

Covid-19 Local Outbreak Management Plan

London Borough of Merton
April 2021



Foreword

London Borough of Merton Covid-19 Local Outbreak Management Plan, April 2021

Councillor Rebecca Lanning, Cabinet Member for Cabinet Member for Adult Social Care and Public Health:

The COVID-19 pandemic is unprecedented in its impact on the health, wellbeing and livelihoods of residents in our borough and beyond. To address the challenges it has created, the Merton Health and Wellbeing Board and a dedicated Community Subgroup – which brings together partners from across the system – provides oversight of local COVID-19 outbreak management and vaccination equity.

My overarching aim is to keep all Merton residents safe, ensuring those disproportionately impacted by the pandemic – from some ethnic minority groups to our most vulnerable care home residents – are protected.

As we move towards the final stages of national lockdown easing, it is imperative we continue to support the rollout of the vaccination programme – ‘leaving no-one behind’ – whilst rapidly responding to any increase in local cases of COVID-19 or variants of concern; securing effective control measures to prevent local outbreaks; and flattening potential further waves.

This is the part we must play to ensure a fair and resilient recovery can get underway.

Signature  Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Signature  Ged Curran, Chief Executive

Signature  Dr Dagmar Zeuner, Director of Public Health

Content

- **Context**
- **Purpose, scope, timeline**
- **Principles and learning (1) & (2)**
- **Outbreak management priorities – summary**
- **Priority 1- Reducing inequalities**
- **Priority 2 – Infection, prevention and control (IPC)**
- **Priority 3 - Community testing**
- **Priority 4 –Local contact tracing partnership & self-isolation**
- **Priority 5- Variants of concern (VOC)**
- **Priority 6 – Vaccination**
- **Priority 7 - Communication & engagement**
- **Priority 8 – Data & insight**
- **Priority 9 – Compliance and enforcement**
- **Priority 10 - Events**
- **Governance**
- **Next steps for Merton LOMP**
- **Appendix – Main guiding documents**
- **Glossary**

Context

- The Local Outbreak Management Plan (LOMP) refresh is an ask from the Department of Health and Social Care (DHSC) to Local Authorities (LAs) to support the national Covid-19 roadmap and ensure 'living with Covid-19 safely' beyond June 2021.
- LOMPs are expected to build on the original LA Outbreak Control Plan published June 2020, incorporate learning from wave 2 and cover new developments such local contact tracing partnership with NHS Test & Trace (NHS T&T), lateral flow testing and vaccination as well as response to new threats from variants of concern (VOC).
- LOMPs are part of the national Covid-19 resilience arrangements, complementing the national Contain Framework, Outbreak Management Toolkits and regional plans.
- Further work is required to ensure all parts are aligned, especially as the Public Health system restructure is taking shape with the creation of the UK Health Security Agency (UKHSA) on 1 April 2021 absorbing Public Health England (PHE) health protection function, Joint Biosecurity Centre (JBC) and NHS T&T, and the establishment of the Office of Health Promotion under the Chief Medical Officer (CMO) planned for 1 October 2021 as part of DHSC. In particular, the below require further clarification going forward:
 - Escalation/de-escalation, including triggers
 - National, regional and local roles, including for surge capacity
 - Longer-term LA funding for health protection beyond the 2021/22 Contain Outbreak Management Fund (COMF) allocation and commensurate with roles and responsibilities
 - Future data integration, research and evaluation, including use of waste water analysis

Purpose, scope, timeline

- This plan is a strategic high level guide for joined up local outbreak management with NHS T&T, PHE/LCRC (as part of the new UK HSA) and local partners.
- It is supplemented by detailed action plans, Standard Operating Procedures (SOPs) and other technical documents, which are constantly adjusted in line with emerging new policy and learning; some of the main guiding documents are referenced in the appendix but we have chosen to keep the LOMP itself as slim as possible.
- The objective of outbreak management is to keep Covid-19 infections as low as possible while coming out of lockdown and restarting economic activity and recovery. In particular to:
 - Prevent and control local clusters & outbreaks
 - Reduce enduring transmission and spread of VOC
 - Avoid or flatten new Covid-19 wave(s)
- The scope of this plan does not include wider recovery and inequality work of the Council and its partners; this is covered elsewhere.
- The timeline follows the milestones of the roadmap until June 2021 and extends until March 2022 in recognition of the potential for another wave in the winter.

