Barnet Local Outbreak Management Plan (LOMP) for COVID-19 infection

Barnet COVID-19 Health Protection Board

Dated produced: 12.03.2021 for draft and final version planned for 31st March 2021

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*Please note this is a draft document

Contents

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Introduction

As we are approaching next phase of the pandemic and aiming to implement national roadmap, the main aim of Barnet LOMP is to:

- Be aligned with refreshed National Containment Framework;
- Ensure that future plans concentrate on the local strategies to contain the virus spread by:
  - Focusing on the comprehensive vaccination programme;
  - Local strategy on testing;
  - Local enhanced contact tracing;
  - Preparedness for containing variants of concern and
  - Managing outbreaks locally

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Living with COVID-19

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Four key epidemiological principles that should guide us through the next phase of exiting the pandemic and living safely with COVID-19

Transmission

- Transmission of the virus needs to be brought, and kept, as low as possible
- Reducing viral transmission to the stage where we can exit lockdown
- A well-articulated, careful, and gradual "opening up" which is carefully chosen.

Surveillance

- Surveillance of transmission and variant emergence must be optimal
- Ongoing, monitoring, modelling, surveillance, and adjustment

Test, trace and isolate

- Test, trace and isolate to work with a clear testing strategy
- Mitigate the impact of NPIs – understand how NPIs including social distancing

Vaccines

- Vaccines must be effective and delivered equitably with high take up
- Continuing improvements in and adjustments to vaccine and treatment

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*First produced: 10th March 2021

Local Outbreak Management Plan Themes

We have identified the following priority areas to help us learn to 'live with COVID' and manage future outbreaks as we enter the endemic stage of COVID-19

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1 **Understand and agree local, regional and national roles.** Relationship between local, regional and national roles within the pandemic response; responsibilities in the event of an outbreak; support high-risk settings and safe sector plans for reopening of retail; local enforcement strategy

2 **Contact Tracing.** Outlining our enhanced local contact tracing strategy and offer, supporting national contact tracing efforts.

3 **Testing Strategy.** Support testing of both symptomatic and asymptomatic residents and testing within complex settings

4 **Respond to Variants of Concern.** Defining our local response to the identification of a VOC

5 **Vaccination programme.** Outlining the national and local approach to vaccination.

6 **Addressing Inequalities & Inclusion Health.** Community mobilisation; self isolation support packages; support vulnerable groups with T&T and vaccinations

7 **Data & Reporting Incld., Waste Water Surveillance.** Overview of routine data analysis at a local level; role of waste water surveillance in management of future outbreaks; data monitoring during an outbreak

8 **Communications.** Clear and consistent communications. Ensuring everyone has the skill set to live and work safely in a COVID-19 endemic environment

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Governance: Local, regional and national roles

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Local
Local Authority ,PHE Health Protection Teams

- Develop Local Outbreak Management Plan
- Manage specific IMT for cases and clusters
- Provide local intelligence to inform contact tracing activity
- Convene Health Protection Board to oversee development and provide assurance of Local Outbreak Plans and escalate risks to CMT Gold
- Review COVID-19 local intelligence data e.g. test and trace and Vaccine Uptake data

Regional
(PHE, JBC, NHS Test and Trace, London councils and ADPH)

- Oversight of the all contain framework activity, epidemiology and Health Protection issues across the region.
- Prioritisation decisions on focus for PHE resources with LA and sub regions
- Sector-ed improvement to share improvement and learning
- Liaison with the national level

National
(PHE and JBC)

- National oversight identifying sector specific and cross regional issues that need to be considered.
- Provide expertise on specialist issues such as genome sequencing
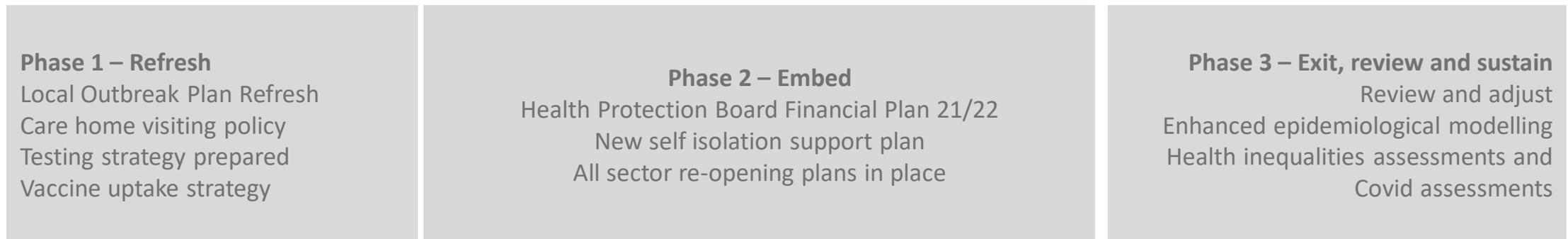- Link to Joint Biosecurity Centre on wider intelligence and data sources

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Last updated 11th March, 2021

Governance: LCRC/Local Authority Responsibilities

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	• Receive notifications of cases via national test and trace system • Investigate and manage cases & contacts as per local guidance • Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols	• Receive notifications of cases • Investigate and manage high risk cases and contacts as per local guidance.
VOC's (or other cases of concern)	• Investigate and manage VOC cases and contacts • Establish IMT to investigate and manage VOC cases and clusters with enhanced case and contact tracing, and targeted testing including surge testing.	• Initially investigate and manage VOC cases and contacts • Investigate and manage any identified settings • Advice and support Local Authority IMT to investigate and manage VOCs
Enhanced contact tracing (cluster) investigation and management	• Identify and investigate clusters and convene IMTs if required. • Provide advice and manage cases and clusters as per local guidance for settings (testing, infection control,	• Overview of cluster identification and management • Overview of management of priority settings • Support Local Authority in their risk assessment of and response
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	• Receive notification of cases and clusters from LCRC, or identify community clusters through local data, intelligence and surveillance. • Manage cases and clusters in settings, convene IMT (if required) • Undertake risk assessment with the settings, recommend ongoing control measures and provide support on contact tracing, isolation, infection control practices, COVID safe environments and control measures • Provide local guidance and information materials to the setting	• Receive notification of cases and clusters through Test and Trace system or other surveillance systems • Support Local Authority in their risk assessment of and response to an identified community cluster and attend IMTs if required. • Review and update resources • Develop and provide communications to stakeholders • Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

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Last updated 11th March

Governance: National plans for easing lockdown in England

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March 8
Education: Schools reopen

March 29:
Rule of 6 or 2 household
Stay at home order ends

April 12
All retail, indoor leisure and outdoor hospitality to open

Events: number of people able to attend weddings, receptions to rise to 15

May 17
Indoor hospitality, indoor events larger events, domestic overnight stays

June 21
Remove all legal limits on social contact, national restrictions lifted

Govt Step 1 | **Govt Step 2** | **Govt Step 3** | **Govt Step 4**

BARNET HEALTH PROTECTION BOARD TIMELINES

Phase 1 – Refresh
Local Outbreak Plan Refresh
Care home visiting policy
Testing strategy prepared
Vaccine uptake strategy

Phase 2 – Embed
Health Protection Board Financial Plan 21/22
New self isolation support plan
All sector re-opening plans in place

Phase 3 – Exit, review and sustain
Review and adjust
Enhanced epidemiological modelling
Health inequalities assessments and Covid assessments

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Contact Tracing: National Contact Tracing

- One objective of NHS Test and Trace is to co-ordinate the contact tracing function

- Contact tracing is a core public health intervention measure to stop spread of infectious disease, have been around for decades. It's used to identify all who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of COVID-19);

- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread;

- Anyone who is being tested positive for COVID-19 is contacted by NHS Test and Trace and asked to self-isolate and identify any contacts (being together for longer than 15 minutes within 2m distance) who would be advised to self-isolate too;

- Tier 3 – 15, 000 call handlers operated by SERCO for simple contact tracing

- Tier 2 – 3,000 NHS Health Professionals – This tier will receive a download of all COVID-19 confirmed cases and triage to Tier 3, if simple or Tier 1 if more complex. They'll also receive referrals from the app, when operational

- Tier 1 – PHE Regional centre (PHE LCRC) – Up to 75 people - Complex outbreaks in settings (schools, prisons, health centres, care homes).

