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**REPORT FOR: CABINET**

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<b>Date of Meeting:</b>	10 September 2020
<b>Subject:</b>	Local Outbreak Control and Intervention Plan – Covid-19
<b>Key Decision:</b>	Yes
<b>Responsible Officer:</b>	Sean Harriss – Chief Executive
<b>Portfolio Holder:</b>	Graham Henson – Leader of the Council
<b>Exempt:</b>	No
<b>Decision subject to Call-in:</b>	Yes
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report sets out Council plans to manage an outbreak of Covid 19 within Harrow, including how it will work with partner agencies.

**Recommendations:**

Cabinet is requested to:

1. Note the plans to manage a local outbreak of Covid-19 within Harrow, including liaison with partner agencies, communications strategy, community engagement and exercise of enforcement powers.
2. Delegate authority to the Chief Executive, following consultation with

the Leader of the Council, the Leader of the Opposition and the Director of Public Health, to issue communications for the purpose of reducing transmission of Covid-19, including communicating advisory restrictions on movement in advance of legal restrictions.

3. Delegate authority to the Corporate Director, Community, following consultation with the Leader of the Council, to issue a direction under the Health Protection (Coronavirus, Restrictions) (England) No.3 Regulations 2020.

**Reason:**

The Council is responsible for having a Local Outbreak Plan to manage the outbreak of any communicable disease, including Covid-19. Whilst this plan is led by the Director of Public Health, the success of any plan will be dependent on multi-agency working, effective enforcement and timely communications and community engagement.

## **Section 2 – Report**

### **Introductory paragraph**

The guiding principles for management of the Covid-19 pandemic are reliant on work at a national, regional and local level. The Government and specific government departments and national agencies have responsibility for national oversight and have moved from taking decisions on a national basis to targeting support to specific areas, based on geography and other factors.

The Government has published the Covid-19 Contain Framework, setting out guidance for local decision making. This framework sets out six principles to support effective implementation of an integrated national and local system:

- the primary responsibility is to make the public safe
- build on public health expertise and use a systems approach
- be open with data and insight so everyone can protect themselves and others
- build consensus between decision-makers to secure trust, confidence and consent
- follow well-established emergency management principles
- consider equality, economic, social and health-related impacts of decisions

At a national level, areas are categorised as follows:

- Watching brief: areas with prevalence below 20 cases per 100,000 population
- Area(s) of concern: areas with the increased prevalence (over 20 cases per 100,000 population),

- Area(s) for enhanced support: areas with prevalence over 25 cases per 100,000 population
- Area(s) of intervention: areas with prevalence over 50 cases per 100,000 population

The table on the following page identified the actions necessary at each stage.

The Council has responsibility for preparing a local outbreak plan covering the following key areas:

- healthcare and education settings
- high-risk workplaces, communities and locations
- local testing
- contact tracing in complex settings
- data integration
- vulnerable people and diverse communities
- local boards and communications

The Council's Local Outbreak Plan is published at <https://www.harrow.gov.uk/downloads/file/27851/harrow-outbreak-control-plan>

### **Governance**

Local governance of Harrow's outbreak plan builds on existing practice as follows:

- The Leader of the Council is responsible for community engagement and for the political oversight of Harrow's response to a local outbreak.
- The established COVID-19 Health Protection Board provides public health leadership and infection control expertise, linked to the PHE regional lead, NHS, environmental health and other key partners. It shares weekly data updates and reports into the Health & Wellbeing Board.
- Harrow's Director of Public Health is responsible for its local outbreak intervention plan.
- The local Gold (Strategic Coordination) Group provides resource coordination and links to NHS Test and Trace.
- The Chief Executive is responsible for the deployment of resources and liaison with the Local Resilience Forum (for example, for mutual aid), and with Whitehall via Regional Support and Assurance teams.
- Harrow's Health and Wellbeing Board provides public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers.

