

# London Borough of Ealing Covid-19 Prevention and Management Plan Refresh March 2021

# Executive summary

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

LB Ealing published their Outbreak Prevention and Control Plan in June 2020 with the aim to protect the health of the people Ealing and provide assurance to the public and wider stakeholders, through:

- Preventing transmission, in particular among those who are most vulnerable.
- Identifying clusters and outbreaks of disease and ensuring those affected are appropriately supported;
- Controlling outbreaks, providing health protection advice and putting control measures in place.

Publication of the Government's Roadmap for exiting national lockdown, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern (VOC) has led to a need for urgent review and update of Local Outbreak Management Plans to enable effective planning and deployment at local level and to reflect and learn from the experiences of the last 12 months.

The overarching aim of this refresh is to establish clarity of outbreak management response across a spectrum of three key lenses 1) Enduring Transmission, 2) Dominant Variant 3) Variants of Concern, and to create a clear overview of processes and interventions that can be used to prevent, identify and respond to a local outbreak.

# Aims of the Ealing Plan

- This plan, while produced by Ealing Council, represents a **local system plan** for the next 12 months where all partner organisations and the people of Ealing work together to contain the spread of COVID-19, prevent and manage any outbreaks and prepare for any further waves of the virus.
- The key elements of this plan, i.e. infection prevention measures, some restrictions, testing, contact tracing and self-isolation will **remain in place**, at least to some extent, while we lift some restrictions and return to some degree of normality cautiously and in line with national plans.
- Particular focus is currently on reducing the levels of transmission as infection levels are currently still high in NWL and particularly in certain parts of Ealing.
- One of the main strands throughout this plan is to **identify and reduce inequalities**
- A key local priority in 2021 is the **fast and equitable rollout of Covid-19 vaccinations** to all eligible people in our borough. In this we endeavour to focus on those who are likely to benefit most first.
- We are planning for **surge capacity and we have responsive systems** in place to react speedily and flexibly to outbreaks and any further waves of the epidemic.
- We continue to **learn** from the experiences of the pandemic and **embed best practice** through collaboration with local partners, community engagement and evidence based local planning.

# Learning, Good practice, Issues and Risks

## Learning – key points

- Close collaboration and flexible approach across Council departments and local partners
- Benefits of close cooperation with national and regional partners
- Opportunities around community engagement beyond Covid to create resilience

## Good practice – local examples

- Data and evidence driven local response informing universal and targeted (hyper-local) interventions
- Community engagement modelling with the view to improve community resilience longer-term
- Impact assessment of inequalities highlighted by the pandemic, longer-term and wider system recommendations
- Local multi-agency vaccination strategy
- Pan London PH consultant network providing support and mutual learning

## Issues

- Short-term announcement of central funding making strategic planning difficult
- Lack of governance around care home sector and systematic investment in infection control

## Risks

- Lack of clarity around ongoing funding of all aspects of viral containment
- Lack of clarity around levels of decision making

# Themes 1

**The Ealing Outbreak control plan is centred around the following themes:**

- Governance
- Higher-risk settings, communities and locations e.g. care home, education settings and work places
- Community Support
- Compliance and enforcement
- Resourcing
- Communications and engagement, including community resilience
- Data integration and information sharing

**It includes the core aspects of the local end-to-end COVID-19 response:**

- Community Testing
- Contact Tracing
- Support for self-isolation
- Outbreak management (Responding to an outbreak of two or more linked cases)
- Surveillance

# Themes 2

## **The Ealing Outbreak Control addresses cross-cutting priorities:**

- Inequalities and equity of the local response (universal and targeted interventions)
- Inclusion health
- Good practice, learning, issues and risks

## **And local plans for the development of structures:**

- Action on enduring transmission
- Local plans for Covid-19 vaccine roll out
- Responding to Variants of Concern (VOC)
- Enhanced Contact Tracing, in partnership with NWL HPT
- Activities to enable 'living with COVID' (COVID secure)

# Local, regional and national roles (\*Source – ADPH London)

Level	Place-based leadership	Public health leadership
<b>LOCAL</b>	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> <li>a) Sign off the Outbreak Management Plan led by the DPH</li> <li>b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed</li> <li>c) Hold the Member-Led Covid-19 Engagement Board (<i>or other chosen local structure</i>)</li> </ul>	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> <li>a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead)</li> <li>b) Review the data on testing and tracing and Vaccine uptake data</li> <li>c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</li> <li>d) Provide local intelligence to and from LA and PHE to inform tracing activity</li> <li>e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place )</li> <li>f) Ensure links to LRF/SCG</li> </ul>
<b>REGIONAL</b>	<p><i>Regional team (PHE, JBC, T&amp;T, London councils and ADPH lead</i></p> <ul style="list-style-type: none"> <li>a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary</li> <li>b) Engage NHS Regional Director and ICSs</li> <li>c) Link with Combined Authorities and LRF/SCGs</li> <li>d) Have an overview of risks issues and pressures across the region especially cross-boundary issues</li> </ul>	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"> <li>a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake</li> <li>b) Prioritisation decisions on focus for PHE resource with Las or sub regions</li> <li>c) Sector-led improvement to share improvement and learning</li> <li>d) Liaison with the national level</li> </ul>
<b>NATIONAL</b>	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"> <li>a) National oversight for wider place</li> <li>b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources</li> </ul>	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"> <li>a) National oversight identifying sector specific and cross-regional issues that need to be considered</li> <li>b) Specialist scientific issues eg Genome Sequencing</li> <li>c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre</li> </ul>

# LCRC / Local Authority roles and responsibilities (\*Source – ADPH London)

	Local Authority	LCRC Health Protection Team
<b>Case and contact investigation management</b>	<p>Receive notifications of cases via national test and trace route</p> <p>Investigate and manage cases and contacts as per local SOPs</p> <p>Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols</p> <p>Provide support packages as required</p>	<p>Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols</p> <p>Investigate and manage high risk cases and contacts as per local SOPs</p>
<b>VOCs (or other cases of concern)</b>	<p>Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up</p> <p>Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>	<p>Investigate and manage initially VOC/VUI etc cases and contacts</p> <p>Liaise with LA contact tracing for help with no contact cases</p> <p>Investigate and manage any identified settings</p> <p>Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing</p>
<b>Enhanced contact tracing (Cluster) investigation and management</b>	<p>Investigate, identify priority clusters</p> <p>Manage clusters as per relevant settings SOPs</p> <p>Chair IMTs if required</p>	<p>Overview of cluster identification and management</p> <p>Overview management of priority settings</p> <p>Attend IMTs if required</p>
<b>Settings (care homes workplaces, schools, ports, prisons, homeless etc)</b>	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Investigate and manage cases and clusters in settings.</p> <p>Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Chair IMTs if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>	<p>Receive notification of cases and clusters via a number of different routes</p> <p>Overview and investigate and manage cases and clusters in high priority settings</p> <p>Review and update resources</p> <p>Provide advice and support Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources.</p> <p>Attend IMT if required</p> <p>Develop and provide communications to stakeholders</p> <p>Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</p>