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Date updated: 12th March 2021

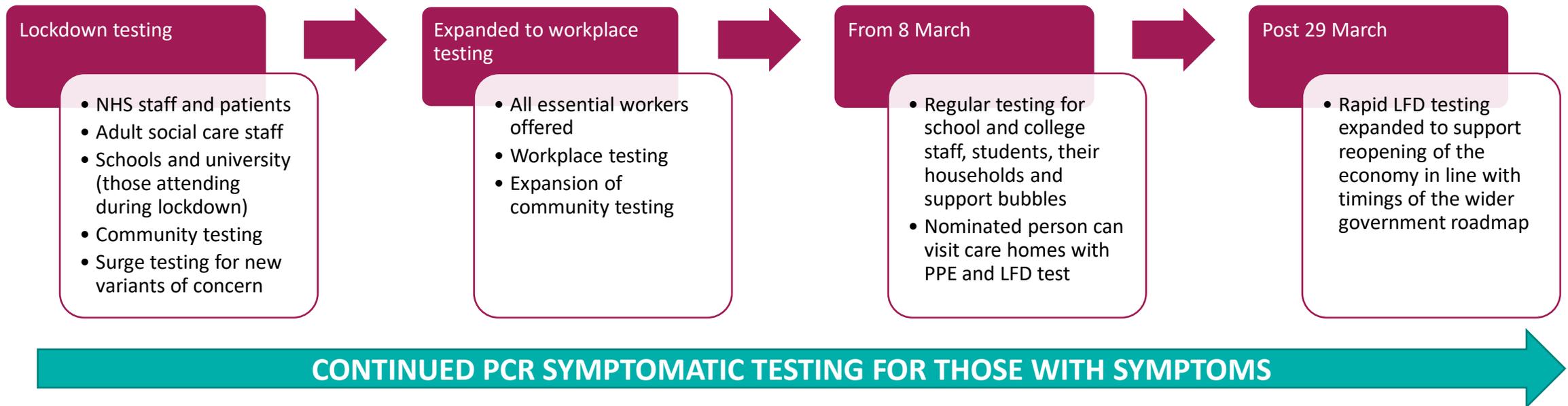# Contact Tracing: Enhanced Local Contact Tracing

- The Barnet Contact Trace Service helps support the national Test and Trace service, helping to encourage residents to self-isolate, signposting them to sources of support and identifying their contacts. The service takes on cases which the national team cannot reach in 24 hours.

- The Barnet Contact Tracing Service is fully operational. The service runs seven days a week, with operating hours being from 8am to 8pm.

- The team send out an email and SMS to residents to alert them that we are trying to speak to them after receiving the resident's details from the national team.

- The service offers the opportunity to speak to residents in a variety of languages, helping to contact those across the borough from different communities.

- The service will try calling a resident three times. If they cannot get through to the resident, a leaflet is posted asking them to self-isolate, get in contact with the team and signposting them to support available. This leaflet also goes out with key messages in a variety of languages.

- Weekly Quality Improvement meetings ensure that the service is responsive to changes in policy and continually responds to feedback and insight to improve the success of the service.

- LBB is currently reviewing opportunities for development of the service. We have implemented changes to ensure local contact tracing can respond to any cases from surge testing for variants of concerns (first surge testing in March 2021). We are also adapting our insight processes for more regular review of the common exposure and postcode coincidences data, in preparation for possible participation in enhanced contact tracing when this is rolled out in London.

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Last updated: 11th March 2021

Testing strategy

Aims and Purpose of testing

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

INCREMENTALLY EXPANDING REGULAR TESTING; MAKING RAPID LFDs PART OF OUR WEEKLY ROUTINE

Lockdown testing

- NHS staff and patients
- Adult social care staff
- Schools and university (those attending during lockdown)
- Community testing
- Surge testing for new variants of concern

Expanded to workplace testing

- All essential workers offered
- Workplace testing
- Expansion of community testing

From 8 March

- Regular testing for school and college staff, students, their households and support bubbles
- Nominated person can visit care homes with PPE and LFD test

Post 29 March

- Rapid LFD testing expanded to support reopening of the economy in line with timings of the wider government roadmap

CONTINUED PCR SYMPTOMATIC TESTING FOR THOSE WITH SYMPTOMS

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Date created: 12th March 2021

Symptomatic (PCR) testing for residents

Lead: Pillar 1 - Hannah Logan (NCL STP), Pillar 2 - Katie Wood (LBB BECC)

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All residents can request tests through the national testing portal (pillar 2 testing), with schools and outreach testing available to widen access. Frontline staff can also access testing through the North Central London (pillar 1 testing) capacity. Process maps for MTU's, pillar 1 and pillar 2 testing can be found via embedded documents below.

- Symptomatic residents directed to the national testing portal
- Symptomatic frontline staff

- Children and staff (schools and further education) who cannot access testing via national route
- Residents with symptoms access testing appointment online or by calling 119
- Essential workers referred by their employer enters code at dedicated webpage
- Keyworkers unable to access through National Portal
- Frontline staff in NHS, care, teaching and council services can access tests by contacting frontline staff testing sites to arrange an appointment.

- Headteachers hold 10 tests
- Testing at setting

- Testing booked on National Testing Portal (Pillar 2). Testing locations in Barnet:
  - Three mobile testing units
  - Three local testing sites*
  - Two drive-through sites
  - Testing at home

- Same day PCR booked via Barnet BECC
  - Three local testing sites

- Testing booked at North Central London (pillar 1) testing sites via email.
  - Download pillar 1 testing process map — **Pillar 1 Testing** (PDF)

Download MTU process map — **MTU_Process Map** (PDF)

Download pillar 2 testing process map — **Pillar 2 Testing** (PDF)

Care settings | Residents | Frontline workers

Testing access
National testing should offer a 48-72 hr turnaround

Mobile Testing Units:
Edgware Community Hospital Burnt Oak Broadway, Edgware HA8 0AD
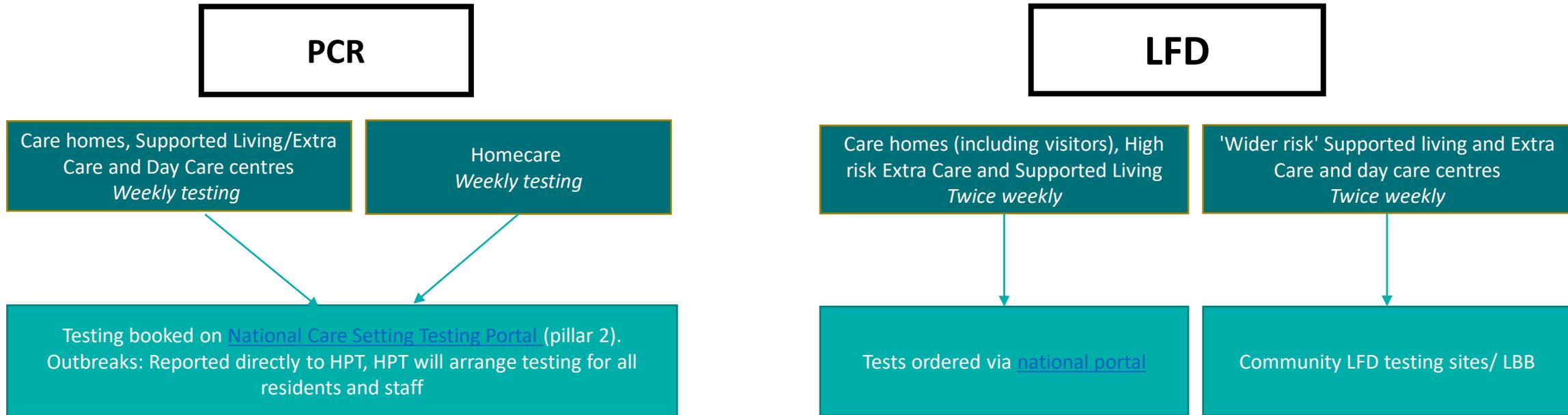Brent Cross Shopping Centre - Prince Charles Dr, Hendon, London NW4 3FP

Local Testing Sites:
Watling Community Centre, 145 Orange Hill Road, Burnt Oak, London, HA8 0T
Ravensfield House, The Burroughs, Hendon, London NW4 4BT
Osidge Lane Care Park - Southgate (N14 5DU)
*LTS sites only offering symptomatic testing from 8am-midday

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Date updated: 12th March 2021

Testing for adult social care

Lead: Ella Goschalk (LBB), Debbie Fitzgerald (Care Quality), Sam Raffell (Care Quality)

Care homes can access testing via the national care settings testing portal (pillar 2 testing). Testing in other care settings is supported by shared North Central London STP pillar 1 testing capacity.