Principles and learning (1)



- Covid-19 has increased inequalities- outbreak management, long-term resilience arrangements and recovery must have a particular **focus on reducing the disproportionate impact of Covid-19 and inequalities**
- **Community engagement is essential**, with a strength-based approach, combined with clear communication, to increase adherence to control measures and uptake of vaccinations; needs to be prioritised in the future as crucial building block for local resilience and recovery, including the important role of elected members.
- **Proportionate and fair enforcement** is complementary to community engagement, not ever a replacement.
- Local resilience arrangements need to be put on sustainable footing, including **longer-term & recurrent funding**; currently it is difficult to plan effectively with the one-off COMF allocation just covering one year until March 22; there is a real risk of piecemeal working and a funding cliff edge with collapse of local arrangement and loss of hard earned expertise.
- **Clarity of roles and responsibilities** needs to include joint working arrangements between LAs and partners at national, regional and local level, especially PHE/LCRC and NHS T&T and the new UK HSA and Office for Health Promotion; and including different stages of the current pandemic (and any future threats). The national Contain framework does not provide much expected clarity on escalation / de-escalation and trigger points, so this still needs to be worked through.
- **Joined up working between the various national departments, especially Department for Education (DfE), DHSC and Home Office** needs improving to ensure consistency of policy, guidance and communications.
- The aspired '**teams of teams**' approach needs to be turned into reality. Emergency mode of working, including weekend and out-of-hours, needs to be justified by real threat and not become routine.
- Organisational restructures, including abolition of PHE and establishment of UK HSA and Office of Health Promotion, and development of Integrated Care Systems (ICSs) need to take into account the **importance of place and relationships for resilience**.

Principles and learning (2)

- The national approach to testing and contact tracing has been focussing on numbers, rather than the outcome of reducing transmission, at vast national cost (see recent Public Account Committee report). It needs a shift to **focus on the end-to-end process including adherence to self-isolation** which is currently the weakest link; and clear understanding about added value of national, regional and local arrangements.
- At local level, added value comes from an intelligence driven, bespoke and integrated approach to contact tracing and support for self-isolation. **Efficient and resilient surge capacity needs to be at regional and national level; most local added value** in outbreak management is through bespoke hyper-local response **when numbers of infections are small.**
- Current VOC management approach **lacks a clear evidence-based protocol and evaluation**; the localised operations of enhanced asymptomatic testing require disproportionate on-off local resources and do not seem a sustainable solution for variant tracking. There is a need for a **joined up national and regional early warning system** through enhanced genomic testing of routine PCR tests, wider use of PCR reflex assays and exploration of using waste water sampling before mobilisation of local enhanced asymptomatic testing.
- Outbreak management needs to be driven by data, intelligence and evidence of effectiveness of interventions. **More work at national and regional level is required to turn data into intelligence**; and to **robustly evaluate interventions** (including collateral harm and benefits). VOC approach is an example where this currently is lacking – see above.
- Possible opportunity for **training and employment of a local workforce** to support community testing, local contact tracing, vaccination mop up and wider prevention/welfare services for underserved communities in an integrated and sustainable model.