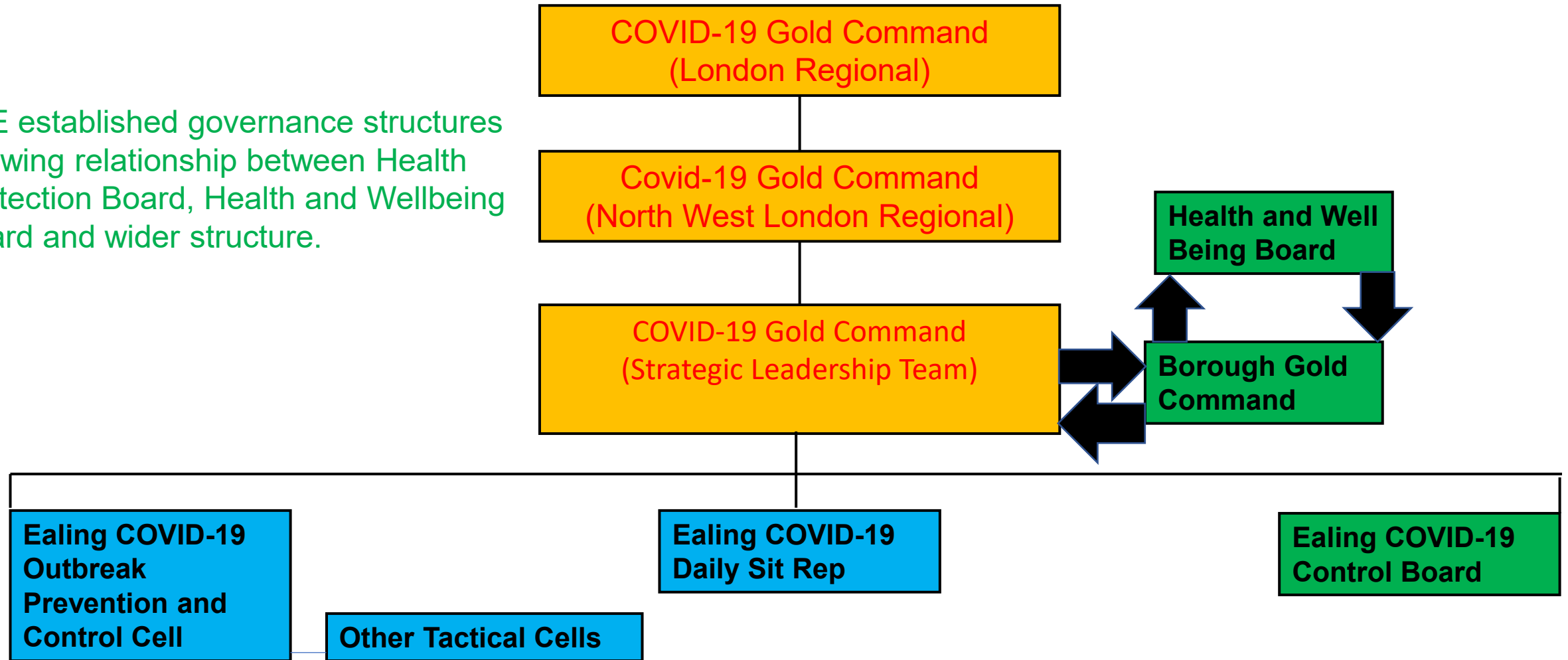
# Local Governance

- 1. LBE GOLD Command:** LBE has established governance structures led by LBE GOLD Command Senior Leadership Team. This group exists of the Leader of the Council, Chief Executive, Executive Directors and Director of Public Health and other members of SLT. This COVID-19 related matters are escalated to the GOLD group either from Silver Command, Public Health Cell directly, Incident Management Team or other cells and working groups (as listed below). Information is then shared and wider stakeholders engaged through existing boards such as the Covid-19 Health Protection Boards and The Health and Well-being Board to communicate with the general public.
- 2. Ealing Covid-19 Control Board:** In the early stages of the pandemic, a new group was formed called the Ealing Covid-19 Control Board. This board was established using relevant members of several pre-existing groups (the Health Protection Forum and the Borough Resilience Forum).
- 3. Health and Well-Being Board (HWBB):** This board provides political ownership and public-facing engagement and communication for outbreak response. The HWB Board meet every two months. It is important to note that communications to residents & councillors and community engagement with community groups take place regularly to ensure timely dissemination of key messages and advice. Public meetings also take place as required.

This governance structure has allowed swift and agile decision making to enable the borough to respond to both urgent and emerging COVID-19 related matters.

# Governance – overview of Local Structures

LBE established governance structures showing relationship between Health Protection Board, Health and Wellbeing Board and wider structure.



Key:

Gold Cells = Strategic Leadership Groups

Green Cells = Partnership/Engagement Groups

Blue Cells = Internal Groups

# Governance – structures and roles

## Ealing Covid-19 Control Board

Multi-Agency forum which seeks to prevent or reduce harm caused by Covid-19 on Ealing's population by integrating and co-ordinating plans to contain the spread and the response to outbreaks of Covid-19.

### Focuses:

- **Public and staff communication**
- **Integrate national and local data and maintain situational awareness with focus on hyper-local awareness**
- **Platform for information sharing and raising issues among partners.**
- **Membership:**
- **Public Health, EMS, Community Engagement, Schools, Social Care, Environmental Health, Safer Communities & Housing, NHS partners (CCG, LPC, NHS England), Public Health England, Police, Military, Voluntary Sector, Faith Sector, Business & Engagement**

## Local Outbreak Control Board (currently Ealing Health and Wellbeing Board)

- Provides political and partner oversight of strategic response
- Provides timely communications to the public
- Provides public-facing delivery oversight of Test, Trace & Outbreak programme locally
- Membership includes: Elected members, Executive Directors, partners including NHS and voluntary sector.
- The HWB oversee other relevant boards such as the Ealing Integrated Care Partnership which provides local health systems leadership.

## LBE Cabinet

## Ealing Council Gold Command

- Responsible for determining Council's overall management, policy and strategy and achieving strategic objectives management, policy strategy and management, policy and strategy and achieving strategic objectives
- Delivering swift resource deployment
- Owns the connection with the Joint Bio Security Centre, Government Departments and COBRA.
- Membership includes Executive Directors and officers

# High risk settings – care homes

Ealing has the 3rd highest number of care home beds in London, with 1,454 beds in 30 Care homes, plus 140 beds for younger adults in 18 homes. A local response plan has been developed to prevent and control outbreaks in care homes. The plans and structures in place enable suppression of ongoing transmission and control of outbreaks.

## PREVENT

Partnership between LBE, Ealing CCG and local community health providers established

Provision of primary care, pharmacy, specialist clinical support and infection control support by NWL CCGs.

Regular training by the Council's public health team to communicate and reinforce infection control messages.

Regular meetings of registered network managers to share learning and resources around infection prevention and control.

Summary of key guidance for care homes developed and communicated by the Council's Public Health team.

## IDENTIFY

Multiple sources of information are triangulated in order to identify outbreaks and direct response/support.

High risk care homes are reviewed on a weekly basis by a multi agency group.

## CONTROL

- A local multiagency protocol has been developed to support home closures to new admissions in the event of significant outbreaks.

(Plans available on request)

# High risk settings – schools and education settings

Ealing has 96 state-run schools (6 special schools, 68 primary, 1 all through, 15 secondary, 4 nursery, 2 pupil referral units) and a number of colleges and private schools. Approximately 55,000 children attend Ealing state funded schools. A local response plan has been developed to prevent and control outbreaks in schools. Local plans enable the limitation of ongoing transmission and control of cases and outbreaks.

## PREVENT

- Ealing Learning Partnership Schools Consultative Group
- Summary of key guidance for schools developed and communicated
- Regular meetings with universities
- Development of risk assessment framework for schools
- Template letters for parents to remind them of key messages
- Communications to independent schools and colleges
- Regular re-testing schemes implemented for the return to on-site schooling

## IDENTIFY

- Local monitoring of suspected and confirmed cases
- Robust local management procedures and flow charts developed for schools to manage suspected and confirmed cases.

## CONTROL

- Local outbreak control plans for schools settings developed, working closely with PHE LCRC

(Plans are available on request)

# High risk settings – work places

There are approximately 20,000 workplaces in Ealing. This includes a relatively high proportion of light industry and distribution/logistical centres as well as a range of food manufacturers, food processors, exporters and importers. The plans and procedures in place enable the containment of transmission in work places and prevent and control outbreaks. Actions taken to date and measures already in place include:

## PREVENT

- Covid Intervention to ensure workplaces comply with legislation and to encourage achievement of Covid Secure status
- Communication of Covid-19 safe messages, sector specific Covid Secure advice and a weekly newsletter to 10,000 local businesses
- Covid-19 Business and Public Spaces Advisor offering bespoke service to venues
- Covid Steward patrols proactively engaging and gathering intelligence

## IDENTIFY

- Instruction to notify LCRC/PHE/Council about outbreaks
- Common Exposure Data surveillance
- Concerns and complaints about inadequate Covid Secure arrangements

## CONTROL

- Local outbreak control plans for workplace settings developed, working closely with PHE LCRC

(Plans are available on request)

# Community Support

In the first wave of the pandemic (between March and end of July 2020), the council provided just over 9,700 food parcels to shielded residents. This was in addition to a further 3,600 food parcels to non shielded residents.

