NOTICE OF MEETING

Cabinet Member Signing: Taken Under Special Urgency

Monday, 10th August, 2020, 10.00 am - Urgent

Members: Councillors Sarah James – Cabinet Member for Adults and Health

Quorum: 1

1. **APOLOGIES FOR ABSENCE**

2. **DECLARATIONS OF INTEREST**

   A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

   (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
   (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

   A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

   Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

3. **COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN FOR HARINGEY (PAGES 1 - 30)**

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Friday, 07 August 2020

Report for:	Cabinet Member signing 10th August 2020
Title:	COVID-19 Local Outbreak Management Plan for Haringey
Report authorised by	Dr Will Maimaris – Interim Director of Public Health
Lead Officer:	Dr Will Maimaris – Interim Director of Public Health will.maimaris@haringey.gov.uk

Ward(s) affected: ALL

Report for Key/ Non Key Decision: Key decision

1. Describe the issue under consideration

1.1. This report seeks Lead Member agreement to approve the COVID-19 Local Outbreak Management Plan for Haringey.

1.2. The Haringey COVID-19 Local Outbreak Management Plan will play a vital part in preventing new outbreaks of COVID-19 and reducing the impact of any outbreaks that do occur.

1.3. The best way of reducing further impact of COVID-19 on the health and wellbeing of our communities is to prevent a significant rise of cases locally. This is also the best way for us to keep our schools open, our care homes COVID free, our high streets operating and our NHS open for all. To do this we need to work across organisations in Haringey and beyond, and we are also asking our residents and communities in Haringey to continue to do their bit to keep us all safe.

1.4. The plan will develop over time, considering new and relevant information and guidance as it becomes available. We are committed to constantly learning about how we can better prevent and manage COVID-19 locally.

2. Recommendations

2.1. To approve the COVID-19 Local Outbreak Management Plan at appendix 1.

2.2. To agree to delegate authority to the Director of Public Health in consultation with the Cabinet portfolio holder to make any amendments to the plan required due to the changing nature of the Pandemic and the level of local response needed.

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2.3. To note allocation of Haringey's COVID-19 Test and Trace support grant of £1.862m which is to be used to prevent, mitigate and management of outbreaks of COVID-19 in Haringey and support the delivery of the Local Outbreak Management Plan.

3. Reasons for decision

3.1. All local authorities in England are required to develop and implement a COVID-19 Local Outbreak Management Plan. It was a requirement that each plan be submitted to the Department of Health and Social Care by the end of June 2020. Haringey Council submitted a draft plan as there was recognition that the development of the plan was an iterative process and the situation was fluid.

3.2. In addition, all local authorities in England have been awarded a COVID-19 test and trace service support grant. The purpose of the grant is to support local authorities in England towards expenditure lawfully incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The grant for Haringey is £1.862m.

4. Alternative options considered

4.1. None were considered as all Local Authorities are requested by Government to have a COVID-19 Local Outbreak Management Plan.

5. Background information

5.1. The Haringey Local Outbreak Management Plan outlines how the Council will play their part and work with other agencies and other parts the public health system to prevent and manage local outbreaks of COVID-19. The draft plan is available on the council's website https://www.haringey.gov.uk/social-care-and-health/health/covid-19-local-outbreak-management-plan. An accessible version is also attached to this report as an appendix.

5.2. The overall objectives for the prevention and management of new COVID-19 outbreaks in Haringey are:

- To prevent local spread and outbreaks of COVID-19 and identify any clusters of cases proactively
- To manage and mitigate any local outbreaks that develop
- To have a multi-agency plan owned by local partners and communities
- To engage and involve local communities
- To understand the impact of COVID-19 on our local communities
- To provide local infrastructure and oversight on outbreak prevention to link into national programmes, and to link with neighbouring areas

5.3. The plan has 8 priority areas:

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1 Data and information about the outbreak
2 Communication, engagement and messaging including prevention
3 Management of cases and operational management of outbreaks, including how we will work with neighbouring areas
4 Local testing capacity
5 Specific settings including care homes and schools
6 Haringey's Black, Asian and Minority Ethnic Communities
7 Supporting people to self-isolate
8 Local Governance and oversight

5.4. The work will be steered by a new local Haringey COVID-19 Prevention and Outbreak Management Board, chaired by the Director of Public Health. Attendance for this board will include:

- Haringey Council - Senior managers from environmental health, emergency planning, communications, engagement and community support leads

- Haringey Partners - NHS, voluntary and community sector representative(s) and the local Healthwatch that represents patients in Haringey.

5.5. The Haringey COVID-19 Prevention and Outbreak Management Board will report to Haringey's Health and Wellbeing Board as a forum for political leadership and engagement with the public on our plans.

5.6. Any local outbreaks will be managed through an incident management team, with joint leadership from PHE and any local authorities impacted, as well as other partners relevant to the situation (e.g. headteachers, GPs and care home managers).

5.7. Any incidents which require a local incident management team will also feed into Haringey Council's GOLD emergency planning structure for our COVID response. Haringey Council GOLD is a strategic meeting of senior managers in the council held as required in order to respond to local emergencies. GOLD meetings are currently held weekly, but they can be held more frequently if required.