PCR

Care homes, Supported Living/Extra Care and Day Care centres *Weekly testing*	Homecare *Weekly testing*

Testing booked on National Care Setting Testing Portal (pillar 2). Outbreaks: Reported directly to HPT, HPT will arrange testing for all residents and staff

LFD

Care homes (including visitors), High risk Extra Care and Supported Living *Twice weekly*	'Wider risk' Supported living and Extra Care and day care centres *Twice weekly*

Tests ordered via national portal	Community LFD testing sites/ LBB

Testing access | Care settings

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Date updated: 12th March 2021

Rapid Testing with Lateral Flow Devices (LFD)

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Rapid testing aims to identify people who have COVID-19 but do not show symptoms, so they can self-isolate. Results are given within 60 minutes, and the test does not require a laboratory for processing. Rapid testing is available through national testing schemes in a number of settings.

DHSC		DfE			Barnet Council		
Adult social care	NHS	Primary School	Secondary School	Universities	Services		Residents
Test at workplace/home	Test at home	Test at home	School/home	Test at university	Community Collect	Test at workplace	Test at ATS	Community collect
Twice weekly	Twice weekly	Twice weekly	Twice weekly	Twice weekly	Twice weekly	Twice weekly

Positive LFD — self-isolate and arrange confirmation PCR test
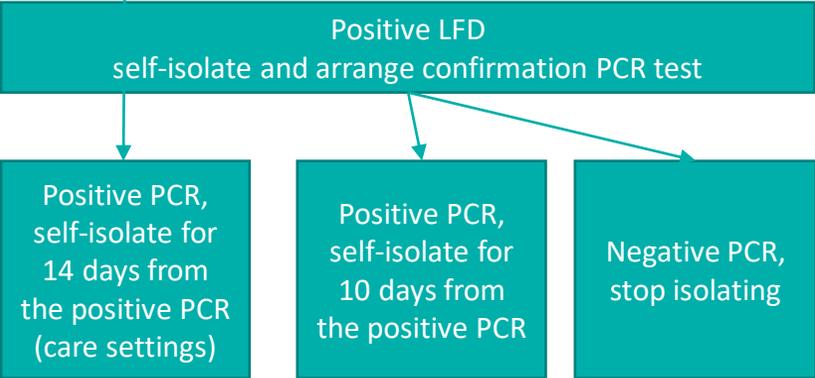
Positive LFD triggers self-isolation payment and contact tracing, 10-day isolation begins the day after the test.

Positive PCR, self-isolate for 14 days from the positive PCR (care settings)

Positive PCR, self-isolate for 10 days from the positive PCR

Negative PCR, stop isolating

A confirmatory PCR is required for a positive test result via a home test, confirmatory PCR is not required for a test taken at a test site or workplace.

Care settings | Residents | Frontline workers

Testing outcome | Lead institution

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Date updated: 12th March 2021

Variants of Concern (VOC): Local Planning Approach

Sara Hale Covid BECC Manager

The Director of Public Health informed of a Variant of Concern within the Borough. The Incident Management Team raised the need to formally discuss and agree a way forward. This resulted in formal discussions about carrying out Surge Testing. The below provides an outline of how future VOC's should be carried out, based on the work done in this first instance:

1. **Agreeing the purpose of surge testing:** Is it about containment, in which case, rapid mobilisation is needed, or is it about wider surveillance. What is the evidence for specific postcode testing versus targeted and informed by contact tracing information?

2. **Geographical Location** – Agreement needs to be made as to what the geographical radius/boundaries will be once confirmation that a VOC has been identified in the Borough. Preferred local approach would be targeted testing informed by local contact tracing information rather than a specific number of tests given by the Government.

3. **Operational Requirements (high level)** – Agreement needs to be made on what operational needs there are, how quickly they need to be put in place and where.

4. **Comms (high level)** – Agreement needs to be made on strategy for Comms, what the message is, being very clear and consistent and ensuring that it reaches the right audience.

5. **Local Contact Trace Service** – Plans and agreements need to be put in place to enhance the current offer at a local level and to be able to provide a larger scale when needed (be on alert and ready, but no changes at this point).

6. **Setup of Core Group** – A sub group of the wider team to be agreed upon and created, usually key leads from each area (such as PH, BECC, Comms, Insight, Commercial, Number 8 Events Ltd etc.)

7. **DHSC Proposal** – A formal proposal needs to be written up (there is a formal DHSC form template to use) outlining the plan on how Surge Testing will take place; specifically focusing on: Testing, Comms, Contact Tracing / Self Isolation, Agreed mobilisation dates, Key metrics and monitoring of delivery & Risks and Mitigation.
   There is also a formal request for funding form that can be completed and sent to the DHSC (though clarity needed on how long funding will be available for this).

8. **Bronze Approval** – This is the green light for being able to move forward with the Surge Testing and LBB's opportunity to then go back to the DHSC (after getting this Approval) with any revised dates or changes to the plan due to any delays etc.

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*First produced: 9th March 2021

Local VOC Planning Approach (Cont'd)

Sara Hale Covid BECC Manager

8. **Specifics (Door Knockers/Fixed Test Sites)** – Mobilisation of these needs to be put in motion once Bronze Approval has occurred and Go Live date has been set formally with DHSC. If using an Event company then checks with them need to be made, however, if using volunteers then there should be a Lead person to report into.

9. **Specifics (MTUs)** – Confirmation that Annexe E form has been approved by MTU Alerts team. Ensuring that land owners have been kept up to date of when everything will happen. Liaising with MTU Alerts team to ensure that the teams have been briefed locally on the plans.

10. **Specifics (Comms)** – With the Bronze Approval, Comms should be liaising with DHSC Comms team to confirm dual press releases occur, that leaflets are all proof read and ready to be delivered etc.

11. **Specifics (Logistics)** – Risk assessments are in place for all door knockers, MTU staff, Council staff on site etc. Central Control Room (hub where door knocking/fixed test site is occurring) is all setup with relevant kit (home test kits, leaflets, QR code business cards etc.) keys and handover of buildings have all happened.

12. **Monitoring Process** – Numbers of test kits handed out, returned, registered, completed via MTU etc. all need to be checked and verified to ensure that robust monitoring of the target number is happening on a daily basis. There also needs to be monitoring (if doing door knocking) of roads and house numbers visited to avoid duplication and/or wrong addresses being visited.

13. **Final Strategy** – Once you are close to the target, in that all roads have been visited and bookings at MTU's are declining, it is good to have a strategy in place to get those final numbers. Whether it is about changing up comms, moving door knockers to info point officers handing out leaflets etc.

14. **Finish & Mop Up** – Verification of numbers needs to be received from DHSC of final numbers. Once this has happened, all logistics and MTU's need to be decommissioned. There also needs to be confirmation of process, incidents, risks/issues and lessons learnt documented and shared with the Wider Group.