When direct food deliveries ceased in August 2020, Ealing Council continued to support vulnerable residents in the following ways through the dedicated Ealing Together service (Telephone and online):

- Arranging a priority supermarket online delivery slot and supporting residents to register for the NSSS.
  - Providing contact details for supermarkets and other food retailers that will deliver and take orders over the telephone to support the digitally excluded.
  - Putting residents in touch with local volunteers who can collect shopping.
  - Providing access to Foodbank vouchers.
  - Providing support to those in financial crisis and can not pay for food.
  - Putting people in touch with local community and voluntary organisations who offer services like, befriending, bereavement counselling and even dog walking.
  - Making urgent referrals for residents who are concerned for their welfare or the welfare of someone else.
- 
- The Ealing Together telephone line remains open Monday – Friday and is answered by a large team of cross trained Customer advisors. The advice and support provided by this service is now part of our business as usual service offer and will continue while demand remains.
  - Since the start of the pandemic, the Ealing Together team have responded to over 10,000 inbound telephone enquiries and have proactively made over 23,700 contacts with our most vulnerable residents to carry out welfare checks and find out if they could benefit from additional support.
  - Mass communications to the Clinically Extremely Vulnerable Group through a combination of email, SMS and letter have also enabled us to keep in touch with this vulnerable group and outline the support available to them.
  - Significant support has been provided to those who are required to self isolate. A total of 724 Self Isolation payments have been made under both the main and discretionary scheme. The council has also provided financial support to Ealing Food Bank to fund deliveries of food parcels to those who are self isolating to ensure they can continue to access the service.

# Legislative Context

Since April 2013, the responsibility for providing day-to-day health protection advice and response has rested with Public Health England's Health Protection Teams (HPTs) having taken over from the Health Protection Agency (following the Health and Social Care Act 2012).

The legal basis for managing outbreaks of communicable disease is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups. The Coronavirus Act was brought forward in 2020 as emergency legislation designed to facilitate a range of cross-government activity in a time of emergency.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	Provides for powers to intervene in cases of public health risk, however these powers are seldom used.	Environmental Health in local government
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual	Environmental Health in local government
Health and Social Care Act, 2012	Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government
Coronavirus Act, 2020	Provides for powers to investigate, isolate and test persons suspected of being infected	Police and public health officers
Health Protection (Coronavirus, Restriction) (England) Regulations 2020, statutory instrument exercised on the basis of the Public Health (Control of Disease) Act 1984(1) including Local authority powers to impose restrictions: Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020	<p>These new regulations provide for specific restrictions relating to the national lockdown. Any 'localised' lockdown would require further secondary legislation.</p> <p>The Regulations contain powers for local authorities to give directions which:</p> <ul style="list-style-type: none"> <li>• restrict access to, or close, individual premises</li> <li>• prohibit or restrict certain events (or types of event)</li> <li>• restrict access to, or close, public outdoor places (or types of outdoor public places)</li> </ul> <p>To Note: powers are due to expire on the 17<sup>th</sup> of July 2021 unless revoked by Government at an earlier date.</p>	National government, police, local government



# Compliance and Enforcement

Compliance and enforcement of Covid-19 legislation is shared between the Metropolitan Police Service and the Council's Regulatory Services. There is a strong partnership and liaison approach including updates meetings three times a week to share intelligence, make referrals and update on particular issues. Joint operations are regularly planned and implemented focussed on locations with non-compliances or higher footfall.

The Police enforce restrictions on individuals and individual behaviour including **restrictions on travel** ("stay at home" instruction), **restrictions on gatherings** and **requirements to wear face coverings**.

Regulatory Services teams provide the Council's Covid compliance and enforcement services including:

**COVID Interventions**, both reactive, i.e. in response to complaints, allegations or referrals from other agencies, and proactive interventions based on local intelligence or other sources of evidence

**COVID Service Request Investigation**, every complaint or allegation is investigated and the appropriate action taken in response

**COVID Business Advice**, working in conjunction with the High Street Task Force, we offer a free Covid Business Advice service which is also open to non-business establishments in the charitable, community or voluntary sectors

**COVID Enforcement**, following our graduated enforcement approach and using the most appropriate regulatory mechanisms dependent on the matter at hand and to ensure compliance with Covid-19 law

**COVID Steward Patrol**, a proactive patrol of two stewards operating 10 days a week

**COVID Advice for Council colleagues and community partners** on applicable legislation as well as practical safety measures that should be in place to reduce the risk of coronavirus transmission

# Resourcing

- Close collaboration across Council departments, including redeployment of furloughed staff
- Close collaboration with local system partners, NWL ICS and neighbouring boroughs as well as regional/national organisations and structures
- Central grants for LA Covid-19 prevention, containment and control
  - Contain Outbreak Management £6.494m (with additional grant expected)
  - Test and Trace £2.26m
  - Asymptomatic testing £1.89m (with further extension applied for)
  - Self-isolation £0.308m
  - Clinically extremely vulnerable shielding £0.29m
  - Rapid testing in care homes £0.57m
  - Infection Control Fund Round 1 £2.28m
  - Infection Control Fund Round 2 2.77m
  - Enforcement and Compliance £0.19m

# Communications

- National campaigns, news and online information will continue to be reinforced and enhanced locally, with further emphasis on supporting communities with cultural, language or other barriers.
- The Keep London Safe campaign is planned around the key steps in the Government's Roadmap and beyond.
- Communications assets will be around core messages promoting vaccination uptake, test and trace, infection control and Living with Covid.
- Based on data and intelligence, vulnerable and high risk groups are being identified and communication and engagement is tailored to provide effective support.

Ealing Council continues to use a range of proactive universal and targeted approaches to inform and engage local people. As part of this, we are using a range of national, regional and local communication and engagement tools:

Communications and community engagement continues to focus on high risk settings and population groups at greatest risk of COVID-19, addressing issues of inequality in vaccine take up/hesitancy.

Communications is using all council channels and other appropriate channels to disseminate Vaccine/Test and Trace messages and supporting national/London messaging including Keep London Safe. Key activity to date and ongoing includes:

- Translated materials
- Targeted digital advertising and social media
- Digital advertising vans in target areas
- Ethnic media channels/adverts
- Printed materials/videos/infographics
- Sharing of assets and toolkit with community leaders through the council's website and community engagement team
- Weekly newsletter to 100,000 plus individual emails
- Direct business communications to support the safe opening of high streets.

# Communications



# Community engagement

## Ealing COVID-19 Outbreak Prevention and Control Plan

### Ealing Outbreak Prevention and Control Communication and Engagement Plan

#### Ealing's Covid-19 Test and Trace Community\* Engagement Project Lead provider: EACH Clarissa Stoneham

##### Purpose:

Ealing residents (in Acton, Greenford, Northolt, Southall) are aware, understand and able to participate in

- Key Covid-19 preventative behaviours
- The Test and Trace programme
- Getting appropriate support locally if they are self-isolating
- Identifying and overcoming barriers to engagement (e.g. misunderstanding or misinformation)

General comms (and other targeted comms e.g. frontline staff update briefings NHS, social care, housing officers and across settings – care homes, schools, early years, workplaces, shared accommodation, hostels)

#### AIMS & PURPOSE OF THE SERVICES:

- Close working with faith groups and leaders and voluntary and community sector allows us to disseminate and enhance public messaging effectively and to engage with communities and individuals
- A mapping of local engagement assets will allow better join up and empowerment of local people to participate in the shaping of their local area response to Covid-19
- Proactive communications and community engagement remain key to keeping infection rates low in Ealing, encouraging vaccine uptake and tackling vaccine hesitancy

