCRC worked with Adult Social Care to support care providers to deal with situations in care homes. We were able to inform our response to these situations by applying insights gained from dealing with situations from other workplaces. There were common themes identified from other local workplace settings such as car sharing, social mixing outside of work, common touchpoints.

Reflections from Social Care

The high-level engagement with providers, supplying of PPE and supporting with the completion of reporting contact tracing has been very encouraging.

High Risk Places, Locations and Communities

This section of the plan sets out the action to prevent and manage outbreaks in other higher-risk locations, workplaces and communities.

Roles and Responsibilities

When there is an outbreak in a setting and community cluster the joint agreement between Public Health England (PHE) and local authorities makes clear that the PHE London Coronavirus Response Centre will initially take the lead. (Note: With the emergence of Variants of Concern (VOCs) it is expected that these arrangements will be extended to include identification of a VOC case or cluster in the Borough).

The overarching joint approach to managing community clusters is as follows:

- The local authority or LCRC will receive notification from Tier 2
- The local authority will inform the LCRC and/or the LCRC will inform the local authority Single Point of Contact (SPoC)
- The local authority will convene an Incident Management Team (IMT)
- The local authority will provide support to the community
- The LCRC will support the local authority in their risk assessment of and response to an identified community cluster and or Variant of Concern (VOC).

Particular attention is being given to higher risk settings such as those listed below. This is also tailored to local requirements. Given that Hillingdon has Heathrow Airport located in the Borough, there is a higher presence of quarantine hotels in the Borough used for travellers arriving from 'red list' countries. Weekly meetings are taking place with the Police and the local authority, and there is regular contact with the hotel operators to ensure effective information sharing on emerging issues and preventative action needed at the hotels.

Whilst not exhaustive, the following locations are a priority for regular review and co-ordinated preventative action. The list of settings will be kept under close review and updated in response to national and local patterns and the latest scientific evidence.

- Retail premises, shopping centres and high streets
- Major transport hubs, including the bus station, tube stations and Heathrow Airport
- Public transport
- Leisure services / providers
- Golf courses / outdoor activities
- Pubs / restaurants
- Places of worship (including smaller groupings held in residential settings – i.e. people's homes)
- The Lido, parks and open spaces where larger numbers of people may congregate
- Events and markets that usually take place periodically

- Hospitality sector / hotels, weddings and party venues
- University / Higher Education
- Warehouses and distribution centres
- Food processing plants/factories
- Home office commissioned accommodation for refugees and asylum seekers
- Quarantine Hotels – for travellers from ‘red list’ countries
- Large businesses

Reflections:

Proactive liaison: We have found maintaining regular liaison with high-risk settings to be of mutual benefit. Early in the pandemic, we proactively engaged with local high-risk settings (e.g. Universities, Colleges, Heathrow Airport), with a view to agreeing Standard Operating Procedures for managing incidents and outbreaks. The meetings gradually took the form of an update on infection rates, mitigation of potential risks and ensuring adherence to the national guidance.

Controlling workplace transmission: During the recent autumn-winter 2020 period of high transmission, we saw the highest rates of transmission among the working age population. Staff in nurseries, schools, care homes, keyworker settings (including health and social care) and large workplaces were affected. Social mixing outside workplace and during lunchtime, ventilation, common touchpoints, public transport, or car sharing, manual or frontline job-roles (where it’s not possible to work from home) appeared to be the main contributing factors. We shall continue to;

- Highlight key areas of concern with workplaces;
- Apply lessons learnt in local mitigation action;
- Provide ongoing advice, support, and follow up as required.

Protecting through prevention

The Council has been proactive in helping to prevent the spread of the virus by working with local partners, such as commercial retail businesses, schools, faith organisations and transport providers to support the effective implementation of social distancing and hand and respiratory hygiene measures. This includes the provision of social distancing markers on pavements, the provision of PPE, and closing facilities (e.g. playgrounds) to help prevent the spread of the virus. This has been in line with government guidance.