6. **Contribution to strategic outcomes**

6.1. The Haringey COVID-19 Local Outbreak Management Plan contributes to the Haringey Borough Plan 2019 – 23 strategic priorities, particularly to Priority 2 – People, Priority 3 – Place and Priority 4 – Economy.

7. **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

Finance Comments

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7.1   This report is seeking approval for the Covid-19 Local Outbreak Management Plan.

7.2   The council has been allocated £1,862,362 ringfenced grant from the Department of Health and Social Care to support the national test and trace service and deliver our local outbreak management plan.

7.3   Costs arising from the implementation of the Covid-19 Local Outbreak Management Plan will be allocated against the ringfenced Test and Trace Service Response Grant. The monitoring of this grant will be made through the Adults and Public Health department.

Procurement – not applicable

Legal Comments

7.4   The Assistant Director of Corporate Governance has been consulted in the preparation of this report.

7.5   The Civil Contingencies Act 2004 imposes roles and responsibilities on specified organisations in relation to preparing for and responding to emergencies. Local authorities are a Category 1 responder under the Act, and have a duty to respond to emergencies on behalf of the Secretary of State for Health.

7.6   Under section 6 of the Health and Social Care Act 2012 the Director of Public Health is responsible for the Council's public health response to incidents that present a threat to the public's health.

7.7   There are a wide range specific statutory responsibilities, duties and powers available to the Council to respond and to mitigate the effects of the Covid-19 outbreak, which includes the Coronavirus Act 2020 and associated regulations, and the Public Health (Control of Disease) Act 1984 as amended and associated regulations, The Council's Covid-19 Outbreak Plan sets out the Council's response, subject to government guidance.

7.8   This decision is to be made under Part 4 Section H paragraph 18 (a) and 18 (b) of the Council's Constitution as an urgent decision. This matter is urgent because all local authorities are required to have a local outbreak management plan in place to implement.

7.9   The Council's public sector equality duty (PSED) is referred to in the Equalities section of this report. This duty requires the Members to have due regard the requirements of the PSED in their decision-making processes.

7.10 To demonstrate that the Council have had 'due regard' to its equalities duties, there is no prescriptive way in which due regard is evidenced. However, it is generally advisable that an equalities impact assessment (EIA) is carried out, as this provides a method of assessing equalities aims.

7.11   The comments contained in the Equality Section of the report states that the Plan has a specific section on actions to mitigate impacts of COVID on Black, Asian and Minority Ethnic Groups, who, evidence suggests are adversely impacted by COVID-19.

7.12   The PSED is a continuing duty, and as the Plan is living document the Council needs to ensure that equalities evidence is taken account of throughout life of the Plan, and due weight is given to equalities aims. It is advisable that an EIA is carried out,and included in any further report.

Equality

7.13   The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.

- Advance equality of opportunity between people who share those protected characteristics and people who do not; Foster good relations between people who share those characteristics and people who do not.

- The plan has a specific section on actions to mitigate impacts of COVID on Black, Asian and Minority Ethnic Groups, who, evidence suggests are adversely impacted by COVID-19.

8. **Use of Appendices**

    Haringey's COVID-19 Local Outbreak Management Plan – appendix 1

    Joint Agreement between the PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings – Haringey version – appendix 2

9. **Local Government (Access to Information) Act 1985**

    Link to funding allocation announcement for outbreak management at local level – note this funding is intended to support and work with the existing NHS test and trace service. https://www.gov.uk/government/news/local-authorities-across-england-receive-funding-to-support-new-test-and-trace-service

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COVID 19 – Local Outbreak Management Plan - Haringey

Our collective plan for the prevention and management of new COVID outbreaks in Haringey

Context and background from our Director of Public Health – Dr Will Maimaris

As we put together this plan in late June 2020, we are now past the first peak of COVID-19 in Haringey and the rate of new cases in Haringey is low and stable. Our hospitals currently have very few sick patients with COVID. This is in contrast to March, April and May when we had a severe outbreak of COVID in London and over 250 people died with COVID in Haringey.

We now have an opportunity to work together in Haringey to prevent new outbreaks of COVID-19, and to reduce the impact of any outbreaks that we do have.

The best way of reducing further impact of COVID-19 on the health and wellbeing of our communities is to prevent a significant rise of cases locally. This is also the best way for us to keep our schools open, our care homes COVID free, our high streets operating and our NHS open for all.

To do this we need to work across organisations in Haringey and beyond, and we are also asking our residents and communities in Haringey to continue to do their bit to keep us all safe.

All local authorities have been asked to produce what is called a local outbreak management plan.

These plans outline how local authorities will play their part and work with other agencies and other parts of the public health system to prevent and manage local outbreaks of COVID.

This document is an initial draft with an outline of our local priorities in Haringey for preventing and managing local outbreaks of COVID.

I would like to agree these priorities with partners in Haringey and develop these plans further over the next few weeks. As every month goes by, we understand more about COVID-19 and how it spreads, so we will need to update the plan and the actions we need to take on an ongoing basis.