Outbreak management priorities – summary



- 1) **Reducing inequalities/embedding equity** – understanding our communities, the inequalities inherent and joint approaches to improvement; mainstreaming this focus and way of working into all aspects of outbreak management and recovery.
- 2) **Infection, prevention and control (IPC)** – IPC embedded as integral part of service quality, focus on high risk settings such as care homes and other adult social care (ASC), inclusion health groups, schools and early years (EYs).
- 3) **Community testing** – targeted and purposeful use of asymptomatic testing, agile and scalable in response to demand and further developments i.e. possible saliva test; surge capacity for enhanced asymptomatic PCR testing for variants of concern (VOC)
- 4) **Local contact tracing partnership & self-isolation** – enhanced (=backwards) tracing and increased speed of case finding; bespoke wrap around support to increase self-isolation with focus on those who experience greatest barriers.
- 5) **Variants of concern (VOC)** – early warning and tracking through increased national and regional genomic sequencing, use of PCR reflex assays first (and possibly waste water sampling), selective use of bespoke local enhanced PCR testing combined with self-isolation support for suppression; agree national & regional approach about potential enhanced restrictions.
- 6) **Vaccination** – supporting equitable uptake in: phase 1 and 2; mop up; second dose; opportunistic vaccination, potential annual booster, bespoke use of vaccination in outbreaks and for tackling enduring transmission.
- 7) **Communication & engagement** – clear and consistent communication and engagement that drive behaviours and safety; increased awareness; close engagement with key partners and stakeholders, including elected members; ongoing development of Community Champions and increased access and uptake of prevention services, especially for underserved communities.
- 8) **Data & insights** – qualitative and quantitative intelligence driving action and evaluation; focus on surveillance, enhanced contact tracing and vaccination uptake; inequalities.
- 9) **Compliance and enforcement** – proportionate approach, complementary to community engagement; integrated into bespoke support for self-isolation.
- 10) **Events** - clear and evidence based approach to supporting the safe and successful planning and delivery of events in Merton, ranging from small community events and fairs to large international sports events i.e. Wimbledon Tennis Championships.

Priority 1- Reducing inequalities/embedding equity



What we want to achieve: understanding our communities, the inequalities inherent and joint approaches to improvement; mainstreaming this focus and way of working into all aspects of outbreak management and recovery

- **What is in place**

- Commitment from all partners, led by Health and Wellbeing Board (HWBB) and its community subgroup
- Voluntary sector–led insight work into ‘lived experience of Covid-19 in Merton’ covering in particular BAME groups, older people, people with learning difficulties (LD) and young people (YP).
- Community champion networks with wide reach
- Trusted community hub run by the voluntary sector
- Recovery and modernisation programme with embedded equity focus – outside the scope of LOMP but LOMP needs to align.

- **What is planned / how**

- Mainstreaming a focus on reducing inequality/embedding equity in all LOMP priorities- see further slides

- **Risks/Issues/support required**

- Sustainable funding and support for long-term genuine community engagement and support for the local voluntary sector; loss of hard earned trust, relationships and social capital developed by the community throughout the pandemic.

Priority 2 – Infection, prevention and control

What we want to achieve: IPC embedded as integral part of service quality, focus on high risk settings such as care homes, other adult social care (ASC), inclusion health groups, schools and Early Years (EYs)

- **What is in place**

- IPC coordinator x1 (interim) reactively supports settings with an outbreak

- **What is planned/how**

- Mainstreaming of IPC risk assessments, training, and quality assurance:
 - Integrated IPC team across Public Health, ASC commissioning and Housing;
 - IPC resource for schools and EY settings;
 - Revised specification for enhanced care home support team including strengthened IPC expertise in collaboration with ICS
 - Focus on high risk settings and inclusion health groups
 - Further joint work with the NHS to effectively share infection control expertise across SWL ICS.

- **Risks/Issues/support required**

- Sustainable resourcing; maintaining training; upskilling workforce
- Additional benefit for control of other communicable diseases

Priority 3 - Community testing

What we want to achieve: targeted and purposeful use of asymptomatic testing, agile and scalable in response to demand and further developments i.e. possible saliva test; surge capacity for enhanced asymptomatic PCR testing for variants of concern (VOC)

- **What is in place**

- Morden Assembly Hall Asymptomatic Testing Site (ATS), Civic Centre, Community Pharmacy (CP), support for national LFT programmes; LFT home test model including 'test first, collect second', collections sites (i.e. libraries)

- **What is planned/how**

- Scalable community testing options that can flex to demand: roving team for underserved communities, surge staff capacity for VOC; further development of LFT home testing model 'test first, collect second'
- Daily contact testing London pilot, working with community pharmacy (for quality assurance / supervision)

- **Risks/Issues/support required**

- Acceptability of testing (especially once vaccinated); saliva test development; false positives; plastic waste/recycling
- Engagement of communities and businesses
- Evaluation of different models at regional/national level
- Potential future training and employment opportunities for local testing staff, i.e. supporting local contact tracing, opportunistic vaccination, wider prevention/wellbeing, especially in underserved communities.