Residents, particularly those who identify themselves as being part of a Black, Asian and Minority Ethnic (BAME) community, living in Acton, Greenford, Northolt, Southall can access COVID related information and engage through

#### Consortium (organisations - max 10)

Focussing on two-way engagement with Ealing's ethnically diverse population

Capacity building (training, support and guidance) for effective engagement with ethnically diverse communities and subgroups

#### Area based task groups (CET)



##### Purpose as above

Focussing on developing area-based grass roots communication networks in 4 areas with higher levels of multiple deprivation; Acton, Greenford, Northolt, Southall, or other defined area required from emerging data from public health team

To bring together a mix of professionals and local community influencers such as faith leaders, residents' associations and other community groups, social housing LL/tenants groups, local 'corner' shops, schools, GPs

Two meetings to be held by Dec, then review

#### Ealing's Covid-19 Test and Trace Community\* Engagement Project Steering Group

Key	
	Outbreak P&C Plan
	Trusted information/Enquiry route

\*Community includes faith groups/places of worship

# Data and information sharing

The LBE Intelligence hub leads on data and intelligence working closely with Public Health to inform local strategic and operational decisions, including the targeting of interventions.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The main data sources are:

- National and regional data from ONS and PHE, national NHS Test and Tract Programme data
- Local NWL LCRC data on cases and outbreaks
- Surveillance data from Virus Genome Sequencing and Wastewater analysis
- Local data on high-risk settings
- NHSE and PHE data on vaccine uptake

Locally, these sources of data inform:

- An internal dashboard of key COVID statistics for the borough and break down by demographics and region. Data on cases, testing, mortality, healthcare activity, common exposures, contact tracing and vaccination are included. This informs daily sit rep meetings and Outbreak Prevention and Control cell. A weekly report of key headline data is generated for sharing within the council and key NHS governance structures.
- A public facing COVID data dashboard to support the population to understand Ealing's COVID position.
- Targeted inequality analysis by theme for the Outbreak Prevention and Control cell to agree targeted actions.
- Where appropriate, partner and community engagement on Ealing's COVID data position.
- A wider COVID Inequalities Integrated Impact Assessment process to influence recovery

## Aims and Purpose of testing

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

### Pillar 1 (NHS Settings)

PCR swab testing and LFD antigen testing in PHE and NHS labs (RT-qPCR, LAMP & quicker testing)

- Symptomatic patients that arrive in a hospital setting
- Asymptomatic patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
- Symptomatic NHS frontline staff and in an outbreak situation and household members
- Routine testing of asymptomatic NHS staff and contractors
- Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study

### Pillar 2 (Mass Population/Community)

Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing

- 5 Drive-thru Regional Test Sites
- 29 MTUs available across London for routine testing and surge capacity deployment
- 84 LTS across 32 Boroughs
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

### Pillar 2 (Mass Population/Community) Asymptomatic rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites
- Whole student population in higher education institutions
- National pilots/programmes
- Workplaces
- Schools
- Adult social care:
  - visitors
  - visiting professionals
- Rapid response LFD testing following care home outbreaks
- Domiciliary care
- NHS staff
- Private sector testing
- Pilots

# Ealing Community Testing Strategy

Testing is one of the key elements of our local plan that will be developed and embedded further over coming months. The local testing offer is shaped in the context of effective communication and engagement, contact tracing and local support around self-isolation.

- **Symptomatic Testing**

Home testing kits, regional testing sites, local testing sites and mobile testing units – booking via NHS testing site or 119

- Regional Test Centres (RTS) – closest RTS site to Ealing is Heathrow but is outside the borough and unlikely to be the first choice location for residents
- Local Testing Sites (LTS) – three sites, geographically dispersed across the borough in Southall, Greenford and Acton. Current DHSC licences to be extended until September 2021. Locations were specifically chosen to improve walk-through access for deprived/at-risk communities
- Mobile Test Units (MTUs) – main site is Gurnell Leisure Centre Car Park with deployments every 2 to 3 days at present but can be increased if infection rates demand.

- **Asymptomatic Testing**

- 6 sites across the borough with appointments bookable on the Council website, walk-ins also available
- Sites to remain operational until at least the end of March 2021
- We are currently offering testing through local pharmacies and 2 sites of Adult Service Providers in-house staff

- **Options for locally responsive testing solutions and surge testing**

- Additional MTU deployments close to areas of concern
- Mobile van units supplying home test kits to local areas of high footfall
- This could be used for symptomatic and/or asymptomatic testing



# Ealing Community Testing Locations

This map shows the test sites available in Ealing for people with symptoms of COVID-19 and people without any COVID-19 symptoms who are 'asymptomatic'

## GET A TEST AT ONE OF THESE TESTING SITES

## HOW TO GET A TEST

There are two types of testing sites – one for people with symptoms and one for people who show no symptoms.



### Do you have COVID symptoms?

Book a test at a local testing centre and self-isolate along with your household

- Green location pin: Featherstone Terrace Car Park Southall UB2 5AL
- Green location pin: Michael Flanders Centre Acton W3 8PP
- Green location pin: Gumell Leisure Centre Car Park Ealing W13 0AL
- Green location pin: Dormers Wells Leisure Centre Car Park Southall UB1 3JB
- Green location pin: Northolt Leisure Centre Car Park Northolt UB5 4AB

**119** [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)

### If you do NOT have symptoms

Get a free walk up test, you do not need an appointment

- Pink location pin: Everyone Active Acton Centre Acton W3 6NE
- Pink location pin: Ealing Central Library Ealing W5 5JY
- Pink location pin: Perceval House Ealing W5 2HL
- Pink location pin: Greenford Library Greenford UB6 9LG
- Pink location pin: Northolt Library Northolt UB5 5AS
- Pink location pin: Southall Manor House Southall UB2 4BJ

[www.ealing.gov.uk/Cov](http://www.ealing.gov.uk/Cov)

Dates and times vary Dates and times vary Check the website for roving and mobile testing sites



# Ealing Community Testing Strategy

Ongoing, repeat testing schemes in the community and in high-risk settings are one of the key strands of our local testing strategy. Their implementation will continue to be shaped in the context of effective engagement with staff and communities and support around self-isolation and contact tracing.

- Care homes have a mature programme of testing residents, staff and visitors.
- The following adult care service settings also offer testing to their staff and/ or residents:
  - Homecare agencies – testing programme in place for care workers
  - Extra Care and Supported Living Services – testing programme in place for staff and tenants (residents)
  - Adult Day Centres – new testing programme being rolled out for staff
  - Direct Payment Personal Assistants – new testing programme being rolled out for this workforce
  - Non-regulated care settings – workforce in these settings have been signposted to Ealing’s LFD centres to access free rapid tests
- Schools and early year settings will be offering staff regular testing. Families, carers and bubbles of students will also be encouraged to get testing via online access to testing or via collection of a supply of testing from pick up points across the borough. Pupils Year 7 and above will have access to home testing from 15<sup>th</sup> March, schools advised to retain small test site for those that are unable to test at home.
- Larger workplaces (those with 50 or more employees) are encouraged to take part in the DHSC scheme and implement a lateral flow testing regime in their workplace. Smaller businesses are encouraged to support their staff to access regular testing from local asymptomatic testing sites