Epidemic Level	7-day cases per 100,000	Epidemic Phase	Key epidemic measures to be considered	Wider Local Authority actions	Wider Political leadership actions
1A	0 - 20	Areas requiring watching brief	<ul style="list-style-type: none"> <li>• <b>Business as usual</b></li> <li>• <b>Testing and Contact tracing</b></li> <li>• <b>Community outreach</b> and support</li> <li>• Mass media <b>campaigns</b></li> <li>• Reinforce <b>prevention</b> messaging</li> <li>• <b>Support local readiness</b> including best-practice sharing</li> <li>• <b>Input into assurance</b> of local readiness</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Lead incident response</b> and plan/implementation of actions</li> <li>• Increase testing capacity</li> <li>• Monitor and maintain test positivity &lt;5%</li> <li>• <b>Trace complex cases</b>, identify contacts, within scope of Tier 1b</li> <li>• Lead delivery of local <b>public comms &amp; engagement plan</b></li> <li>• Identify and plan for most vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Build <b>local outbreak readiness</b> incl. outbreak control plans</li> <li>• Build <b>local capacity and capability</b></li> <li>• Ensure the necessary <b>local preventative actions</b> are enacted</li> <li>• Proactively <b>monitor local data/analytics</b> feeds</li> <li>• Ensure local schools, business, care homes COVID-secure</li> <li>• Develop ad test <b>proposed escalation routes</b> and criteria</li> </ul>
1B	20 - 25	Areas of national concern	<ul style="list-style-type: none"> <li>• <b>All of the above plus:</b></li> <li>• Increase MTU access</li> <li>• Widen Testing and screening options</li> <li>• Targeted campaigns</li> <li>• Strengthen CT activity</li> <li>• Community Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Organise and scale up MTU</b> and testing activity</li> <li>• Reduce <b>test positivity &lt;5%</b></li> <li>• Ensure at <b>risk communities</b> engaged</li> <li>• Monitor <b>care homes, hospitals, workplaces</b> for outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assure local readiness</b> incl. capability/capacity</li> <li>• Work with PHE, NHSTT, JBC to implement <b>range of available interventions</b> a</li> <li>• Draw on <b>stakeholders to access additional support</b> &amp; resource</li> <li>• Support <b>co-ordination across boundaries</b> including sub-regions</li> </ul>
2	25 - 50	Areas of enhanced support	<ul style="list-style-type: none"> <li>• <b>All of the above plus:</b></li> <li>• Reintroduce epidemic controls</li> <li>• Close settings driving epidemic</li> <li>• Mandatory masks</li> <li>• Restrict social contacts</li> <li>• Restrict religious gatherings</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Scale up testing</b> rate to &gt;500-1000 per 100,000</li> <li>• Manage <b>public communications</b></li> <li>• Support most <b>vulnerable communities</b></li> <li>• Consider use of <b>local authority powers</b> to reduce transmission risk</li> <li>• Work with <b>sub-regional, regional and national</b> partners</li> </ul>	<ul style="list-style-type: none"> <li>• Drive <b>E2E system readiness and optimise performance</b></li> <li>• Provide <b>integrated dashboards</b> to support local monitoring</li> <li>• Proactively monitor data and <b>flag issues with regional and national</b> teams</li> </ul>
3	>50	Areas of intervention	<ul style="list-style-type: none"> <li>• <b>All of the above plus:</b></li> <li>• Consider local lockdown</li> <li>• Target intervention dependent upon drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Lead delivery of local public comms &amp; engagement plan</li> <li>• Draw on stakeholders to access additional support &amp; resource</li> <li>• Support co-ordination across boundaries beyond a UTLA</li> </ul>	<ul style="list-style-type: none"> <li>• Manage lifting/lowering of national restrictions as appropriate</li> <li>• Provide guidance on demand to support local capacity build</li> <li>• Parliamentary accountability for the health of the nation</li> </ul>

## **Understanding our community**

COVID-19 infection is still prevalent in London, the local infection rate is closely monitored and any local outbreaks of two or more linked cases are immediately investigated through PHE and the local DPH. As the national lockdown has ended, more emphasis is placed on local areas to contain the rate of infection, and to prevent a second 'wave' of infection. The challenge is to maintain and extend the changes in behaviour patterns that the first wave of infection encouraged in the community such as hand washing and social distancing.

Behaviour change programmes are most effective where community engagement and local ownership is high. The Coronavirus infection rates have exposed cohorts of the population that are more likely to become infected which are being used to guide our approach to community engagement in Harrow. The infection has revealed a correlation with communities that are more deprived, have poorer life chances and a shorter life expectancy. The characteristics of the most vulnerable include age, the presence of an existing medical condition, ethnicity, multi-generational households, staff that have a client facing occupation, and those residents that are obese or smoke. Our community engagement approach explores these characteristics, and through this we are co-producing the most effective ways to increase risk awareness and how to provide community specific support (outlined in more detail below).