In line with the gradual lifting of ‘lock-down’ measures from March 2021 onwards, the Council’s Licensing, Food & Safety Regulation Service will continue to work with businesses across all sectors to ensure that the risk of transmission is minimised. Particular attention is being given to hospitality and events to ensure that public safety measures are robust to ensure safe opening of businesses.

Where possible, the Council will encourage events to be held outdoors rather than indoors and will relax formal processes in order to make outdoor spaces more accessible.

Assistance and guidance will be provided to businesses on making their premises and events Covid-19 secure and the Council will pro-actively engage with Chambers of Commerce and Town Centre representatives to offer this assistance.

Non-Pharmaceutical Interventions (NPIs)

- **Post national restrictions/lockdown:** Consideration will be given to need for targeted, local NPIs/restrictions.
- **Promotion of NPIs:**
 - Roll out of new on-street signage around high streets and parks ahead of businesses reopening and small gatherings being allowed again, to remind people of the importance of social distancing (Hands, Face, Space and especially the two-metre rule).
 - As the rules around reopening become clear, work with regulatory officers to produce leaflets and other materials to help them to engage with and advise businesses.
 - Use of stories/narrative across a range of corporate channels where there is a strong 'news' angle, to reinforce enforcement messages/presence/actions being taken (such as rule-breaking hospitality venue or hairdresser/barber warned / fined)
- **Reduced compliance with NPIs:** Tackling reduced compliance with NPIs through:
 - Targeted engagement and enforcement activity: daily update / Council tasking meetings.
 - COVID-19 Community Champions and Marshals: Local intelligence gathering and observations from community champions and street Marshals, residents feedback used to inform response to evidence of reduced compliance with NPIs.

Local Lockdown

There may be a situation where it would be necessary to place a geographical area into a lockdown situation where the residents living in that area and business operating would in effect be subject to prescriptive restrictions on movement to help contain the spread of the virus. If such a response were necessary it is expected that this would be led by Public Health England, working in collaboration with relevant partner organisations, such as the Metropolitan Police Service to enforce restrictions.

Key risks and mitigation

A potential risk might include some level of civil disturbance resulting from resistance to the localised 'lockdown'. Mitigation would include the Metropolitan Police being 'drafted in' to maintain public order and thereby reduce the risk of further viral transmission.

Working relationships with West Area Police colleagues have been well established through the pandemic period and a referral system for local issues and priorities is in place.

4. Responding to a Variant of Concern (VOC)

Mutations and variants of the Covid-19 virus can present a significant risk. As well as potentially being more transmissible and leading to more severe clinical consequences for individuals, mutations also present the possibility for Covid-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and treatment.

Local Authorities, in conjunction with PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control of Covid-19 variants designated as 'Variants of Concern' (VOCs). The overarching purpose is to restrict the widespread growth of VOCs in the population by:

- Detecting, tracing and isolating cases to drive down overall community 'transmission'.
- Finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant.
- Providing granular analysis of location at street level to ensure effective intervention and support for vulnerable communities.

As a local authority we need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in our Borough, including local "surge" testing, accompanied by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

Following the identification of a VOC, PHE London's Covid-19 Response Cell (LCRC) will conduct the initial investigation to gather additional information, complete a minimum data set and establish whether there are epidemiological links to countries of concern. Those VOCs without an epidemiological link will require wider investigation and response, and this will be determined jointly between the Local Authority, on the advice of the Director of Public Health, and PHE London's Health Protection Team.

The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, but in conjunction with the LCRC - informed by:

1. 'The data' and risk assessment
2. Current epidemiology
3. Knowledge of the local community
4. Based on health protection principles and specialist health protection advice.

Plans will need to be flexible and adaptable to different circumstances, such as the geography, community or settings in scope.

The Local Authority's emergency plan is in place to respond logistically to additional testing and contact tracing required following identification of VOC (see Integrated Testing, Tracing and Isolation Support)

The local authority will inform actions taken - in light of PHE London's 'Guide to determining Public Health Action - range of approaches'.