Please note that this document does not deal with planning for a second surge of COVID in our local hospitals or how the council will provide essential services in the case of a second wave of COVID - that is being looked at elsewhere.

This document is also not a plan for managing a contained outbreak in an NHS setting such as a hospital – they will have their own plans in place in the NHS for this.

Overall objectives for the prevention and management of new COVID-19 outbreaks in Haringey:

- To prevent local spread and outbreaks of COVID-19 and identify any clusters of cases proactively
- To manage and mitigate any local outbreaks that develop
- To have a multi-agency plan owned by local partners and communities
- To engage and involve local communities
- To understand the impact of COVID-19 on our local communities
- To provide local infrastructure and oversight on outbreak prevention to link into national programmes, and to link with neighbouring areas

Priority areas:

1. Data and information about the outbreak
2. Communication, engagement and messaging including prevention
3. Management of cases and operational management of outbreaks, including how we will work with neighbouring areas
4. Local testing capacity
5. Specific settings including care homes and schools
6. Haringey's Black, Asian and Minority Ethnic Communities
7. Supporting people to self-isolate
8. Local Governance and oversight

Limitations of the Plan

While there is much we can do locally to prevent and manage outbreaks of COVID, there are many factors that will impact the spread of COVID in Haringey that may be beyond our control locally and we can only influence. These factors include national policies on lifting lockdown and social interaction, availability of new treatments or vaccines, and testing technology and speed of test results from the national programme.

We therefore may reach a point where community transmission of COVID-19 in Haringey reaches a level which will need national or regional action to address. This also emphasises the need to ensure that the local NHS is prepared for a significant rise in infection rates. This planning is taking place elsewhere and is beyond the scope of this document.

Haringey context:

Haringey is the 4th most deprived London borough. It is also a great place to live and work with one of the most ethnically diverse populations of any local authority in the country.

Impact of COVID-19

Up to 31st May 2020, there were a total of 595 diagnosed cases of COVID-19 in Haringey.

This significantly underestimates the total number of cases, as testing during the first wave was largely restricted to sick patients in hospital. There are likely to have been many thousands of milder and asymptomatic cases in the community in Haringey.

In Haringey there were 253 cases with COVID recorded as a cause of death up until 15th May 2020 - 208 were in hospital, 22 in peoples own homes, 20 in care homes and 3 recorded as elsewhere.

The overwhelming majority (around 90%) of deaths with COVID in Haringey were in people over 60, and age is the strongest risk factor for COVID. We had a number of outbreaks of COVID-19 in our local older people's care homes. We also know that people with certain long-term conditions are at higher risk of serious illness.

Haringey is an extremely diverse borough, and evidence that there is a higher risk of serious illness and death from COVID in some ethnic groups is therefore very pertinent. Public Health England found that people from Bangladeshi and Pakistani ethnic groups were 2 times more likely to die from COVID than white people, and other ethnic groups, including Black Caribbean and Black African, had between a 10 to 50% increased risk of death from COVID compared to white people.

Roles and responsibilities

It is important to be clear about the roles and responsibilities of different agencies in preventing and responding to outbreaks at a local level.

Haringey Council is not directly responsible for the initial identification and management of outbreaks of infection, or for contact tracing or testing residents for COVID. The responsibility for these areas lie with Public Health England and the NHS as outlined below. It is important we work closely together with these agencies to prevent and manage outbreaks of COVID. Some of these roles and responsibilities are set out in the table below.

Roles and responsibilities of agencies and organisations in responding to COVID-19 outbreaks

NHS Test and Trace's Roles and Responsibilities

- Provide testing of suspected cases of COVID-19

- Call handlers make initial contact (tier 3)

- NHS professionals undertake initial contact tracing of confirmed cases (tier 2). If a risk assessment identifies the need for a specialist input (tier 1) this would then be referred to the London Coronavirus Response Cell (LCRC).

Public Health England London Coronavirus Response Cell (PHE LCRC) Responsibilities

The Public Health England London Coronavirus Response Cell is a pooled resource from the three London Health Protection Teams – Responsibilities are as follows

- Initial detection of an outbreak from routine surveillance or ad-hoc reporting

- Initial risk assessment, escalation (if required) and notification to partners

- Lead the initial response and investigation in order to allow an accurate risk assessment to be undertaken to inform any actions that may be necessary

- Provide specialist health protection advice and manage cases and contacts, testing and infection control

- Provide information materials to the setting affected

- Recommend ongoing infection control measures

- Convene an Incident Management Team (IMT), if required, for specific high risk complex situations, and also contribute to any IMTs convened by Local Authority

- Provide information to Director of Public Health and advice/recommendations for ongoing support

- Liaise with other sources of specialist advice at PHE and from other experts/professionals

- Ensure appropriate escalation of the incident where there is a wider geographical spread or increased seriousness of the threat to public health

- PHE also provides system leadership and surveillance, some of which will take place at a national level.