# Ealing Community Testing Strategy

## Responding to COVID-19 variants

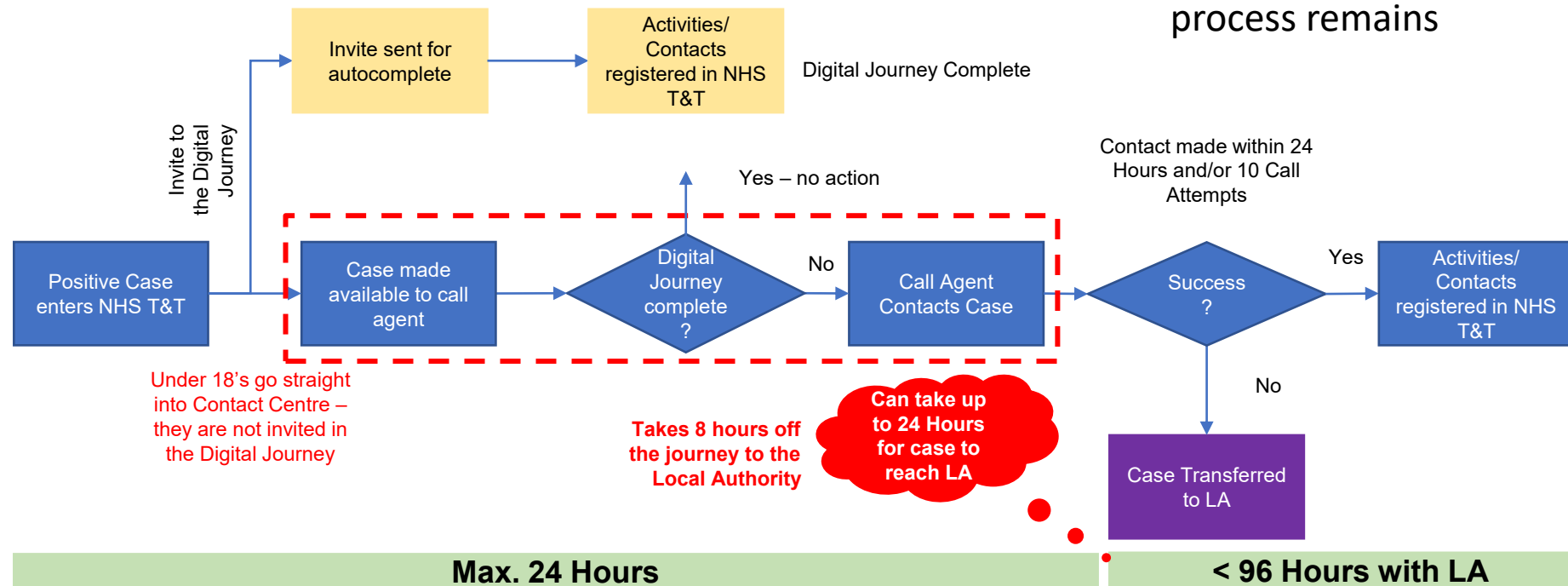
- In response to the development of variants in particular the South African variant (SAV) Ealing is currently encouraging enhanced testing across the population aged 16+. The programme of enhanced testing includes expanding symptomatic testing sites, the use of a roving testing unit and some door to door delivery of tests; these interventions are focused in areas with higher COVID-19 rates. Please see VOC Management slide for more detail.

## Addressing inequalities and reaching under-served communities

- The selection of testing sites has been based on providing universal coverage and in particular ensuring good access in areas with higher rates of COVID-19.
- Communication materials are provided in different languages, as Ealing is a diverse borough and people speak many languages.
- Community engagement is an important part of building trust, providing key information and sign posting to testing resources. EACH is a community provider that is taking forward community engagement and dissemination of key messages to residents and groups through voluntary sector groups, local leaders and trusted sources.
- Providing opportunities for walk in testing allows a flexible offer to those who may not otherwise book for a test.
- Ealing Together is accessible by phone and can provide residents with further advice and support with regards to COVID-19 testing.

# Local Contact Tracing Partnerships (\*Source – ADPH London)

## Process flow:



## In the new process:

- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority..

This process commenced on the 1<sup>st</sup> March 2021

# Ealing Local Enhanced Contact Tracing (LECT)

The local enhanced contact tracing service supports the NHS T&T service to enable residents to start self-isolation at the earliest opportunity and signpost them to local support.

## Capacity:

- LECT Tracing manager
- 4 Team leaders
- 11 call handlers (predominantly redeployed library staff)

## Protocol on CTAS notification:

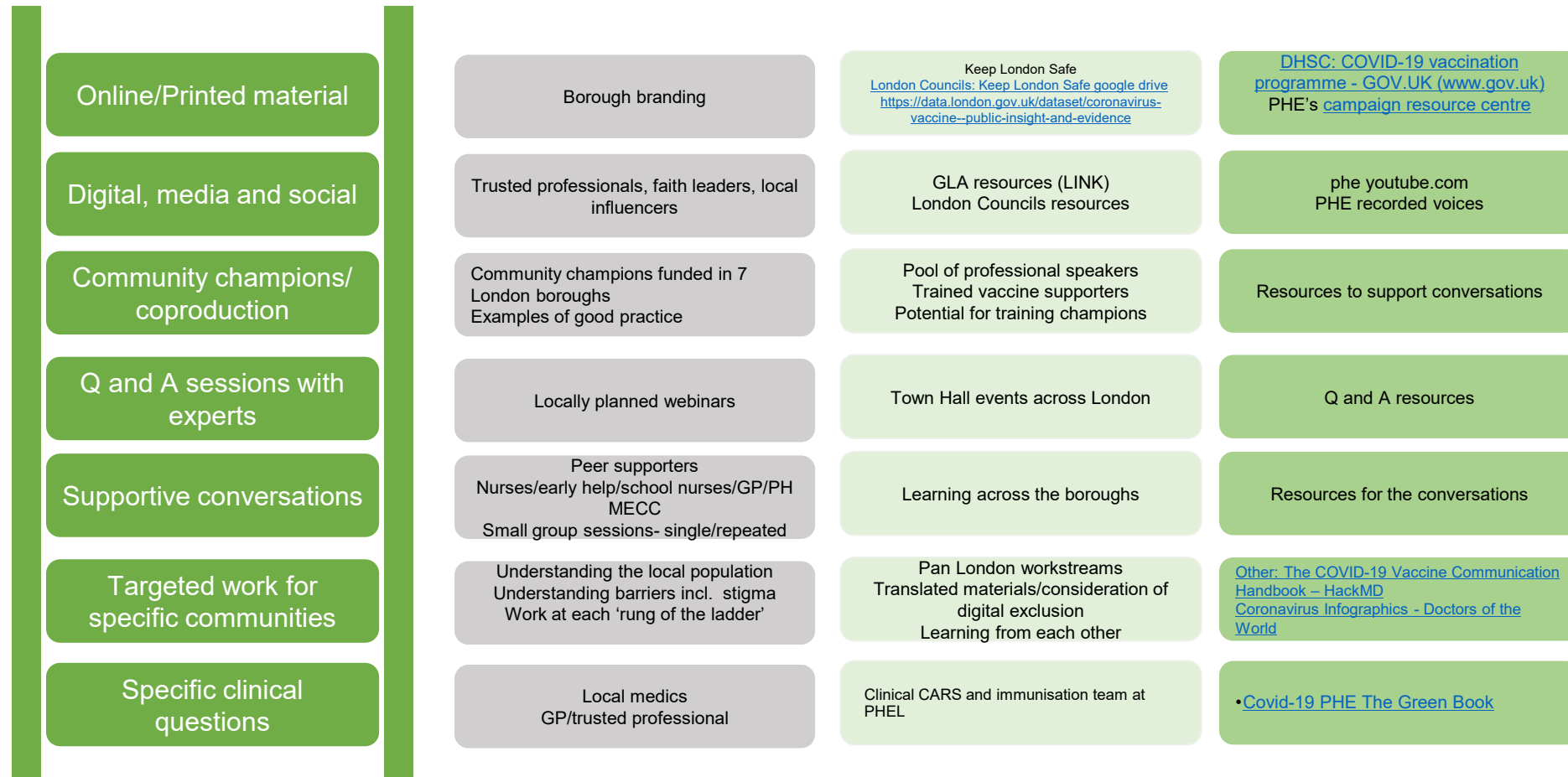
- Text message in the morning
- At least 3 attempts by telephone (most calls last about 30 minutes)
- Letter if no response
- Signposting to 'Ealing Together' for support
- Considerations for future expansion – CT at the time of testing, combination with self-isolation support and vaccination information;
- LECT were also used for calls for homeless in temporary accommodation to attend vaccination hub

## Performance:

- Over 3500 cases accepted, 1784 reached by call handlers
- Up to 100 cases per day in February
- Overall contact rate 51%