Our planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

5. Integrated Testing, Tracing and Isolation Support

Integrated Testing

This section of the plan is about how local testing capacity has been deployed across the Borough, including mobile testing units (MTUs).

Aims and Purpose of testing:

- To find people who have the virus, trace their contacts and ensure both self-isolate to prevent onward transmission of the virus
- Surveillance - including identification for vaccine-evasive disease and new strains
- To investigate and manage outbreaks
- To enable safer re-opening of the economy

Roles and responsibilities

The Director of Public Health, The Director of Adult Social Services, The Director of Provider Services & Commissioned Care, North West London Clinical Commissioning Group (NWL CCG), Hillingdon Health and Care Partners (HHCP) & Central & North West London NHS Foundation Trust (CNWL) are responsible for ensuring the deployment of appropriate resources to manage an outbreak in the community.

Care homes: Appropriate responses to care settings is set out in the Care Home Support plans and service providers, who have been trained, will respond by following the notification process, the request and swabbing process and isolation, infection prevention and control in the settings.

Other community settings: Providers of other community settings such as detention centres, places of worship, semi-independent living services, homeless shelters, sheltered housing and other resources have in place robust plans on infection, prevention, and control (IPC) and how to deal with an outbreak that will be supported by the deployment of resources.

Testing Arrangements

Residents who have symptoms of Covid-19 can access testing online through the national testing website: www.nhs.uk/coronavirus or by calling 119.

Essential workers access priority testing through the national dedicated website: <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Several options for accessing national testing are available. These are booked through the national website:

- Drive-through testing: with various sites open across London and locally the regional testing centre is within the Borough boundaries at Heathrow Airport.
- Mobile units: venues are not fixed and rotate around London.
- Home Test Kits: delivered to households and then collected by courier. Consideration will need to be given to where a vulnerable person, living alone, may require the assistance of a care worker to administer the test.
- Locally arranged support via the Hillingdon Clinical Commissioning Group (CCG) to deliver tests in the community, as appropriate.
- Local testing sites (walk through) - Brunel University.

The Hillingdon position:

- 7 Asymptomatic Testing Sites (ATS) have been positioned geographically throughout the Borough with a regular Mobile Testing Unit (MTU) site in Hayes. Results are typically received within an hour. Locations for mobile testing units are to be identified based on areas with high demand, to be confirmed on a case by case basis.
- A local 'Gold/ Silver/ Control Centre' management process is in place for emergency 'surge' incidents. We have access to mapping software to provide locality maps based upon postcodes.
- Liaison via the MTU alerts team would occur if additional MTU support was required during an outbreak with additional approved MTU sites available in the north (Ruislip Manor library), central (Leisure Centre, Uxbridge) and south (Pump Lane car park) locations.
- The Enhanced Track & Trace service is working from the Hillingdon Community Hub (HCH), with additional HCH staff trained on contact tracing procedures to ensure there is the ability to scale up during a 'surge' situation.
- Additional capacity has been built to ensure each ATS is able to operate as a local centre for increased testing and ability to extend hours to meet surge demands in place. Contingency plans are in place to reduce opening of some ATS sites in order to ensure there is the workforce available to provide additional local support.
- The capacity in the HCH has been maintained to provide additional support to residents who need it. There is also sign-posting to partners providing support. Self-isolation advice and procedures to request financial support is in place. There is the option in place to provide directly delivered emergency food parcels should food banks be overwhelmed by demand.

Residents of care homes and other residential care settings are able to access testing for symptomatic and non-symptomatic residents through the dedicated national care home testing portal. Adult Social Care and partners, including Public Health, CCG & CNWL teams have worked together to support providers to maintain infection control measures, to be able to access the portal and are trained and supported to manage an outbreak by carrying out swabbing as and when the need is identified.

Additional local testing for NHS, health and social care staff

For those working in NHS settings and other health and social care staff working in face to face roles, there are additional local testing hubs across North West London (NWL) CCGs in addition to the government offer. Additional support on swab test training, infection prevention and control and the appropriate use of PPE are offered via NWL. Training programmes to support community providers is delivered by CNWL. Registered care home managers, key staff and those in frontline roles can be trained to undertake testing to enable a rapid response.