Local Authority Responsibilities

- Lead role in protecting and improving health of the population across their jurisdiction

- The Director of Public Health has a leadership role for the Local Authority contribution to health protection matters, including preparing for and responding to incidents that present a threat to public health

- Supporting the LCRC in their initial response and investigation in order to allow an accurate risk assessment to be undertaken to inform actions that may be necessary

- Deliver COVID-19 prevention work and respond to COVID-19 related enquiries

- Ensure appropriate Local Authority representation at Incident Management Team (IMT) meetings if convened by LCRC

- Providing Public Health advice to the LCRC IMT, particularly with regards to the vulnerability and resilience of the local community

- Briefing the LCRC IMT on levels of media interest, in terms of both traditional channels and social media

- Advising the LCRC IMT on issues relating to public information, especially in the communication of risk

- Convene a local authority IMT if required for community cluster

- Statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes and exercise powers under the Health and Safety at Work Act 1974, where they are the Health and Safety enforcement authority

- Ensuring that contracted providers deliver an appropriate clinical response to any incident that threatens the public's health

- Ensuring Business Continuity impacts are monitored and that the council is able to continue to deliver on its priority services

- Consider the authorisation of variations to contractual obligations to respond to communicable disease outbreaks and incidents not covered by Major Incident clauses where necessary.

Metropolitan Police Responsibilities

- May have a role in enforcing legal restrictions as advised by the government to support local outbreak management

Our priorities in Haringey

The sections below set out the proposed priority areas for our plan to prevent and manage outbreaks of COVID in Haringey.

These priorities require strong inter-agency working between the council and its partners. This includes locally with the Haringey Resilience Forum partners which includes the NHS, the voluntary and community sectors and residents, and regionally with Public Health England and other London councils.

1. Data and information about the outbreak

In order to prevent and manage any outbreaks of COVID-19 in Haringey, the first thing we need to do is to keep track of the COVID infection in Haringey.

This includes knowing how many people are testing positive, what is happening to the trends in infection, and if there are any clusters of cases or outbreaks in settings such as care homes and schools.

We are already doing this internally in Haringey Council by receiving and sharing information with Public Health England on new cases and any areas for concern.

In the coming weeks we will start sharing a summary of this information with partners in Haringey on a regular basis. This will mean people will have access to information, for example on local infection rates, to help form risk based judgements about how to stay safe.

We will also give our partners and residents the opportunity to ask any questions about the situation or any of our public health messaging and collate these for publication as frequently asked questions.

We will also link into any national or regional status reports for COVID-19 risk and cascade any relevant messages through our communication channels, for example by linking to the risk levels set through the Joint Biosecurity Centre for COVID-19.

2. Communication, engagement and messaging including prevention

With the easing of Lockdown restrictions, it is now more important than ever that we do not become complacent with the positive actions taken by Haringey residents to slow the spread of COVID.

It is important that we communicate key messages on preventing outbreaks to our diverse communities. Key messages include maintaining social distancing, limiting close social contact

outside our households, getting tested and isolating urgently when people have COVID symptoms, and providing the NHS with information about our close contacts.

We need to ensure that people trust the communications they receive from us about prevention and management, and we will need to engage and communicate with grass roots organisations to do this.

Key actions for this part of the plan include:

- Developing and publishing a communications and engagement plan including
  - Working with other London councils to develop prevention messaging – and tailoring this to different communities in Haringey including translated materials where appropriate.
  - Outlining our communications approach in the event of a significant cluster of cases in Haringey.
- Working with our local grass roots voluntary and community organisations to spread key public health messages so that they reach people who are most vulnerable to the COVID-19 infection.
- Sending out weekly updates with key messages to institutional settings including the care sector and schools (we are already doing this) – example in appendix.
- Engaging with local GP practices on how we can identify any local clusters of cases early and use our primary care system to provide key messages to patients.

3. Management of cases and operational management of outbreaks including how we will work with neighbouring areas, link into the national contact tracing service and enforcement of restrictions

In order to prevent significant outbreaks of COVID-19, there are simple interventions that need to be followed for every COVID-19 case:

- **Testing and isolation** – anyone with fever, new cough, or loss of taste or smell needs to self-isolate immediately (with their household) and get a COVID test via the national testing offer https://www.nhs.uk/ask-for-a-coronavirus-test

- **Contact tracing** - if the person tests positive we must identify their close contacts and ask these contacts to self-isolate for 14 days. This is challenging, but very important in stopping the spread of the virus

Contact tracing is carried out by the National Contact Tracing Service. This is led by the NHS, supported by Public Health England. There is information on the NHS Test and Trace service, including the way people are contacted by the service here: https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

What would we do if there was an outbreak of COVID in Haringey?

An outbreak is defined as **multiple linked cases** where there is transmission beyond a single household. There is information on management of outbreaks of COVID in a number of different settings in the attached appendix.

Outbreaks of COVID are identified by Public Health England, working the NHS Contact Tracing Service, or through our own local intelligence, for example with schools and care homes.

When a significant community outbreak occurs the first step is usually to convene an Incident Management Team (IMT) meeting. This will be convened by Public Health England along with the local authority Director of Public Health (or multiple local authorities if the incident spans borough boundaries). Other people such as headteachers, care home managers or GPs might be invited to this meeting depending on the setting. Whoever is required to successfully manage the outbreak would be invited and expected to attend.