# Covid-19 Vaccination Programme – London approach

## Ladder of Support for London (\*Source of data – ADPH)

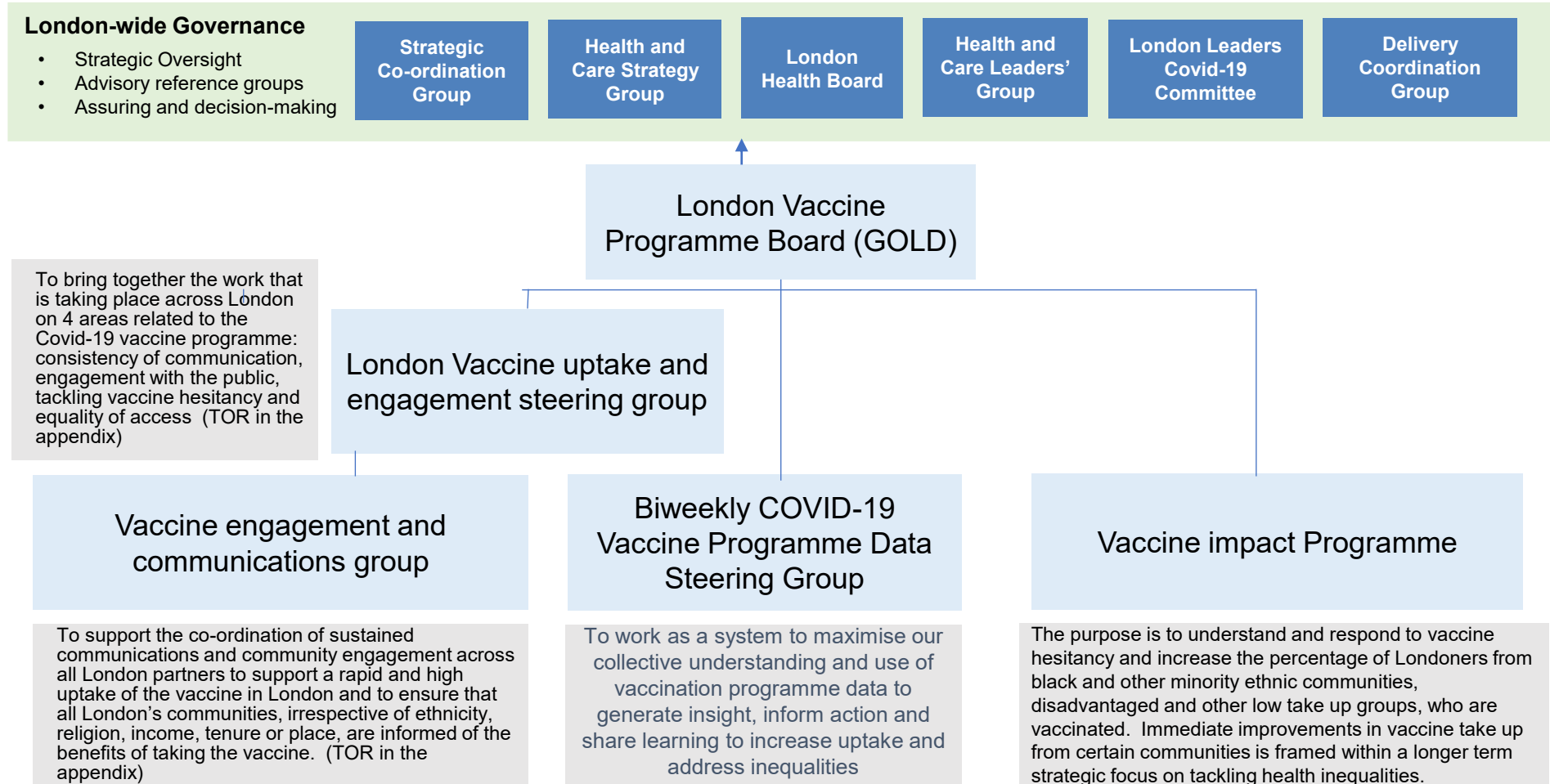


\* Adapted from LB Newham

# Vaccine Equity – Governance across London

(\*Source of data – ADPH)





## Governance of COVID-19 Vaccine Equity work across London



# Vaccination equity and hesitancy – London approach

(\*Source of data – ADPH)

## Tackling vaccine hesitancy and inequalities: A overarching London approach built upon 4 pillars

Aspect	Data and evidence 	Addressing hesitancy 	Practical aspects of vaccination 	Monitoring, evaluation and system leadership 
Issues to consider	<ul style="list-style-type: none"> <li>• <b>Data:</b> Best use of available data to understand where the inequalities are, to support local and pan London action and interventions</li> <li>• <b>Evidence:</b> work is rooted in the evidence including behavioural science and from other vaccination programmes.</li> <li>• <b>Lessons learnt:</b> identifying and sharing good practice from other countries, regions, boroughs</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Hesitancy higher in:</b> Under 25 year olds, BAME groups (partic black ethnic groups) &amp; less affluent Londoners</li> <li>• <b>Health and care professionals:</b> Current rates are lower comparatively</li> <li>• <b>Culturally competent community engagement:</b> essential, locally led, regionally enabled</li> <li>• <b>Behavioural insights:</b> understanding models of vaccination behaviours, including role of stigma</li> </ul>	<p><b>Other aspects affecting vaccination uptake of minority groups</b></p> <ul style="list-style-type: none"> <li>• Accessibility/familiarity of the setting</li> <li>• Invitation &amp; appointment booking process</li> <li>• Vaccine site location</li> <li>• Opening hours/time off work</li> <li>• 58% of those in the UK answered no to the question <i>'is it easy to get a vaccine'</i> (Global Institute of Innovation)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Evaluation:</b> systematic, academically rigorous service evaluation that is agile, answers the essential q's and feeds learning back into the system</li> <li>• <b>Measures of success:</b> clearly defined</li> <li>• <b>System Leadership:</b> join up and oversight across the system, across the <i>test-trace-isolate –vaccinate</i> journey and tackling inequalities from COVID more generally</li> <li>• <b>Potential for drop off for second vaccine:</b> as seen in other vaccines</li> </ul>
Next steps	<ul style="list-style-type: none"> <li>• <b>Data:</b> Track and share data on vaccine hesitancy/acceptance, and vaccine uptake (rolling equity audit)</li> <li>• <b>Integrate:</b> Integrate vaccination data with surveillance and T&amp;T data, to inform outbreak control /response</li> <li>• <b>Insights:</b> Facilitate the collection and sharing of insights from across London</li> <li>• <b>Evidence:</b> Synthesise the evidence on barriers, enablers and what works</li> <li>• <b>Quality assure:</b> provide PH input/ advice to ensure communications/ interventions are grounded in evidence</li> <li>• <b>Agile system:</b> Ongoing gathering of evidence / learning from the system</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coordinated and targeted programmes:</b> reaching specific communities. Current focus on BAME, health and care professionals and inclusion health</li> <li>• <b>Sharing resources and assets:</b> maintain an easy access repository of local, regional and national resources that are sensitive to local communities</li> <li>• <b>Network and support London partners:</b> across organisations to make connections, support workstreams</li> <li>• <b>Develop a bureau of professional speakers</b></li> <li>• <b>Consider other models:</b> MECC</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Adapting programme delivery:</b> understand barriers to access for minority and vulnerable populations, and feed into and refine NHS programme delivery</li> <li>• <b>Training:</b> emphasise and support healthcare staff in their role as a trusted source of health information for key population groups</li> <li>• <b>Impact of vaccination on behaviours:</b> monitor impact of vaccination rollout on social distancing and adherence to other NPIs; develop clear communications and other strategies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Evaluation:</b> evaluation of local/STP interventions/approaches, with academic support</li> <li>• <b>Listen and learn:</b> Use range of fora and networks to engage, listen and share good practice and understand partners' support needs</li> <li>• <b>Horizon scan/plan ahead:</b> for groups likely to have low uptake, thinking also of messaging for second vaccine</li> <li>• <b>Celebrate success:</b> keep momentum &amp; promote further action</li> <li>• <b>Extending success:</b> use these opportunities/relationships for wider programmes to reduce inequalities more generally</li> </ul>