Settings where testing could take place include:

- Care homes
- Supported living settings
- Day care settings
- Respite care
- GP or health surgeries
- The Hillingdon Hospital
- Mount Vernon Hospital
- Detention Centre
- Schools including special schools
- Private Nurseries/childcare
- Libraries
- Places of worship
- Border force & immigration sites

Key risks and mitigation

There is the risk that there may be more than one outbreak occurring in the Borough and testing capacity may be compromised. In terms of mitigation - the Department for Health and Social Care (DHSC) have the capability for additional MTUs to be deployed the next day to support large outbreaks, for instance where a VOC is identified in Borough.

Contact Tracing

Roles and responsibilities

Contact tracing is led by Public Health England with uncontacted instances referred to the Council for local enhanced contact tracing support.

The NHS Test and Trace system will undertake the tracing resulting from pillar 2 testing. Any complex situations such as care homes, custodial institutions, schools or workplaces will be passed to the Public Health England Local Coronavirus Response Centre (LCRC) and they will undertake the tracing and management. LCRC will inform Directors of Public Health (DsPH) of complex situations or any outbreaks/clusters requiring additional investigation or management and DsPH will be invited to form the Incident Management Team in these cases – in line with the usual and current arrangements already in place.

From November 2020, the Council has taken the lead for contact tracing residents where the NHS has been unable to make contact. Trained Council staff are routinely undertaking contact tracing to help prevent the spread of the virus.

Key risks and mitigation

The Council and partners have undertaken a significant range of actions to help prevent the spread of the virus. Pre-emptively we have and continue to work with local communities to raise awareness - through the use of PHE communication pack resources - about the importance of testing and tracing and protecting the population from the virus. We will reiterate that residents can access testing and tracing services via online or by telephone 119.

Isolation and Support to Vulnerable People

Hillingdon Community Hub (HCH) is a dedicated contact centre and 'front door' to all Covid-19 support, from answering basic queries to supporting those who are Clinically Extremely Vulnerable (CEV) who are self-isolating by sign-posting to supermarket deliveries, H4All (charities providing support), social care services and emergency food bank provision in Borough.

Roles and responsibilities

Hillingdon Council is putting its residents first during the Covid-19 pandemic and continues to coordinate support working with partners for vulnerable residents who need to self-isolate. This helps to keep residents safe by helping to prevent the spread of the virus. Further work is underway to identify residents and groups who might need additional support when asked to self-isolate.

Support and Services

Hillingdon's approach to protecting and supporting residents from the spread of infection is centred on:

- Practicing social distancing and hand and respiratory hygiene and wearing Personal Protective Equipment (PPE) in line with government guidance;
- NHS testing for the presence of coronavirus if residents display symptoms;
- Supporting the tracing system if residents have tested positive and have been in close contact with others;
- Supporting self-isolation for those who have tested positive or have been in close contact with those who have tested positive for the presence of the virus;

The Council and partners will help coordinate support for vulnerable residents who need to self-isolate, including food parcels and medicines. These arrangements are entirely flexible and can be scaled up if required in response to an increase in need. The Council has a dedicated Contact Centre and has assigned a dedicated manager to coordinate arrangements using existing Council resources and working with partner organisations, including the voluntary sector. Arrangements are in place for the provision of food parcels at short notice, should this be necessary.

The Council also continues to deliver a range of services to support residents, using new web-based technologies, such as group teleconference calling and a click and collect / delivery library book service amongst others. Many Council services have been adapted to continue to deliver support to vulnerable residents.

Key risks and mitigation

There is a risk that a potential surge in the need for support if there is a large outbreak or a number of simultaneous outbreaks across the Borough could result in existing capacity being overstretched. Should the number of vulnerable residents who need to self-isolate at home increase suddenly, the Council has robust arrangements in place and will re-deploy Council staff to ensure residents continue to be supported.

Further work is underway to identify scenarios and locations where high volumes of residents may need support to inform service planning.