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*First produced: 9th March 2021

Vaccination Programme: National Approach

Lead: LBB Public Health: Janet Djomba

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI):

| Stage	Priority group	Description	Timeline for completion
1	1	Residents in a care home for older adults and their carers	15th February 2021
	2	All those 80 years of age and over and frontline health and social care workers	
	3	All those 75 years of age and over	
	4	All those 70 years of age and over and clinically extremely vulnerable individuals	
	5	All those 65 years of age and over	15th April 2021
	6	All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality	
	7	All those 60 years of age and over	
	8	All those 55 years of age and over	
	9	All those 50 years of age and over.	
2	All remaining adults aged 16 years +		End of July 2021

Future development and open questions:

- Pregnant women: The latest advice from JCVIis that COVID-19 vaccines should be considered for pregnant women when their risk of exposure to the virus is high and cannot be avoided, or if the woman has underlying conditions that place her at a very high risk of complications of COVID-19. However, COVID-19 vaccines should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the woman and her baby.
- Prioritisation of specific professional groups: discussion is undergoing currently on prioritising professional groups such as teaching staff, frontline police force, transport staff, retail etc.
- Children: Research is undergoing currently to assess use of COVID-19 vaccines in children
- VOC and VUI: existing and emerging variants of SARS-CoV2 virus are studied to enable future vaccines to be effective against new variants.

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Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

In Barnet COVID-19 vaccine is offered at 6 PCN vaccination hubs, 6 community pharmacies and 1 mass vaccination site (going live 29th March 2021). In addition, pop-up clinics are being delivered in areas of lowest uptake and/or communities with lowest uptake.

Barnet Covid vaccination sites

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*First produced: 12th March 2021
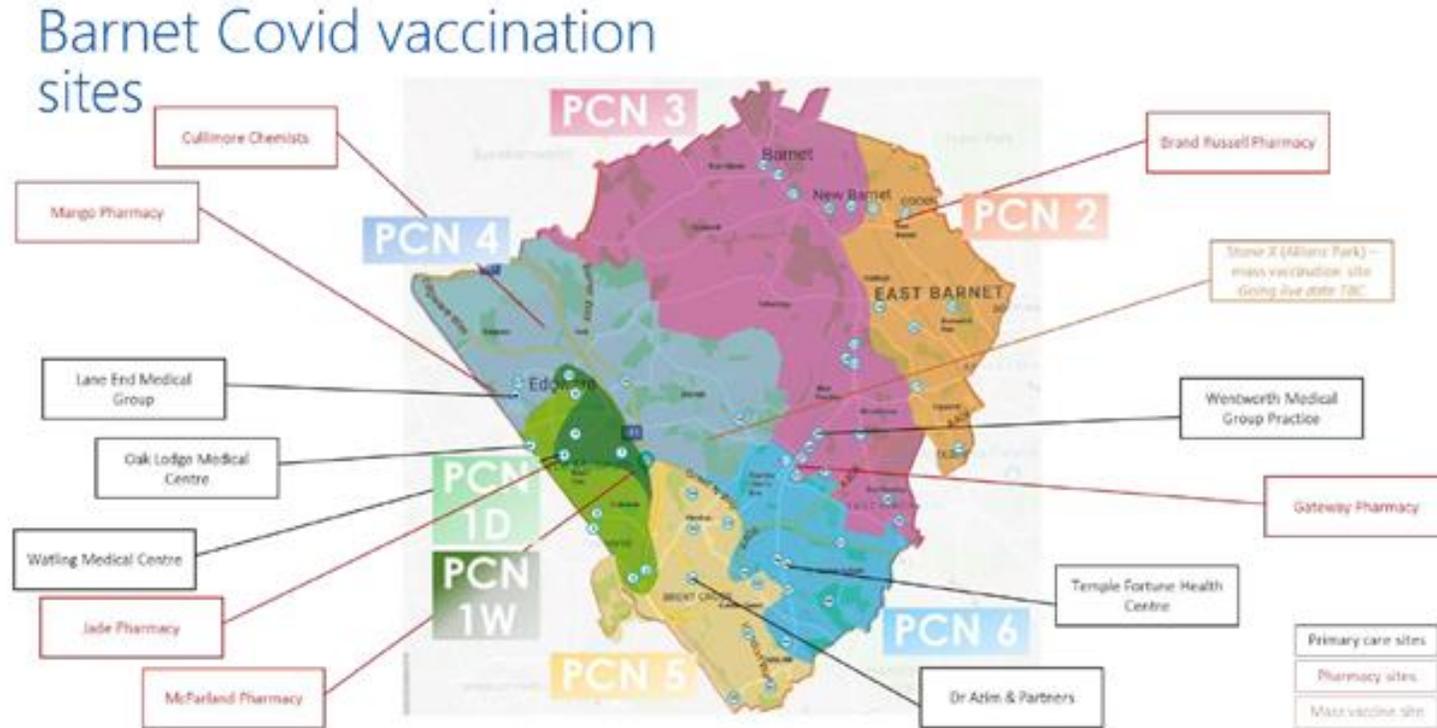
Vaccination Programme: Local Approach
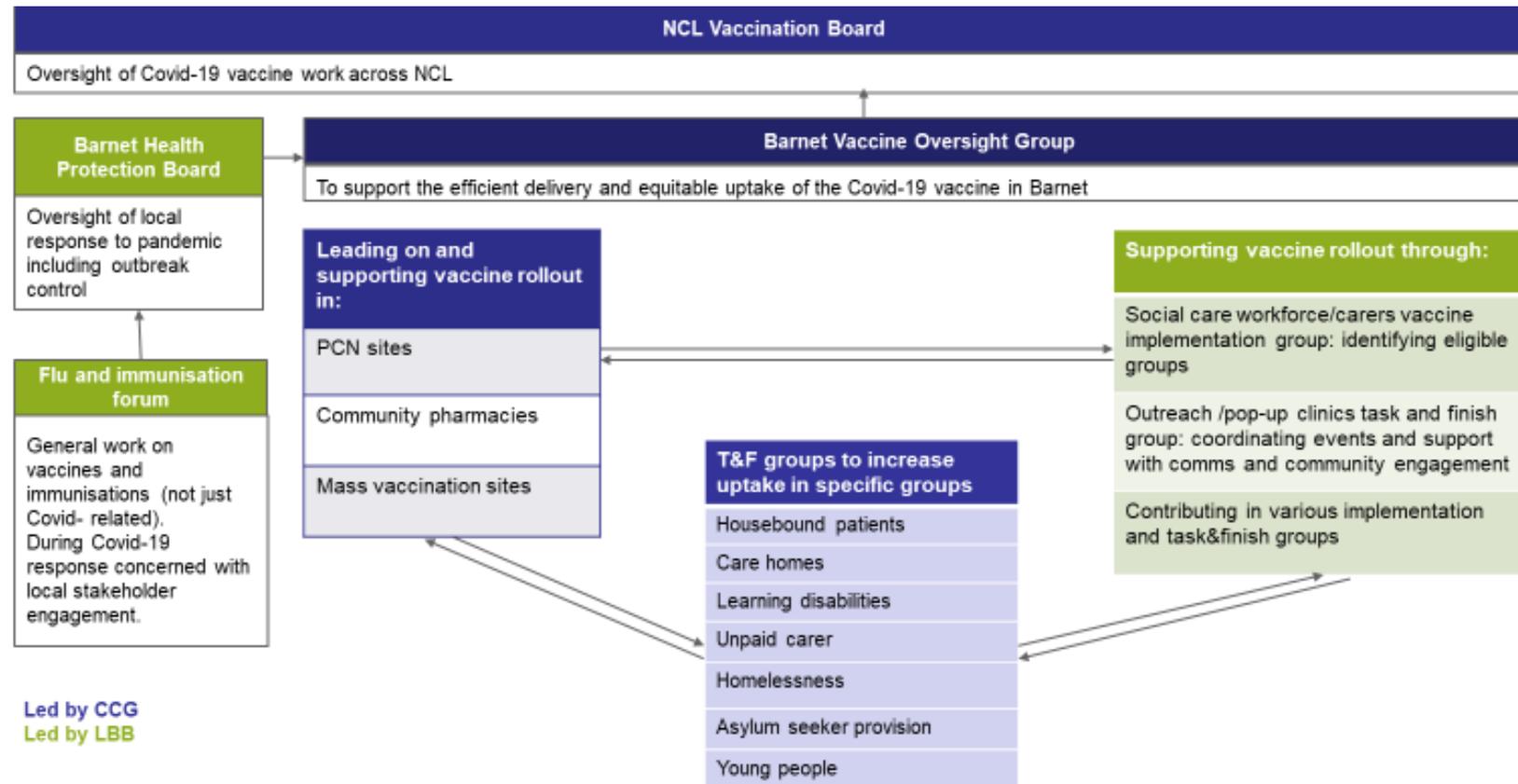
Lead: LBB Public Health: Janet Djomba