Priority 4 –Local contact tracing partnership & self-isolation

What we want to achieve: enhanced backwards tracing and increased speed of case finding; bespoke wrap around support to increase self-isolation with focus on those who experience greatest barriers

- **What is in place**
 - Case finding for those not reached by NHS T&T within 24hrs
- **What is planned/how**
 - Local Contact Tracing Partnership (LCTP) to further develop enhanced (backwards) tracing and speedier case finding; consider adding tracing contacts of referred cases, local '0'.
 - Bespoke wrap-around support for self-isolation, including financial, employment, housing and social circumstances; regular check-in for adherence
 - Explore future joint model with Regulatory Service Partnership (RSP) across Wandsworth and Richmond boroughs.
 - Explore training and employment opportunity for local people supporting local contact tracing, but also testing, vaccination mop-up and wider prevention / welfare support.
- **Risks/Issues/support required**
 - Adequate funding, including ongoing community hub; easier admin and access to self-isolation payment; at London level: consideration about furlough scheme and designated accommodation; evaluation with focus on achievement of self-isolation.

Priority 5- VOC

What we want to achieve: early warning and tracking through increased national and regional genomic sequencing first (and possibly waste water sampling), selective use of bespoke local enhanced PCR testing and self-isolation support for suppression; agree national & regional approach about enhanced restrictions

- **What is in place**

- Learning from two enhanced testing operations in contrasting localities (most deprived and most wealthy wards); trained workforce from community testing

- **What is planned/how**

- Complete learning and pull together local mobilisation protocol
- Further align approach with sub-region and region

- **Risks/Issues/support required**

- National or regional protocol and evaluation
- Local enhanced testing operations resource intense and do not seem appropriate and sustainable for tracking; instead genomic sequencing and waste water sampling use for national and regional tracking and early warning; use of local operations in exceptional clearly defined circumstances only. For suppression, enhanced testing must be combined with stronger self-isolation support.
- Agreement about potential use of enhanced/bespoke restrictions in case of outbreaks
- Arrangements for cross-borough operations if required

Priority 6 – Vaccination

What do we want to achieve: supporting equitable uptake: in phase 1 and 2; mop up; second dose; opportunistic vaccination, potential annual booster, bespoke use in outbreaks and for tackling enduring transmission

- **What is in place**

- NHS-led vaccination roll-out: local Primary Care Network (PCN)- led delivery including pop-up sites and coverage of inclusion health groups; SWL Vaccination Board; joint NHS/LA communication and engagement programme; evolving data reporting

- **What is planned/how**

- Final development and implementation of Merton vaccination equity plan (priorities: access, communication/engagement, partnerships/governance/resources, data and insights)
- Mixed access model in East and West Merton: mass vaccination sites, PCN, community pharmacy (CP), pop-up and outreach
- Merton Vaccination Equity Steering Group
- Improved regular monitoring and deep-dives
- Exploring integrated vaccination / prevention and welfare service for underserved communities / tackling low uptake

- **Risks/Issues/support required**

- Joint work at sub-regional and London level, especially re data, communication, CP, opportunistic vaccination and vaccination as a tool for outbreak control, including future vaccination workforce (see also community testing, longer-term options for training and employment of local people)
- Longer-term planning for routine Covid-19 vaccination
- Vaccination and Covid-19-safe behaviour – need for clear and consistent communication as evidence becomes clearer about vaccination impact on transmission

Priority 7 - Communication & engagement



What do we want to achieve: clear and consistent communication and engagement that drive behaviours and safety; increased awareness; close engagement with key partners and stakeholders, including elected members; ongoing development of community champions and increased access and uptake of prevention services, especially in underserved communities

- **What is in place**

- Dedicated Covid-19 communications resource
- Joint communications with London boroughs under Keep London Safe campaign and SWL partners
- Dedicated Covid-19 web pages for the public, weekly e-newsletter to 130,000 residents and business e-newsletter to 3,000 businesses
- Secondary community cohesion campaign (Merton Together)
- Good contacts and joint work with London and national media
- Active and diverse Community Champion network, including for young people
- Roadmap group in place
- Communications and engagement protocols for enhanced testing