6. Covid-19 Vaccinations

A key element of the Local Outbreak Management Plan is the successful roll out and take-up of the Covid-19 vaccine to our residents. There is a requirement to have all residents within the Joint Council for Vaccines and Immunisation (JCVI) cohorts to be offered the first dose of the Covid-19 vaccine by the 15th April 2021, as well as administer all patients requiring their second dose of the vaccine within the 11-week period following their first dose.

NHS (CCG, HHCP, The Confederation, hospital and community Trusts), Hillingdon Council, pharmacies and voluntary sector partners are working closely together to ensure the rapid deployment and take-up of the vaccine by our residents, at a range of locations across the Borough.

The North West London sector is to date exceeding the national targets for the take-up of the vaccine, with take-up rates in Hillingdon above the national average. To date (6th March 2021), 87,840 Hillingdon residents have been vaccinated across the various sites.

Close monitoring of vaccine take-up across the Borough has been underway across different community groups and locations in the Borough from the outset, with the focus being on identifying areas for further targeted engagement with community and faith leaders, and residents to understand the reasons for lower take-up and to ensure advice and support is in place to encourage the take up of the vaccine. This is a key priority for the Council and partners in Hillingdon over the next six months.

The work undertaken to date has been informed by a survey undertaken by Hillingdon Health Watch at the beginning of the year, which highlighted lower levels of confidence in taking the vaccines held by some communities - based on genuine anxieties and concerns. This went on to inform work around ensuring the development of joined up communications across partners to ensure residents were in receipt of clear information and messaging regarding the efficacy of the vaccines and 'myth busting'. Section 9 of this plan details the approach to community engagement and communications which has been implemented.

Effective data collection and reporting has been key to the work undertaken with partners which has involved undertaking a vaccine data deep-dive, which has looked at patterns in the rate of infection of Covid-19 within and amongst Hillingdon's communities. Specifically, it has sought to ascertain disparities in how Covid-19 has affected specific groups to understand key vulnerabilities, and equally importantly, to provide a pathway as to additional work/support, which the Council and its partners can provide, to ensure that the worst impacts of the pandemic are ameliorated. This deep-dive into the vaccine data was not undertaken on a standalone basis – but forms part of a broader data deep dive which has been undertaken to inform the work of the Hillingdon Health Protection Board. Analysis to date has considered the following:

- What, if any, is the correlation between infection numbers and geography – have some wards been 'harder hit' than others?
- What does the distribution of infection look like across our black and minority ethnic communities/groups?
- Are there particular employment groups that have been more susceptible to infection?
- Has household transmission affected some groups more than others?

Section 7 (below) details work of the Council and partners in terms of ongoing surveillance.

7. Surveillance

This section of the plan is about making sure there is access locally to the right information in a timely manner to allow outbreaks to be identified quickly and help make decisions about how to respond and control the spread of the virus. This also extends to analysing data looking for trends and patterns to help protect residents.

Roles and responsibilities

Data about Covid-19 infections is made available from the NHS test and trace service via the London Coronavirus Response Centre and the Joint Biosecurity Centre (JBC).

The Council will analyse and review the data and respond swiftly to any concerns to help protect residents from the spread of the virus.

Access to data about infections will be restricted to authorised officers in the Council who will take lead responsibility for receiving and monitoring infection and surveillance data. NHS test and trace data received from the London Coronavirus Response Cell and the Joint Biosecurity Centre (JBC) will be stored and managed in a secure network.

There are multi-faceted surveillance measures in place to support action on enduring transmission, local preparedness, suppression, and containment in the event of an outbreak(s) of Covid-19 and variant emergence. Further work is also underway to underpin targeted interventions. This includes:

- Daily NHS Test and Trace reporting
- LCRC daily postcode data reports
- Weekly local enhanced contact tracing data

- Weekly local testing uptake data (i.e. asymptomatic LFD testing sites, LTS, MTUs, Pop-up testing sites).
- Wastewater analysis when this becomes available for Hillingdon (Note: currently the Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting wastewater sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020).
- Ongoing data-deep dive at a 'sub-Borough' level, which will seek to identify potential areas of concern which may warrant further attention and action.
- To look at pockets of higher infection rates or lower vaccine take-up within specific community groups to ensure equity of access and take-up, identifying and supporting vulnerable communities as needed.
- Providing mapping and hot-spot analysis to tease out nuances both in infection rates and vaccine take-up so that tailored support can be made available at the lowest possible geographic space.
- Looking at infection and daily case numbers amongst key groups or sites of concern including schools, Brunel University and Heathrow airport (including hotels).