The Council is working closely with NCL CCG to increase vaccine uptake through:

- Monitoring vaccine uptake and producing reports to inform stakeholder and relevant working groups;

- Developing COVID-19 vaccine communication plan to increase the uptake in some ethnic minority groups, deprived areas and in those who are at increased risk of COVID-19;

- Working with community and faith leader, CCG and vaccination hubs to support outreach work and pop-up vaccination clinics in diverse communities;

- Identifying eligible professional groups within the wider health/social care group;

- Participating in CCG working groups:
  - Planning and logistics for mass vaccination sites
  - Task & finish and implementation groups concerning specific groups

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*First produced: 12th March 2021

The map shows governance and main work streams to support the vaccine rollout in Barnet:

NCL Vaccination Board
Oversight of Covid-19 vaccine work across NCL

Barnet Health Protection Board
Oversight of local response to pandemic including outbreak control

Barnet Vaccine Oversight Group
To support the efficient delivery and equitable uptake of the Covid-19 vaccine in Barnet

Flu and immunisation forum
General work on vaccines and immunisations (not just Covid- related). During Covid-19 response concerned with local stakeholder engagement.

Leading on and supporting vaccine rollout in:
PCN sites
Community pharmacies
Mass vaccination sites

T&F groups to increase uptake in specific groups
Housebound patients
Care homes
Learning disabilities
Unpaid carer
Homelessness
Asylum seeker provision
Young people

Supporting vaccine rollout through:
Social care workforce/carers vaccine implementation group: identifying eligible groups
Outreach /pop-up clinics task and finish group: coordinating events and support with comms and community engagement
Contributing in various implementation and task&finish groups

Led by CCG
Led by LBB

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Addressing Inequalities

Lead: Public Health Team, Communications & Strategy Team

LBB is taking a multi-pronged approach to address the inequalities in the way in which COVID affects our local residents. We have specific programmes to support people with multiple disadvantage detailed elsewhere in this plan. We recognise the challenges of keeping safe for those living in Houses of Multiple Occupation by providing specific information for residents and landlords. We also provide additional financial support to those who are ineligible for the national self-isolation grant to ensure those with financial challenges are able to self-isolate should they become ill with COVID. We are also addressing the lower uptake of the COVID vaccine in our more deprived areas. Finally, we are working through our COVID Champions programme to empower local residents to support family, friends and members of their local communities with evidence based information about how they can stay safe. More details can be found in the following slides:

- **Community Engagement Approach**
- **COVID-19 Health Champions**
- **Inclusion Health**
- **Support for those self-isolating**

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Addressing Inequalities: Community Engagement

Lead: Marianne Sladowsky, COVID-19 Communications Lead

Barnet's COVID community engagement has focused on engaging the following groups:

1. **Ongoing community engagement with groups who have either suffered higher than average rates of COVID-19 or were unable to always follow national measures to contain the virus.**

- Identifying groups to engage with on a weekly basis from weekly Barnet statistics and therefore keeping engagement current.
- Forging a group of key contacts in each community, who we engage with on both the nature of our communications and help disseminate it.
- Flagging upcoming dates which require COVID-19 engagement such as festivals or national holidays and creating comms tailored to that community.
- Engaging with VCS colleagues on a regular basis for their feedback into our COVID engagement response.
- Actively recruiting COVID-19 Health Champions from communities across Barnet, to cascade tailored infographics to their social networks and to feed their views into our ongoing comms (see here for more information on the programme).
- Ensuring that there is strong cross-community communications with initiatives such as a hard hitting campaign, urging everyone in Barnet to stay at home. This means that no individual community feels unfairly 'targeted' by more specific community engagement.
- Ensuring that key COVID-19 assets are translated into the languages of Barnet's key communities.
- In addition, LBB are working with partners in the Barnet ICP and the North Central London ICS to address worse health outcomes for local Black, Asian and other ethnic minorities residents, starting with addressing inequalities in access or uptake in programmes to address risk factors for COVID including diabetes and other cardiovascular disease.

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2. Taking a ward by ward approach to COVID-19 engagement and implementing a targeted engagement strategy with wards that have higher COVID-19 rates and wider health inequalities. Actions include:

- Ward-specific social media posts urging residents to follow national measures, get tested and be made aware of national and local self- isolation support.
- Creating targeted assets for the specific communities in these wards and engaging with local VCS groups to disseminate them.

3. Particular focus has been placed on the campaign to engage Barnet's vaccine hesitant communities by:

- Holding community specific vaccine pop ups with a community group and a local PCN hub e.g. 3 very successful pop ups at Jesus House church with the help of Dr Azim's surgery. More communities are being identified for future pop ups.
- Identifying local community champions, who will record short videos for their communities addressing hesitancy concerns and disseminate that and other useful assets to their communities to convince them to have the vaccine.
- Launching an Out of Home campaign for all Barnet communities, showcasing faces from Barnet's most vaccine hesitant communities, urging everyone to have the vaccine.
- Building a community database with key voluntary sector groups from vaccine hesitant communities, who can receive info targeted to them and translated into different languages if need be. They can also feedback concerns from their communities that can then be addressed.
- Webinars for interested communities and regular voluntary sector group round tables.

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Addressing Inequalities: COVID-19 Health Champions
Lead: Barnet Council in partnership with Groundwork London, part of Barnet Together

One way we have implemented engagement with communities is through COVID-19 Health Champions. COVID-19 Health Champions enable Barnet residents to remain up to date on the latest advice about COVID-19, so they can help family, friends and other community members make sense of the latest guidelines and information about the virus. If you live, work, volunteer or study in Barnet you can become a Health Champion. As a Health Champion, you will receive regular updates on COVID-19 by email, WhatsApp or in live information sessions, and be able to share onward the key and current health messages with your networks, in whatever format that you like.

Key Success so far:

- 225 Health Champions registered and sent a welcome pack

- Representation from all 21 wards in Barnet

- High attendance to Welcome Sessions, running every Thursday

- Launched 'Friday Facts' - Health Champion weekly newsletter

- An online resource bank was created to include a wide range of infographics, FAQs and translated materials in different community languages.

- The most popular communications channels for the Champions to share information are WhatsApp and email followed by word of mouth.

- Twitter and Facebook are the most used social media sites for sharing information by the Champions.

- Infographics and reminders sent via email and WhatsApp broadcast

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Date modified:
10th March 2021

Addressing Inequalities: Inclusion Health

Lead: Louisa Songer, Public Health Strategist; Lily Barnett, Public Health Strategist

Homeless & Rough Sleepers Support

Multi agency task and finish groups are in place to ensure strategic and co-ordinated offers (Homelessness, Asylum Hotels, VAWG) and to respond quickly to presenting issues such as supporting vulnerable people to self isolate.

COVID secure risk assessments have been completed by all providers for residential and day care provision and discussed with public health/health and safety team.

Appropriate testing options are in place for vulnerable groups:
- Mobile testing unit visiting homeless hostels and domestic abuse refuges
- GLA & PHE have commissioned Find & Treat to provide testing to all asylum hotels

Multi agency groups have also been working to improve access to and uptake of COVID -19 Vaccination via:

- Roving vaccination clinic provided by Find and Treat to homeless provision. Priority is being given to people who may be street homeless in April due to having no recourse to public funds.
- PCN's working to ensure people in asylum hotels are vaccinated
- All staff supporting homeless people, substance misuse and in domestic abuse settings have been offered vaccinations.

Houses of Multiple Occupations

We are updating the COVID-19 information and advice leaflet for people living in shared accommodation (HMO) to include a description of the leaflet contents and an offer of translation in 11 different languages in order to ensure those whose first language is not English are not excluded from available advice and support.

Actions Cards and Supporting Documents
Will be added here.