- **What is planned/how**

- Expanded dedicated Covid-19 communication and engagement function, including business engagement as economy reopens
- Increase access and uptake of prevention services across life-course and underserved communities
- Continue dialogue and action by voluntary and community sector (VCS) partners on outbreak management and recovery

- **Risks/Issues/support required**

- Long-term funding
- Links to partners e.g. NHS, VCS and others i.e. Chamber of Commerce

Priority 8 – Data and insight

What do we want to achieve: qualitative and quantitative intelligence driving action and evaluation; focus on surveillance, enhanced backward tracing and vaccination uptake; inequalities

- **What is in place**

- Small in-house public health (PH) info team bolstered with interims; and council geographical information system (GIS) function

- **What is planned/how**

- Strengthening and expanding of local council intelligence function with focus on surveillance, enhanced backward tracing and vaccination (focus on equity of uptake), wider Covid-19 impacts, inequalities, for intelligence driven resilience and recovery
- Collaboration with SWL Integrated Care System (ICS) and South London Partnership (SLP)

- **Risks/Issues/support required**

- Resources are interim and planning required for post March 2022
- Data
 - More intelligence rather than only sharing of lots of raw data from nation/regional
 - Escalation/de-escalation triggers – need national or regional agreement
 - Clarity on data sharing, especially re vaccination
- Monitoring / evaluations
 - National and regional evaluation of Covid-19 interventions, including VOC approach
 - Tidy up of guidance to ensure consistency across national departments and easier navigation
 - National and regional monitoring frameworks for direct and indirect Covid-19 health inequalities

Priority 9 – Compliance and enforcement

What do we want to achieve – proportionate approach, complementary to community engagement; integrated into bespoke support for self-isolation (coupled with Priority 4)

- **What is in place**
 - Dedicated investigatory and enforcement resource for outbreak control
 - Dedicated non-regulatory engagement function, including Covid Marshals and Business Champions
 - Workplace Standard Operating Procedure (SOP) for the investigation or outbreaks and clusters in specific settings
 - Close links to business community through direct links, Future Merton, Business Improvement Districts and Chamber of Commerce
- **What is planned/how**
 - Increasing number of non-regulatory capacity including additional Covid Marshals and Business Champion resource
 - Business webinars for reopening of key sectors such as retail, offices, hospitality and beauty industry
 - Joint working with Covid Marshals, Regulatory Services, Public Health, Local Case Tracing Team and Police to target resources at points of common exposure
 - Review of SOP to reflect relationship with other enforcement agencies such as HSE and Police
 - Review of self-isolation compliance to establish level of non-compliance and how public compliance with self isolation requirements can be improved
 - Developing the inclusion of Covid-19 business compliance into existing inspection programmes to form ‘business as usual’ approach.
- **Risks/Issues/support required**
 - Funding for ongoing regulatory and non-regulatory support and enforcement resources after Covid-19 grants cease
 - Links to partners ie Chamber of Commerce, Business Improvement Districts, Police

Priority 10 – Events



What do we want to achieve – clear and evidence based approach to supporting the safe and successful planning and delivery of events in Merton, ranging from small community events and fairs to large international sports events e.g. Wimbledon Tennis Championships.

- **What is in place**

- National Events Research Programme (ERP) piloting a range of Status Certification Events e.g. sport, music, business and hospitality to build evidence base and best practice
- Council approach to events published to guide planning by organisers: <https://www.merton.gov.uk/communities-and-neighbourhoods/events/safety>
- Established Safety Advisory Groups (SAG) process in place with Public Health participation
- Established relationships with organisers of events e.g. AELTC and AFC Wimbledon

- **What is planned/how**

- Ongoing review of approach taking account of case positivity rates e.g. all proposed events to SAG or revert to tiered approach
- Promote support available for the design and delivery of safe and successful events, including small community events
- Review of officer presence at organised events to ensure compliance with event management plans ie Covid-19 Marshals or Regulatory Services presence
- Learn from recent and future ERP to inform local approach to large-scale events