In order to build a 'broader picture' of what is taking place within our Borough, we are working to triangulate the above data with for example:

- Daily Hospital Covid-19 admissions data
- Weekly vaccine uptake data at MSOA level and where appropriate at LSOA level to provide an indication of where low vaccine uptake may be 'coupled' with a range of factors (e.g. large households, people with multiple daily exposures) which may lead to an increased risk of high and enduring prevalence in certain geographical areas.
- Data on calls to 111

Action on Enduring Transmission

Action undertaken on tackling enduring transmission will be guided by data on the local epidemiological situation and will include:

- Joint working between the Public Health Team and the LCRC to identify communities, geographies, settings of possible or actual enduring transmission
- Consideration of enhanced and targeted rapid testing, including method(s) of deployment
- Identification of assets (e.g. community and faith leaders, community champions, head teacher, trusted health professionals) and risks (settings / behaviours)
- Co-production of a "combination prevention" approach in which range of interventions including biological (e.g. vaccination), NPI (hand hygiene, respiratory etiquette, and the wearing of face masks) behavioural and social (e.g. reductions in social contact) and environmental (e.g. "Covid-19 secure" workplaces) tailored to the local circumstances are introduced and resourced.
- Underpinned by culturally competent communications and engagement.

Sharing Intelligence

- Sharing intelligence across NWL DsPH Covid-19 IMT Group and NWL Covid-19 Surveillance Group to inform ongoing surveillance.
- Sharing intelligence with PHE Epidemiology team and the LCRC.

Finally, we will need to have ongoing surveillance measures in place to ensure early reaction to poor compliance and threats, and robust enforcement arrangements to meet these challenges. This will involve the use of data from the Council's Licensing, Food & Safety Regulation Service.

Vulnerable residents

The authorised officers in the Council will also receive details of any cases or contacts identified as vulnerable and needing support for the 14 days of isolation. These data will be received in a secure way and shared only with relevant services on a need to know basis who will take lead responsibility for contacting cases and contacts who are identified as vulnerable and needing support (e.g. CEV residents).

Surveillance and monitoring data

Accurate, reliable and timely data is necessary to understand the local spread of Covid-19, including any communities and geographical areas that are affected. The data will also help to respond to enquiries concerning the transmission of the virus.

Authorised officers in the Council will receive notifications of any complex outbreaks should they arise. This will include the relevant setting / location, details of contacts, cases and any actions taken.

Key risks and mitigation

The data received comes in from a range of sources and does not always reconcile first time. This has proved to be problematic when attempting to map cases to gain a clear understanding of the emerging picture and what action needs to be undertaken. This issue has been raised by local authorities with the Joint Bio-Security Centre. Further work is always undertaken by the Council to ensure the data lists are reconciled.

8. Governance, Local Boards and Partnership Working

This section of the plan describes the local governance structures to help oversee and deliver the expectations of Hillingdon's Local Outbreak Management Plan. Existing arrangements have been used to make best use of resources and established, effective working arrangements.

To oversee and govern the arrangements for preventing, containing and reducing any local outbreak of Covid-19, the following arrangements have been prescribed by the Department of Health and Social Care.

- Covid-19 Health Protection Board - responsible for the development of local outbreak control / management plans by the Director of Public Health. Decisions required by the Council will be taken in line with the Council's Constitution.
- Strategic Coordinating Group - in Hillingdon this is the Local Resilience Forum to support, co-ordinate and partner with a broad range of local groups to support the delivery of the Local Outbreak Management Plan;
- Local Outbreak Engagement Board - these arrangements will provide political ownership and public facing engagement and communication for outbreak response. All communication messages will follow the Local Authority communication protocol, with Member approval and will be communicated through various channels and groups, including Hillingdon's Health and Wellbeing Board, Local Resilience Forum and through community arrangements.