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*First produced:
10th March 2021

Addressing Inequalities: Supporting Self-Isolation

Lead: Allan Clark, Head of Finance

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Since 28ᵗʰ September 2020, eligible individuals are entitled to a Test and Trace Support Payment of £500 to support those on low incomes. There are two elements to the scheme and the qualifying criteria is as below:

Main Scheme	Discretionary Scheme
• Have been told to stay at home and self-isolate by NHS Test and Trace or via the NHS COVID-19 App, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive and; • Have responded to messages received from NHS Test and Trace and have provided any legally required information and; • Are employed or self-employed and; • Are unable to work from home and will lose income as a result; and • Are currently receiving, or are the partner of someone in the same household who is receiving, Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit.	Applicants must meet the main scheme criteria apart from being in receipt of a benefit and; • Were earning less than £250 per week prior to being instructed to self isolate or; • In receipt of Council Tax Support or; • At the discretion of the Assistant Director of Finance or Director of Resources where they deem an application outside of LBB's additional eligibility criteria would cause unnecessary financial hardship

How to apply: Applicants apply for a payment via a webform on the council's website within 28 days of the start of their isolation period and supply evidence of their income, benefits and a bank statement. The Test and Trace number is verified via the NHS Test and Trace Eligibility Checker and other income or benefit checks are undertaken as appropriate via the Department for Work and Pensions Searchlight service. If successful, and once all checks have been done, a payment is made within 3 working days.

Below provides an overview of applications made under the national scheme:

Applications received	Applications successful and paid	Amount paid	Applications unsuccessful	Application query and with claimant
3387	2033	£658,500	35	2

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*Payment and application information valid as of 12.03.21

Addressing Inequalities: Supporting Self-Isolation

Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning

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In addition to the national isolation payment schemes, LBB are offering isolation payments to those on low pay who are ineligible for the national scheme with our extended self-isolation grant, including parents who must stay home to look after children who need to self-isolate.
The scheme has been in operation since 15th February, with eligibility based on self-isolation periods starting after 8th February.

We have used Control Outbreak Management Fund monies to provide self-isolation support to residents in the grey economy.

- Residents without national insurance numbers, working in insecure gig economy and cash-only jobs are ineligible for government test and trace support grants, but are often economically unable to take time off work.
- Subject to eligibility criteria, if these residents can prove that they have been asked by NHST&T to self-isolate they can claim a grant. To give relative parity with government grants, the maximum amount we will fund is £400 (£200 per week).
- We have commissioned our voluntary sector infrastructure partner Inclusion Barnet to work with a network of trusted frontline community organisations. These will administer the grants to residents who they come into contact with.
- Community organisations will also provide advice about self-isolation and infection control, in community languages where required.

Below provides an overview of applications received under this scheme:

Applications received	Applications successful and paid	Amount paid	Applications unsuccessful	Application query and with claimant
21	10	£4,000	10	1

*Payment and application information valid as of 12.03.21

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Addressing Inequalities: Supporting Self-Isolation
Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning

As part of our support for those required to self-isolate, we also have a number of wrap-around support services available for those in need.

- **NHS responder service:** collect shopping, medication or other essential supplies; a regular, friendly phone call which can be provided by different volunteers each time or by someone who is also shielding and will stay in contact for several weeks. Please call 0808 196 3646 between 8am and 8pm to arrange support . More information is available at www.nhsvolunteerresponders.org.uk

- **AgeUK:** Provide support to over 55s in the Borough. Services include: Non-urgent shopping/prescription pick up service (small subscription fee), guidance on how to access supermarket delivery slots on line. There is lots of information on the website www.ageuk.org.uk/barnet

- **BOOST***:* The Welfare Rights Reform Taskforce and the Crisis Loan roles are also now part of the offer. Residents can contact BOOST directly: Call 0208 359 2442 or Email: boost@barnet.gov.uk or visit https://boostbarnet.org/

- **The Barnet Wellbeing Hub:** Offers support with a focus on improving your individual needs and wellbeing, mental and emotional health. There are a range of activities, and therapies and lots of information and advice. For more information visit **www.barnetwellbeing.org.uk** or call 0333 344 9088 or email **info@barnetwellbeing.org.uk**

- **Covid 19 Bereavement Support and Counselling:** Available to those who have suffered a loss during the COVID-19 pandemic. Please Email: bereavement@mindinbarnet.org.uk or Tel: 020 8446 3676

- **Barnet Help Hub;** Further information about services available in Barnet can be found at **www.engage.barnet.gov.uk/communityhelphub** or alternatively please call the Barnet Council Covid 19 Help Hub on 0808 281 3210.

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Date Modified:
08.03.21

Enduring Transmission

As part of our strategy for exiting the pandemic phase of COVID-19, we will ensure every sector has the skills and knowledge to be COVID safe. This will help create the epidemiological conditions to keep transmission as low as possible, allowing businesses to remain open long term.

We will achieve this by:

- Business communications: business letter drop confirming roadmap to easing lockdown; social media; business newsletter

- Support high-risk settings with prevention and management of COVID-19 outbreaks via strong communications, testing, contact tracing and guidance. Guidance and action cards for high-risk settings can be found here

- Promote COVID-19 safe events (including exhibition and outdoor events) to encourage safe re-opening of our high streets (in line with the national exit plans outlined here)

- Temporary street space fund and pavement licenses for high street businesses to increase outdoor capacity

- Where necessary, use enforcement to keep our high streets safe. Further enforcement activities are outlined here

- Ensure businesses are aware of their obligations regarding self-isolation of employees and if necessary, work with metropolitan police colleagues to report any abuse of self-isolation rules.

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Enduring Transmission: Enforcement

Lead: Clair Green, Director of Assurance, Declan Khan Head of Investigations and Enforcement Operations, James Armitage, Regulatory Services (RE)

- **To report COVID-19 regulation breaches, please email** covid19enforcement@barnet.gov.uk

- *Emails sent to the enforcement inbox are monitored daily and assigned to an enforcement officer for follow-up.*

- The following actions are also being taken to prevent further outbreaks in Barnet:

- Around 70 COVID Monitoring Officers have a presence across the borough, checking for and reporting on levels of both compliance and non-compliance of all commercial premises in the borough. There is increased deployment of these officers in areas where infection rates are highest

- 24/7 COVID-19 dedicated police patrols in Barnet.

- Around 16 Investigation and Enforcement Officers provide enhanced enforcement actions where persistent non-compliance is evidenced. They are also available to officer advice and support to businesses to ensure they operate in a way that is safe for staff and members of the public

*Information accurate as of 08/03/2021. Enforcement activities subject to changes in demand and changes in government rules and regulations.

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Data and Reporting: Local data reporting

Lead: LBB Public Health Intelligence - Jeremy Hooper

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Current LBB reporting mechanisms are outlined in the table below.

	Reports sent to DPH		Data sets in public domain			LBB produced reports
Report title	Confirmed COVID-19 cases (from LCRC)	Test and Trace report (LA level)	Coronavirus in the UK (HM Gov)	Death registration and occurrences by local authority (ONS)	Deaths involving COVID-19 by local area and deprivation (ONS)	Cases by care setting
Dataset /report content	• Cases by postcode • Cases by age at onset • Number of people who have received a vaccination.	• Confirmed cases in Test and Trace • Cases completed • Total number of contacts reported • Contacts completed	• Daily confirmed cases in Barnet • Daily confirmed cases in London • Rate of cases (per 100,000) for London boroughs	• COVID-related death registrations by place of death • COVID and non-COVID death registration for Barnet	• COVID-related deaths by MSOA • Age standardised death rate by London boroughs	• List of care setting affected by Covid-19 • Total confirmed and suspected cases in Barnet care settings
Frequency of reporting	Daily	Daily	Daily	Weekly	Infrequently	Daily
Further analyses done	Daily 7 day rolling average case numbers by age band, gender, ethnicity and deprivation are discussed at a daily sit rep meeting	Data on cases not reached by the National Test & Trace team is used by the Local Team to support local contact tracing		Weekly update for Health Protection Board which provides updated position within the Borough and informs the public reporting.		

Download *current LBB reporting process map* and view *Barnet's Weekly COVID-19 dashboard*.