# Covid-19 Vaccination Programme in Ealing

The fast and equitable rollout of Covid-19 vaccinations in Ealing is one of the main

## Local Vaccination Strategy

- Multi-agency strategy to support the NHS in the roll out of Covid-19 vaccinations
- Data and intelligence informed identification of vaccination sites – faith settings, community venues
- Consistent universal communication and engagement to enhance awareness and reach of messages
- Targeted communication and engagement on the basis of local intelligence
- Close co-operation with NWL, pan London and national work on vaccine uptake and vaccine hesitancy
- Local co-operation with anthropologists from a number of academic institutions to understand context and reasons for local vaccine hesitancy
- Programme of local information webinars and engagement events
- Communication material in a range of local languages
  
- **Future developments:**
- Embedding of vaccination messaging in local Covid services (testing, contact tracing, self-isolation support etc. using a MECC approach)
- Development of local ‘community champion’ network to embed vaccination messages and improve community resilience

# Inequalities – context (\*Source of data – ADPH)

- The PHE report on disproportionate impact of COVID-19 in June 2020 demonstrated the disproportionate impact of the pandemic in terms of both morbidity and mortality in Black, Asian and minority ethnic communities
- These inequalities are also reflected in differences in Covid-19 vaccine uptake between ethnic communities as well as individuals and communities with different levels of deprivation
- In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision
- In February 2021, ADPH London released a [position statement](#) in supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic. This statement highlights racism as a public health issue, given the immediate and structural factors that have impacted ethnic minorities, with intentions to develop an action plan to mitigate any further widening of inequalities in 21/22, focusing on five themes. The themes will be aligned with partner organisations priorities for the London Health Equity Delivery Group, and development and delivery of actions will be reported to the London Health Equity Group.

# Addressing inequalities in Ealing

The detection and reduction of inequalities runs as a key aim through all themes of this plan. It is based on detailed local data and insights and plans draw on best available evidence and local evidence on effective interventions.

- Whilst the COVID-19 pandemic impacts everyone, we know from national literature and local data that it exposes and exacerbates existing health, social and economic inequalities
- Local data has continually demonstrated sub-borough regional inequalities
- In the first wave, areas most affected by Covid-19 were Southall and Acton
- In the second wave, areas most affected are Southall, Northolt, Greenford
- Such inequalities have multiple contextual and population origins
- In addition to this place-based analysis of inequalities, inequalities can be shown by age, deprivation, occupation group
- Local strategies and interventions to identify and address inequalities include:
  - Borough integrated impact assessment to explore the longer-term, wider impact of Covid-19 on inequalities
  - Weekly data deep-dives to identify areas of inequality around Covid-19 infections, vaccination uptake, as well as hospitalisations and death
  - Monitoring of wider impact measures - unemployment, children and young people – safeguarding, FSMs, housing...number registering as homeless etc.
  - Data and intelligence informs multi-agency approach to both universal and target interventions (communication, engagement, geographic allocation of testing and vaccination sites, support around shielding and self-isolation)
  - Learning from the local race-equality committee

# Inclusion Health

Inclusion health as a subtheme of local inequality work has its dedicated workforce across local organisations and is embedded in the strands of this plan, with particular emphasis around the vaccination rollout.

## London COVID-19 Find and Treat Service (F&T)

The Find and Treat service, provided by a team from University College Hospitals, is jointly funded by all of London's Local Authorities and the Greater London Authority (GLA) and provide the following for rough sleepers, homeless hostels, hotels, night-shelters, pay to sleep, large houses in multiple occupation (HMOs) and daycentres:

- **Outreach testing and contact tracing:** Telephone clinical triage and on-site testing triggered by reporting of symptomatic cases, testing of contacts and immediate infection control advice on site liaising with the London Coronavirus Response Cell (LCRC).
- **Variants of concern (VOC):** Should VOC postcode surge areas include any homeless or inclusion health settings F&T can support local surge testing.
- **Training and support:** Provision of training for testing and contact tracing for key local staff (e.g. nominated street outreach workers, and others with key trusted relationships).
- **Sentinel screening:** Testing residents and staff of high risk locations (e.g. prioritised based on size, shared facilities etc) to actively monitor the level of asymptomatic carriage. VOC testing data will be collated with sentinel testing.
- **Vaccination:** Vaccination of the homeless population and support to address wider healthcare needs (NHS funded)
- Find and Treat are also funded (via NHSE) to provide outreach testing and contact tracing to asylum hotels in London (funded until end March 2021).

# Responding to Variants of Concern (VoCs) – generic 1

**(\*Source of data – ADPH)**

## **Responding to Variants of Concern (VOCs)**

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

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

- 1. detecting, tracing and isolating cases to drive down overall community transmission, and**
- 2. case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant.**

All local authorities need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in their Borough, including local “surge” testing, and complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

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

The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, informed by the data and risk assessment, current epidemiology, knowledge of the local community and grounded in health protection principles and specialist health protection advice. Plans will need to be flexible and adaptable to different circumstances, such as the geography, communities or settings in scope.

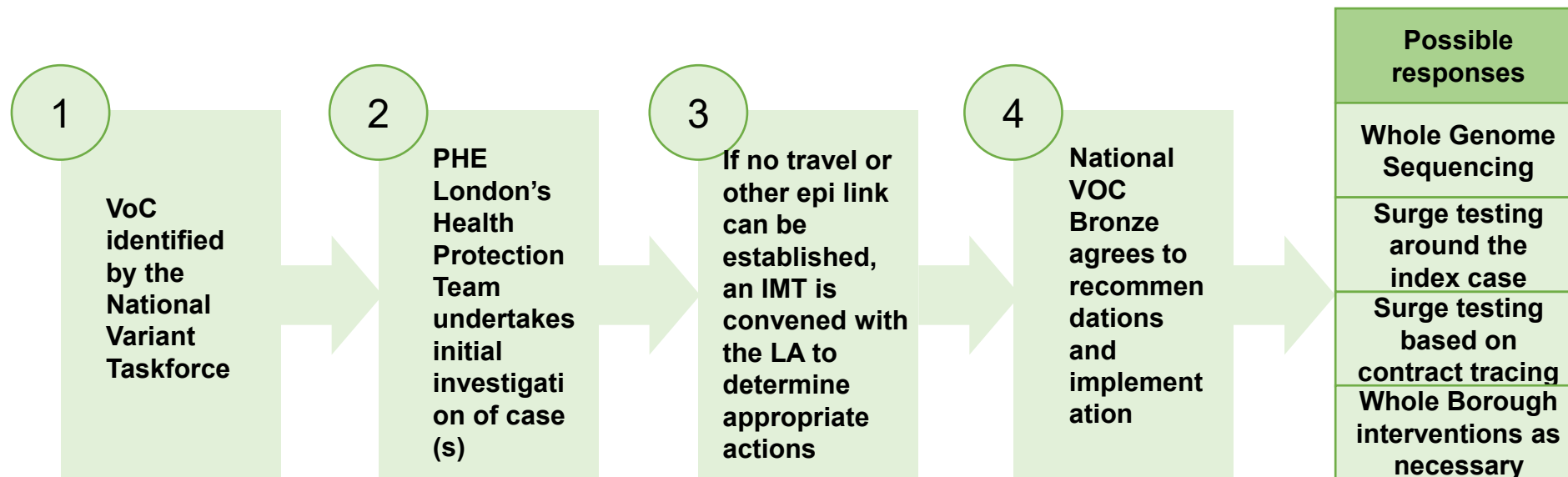
The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can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

**The figure overleaf gives a high level representation of this process, and slide 3 describes the measures and interventions that boroughs should consider deploying as part of their local VOC response.**

# Variants of concern (VOC) management – generic 2

(\*Source of data – ADPH)