The IMT meeting will:

- Ensure information about the outbreak is correct and shared between organisations
- Assess the risk of the outbreak to others and understand the source of the outbreak
- Put control measures in place, including expanding testing, ensuring identification and isolation of people with COVID and their close contacts, and any further control measures such as closures of schools or workplaces
- Ensure communication with the public as required
- Continue to meet as necessary to monitor and respond to the outbreak

Local Enforcement: There are a number of powers that can be used in the case of an outbreak to restrict events and gatherings that pose a risk to the public's health. We will always attempt to first seek compliance with regulations through consensual approaches, and only use legal powers as a last resort. We still need to understand further what the mechanisms and powers would be to impose local restrictions to contain a significant outbreak such as school closures, stay at home advice and restrictions on business opening. It is likely any of these "local lockdown" measures would need action across London as a region.

Further actions we have taken, or will take, to prepare our operational response to an outbreak:

- We have already set up local procedures and rotas for our own environmental health and public health staff to prepare, if extra staff are needed to be mobilised in the case of a local outbreak
- We will create local scenario exercises to model our response to an outbreak in Haringey
- We need to work with national and regional agencies to further understand the powers that we have to impose local or regional measures to contain a significant local outbreak (e.g. school closures etc).

4. Local testing capacity

There is a national system self-referral system in place for testing for COVID (see above) which gives people the option of drive through testing centres, postal kits or mobile testing units across London. Testing is also available through NHS services for people who present with symptoms.

We have been able to complement this across Barnet, Camden, Enfield, Haringey and Islington (North Central London level), by working together with NHS partners to develop some local targeted

testing capacity. For example, this has been used for widespread testing in care homes for asymptomatic staff and residents, before it was offered nationally.

We will look to continue to collectively develop our testing capacity across North Central London, as well as further developing mobile testing capacity across London so that we can:

- Quickly mobilise additional testing capacity to respond to any local outbreaks
- Where possible, offer care home staff more regular testing in line with best practice emerging from the NHS
- Pilot and develop antibody testing programmes (which gives evidence of previous, not current infection), prioritising care homes and other care staff, and looking into other settings such as schools where possible

5. Outbreak prevention and management in specific settings – including care homes and schools

Care Homes and the wider care sector

Protecting vulnerable residents who are looked after in the care sector in Haringey is of utmost importance in our plan.

Haringey Council and our local NHS have been working closely with the borough's care homes and domiciliary care providers to provide support on an ongoing basis to care homes and other parts of the care sector during the COVID-19 outbreak through:

- Implementing Haringey's support plan for care providers.
- Providing support to care homes to access personal protective equipment (PPE). If a care provider cannot access PPE through their usual supplier, the Local Authority can provide an emergency supply and stocks are continually monitored to ensure an ongoing supply.
- Webinars on infection control provided directly by Haringey Local Authority at the beginning of the outbreak and now provided by the North London Partners. These cover a variety of topics including infection control, end of life care, and utilizing digital resources.
- Regular meetings with local care providers, with attendees including the local authority, North Central London Clinical Commissioning Group, and local NHS providers. These meetings review access to PPE, testing, and any other issues relating to supporting local providers. These were daily and are now twice weekly. The frequency will be reviewed and can be increased if the situation requires it.
- A weekly update written by the Director of Public Health to all care homes and domiciliary care providers detailing any new updates to guidance, access to support and webinars, and any other relevant information. It includes a COVID-19 directory of all local and national resources available to support care providers.
- Working collaboratively across the North Central London boroughs to share learning and provide support, including providing enhanced widespread testing to some care homes.
- Conducting a feedback exercise in Haringey, as cases are currently low in the borough. Feedback is being requested from care providers on our response to the outbreak, what has worked well and what can be improved. The results of this exercise will be used to ensure we are providing the best possible support for care providers in the coming months.
- Providing enhanced support if a care provider is experiencing an outbreak of cases, including facilitating access to testing and PPE, help with infection control, and detailed advice and support if required.

Further areas of work we are proposing to take forward with the care sector include:

- Exploring regimes for regular testing for staff in care homes learning from NHS settings.
- Identifying any issues with staff and residents moving between settings.

Schools and early years settings:

Support will continue to be provided to schools through weekly written public health briefings, which are sent to all headteachers in the borough, and regular virtual meetings between headteachers and Haringey Council. Briefings focus on COVID-19 related updates and support available to schools from both the council and wider partners.

We have produced a 'Schools Risk Assessment Template' that follows Department for Education and Public Health England guidance closely. The template supports schools to create a specific risk assessment for their settings.

A guidance document to schools and early years settings has been developed which provides advice on when and how to use Personal Protective Equipment (PPE) within settings. The council have also offered PPE to schools and early years settings to ensure teachers, staff, parents, carers and pupils feel safe returning to their setting, and staff have the appropriate PPE available should this be required.

In addition to PPE, we are providing advice and guidance to schools and early years settings as needed, and have developed several guidance documents to support them.

There are also protocols in place to ensure schools and early years settings contact Public Health England and Haringey Public Health when they experience a confirmed or suspected case of COVID-19, so support and advice on management of cases can be provided.