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Data and reporting: Vaccine uptake

Lead: LBB Public Health Intelligence - Jeremy Hooper

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Current LBB reporting mechanisms on vaccine uptake are outlined in the table below

	Sent to DPH	Available via restricted access			
Report/dataset title	Weekly NCL CCG Covid vaccination update	PHE portal- vaccine uptake	NIMS- Vaccine uptake	HealtheIntent- vaccine uptake	ASC dashboard
Content/dataset	Summary of CCG vaccination activities including numbers of jabs given in PCN hubs.	Number of Barnet residents by JCVI Grp and Ethnicity who have received vaccination.	Vaccine numbers & uptake in Barnet residents & registered with breakdown on ethnicity, age and gender.	Vaccine numbers & uptake in patients registered with Barnet GPs with breakdown on eligible groups.	Vaccine uptake in care home residents and staff.
Frequency of reports/updates	Weekly	Weekdays	Daily	Weekly	Weekly
Further analysis/ use	Circulated to inform Health Protection Board and CMT GOLD	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups

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Date Created: 12.03.21

Data and Reporting: Waste Waters Surveillance

Lead: LBB Public Health Intelligence - Jeremy Hooper

How can wastewater epidemiology support the pandemic response in Barnet?

- Wastewater-Based Epidemiology (WBE) provides health information on communities. It is based on the analysis and interpretation of chemical and/or biological compounds in wastewater.

- Research has demonstrated that individuals with COVID-19 shed SARS-CoV-2 in their stool, regardless of whether they have symptoms. Wastewater epidemiology has advanced to enable monitoring infection levels in communities.

- The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

DRAFT

Date Created:
11.03.21

Data and Reporting: Waste Waters Surveillance

Lead: LBB Public Health Intelligence - Jeremy Hooper

Method

- The reported SARS-CoV-2 wastewater data are the number of virus' nucleocapsid (N1) gene copies (gc) detected in wastewater samples.

- Samples of wastewater are collected four times per week from wastewater treatment plants across England.

- The N1 abundance is reported as gene copies per litre of wastewater sample collected.

Data

The general COVID-19 wastewater epidemiology process is as follows:

1. The wastewater network is mapped.

2. Wastewater auto-sampling units are strategically placed in the sewage network to collect wastewater from a region of interest (ROI).

3. The autosamplers gather wastewater over a set time period (in some cases grab samples are taken due to the availability of autosamplers or network characteristics.)

4. The laboratory will perform assays to calculate the total amount of SARS-CoV-2.

5. A total viral load in the ROI is reported.

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11.03.21

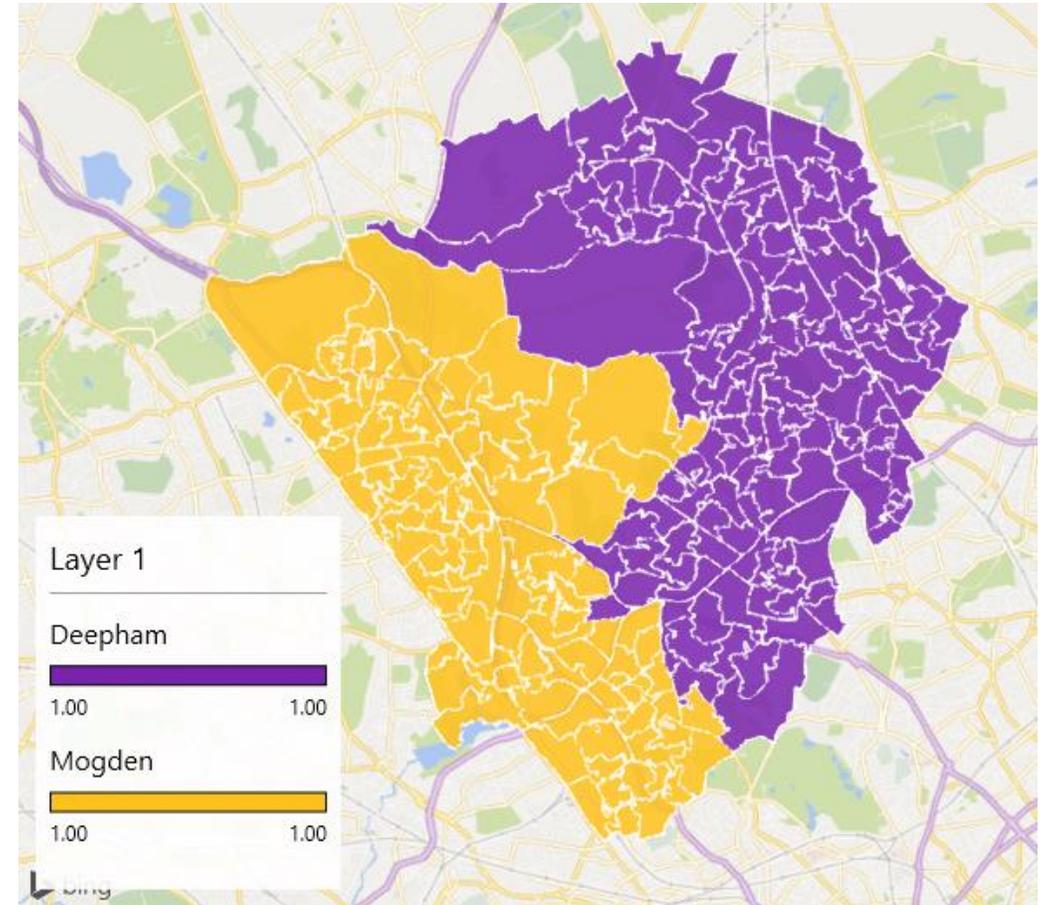# Data and Reporting: Waste Waters Surveillance

Lead: LBB Public Health Intelligence - Jeremy Hooper

Barnet is covered by two wastewater monitoring stations:

- **Deepham**

- **Mogden**

Wastewater can be sampled either from a large community area (at the wastewater plant) or 'up-stream' to monitor a smaller region of interest or at the outlet of a single building (eg. campus, school, care home, HMO).

Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population.

Layer 1

Deepham

| 1.00 | 1.00 |

Mogden

| 1.00 | 1.00 |

Date Created:
11.03.21

Communications

Lead: Marianna Sladowsky

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Introduction

This plan is intended as an update to the Test and Trace comms plan from June 2020, which focused on reducing rates of COVID-19 by increasing trust in and take up of Test and Trace. Since then, we have started to communicate other work streams in the fight against COVID and the Government has asked us to promote a series of new national measures to reduce rates of the virus. We have also decided to take a hard hitting and proactive approach in our local communications, which took the form of a new high vis COVID-19 campaign in Jan 2021. This plan will pull these different workstreams together.

DRAFT

Date Created:
10.03.21

Communications: Strategy Aims

Lead: Marianne Sladowsky, COVID-19 Communications Lead

The aims of the communications strategy are:

1. Raise awareness of the importance of following the changing national rules to contain the spread of COVID-19, as well ongoing COVID-safe practises.

2. Ensure residents are informed about when, how, and where to test for COVID-19 and that they are aware of the importance of Test and Trace.

3. Inform residents about the vaccine and build trust for it, especially amongst communities with a traditionally low vaccine take up

4. Inform residents and businesses about the penalties faced if rules are flouted

5. Create a plan for a safe exit from lockdown and then eventually from all national measures.

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Date Created:
10.03.21

Communications: Raise Awareness
Lead: Marianne Sladowsky

We will achieve this by:

- Disseminating changes in national measures to all Barnet residents via regular comms channels: Barnet First e-news and magazine, the COVID-19 website hub, social media posts, VCS newsletters, Barnet COVID-19 Health Champions.

- Barnet-wide out of home campaigns, such as the COVID Can Cost You Everything campaign from Jan 2021 and the upcoming vaccine engagement campaign.

- Engage communities and wards that have higher than average COVID-19 rates (see inequalities section for more detail)

- Work with councils across London as part of the Keep London Safe campaign to use common assets and research to underpin communications initiatives.

- Engage Barnet communities on particular events, which require more targeted communications, such as Christmas and Purim (more detail in health inequalities section).