Hillingdon's Health and Wellbeing Board receives an update on the response to the public health pandemic at every meeting.

There remains strong political support and engagement to deliver the management plan. The Leader of the Council participates in a weekly meeting to review levels of infection, vaccine take-up and progress on action being taken to keep infection rates as low as possible and to support sustained recovery.

A Council officer working group meets regularly and has taken the lead to develop this plan which will be shared with partners for ongoing review and updates.

The Council is constantly taking account of the latest evidence and wider practice improvements to deliver the management plan by close collaboration with local and regional partners within the North West London area. In addition, the Council is actively engaged on a pan-London and national level to ensure the local plan to reduce infection remains responsive to the latest evidence and to take-up opportunities for collaboration.

9. Communications and Engagement

In Hillingdon there is a well-established communication and engagement framework to ensure effective flows of information and communication to local residents, businesses and partner organisations.

This includes:

- The Council's website, which has a banner alert facility which enables any emergency or critical messaging to be displayed across all pages across the site, and a well-established section for coronavirus updates, support and guidance, testing and vaccination information. The website also has a latest news section.
- Social media channels include Twitter (46,000 followers), Facebook (11,000 followers), Instagram (2,600 followers), LinkedIn (5,650 followers) and a YouTube account.
- Press releases are produced and distributed to local/national press, uploaded to the Council website and publicised via social media.

- Hillingdon People, the Council's newsletter for residents, is delivered to every home in the Borough six times a year, and is also available at corporate sites such as libraries. The newsletter is also uploaded to the Council's website and shared via social media. A large print edition and audio version is produced for residents who sign up to receive these formats. The Council's contract with a door-to-door distribution company and associated mapping in place means that targeted printed communication (leaflets) can also be delivered as required.
- A monthly residents' e-newsletter which is subscribed to by 60,000+ residents (sometimes a higher frequency depending on Covid-19 messaging).
- Production of posters, banners and signage to communicate Covid-19 messaging.
- Partnership communications and meetings with statutory, voluntary and commercial sector partners.
- Using partners' communication channels.
- Communications and engagement with residents' associations, businesses, schools, care providers, chambers of commerce, communications via Councillors, MPs, tenants and leaseholders.
- Established communication and engagement with over 100 community groups and faith leaders across the Borough, including hosting virtual engagement sessions, creating videos and messaging in more targeted ways, and introducing Community Champions to focus on getting messages to all groups in a sensitive and culturally acceptable way.
- Holding community 'question and answer' webinars with trusted health experts.
- Targeting communities to provide information and to hold supportive conversations where there is evidence of higher infection rates and / or lower levels of vaccine take-up.
- Working in partnership with communications teams from neighbouring boroughs (where necessary).
- National messaging via government/DHSC/NHS to ensure consistent messaging about Covid-19 (including testing) and the Covid-19 vaccination.
- Internal communications to staff including an emergency website page and phone number for staff, all staff email, manager emails, targeted emails/calls from managers, and internal web pages.

Key risks and mitigation

There is a risk that communications may not be delivered in a timely way and / or reach the intended audience. The risk is low as multiple channels and engagement approaches are in place to communicate messages on a regular basis.

In Hillingdon we are:

- Delivering local messages working with NHS partners targeted to higher risk community groups using a range of communication and engagement channels, including digital methods.
- Having regular dialogue and contact with local community groups and organisations to listen, understand and respond to local concerns and needs. This is helping to identify ways to work effectively together to raise awareness, provide relevant information and reach those who may not respond to the more formal channels of information and communications.