Other settings of interest

We will continue to actively identify settings and populations with high risk of COVID transmission and develop preventative actions for these settings, some of this work is happening at a pan London level, for example work on major transport hubs. These settings include:

- Homeless hostels
- Faith settings
- High risk businesses – such as food processing

Preventive work is already taking place in these settings, for example through regular communication and engagement on key public health messages.

Guidance on roles and responsibilities of Haringey Council and Public Health England in the case of an outbreak in a number of settings is set out in the appendix to this document: *Joint Agreement between Public Health England and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings.*

6. Haringey's Black, Asian and Minority Ethnic Communities

Haringey has an incredibly diverse population, with many different groups of people from different backgrounds and ethnicities. The term Black, Asian and Minority Ethnic Communities does not adequately do justice to the many communities and diversity of lived experience in Haringey. It is

important that we do more to understand and respond to the increased impact of COVID-19 on our diverse BAME communities in the borough.

We are taking a number of steps to address the impact of COVID-19 on our diverse communities. These are based on themes that have arisen during local engagement with grass roots organisations telling us about the lived experiences of BAME people in Haringey during the 1st wave of COVID. From these consultations, we are taking forward the following actions, and looking to identify any further necessary actions.

1. Improving messaging, engagement and communication with our diverse communities in Haringey on the actions to take to protect ourselves from COVID-19 (see priority 2 above)
2. Getting better data on the local impact of COVID-19 on different communities.
3. Ensuring that BAME NHS, council and school staff are safe at work, by providing access to tools that allow assessment of workplace risk and provision of reasonable adjustments to make the workplace as safe as possible

7. Support for people who need to self-isolate or shield

Haringey are encouraging all residents to consider what their arrangements will be and what support they may need if they are required to self-isolate. This is happening through conversations on the Council's COVID-19 helpline and through distribution of our 'Making a Plan' leaflet (attached). In addition to practical considerations, this includes information on emotional wellbeing.

Support for accessing food provision is available through local and national delivery services, including phone-based ordering. Additionally, there is support available for those who may be self-isolating but may also be struggling to afford food.

In addition to national support to pharmacies, Haringey has a prescription delivery service. This includes delivery of wider medical support items such as hearing aid batteries, incontinence pads etc.

Other areas we need to consider for this part of this plan:

- Criteria to re-start shielding locally (assuming restrictions are partially lifted by central government) in the case of the outbreak
- How we would re-mobilise our current shielding support rapidly in the case of an outbreak
- What systems nationally and locally will be in place to provide support to residents and small businesses that may have to stop working for 14 days to self-isolate if identified as a contact of a confirmed COVID-19 case

8. Local governance and oversight

This work will be steered by a new local **Haringey COVID-19 Prevention and Outbreak Management Board,** chaired by Haringey's Director of Public Health. Attendance for this board will include:

1. Haringey Council
   - Senior managers from environmental health
   - Emergency planning
   - Communications
   - Engagement and community support leads

2. Haringey Partners

- NHS
- Voluntary and community sector representative(s)
- Local Healthwatch that represents patients in Haringey

The Haringey COVID-19 Prevention and Outbreak Management Board will report to **Haringey's Health and Wellbeing Board** as a forum for political leadership and engagement with the public on our plans.

Any local outbreaks will be managed through an **incident management team,** with joint leadership from PHE and any local authorities impacted, as well as other partners relevant to the situation (e.g. headteachers, GPs and care home managers).

Any incidents which require a local incident management team will also feed into **Haringey Council's GOLD emergency planning structure** for our COVID response. Haringey Council GOLD is a strategic meeting of senior managers in the council held as required in order to respond to local emergencies. GOLD meetings are currently held twice weekly, but they can be held more frequently if required.

Developing the plan and how to contact us

This is a first draft of our plan and is being shared with partners across our Health and Wellbeing Board for further input and refinement.

This plan will develop over time, taking into account new and relevant information and guidance as it becomes available. We are committed to constantly learning about how we can better prevent and manage COVID-19 locally.

We want to make sure this plan is owned by Haringey partners and communities, so we would really welcome any feedback. Please contact Haringey's Director of Public Health, Dr Will Maimaris to provide feedback will.maimaris@haringey.gov.uk.

Appendices: Attached separately

- *Joint Agreement between Public Health England and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings.*

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Joint Agreement between the PHE London Coronavirus Response Centre and London Local Authorities for supporting the management of COVID-19 outbreaks and complex settings – Haringey version

<u>Overview</u>

This joint agreement provides a framework for joint working between the PHE London Coronavirus Response Centre (LCRC) and the public health structures in London Local Authorities (LAs) for managing COVID-19 outbreaks, complex settings and community clusters.

This agreement will be kept under monthly review initially due to the rapidly changing regional situation and guidance, and fluctuating capacity across the system. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems in London.

<u>Rationale for the joint agreement</u>

- To have a joint collaborative and co-ordinated approach to supporting London settings including care homes, extra care housing and supported housing, local hospitals, workplaces, prisons, primary care settings, schools, nurseries and homeless hostels in managing COVID-19 outbreaks, reflected in councils' Local Outbreak Control Plans (LOCPs).