## **Community Engagement – Engineering a Bespoke Approach**

In terms of the practicality of reaching out to at-risk groups where there is higher deprivation, multigenerational households and/or crowded housing, and client-facing occupations – all of which present significant risk that can lead to greater infection rates and faster spreading clusters/outbreaks - the emphasis on community engagement will be in using our local knowledge and links to community groups in Harrow to create greater understanding of and adherence to the contact tracing system. This approach aligns with the Keep London Safe campaign which was launched at the end of July and designed to reach communities across the capital to address low awareness of testing and contact tracing.

## **Community engagement around Test and Trace**

The primary thrust of creating community buy-in of Test and Trace in Harrow will be working with organisations from ethnic community groups that are deemed to be at higher risk because of the factors outlined above, and moulding them to become advocates for Test and Trace. Creating advocacy for Test and Trace among ethnic community leaders who are trusted by their community groups is critical to overcoming currently circulating myths about contact tracing and replacing them with a clear fact-based understanding. This work has already begun with the Somali, Romanian, Tamil and African-Caribbean community organisations and will be rolled out further to other at-risk BAME groups.

The second major thrust of the community engagement approach is centred on co-production of Test and Trace material with these ethnic community groups that can be then channelled to communities through multiple mailing lists, WhatsApp groups and social media channels. The use of locally-

produced posters can be further widened out to include places of worship, ethnic grocery stores, and targeted GP clinics that cater to the specific community. The rationale for such an approach is based on the fact that circulation of promotional material in community languages and which involves trusted local leaders and/or medical professionals from within communities in Harrow, will generate greater trust and confidence in Test and Trace.

Overall, the community engagement approach highlighted above is centred on creating bespoke solutions and co-produced material that can address specific needs and issues that emerge from engaging directly with communities and understanding the roadblocks that may stand in the way of establishing a robust Test and Trace system to manage local outbreaks. Furthermore, by establishing an ongoing relationship with communities around Public Health, any further escalation of the management of potential local outbreaks can be effectively communicated in a manner which inspires trust and confidence in the local authority.

### **Liaison with the Voluntary Sector**

Working with the voluntary sector is vital to both communicate messages and to support individuals affected by COVID-19. We have established the Help Harrow network which provides food and support for people who were shielding and for others that have to self isolate due to being a case or a contact of a case.

We have delivered webinars on test and trace to engage the voluntary sector as champions to spread the messaging within their communities. If we develop locally led contact tracing, we will be looking at engaging them further.

### **Role of Elected Members**

Elected Members are an important interface between LB Harrow and the public. They are the familiar face of the Council and should promote calm amidst chaos and project a positive image of the council.

Members have a role in determining the strategic direction of the Council and therefore the development of the Covid-19 Outbreak Control Plan. They are part of the governance structure of the council. The local Health Protection Board, which monitors and responds to outbreaks reports into the Health and Well Being Board. The scrutiny of the outbreak control plan and the Council's response to the pandemic is also undertaken by elected members.

### **Communications**

The key communication messages that we need to include are:

- Prevention through risk awareness, hand washing and appropriate PPE
- Raising symptom awareness
- Ensuring testing options are known and understood
- Understanding who and in what format an individual may be contacted/traced and the implications

- Understanding other aspects of lifestyle that may compromise an individual's ability to recover from a COVID-19 infection such as smoking cessation and physical activity, whilst also protecting or improving mental wellbeing
- Encouraging seasonal flu vaccination
- Raising awareness of support available whilst also providing assurance around council leases

Our local communications strategy includes engagement with ward councillors and the use of a variety of social media and other channels to promote the messages. We are promoting the Keep London Safe campaign

### **Testing Capacity**

Testing is conducted across several different settings known as pillars. Pillar 1 is swab testing for the virus (antigen testing) in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and for health and care workers.

Pillar 2 is swab testing for the virus (antigen testing) for the wider population, this includes in-person tests and tests sent out in the post. In addition to the main sites such as Heathrow and The O2, mobile testing units (MTUs) visit each borough at least two days per week. In Harrow the MTU comes to the Civic Centre car park twice a week and usually goes to Northwick Park on one day over the weekends. There are other sites in neighbouring boroughs that Harrow residents can also access.