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Date Created:
10.03.21

Communications: Inform Residents on T&T

Lead: Marianne Sladowsky

We will achieve this by:

- Regular website, social media and Barnet newsletter comms about the importance of PCR testing when people have symptoms and the rules around self-isolation, as well as financial and voluntary sector support for it. COVID-19 Health Champions assets to support.

- Comms planning around the introduction of LFD testing via previously mentioned channels as well as some targeted comms to businesses in areas around testing centres.

- Continued promotion of national test and trace initiatives such as the NHS Test and Trace App and of local test and trace services as needed.

- Create a comms plan for surge testing in case a variant of the virus is identified. We now have this, along with a set of assets that we can use for future surge testing projects.

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Date Created:
10.03.21

Communications: Build Vaccine Trust

Lead: Marianna Sladowsky

We will achieve this by using the following assets:

- Produced by Government, NHS and PHE comms teams.

- Made jointly with our NCL partners, such as an animation for young people produced by Haringey.

- Produced by the **Keep London Safe** campaign

- More multi-media: videos from trusted voices, audio clips, infographics, social media graphics.

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Date Created:
10.03.21

Local Outbreak Management: Outbreak Identification and Rapid Response Framework
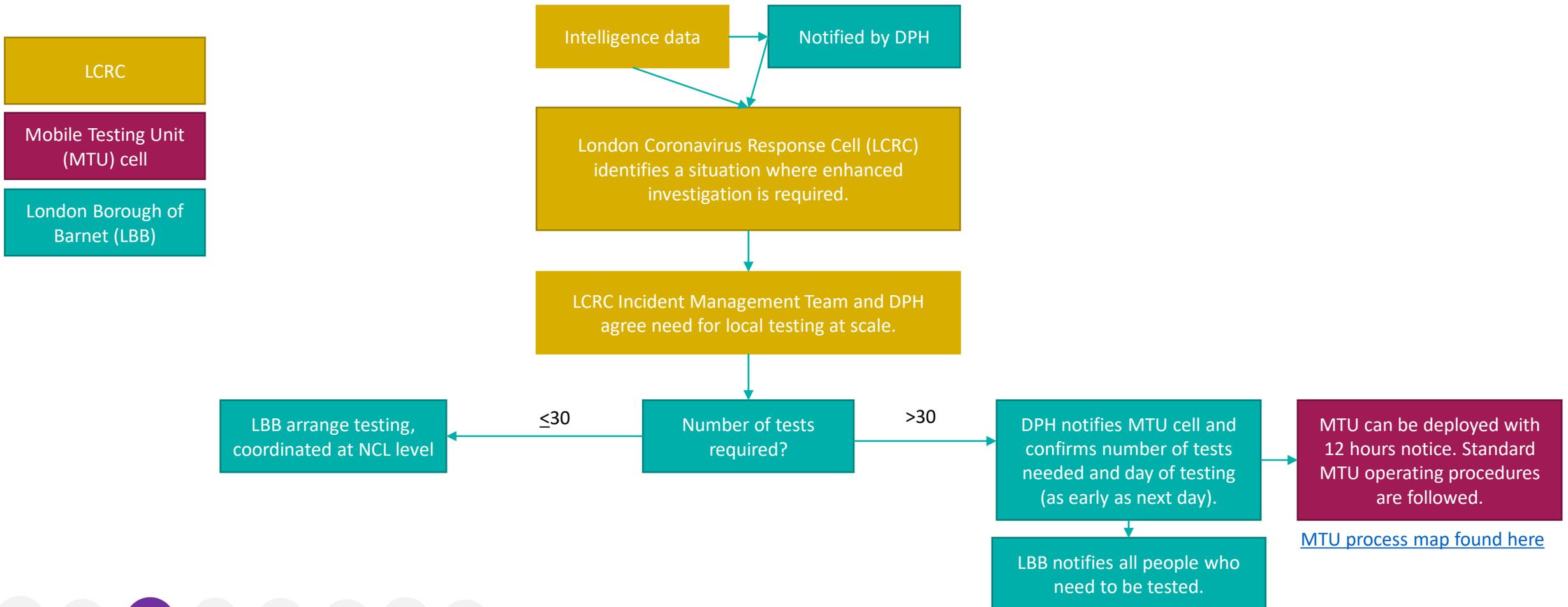
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To support local outbreak prevention and management, local guidance documents for organisations and businesses have been produced, to be used across a range of settings for prevention and management of outbreaks. This guidance is intended to keep the setting safe and enables key individuals to know what to do in the event of symptomatic cases of Covid-19 in their setting.

- **Outbreak definition:** An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place and time. The LOCP may therefore be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type.
- **Initial risk assessment:** PHE HPT contact relevant setting to ensure all actions have been taken, conduct a risk assessment to determine the complexity of the situation and whether measures may need to be taken.
- **Infection Control and Response to Enquiries:** IMT to convene with deciding roles of the muliti agency response, agreeing outbreak response. Situation updates fed back to Health Protection Board.
- **Enhanced testing and Contact tracing:** Testing of people within complex settings may be advised, testing will be done in collaboration with local authority, PHE and the DHSC.
- **Intelligence monitoring:** The setting will continue to be monitored by the IMT using regular intelligence updates
- **Control measures:** If the virus continues to spread, activities may be restricted or required to close. This will be decided by the IMT based on risk assessment

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PCR testing for outbreak investigation

Lead: Dr Tamara Djuretic (LBB DPH)

In the case of an outbreak we will need to expedite testing. Access to these tests will be determined on a case by case basis, requiring a specific request from our Director of Public Health (DPH).

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LCRC

Mobile Testing Unit (MTU) cell

London Borough of Barnet (LBB)

Intelligence data → Notified by DPH

London Coronavirus Response Cell (LCRC) identifies a situation where enhanced investigation is required.

↓

LCRC Incident Management Team and DPH agree need for local testing at scale.

↓

LBB arrange testing, coordinated at NCL level ← ≤30 — Number of tests required? — >30 → DPH notifies MTU cell and confirms number of tests needed and day of testing (as early as next day). → MTU can be deployed with 12 hours notice. Standard MTU operating procedures are followed.

MTU process map found here

LBB notifies all people who need to be tested.

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DRAFT

Date updated: 12th March 2021

Local Outbreak Management: High-Risk Settings

Lead: Senior Management LBB Public Health-Janet Djomba, Emma Waters, Rachel Wells, Julie George, Mike Koumi

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Setting	Action Card	Plans/Risk Assessment Tools
Early Years *Updated March 2021*	Early Years_Action Card	
Schools *Updated March 2021*	Action Card_Schools	LCRC Documents accessible from SharePoint
Universities *Updated March 2021*	Universities_Actio n Card	
Workplaces *Updated March 2021*	Workplaces_Guid ance	Download - Corporate risk assessment example - Staff risk assessment form example
Care Settings	Care reak Management	Barnet Visiting Policy for Care Settings

DRAFT

Date Modified:
11.03.21

Local Outbreak Management: Data & Reporting
Lead: Jeremy Hooper, Public Health Intelligence Lead

- During local outbreak, data will flow as described here;

- Further details on all suspected cases (identified by Contact Tracing and outbreak investigation); positive cases (LCRC) and those tested via increased local testing capacity (CLCH and LCRC) will be analysed daily and reported into Incident Management Team;

- Data will be anonymised and shared on 'need to know' basis in order to contain further spread;

- Individual line listing of cases will not be shared beyond the Public Health team. This will be used to support cluster identification.

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Local Outbreak Management: PHE LCRC Data Flow

	Setting						
	Care settings	School and Early Years	Workplace	Health settings	Prison/custodial institutions	Homeless and/or hostel	Community cluster
London Coronavirus Response Centre response	- Receive notification from Tier 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene IMT if required - Provide information to DsPH and advice/recommendations for ongoing support - Communicate and coordinate with other LAs, regions, devolved administrations and internationally as required.						- Receive notification from Tier 2 - Support Local Authority in their risk assessment of and response to an identified community cluster
Local authority response	- Prevention work and respond to enquiries - Support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans - Follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access - Participate in IMT if convened by LCRC - Organise testing and Mobile Testing Unit deployment as required - Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting						- Receive notification from Tier 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public)