- To improve understanding and access to services, reduce transmission, protect the vulnerable and prevent increased demand on healthcare services

- To share outbreak information to facilitate appropriate measures

- To have a Single Point of Contact (SPoC) in LCRC and in each local authority to facilitate data flow, communication and follow up

- To provide consistent advice to settings and local public health teams

<u>Joint approach</u>

The overarching joint approach to managing **complex settings and outbreaks** will be as follows:

1

- LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information to the setting on management of the outbreak;

- LCRC will manage cases and contacts, and provide advice on testing and infection control;

- LCRC will convene an Incident Management Team (IMT) if required;

- LCRC will inform the relevant local authority SPoC;

- The local authority will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access;

- The local authority will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate

The overarching joint approach to managing **community clusters** will be as follows:

- The local authority or LCRC will receive notification from Tier 2

- The local authority will inform the LCRC SPoC/LCRC will inform the local authority SPoC

- The local authority will convene an IMT

- The local authority will provide support to the community

- LCRC will support the local authority in their risk assessment of and response to an identified community cluster

Appendix 1 provides further information on the joint approach by setting type.

Appendix 1 – Brief Standard Operating Procedures/Roles and responsibilities for LAs and LCRC, by setting type (LAs and LCRC)

1a - Care Homes

Source of concern

Positive test in staff or resident
Notification from Level 2
Symptoms of Covid-19 in a staff member of resident
Household contacts of staff test positive or are asked to self-isolate
and suspected COVID-19

Action

Care home   Follow PHE guidelines on isolating cases
Inform GP
Inform LA SPoC
Order tests for staff and residents

LCRC   *LCRC have Outbreak plans for care homes*
Receive notification from Tier 2

Gather information and undertake a risk assessment with the setting
Inform LA SPoC
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
Link with CCG named GP/person for the home.

Local authority

Care Home Resilience and Support Plans submitted 29th May 2020
Prevention work and respond to enquiries
Infection control follow up together with CCG named person
LA SPoC informs Adult Social care commissioners
Liaise with the local CCG/ GP and other health providers in supporting the home.
Access to PPE
Support vulnerable contacts who are required to self-isolate
Participate in IMT if convened by LCRC and provide further support to setting following IMT

Other   NHS – CCG named GP/person for each Care Home links to ASC Commissioners and Public Health to follow-up re infection control, PPE, ongoing control measures.

Data and reporting

Total number of COVID-19 situations with principal context Care Home, by Borough

Total number of deaths in patients with a Care Home address by local authority, confirmed and suspected COVID-19
Number of care home testing results reported the previous day, that will be relayed to homes that day
Graph: timeline of Covid deaths in care homes (as reported to LCRC
Graph: timeline of number of new care homes reporting suspected and confirmed Covid, by date of first contact with LCRC
Number of tested individuals matched to care homes by postcodes by PHEC

Number of tests matched to care homes by postcode by PHEC
Number of COVID-19 cases matched to care homes over time
Number of new care home postcodes with confirmed cases
Age and sex distribution of COVID-19 cases matched to care homes

Data in CTAS and HPZone

Comms   Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

1b - **Schools**

Source of concern

Positive test in Staff or pupil
Notification from Level 2
Symptoms of Covid-19 in a staff member of pupil
Household contacts of staff or pupils test positive or are asked to self-isolate

Action

School   Follow PHE guidelines on isolating cases, PPE and cleaning
Inform LA SPoC and Head of education/children's services.
Inform parents with a pre-prepared letter/SMS (template provided by LCRC)

LCRC   Receive notification from Tier 2

Gather information and undertake a risk assessment with the setting
Inform LA SPoC
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 or refer to local team

Local authority

Prevention work and respond to enquiries
Liaison with school governors and support with communication to parents
Support vulnerable contacts who are required to self-isolate
Liaise with the local CCG/ GP and other health providers
Infection control follow up
Convene Local IMT if required
Covid Secure risk assessments support, where relevant
Local communications e.g. briefings for Cllrs, local press