Pillar 2 is being expanded almost on a weekly basis. It now includes additional capacity for weekly tests for care home staff. This has been delayed but is due to be restarted in September for the homes for older people and people with dementia. The homes for people with disability or mental health problems will also be eligible for testing.

The newest developments in testing are the inclusion of smaller local testing units and the new fast tests that are coming online. Each week, around 100 tests per 100,000 residents are conducted. We would like the numbers to increase to more than 110. We are working with the Department of Health and Social Care to site a local testing unit in the South Harrow area to improve access to people who might not otherwise be able to get tested due to not having access to a car. This should be in place in early September. The new testing machines, e.g. DNA Nudge, are being distributed to hospitals to ensure that they can get a result quickly for people admitted to hospital as an emergency.

### **Contact Tracing**

When a positive case is identified, they are contacted by NHS Test and Trace and asked to name their close contacts. These contacts are then followed up and told to self-isolate for 14 days. Initially they receive a text, and if there is no response the tracing service will attempt to phone them three times, and if they are not successful, they are sent a letter. The Harrow rate of successful

completions in around 78% and 66% of contacts as at the end of July. These rates are very similar to the London and England rates.

There is a current debate relating to whether those people not successfully followed up may be more effectively followed up by a local service. Those providing the service need to be trained in health, public health or environmental health which presents local capacity issues. The plans have not been confirmed at the time of writing, but are being developed.

### **Enforcement powers**

The Council has various general and specific powers to respond to risks associated with an infectious disease. These largely sit with environmental health and include powers to close premises where there are food hygiene risks, powers to close or restrict the use of individual premises, public outdoor spaces or events when this is necessary and proportionate in order to respond to a serious and imminent threat to public health and to control the transmission of Covid-19, powers to apply to court to impose restrictions or close contaminated premises or detain vehicles and powers to serve a notice on individuals for the purpose of preventing, protecting against, controlling or providing a public health response to the transmission of an infectious virus.

Breach of any directions permit the Council or police to serve fixed penalty notices or to prosecute for more serious offences.

The Council also has powers to restrict use of its own premises and outdoor spaces in appropriate circumstances.

The Council must exercise its powers in a reasonable way and only when it is necessary and proportionate, having considered other options. The Council will comply with its enforcement policies when making decisions, which require a targeted response and the need to work with businesses and individuals to seek voluntary cooperation before resorting to enforcement action. For this reason enforcement is seen as a last resort to be used when other less restrictive measures have failed to provide adequate protection.

The Council's powers are limited and it does not have powers to impose wide scale closures or close essential infrastructure. The Council also has no power to impose restrictions on people's movements, except as outlined above. If this type of intervention is required, the Council would liaise with government departments for national intervention to control the transmission of the Covid 19 virus.

### **Options considered**

The Council has a responsibility to publish a local outbreak plan. As part of formulating this plan, it has consulted with statutory partners and regional agencies to determine the appropriate response to any outbreak within Harrow.



### **Data Protection Implications**

Harrow Council has a data sharing agreement with Public Health England to facilitate monitoring and analysis. This is signed off by the Director of Public Health with advice from Information Governance.

### **Risk Management Implications**

The actions set out in this report represent Harrow's plans to deal with the risk of a local outbreak of C19.

Within the Council departmental business continuity plans and risk registers are being reviewed to both take account of the risk and put in place mitigations

### **Procurement Implications**

There are no immediate procurement implications arising from the recommendations of this report. Should there be a future need for procurement as a result of implementing any of the recommendations this will be conducted consistent with the Public Contract Regulations 2015, Cabinet Office issued Procurement Policy Notes and the Councils Contract Procedure Rules.

### **Legal Implications**

Legislation has been passed to respond to the Covid-19 pandemic. This includes the Coronavirus Act 2020 and regulations made under existing primary legislation.

Under the Public Health Act 1984, a number of health protection regulations have been passed to restrict people's movements and restrict business operations. These have been amended over the months as national policy on management of the virus has changed.

The Council has existing powers to apply to court to close premises where there are public health or food hygiene concerns. The Council also has a successful track record of securing voluntary closures, by working with business owners. The police and councils also have powers to prevent events taking place or to close public spaces for temporary periods in response to disorder.