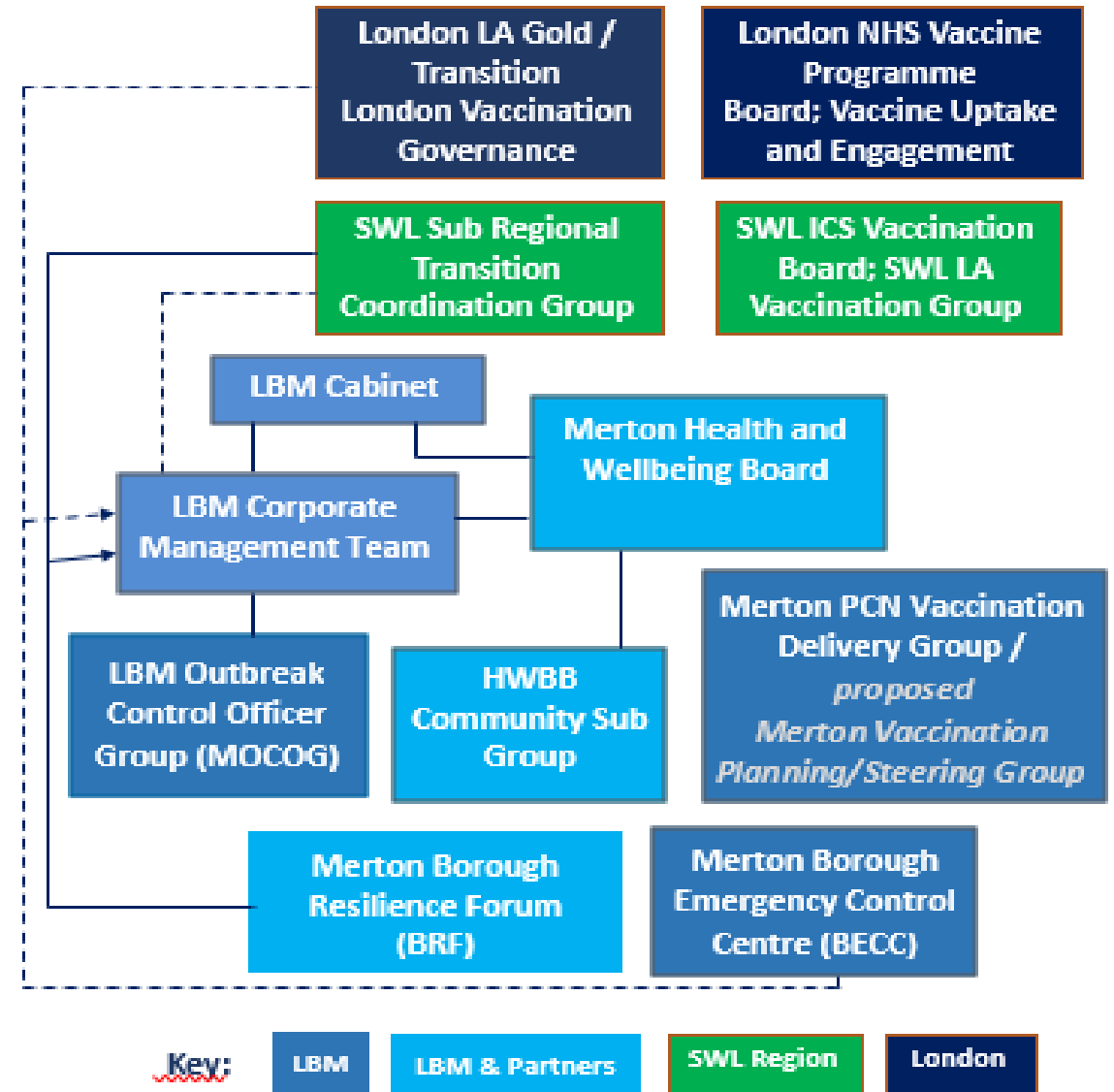
- **Risks/Issues/support required**

- Impact of regional, national and international travel on cases and/or outbreaks in Merton
- Increased need for Covid-19 testing (symptomatic and asymptomatic) due to increased number of visitors to Merton
- Reputational risk of cancelling community or large events e.g. Wimbledon Tennis or AFC Wimbledon games due to VOC or other Covid-19 related concerns
- Resourcing for increased support for public events within the borough