Other   **STP,** CCG and Hospital if symptomatic children are attending for ``
`````````diagnosis/testing

## Data and reporting

Data in CTAS and HPZone
Reported centrally and to LA

**Comms**    Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

## 1c - Workplace

**Source of concern**

> Positive test in Staff
> Notification from Level 2
> Symptoms of Covid-19 in a staff member
> Household contacts of staff test positive or are asked to self-isolate
> When App in use some staff members

**Action**

**Business**   Follow PHE guidelines on isolating cases, PPE and cleaning
Inform LA SPoC
Inform staff and clients with a pre-prepared letter/SMS

**LCRC**   Receive notification from Tier 2

Gather information and undertake a risk assessment with the setting
Inform LA SPoC
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 or refer to local team

**Local authority**

> Prevention work and respond to enquiries
> Inspection of food premises and enforcement as necessary
> Advice and support local business affected by workforce isolation
> Communication with local community
> Liaise with the local CCG/ GP and other health providers
> Infection control follow up
> Convene Local IMT if required
> Covid Secure risk assessments support, where relevant
> Local communications e.g. briefings for Cllrs, local press

**Other**
**Data and reporting**

> Data in CTAS and HPZone
> Reported centrally and to LA

**Comms**   Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

# 1d - Community Clusters

## Source of concern

A number of positive tests in a locality or a common site or activity
Notification from Level 2
Symptoms of Covid-19/ requests for tests from a number of people tests in a locality or a common site or activity

## Action

**HPU/Local**    Follow PHE guidelines on isolating cases, PPE and cleaning
Inform LA SPoC

**LCRC**    ***Working on an SOP for Community Clusters***
Receive notification from Tier 2

Gather information and undertake a risk assessment with the setting
Inform LA SPoC
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 or refer to local team

## Local authority

Prevention work and respond to enquiries
Communication with local community
Determine whether a mobile or hyper-local testing unit is required
Liaise with the local CCG/ GP and other health providers
Infection control follow up
Convene Local IMT if required

## Other
## Data and reporting

Data in CTAS and HPZone
Reported centrally and to LA

**Comms**    Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

## 1e - Fire stations and other Home from Home environments

**Source of concern**

Positive test in Staff in one watch
Positive tests in more than one watch
Notification from Level 2
Symptoms of Covid-19 in a staff member
Household contacts of staff test positive or are asked to self-isolate

**Action**

**Fire Service** Follow PHE guidelines on isolating cases, PPE and cleaning
Inform LCRC
Inform staff and their families with a pre-prepared letter/SMS
Inform Gold Commander

**LCRC** Receive notification from Tier 2 or fire service

Gather information and undertake a risk assessment with the setting
Inform LA SPoC
Provide advice and manage cases and their families as well as contacts, testing and infection control
Provide information materials to the setting
Recommend ongoing control measures
Convene IMT if required or refer to local team

**Local authority**

Prevention work and respond to enquiries
Inspection of food preparation areas and enforcement as necessary
Communication with local community
Liaise with the local CCG/ GP and other health providers
Infection control follow up
Convene Local IMT if required

**Other**
**Data and reporting**

Data in CTAS and HPZone
Reported centrally and to LA

**Comms** Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

# 1f - Homeless/Hostels

**Source of concern**
>Positive test in Staff or residents
>Notification from Level 2
>Symptoms of Covid-19 in a staff member or resident
>Household contacts of staff test positive or are asked to self-isolate

**Action**

**Hostels**   Follow PHE guidelines on isolating cases, PPE and cleaning
>Inform LA SPOC
>Inform staff and clients with a pre-prepared letter/SMS
>Follow locally developed SOP and risk assessment

**LCRC**   Receive notification from Tier 2

>Gather information and undertake a risk assessment with the setting
>Inform LA SPoC
>Inform the Find and Treat service (if funding agreed)
>Provide advice and manage cases and contacts, testing and infection control
>Provide information materials to the setting
>Recommend ongoing infection control measures
>Share risk assessment and details from HPZone with LA
>Convene Incident Management Team (IMT) if required or refer to local team

**Local authority**
>Prevention work and respond to enquiries
>LA SPoC inform service commissioners
>Liaise with the local CCG/ GP and other health providers
>Liaise with GLA in their management of hotels, clarify roles to avoid duplication or gaps.
>Infection control follow up
>Provide support and ongoing management of settings
>LA to decide who may visit community venues and gather contact information and arrange testing (?EHOs)
>Convene Local IMT if required

**Other**   Links to housing, drug and alcohol services and CCG and their commissioners
>Links to GLA
>Follow up of cases and contacts if/when they leave their current accommodation, including referring to other LAs where appropriate

**Data and reporting**
>Data in CTAS and HPZone
>Reported centrally and to LA on a ?? timescale basis

**Comms**   Awaiting Comms Toolkit from London Councils and GLA
>This will be in key community languages and pictorial form
>Key Message is "Keep London/Borough/Place/ Families etc. Safe"

## 1g - Prisons/ Youth Offending/ Refugee Detention Centre

**Source of concern**

Positive test in Staff or inmate
Notification from Level 2
Symptoms of Covid-19 in a staff member
Household contacts of staff test positive or are asked to self-isolate

**Action**

**Prison**    Follow PHE guidelines on isolating cases, PPE and cleaning
Inform relevant central government and LCRC

**LCRC**    Receive notification

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 or refer to local team

**Local authority**

Determine any potential need for action around detainees' families/contacts, especially if a recent visit

**Other**
**Data and reporting**

Summary at prison and London level, including:
- Number of new receptions per day
- Numbers symptomatic
- Numbers of tests carried out
- Test results
- Numbers in isolation
- Staff absences

**Comms**    Awaiting Comms Toolkit from London Councils and GLA
This will be in key community languages and pictorial form
Key Message is "Keep London/Borough/Place/ Families etc. Safe"

**Appendix 2 – Governance and Key Guiding Principles**

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this joint agreement and in line with the statutory roles outlined below, local authorities and PHE will conduct follow up of these settings and fulfil their statutory duty for safeguarding and protecting the health of their population.

- PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases
- The health system has a shared responsibility for the management of outbreaks of COVID-19 in London
- Infection control support for each setting will be provided in line with local arrangements
- Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in their areas. These responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age
- Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health
- Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020

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