To avoid the need for court authorisation, the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 were passed and came into force on 18 July 2020. These regulations give local authorities in England powers to impose restrictions on specific premises, planned events and open spaces in local areas to mitigate the effects of any local outbreak of the virus. The regulations contain important safeguards and directions can only be made where there is a serious and imminent threat and the action is a necessary and proportionate step to manage this. The directions must be

reviewed every 7 days and the Secretary of State, neighbouring authorities and all other London boroughs must be notified. The Secretary of State reserved the right to direct a local authority to impose restrictions or to overturn restrictions. There are also exemptions in the regulations covering essential infrastructure.

When making decisions under the above regulations, the Council must have regard to the. Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020.

Prior to taking action, the Council should consult with the police and provide reasons for proposed action to the Secretary of State. The Council must also consider the equality implications of any action. In relation to public open space, if the Council gives a direction, it must take reasonable steps to prevent or restrict public access to the public outdoor place to which the direction relates.

Essential infrastructure is not defined in the regulations, however the guidance provides a non-exhaustive list of premises which would come within this definition, including:

- buildings owned or occupied by central or local government
- national security buildings
- premises from which health care professionals operate
- premises of registered childcare providers
- educational institutions, including maintained schools, academies, FE colleges and higher education institutions
- children's homes
- premises of utility companies
- premises which produces, manufactures, distributes or sells food other than food retailers smaller than 280sqm
- premises connected with provision of emergency services
- waste facilities, including waste collection and management facilities
- sites operated by or on behalf of a postal operator
- prisons and premises associated with management or supervision of offenders
- premises associated with rail services

The Council has alternative limited powers to close or apply restrictions to community schools in relation to health and safety concerns. In addition, the Secretary of State has powers under the Coronavirus Act 2020 to impose restrictions on educational institutions, including schools and registered childminders. These powers can be delegated to a local authority by the Secretary of State in relation to a registered childcare provider and schools.

Breach of the regulations can be enforced by fixed penalty notice and in more serious cases by prosecution.

The above regulations are aimed at dealing with individual business operations or events. They are not intended to deal with wider restrictions on people movements or business operations. If further restrictions were

required in Harrow, the Council would work with its regional and national partners and such restrictions would be imposed by the Government.

The various enforcement powers to deal with health protection issues are delegated to environmental health officers. These officers have been utilising the existing and new regulations over the last few months to respond to any local risks. Other powers in relation to schools sit within the People directorate. As the issue of a direction is a significant step which will have consequences on individual businesses, it is proposed to restrict delegation of this function to the Corporate Director, following consultation with the relevant portfolio holder. All other powers remain as set out in individual schemes of delegation.

## **Financial Implications**

The Government made £300m of funds available for local authorities for outbreak control. This was allocated to local authorities using the same formula as the Public Health grant allocation. Harrow received just over £1m This funding will to be used for:

- Supporting people who may need to self-isolate
- Community engagement and resource development
- Additional staffing to develop the outbreak plans and to respond to local outbreaks
- Additional staffing and resources needed to provide a local contact tracing hub.

## **Equalities implications / Public Sector Equality Duty**

Although COVID-19 can infect anyone, the consequences of an infection are more severe in older people, those with multiple long term conditions, people living in deprivation and people from Black, Asian and other minority ethnic groups. Managing outbreaks in the community aims to protect those in these more vulnerable groups.

## **Council Priorities**

- 1. Tackling poverty and inequality**  
Managing outbreaks of COVID-19 will prevent the disproportionate effect on the vulnerable groups mentioned above.
- 2. Addressing health and social care inequality**  
Managing outbreaks of COVID-19 will prevent the disproportionate effect on the vulnerable groups mentioned above.
- 3. Thriving economy**  
By managing outbreaks we avoid a second lockdown which would have devastating impact on the local economy.

### **Section 3 - Statutory Officer Clearance**

Name: Sharon Daniels



on behalf of the  
Chief Financial Officer

Date: 2 September 2020

Name: Hugh Peart



Monitoring Officer

Date: 2 September 2020

Name: Nimesh Mehta



Head of Procurement

Date: 2 September 2020

Name: Sean Harriss



Chief Executive

Date: 2 September 2020

### **Section 4 - Contact Details and Background Papers**

**Contact:** Carole Furlong, Director of Public Health tel: 020 8420 9508 email:carole.furlong@harrow.gov.uk

**Background Papers:** None

**Call-In Waived by the  
Chair of Overview and  
Scrutiny Committee**

**NO**