Governance

- Merton governance continues, built on existing infrastructure, including oversight of outbreak management by the Health and Wellbeing Board (HWBB) and its specially constituted, time-limited Community Sub-group.
- The Borough Resilience Forum (BRF) brings together local partners, and Merton Outbreak Control Officer Group (MOCOG) is the Council’s delivery mechanism for day-to-day management, reporting to Council Gold (Corporate Management Team, CMT).
- London and South West London sub-regional arrangements are evolving as the command and control structure will be moved into transition and recovery.
- Sub-regional arrangements are also evolving in parallel with the NHS led Integrated Care System (ICS) development.
- Tackling inequality is a focus at all levels with the HWBB Community Sub-group with current focus on promoting vaccine equity.
- The PCN led Vaccination Delivery Group will monthly turn into the Merton Vaccination Steering Group including strategic partners for oversight.

Page 183



Next steps for Merton LOMP

- Learning from London assurance process; London feed-back incorporated as well as insights from sub-regional assurance visit; engagement in planned London 'deep dives' covering: international travel, vaccination equity, large events, VOCs and compliance with Covid-19 safe behaviours
- Action planning for implementation of LOMP priorities, alongside Contain Outbreak Management Fund (COMF) allocation for 2021/22 – and aligned to other Covid-19 budgets across the council.
- Recruitment of additional resource to relieve staff for business as usual and recovery work.
- Local partnership sign off including Borough Resilience Forum (BRF) and Health and Wellbeing Board (HWBB).
- Ongoing alignment of LOMP implementation and council recovery and transformation programme.
- Ongoing collaboration at sub-regional and London level to manage roadmap and contribute to future shape of a safe and effective health protection / resilience system as the new UK health Security Agency (UK HSA) and Office for Health Promotion gets established.

Appendix – main guiding documents

- Link to original Merton outbreak control plan
[https://www.merton.gov.uk/assets/Documents/Outbreak%20Control%20LBM%20Outbreak%20Control%20Plan%20for%20publication%20with%20forward%20290620%20\(003\)%20\(002\).pdf](https://www.merton.gov.uk/assets/Documents/Outbreak%20Control%20LBM%20Outbreak%20Control%20Plan%20for%20publication%20with%20forward%20290620%20(003)%20(002).pdf)
- London current outbreak control plan
- London ADPH informal supporting slides, 5 March 2021, vs 4
- Robyn Fairman, London convener, slide set
- LGA webinar slide set, 10 March 2021
- Link to national road map
<https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary>
- Numerous supporting technical documents and standard operating procedures are held in dedicated knowledge hubs that are updated regularly and hence not included in the main text or listed here.

Glossary



- ADPH Association of Directors of Public Health
- ASC Adult Social Care
- ATS Asymptomatic testing site
- BAME Black and Minority Ethnic Groups
- BAU Business as usual
- BRF Borough Resilience Forum
- COMF Contain Outbreak Management Fund
- CMO Chief Medical Officer
- CP Community Pharmacy
- DHSC Department of Health and Social Care
- DfE Department for Education
- EOI Expression of interest
- EY Early Years
- GIS Geographical information system
- HSE Health and Safety Executive
- HWBB Health and Wellbeing Board
- ICS Integrated Care System
- IMT Incident Management Team
- IPC Infection prevention and control
- LA Local Authority
- LCRC London Coronavirus Response Cell
- LCTP Local Contact Tracing Partnership
- LD Learning difficulties
- LFT/D Lateral flow test/device
- LOMP Local Outbreak Management Plan
- NHS T&T NHS Test & Trace
- NIHP National Institute of Health Protection
- PAC Public Accounts Committee
- PCN Primary Care Network
- PCR Polymerase chain reaction
- PHE Public Health England
- RSP Regulatory Services Partnership
- SAG Safety Advisory Committee
- SLP South London Partnership
- SOP Standard Operating Procedure
- UK HSA UK Health Security Agency
- VCS Voluntary and community sector
- VOC Variant of Concern
- YP Young People