- Not all communities have access to digital media or confidence in accessing information. We are working with local groups and through our Community Champions to identify and reach out to those who may need different approaches in order to access information and support.
- Working with Hillingdon's Local Resilience Forum to disseminate testing, contact tracing and isolation messages across partners.
- Working with the NHS and other partners to seek feedback from residents to test understanding of testing, tracing, infection control and vaccination confidence to inform communications and engagement planning.
- Keeping under review national and London-wide evaluations of test and tracing, and outbreak control responses to inform local action.
- Working closely with partners to regularly raise awareness amongst staff in care homes and other settings about testing, contact tracing, infection control and the Covid-19 vaccination.

Reflections

To inform the local approach to the roll out of the vaccine, Hillingdon Healthwatch commissioned a survey of residents to understand their concerns and to identify barriers to taking up the vaccine. The lessons learned from the survey and subsequent analysis across North West London has highlighted the importance of engaging with community groups and faith leaders to not only understand the concerns but also to co-produce a solution which will have a greater chance of success.

Delivering localised information to residents was also found to be very important to bring about a change in behaviour. For example, in response to analysis of higher infection rates in one locality in the Borough, a leaflet was produced and distributed to the residents of the locality providing information about their local test site. This led to an increase in testing, isolation and a fall in infection rates in this community.

10. Living with Covid-19

It is likely we will have to live alongside Covid-19 and its variants for some time to come, as the virus is still circulating, however the aim is that we can live safely alongside any circulating virus without the need for severe lock-down restrictions, as we move towards and through the next phases of the pandemic by:

- Continuing to reduce transmission within the community and suppress the virus and its variants, whilst enabling and sustaining the reopening of sectors across the borough.
- Continual monitoring, modelling, surveillance and adjustment.
- Ongoing NPI measures such as good hand and respiratory hygiene, wearing face coverings, practicing social distancing, and undertaking regular testing, to avoid any return to more severe restrictions in the future.

- Anticipating pauses in steps to exit: We need to be ready for possible pauses in the steps to recovery and will need to ensure measures (e.g. clear messaging, communication, community engagement and epidemiological strategies) are in place, in terms of maintaining public trust and confidence in our ability to respond to changing circumstances
- Identifying and implementing multiple strategies in response to the possibility that we will be living and working in a Covid-endemic environment.
- Variants and re-combinations of Covid-19 will continue to cause outbreaks and will more than likely require vaccine renewal on at least an annual basis.

The multi-agency Hillingdon Health Protection Board, will continue to take responsibility for:

- The production and maintenance of the LOMP (Local Outbreak Management Plan)
- Action on prevention of Covid-19
- Action to be taken in response to further outbreaks.

The Board¹ will also focus on recovery, management of enduring transmission and 'Living with Covid-19', as we move through the next phases of pandemic. Key aspects of this process will involve monitoring the following over the coming months:

- Test/Trace and isolate performance
- Positivity (indicator of transmission)
- The R number (indicator of transmission)
- Vaccine uptake
- High Risk Setting epidemiology
- Schools' epidemiology and safety
- Clear protocols for opening the economy and everyday life
- Economy and workspaces
- Health and Social Care
- Hospitality, retail and housing
- Vulnerable and underserved communities including CEV individuals
- Monitoring, surveillance and data
- Communications
- Enforcement and legislation
- Governance

11. List of Appendices

The following documents are available on the Council website or via a link to other websites. Some documents referred to below will be made available and / or updated when they become available.

- A graphic and description of the governance arrangements
- Service agreement between LCRC and DsPH and the standard operating procedures / protocols for all settings, high risk locations and community clusters.
- ADPH Guiding Principles for the Effective Management of Covid-19 at a Local Level
- LCRC resource packs

¹ Adapted from 'Living with Covid: Strategic Approach to Exiting the Pandemic Phase of SARS-CoV-2'; J. McManus; Herts HPB; V2.0, 28/02/21

- Testing arrangements
- ADPH Mutual Aid agreement
- London-wide communications documents
- Information from the London transport hub work stream
- Government work place guidance - <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>
- Surge / VOC Plan
- Vaccination Plan
- 20201-03-05 LOMP - Pan London approaches V5 (002) PHE – 9/3/2021