## Variants of Concern (VoC) Investigation and Management



**(\*Source of data – ADPH)**

# S1.3 Variants of concern (VOC) management – generic 3

- **Guide to determining Public Health Action- range of approaches**

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	NPIs
<ul style="list-style-type: none"> <li>• Define and agree coverage/scope of PCR positives for WGS (over &amp; above routine 5% surveillance) including pillar 1, and time period</li> <li>• Data led eg small area/geography around VOC case; setting specific; whole borough</li> <li>• Contingent on national capacity</li> <li>• Explore leveraging local hospital and academic sequencing capabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours</li> <li>• Enhanced or increased local communications to encourage and ensure people get tested. Start or potentially increase the local booking arrangements for LTS sites</li> </ul>	<ul style="list-style-type: none"> <li>• Determine target population, geography or setting</li> <li>• Determine best operational method(s) for targeted surge testing eg:               <ul style="list-style-type: none"> <li>• Door drop model (Council, VCS or other trusted delivery partner, commercial partner)</li> <li>• Collect and drop model</li> <li>• ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives)</li> <li>• Surge of up to 5000 asymptomatic tests</li> <li>• MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process</li> <li>• A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting</li> <li>• LA's Local CT Partnership service works alongside national VOC Trace cell</li> <li>• Re-enforcement of isolation and public health advice to all cases and contacts</li> <li>• Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control</li> </ul>	<ul style="list-style-type: none"> <li>• Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts</li> <li>• Self isolation payments and discretionary support for those in financial need</li> <li>• Consider enhanced welfare support/follow up calls and other enhancements</li> </ul>	<ul style="list-style-type: none"> <li>• Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach</li> <li>• Reinforce covid-secure and IPC measures in key settings</li> </ul>
					<p><b>Monitoring and evaluation</b></p> <p>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation</p>
<p><b>Communications and engagement</b></p> <ul style="list-style-type: none"> <li>• Locally led plan for culturally competent communications and community engagement</li> <li>• Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities</li> <li>• Ensure alignment of national comms with local comms</li> <li>• Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes</li> <li>• Harness existing community assets, networks and trusted messengers eg community champions</li> <li>• Specific considerations include: an inbound helpline; a postcode checker on Council website</li> </ul>					

# Ealing Response to Variants of concern (VoCs)

Ealing was among the first boroughs in the UK where a case of non-travel related South African variant (SAV) of SARS-Cov2 was detected.

## **Local response (Phase 1)** 1<sup>st</sup> to 15<sup>th</sup> February 2021:

- Determination of geographical area in the vicinity of the case enabling 'surge testing' of approximately 10,000 PCR tests over two weeks to determine any further spread of the variant through community transmission
- Door-to-door distribution of PCR tests
- Re-enforcement of stay-at-home messages and support for self-isolation
- In total, almost 9,000 people without COVID-19 symptoms carried out tests. 5,952 home testing kits were collected, and a further 735 kits were collected from local workplaces and settings in the area, e.g. staff at local schools. In addition, 2,281 tests were undertaken at the testing unit based at Dean Gardens Car Park

(A lessons learned document on the Ealing approach to Phase one is available on request)

## **Local response (Phase 2)** 25<sup>th</sup> February to 25<sup>th</sup> March 2021:

Following the identification of a small number of further cases of SAV, a second wave of local response was initiated to contain the spread of this variant and reduce the overall transmission of SARS-CoV2. cases were found in the borough later in the month and we are currently in Phase two of Surge Testing.

- Focus is on whole borough, and especially communities with higher prevalence / focus on reducing inequalities
- Daily conversations with DHSC, LCRC and local partners
- Increased Symptomatic Testing through the addition of 2 MTUs (bookable via the national portal)
- Increased Asymptomatic Testing through the addition of Hyper-Local/roving MTU, LTD testing in local pharmacies
- Door-to-door delivery of Home Test kits, which residents are then asked to return to the MTU
- Continued Genome-Sequencing for the duration of phase 2
- Enhanced targeted communication, enforcement capacity, supported self-isolation
- Community engagement pilot with the view to developing longer-term community resilience and reduced inequalities



## Step 1a – 8<sup>th</sup> March, Step 1b – 28<sup>th</sup> March

**1a** All schools reopen, leave home for recreation and exercise outdoors with household or one other person, care home residents allowed one regular visitor

**1b** 'Stay at home' rule ends. Outdoor gatherings (including in private gardens) of either 6 people or 2 households, Outdoor sports (e.g. tennis and basketball courts, open-air swimming pools reopen, formally organised outdoor sports starts.

Regulatory Service Impacts	Community Protection Impacts
<ul style="list-style-type: none"><li>• Misconception that it is now safe and restrictions are over</li><li>• Increase in high street footfall, shops and public transport</li><li>• Non-adherence to social distancing and wearing of face coverings</li></ul>	<ul style="list-style-type: none"><li>• Increased activity in parks and open spaces expecting</li><li>• Numbers of school pupils in high streets and at business premises out of school hours</li><li>• Non-adherence to social distancing and face covering</li><li>• Increase in complaints around compliance</li><li>• Improving weather will lead to increased socialising in public areas</li><li>• Potential increase in street crime</li><li>• Potential for increase in street drinking</li></ul>

# Mapping our recovery approach against each stage of the roadmap

## Council response to step 1

- Universal and target communication to communities around detail of step 1
- Reinforcement of Covid-safe messaging
- Sustained development of local test, trace and isolate programme
- Regular engagement with staff and community groups
- Sustained daily SitReps and meetings with police outlining problem locations and issues and task officers appropriately
- Continue co-ordinated and joint patrols where appropriate between Safer Neighbourhood Teams, Police Response officers, Council Covid Stewards and our ASB Parks and housing estate patrols
- Utilise the Covid Stewards, Safer Neighbourhood Police and Regulatory Enforcement Officers to target high streets and commercial spaces.
- Regular tasking meetings to link in Council resources like CCTV, ASB patrols in parks and housing estates, park rangers and parking provisions to ensure a co-ordinated approach to managing our spaces, particularly over weekends and other periods of intense use.
- Continue to monitor the overall situation on our high streets Ahead of Step 2, start engaging with businesses due to reopen and advise of any updated guidance

**Please note multiple services across the Council will be involved in planning around the Roadmap, this document focuses on those within the Outbreak Management Plan.**

## Step 2 – from 12<sup>th</sup> April at the earliest

Gym and indoor leisure reopen, rule of 6 outdoors continues , outdoor attractions reopen, eating outdoors permitted, non-essential shops reopen, person care premises resume business, Libraries and community centres open, Household over night stays permitted, Indoor children’s activities resume.

Regulatory Service Impacts	Community Protection Impacts
<p>Increased activity from businesses and shoppers in high streets</p> <p>Possible noncompliance from businesses (open early, non-compliance with guidance)</p> <p>Enforcement required of the only outdoor hospitality requirement and what this actually means</p> <p>Increase in licensed premises returning to normal hours with potential for late night noise.</p> <p>Ensuring indoor leisure is operating in compliance with any required guidelines</p>	<p>Increased ASB activity high streets</p> <p>Increase in footfall around betting establishments</p> <p>Fly tipping and Environment Crime likely to increase</p> <p>Emergence of UMEs and other unauthorized gatherings.</p> <p>Increase in licensed premises returning to normal hours with potential for late night noise.</p>

# Mapping our recovery approach against each stage of the roadmap

## Council response to step 2

- Increase frontline staff deployment ahead, during and after 12 April on our high streets to advise and support business with their reopening.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Enforcement Team may be able to advice or investigate complaints around queues/crowds at busy premises such as barbers, hair salons and homeware or clothing stores.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- Target known waste crime hotspots proactively to prevent fly-tipping
- Ahead of Step 3, start engaging with hospitality businesses due to reopen and advise of any updated guidance.

## Step 3 – from 17<sup>th</sup> May at the earliest

Indoor entertainment and attractions, 30 person limit outdoors, Rule of 6 or two households can meet indoors, Organised indoor adult sport.

Domestic overnight stays, Remaining outdoor entertainment including performances, Remaining accommodation to open, International travel review.

Regulatory Service Impacts	Community Protection Impacts
<p>Misconception that it is now safe with outdoor social contact rules lifted</p> <p>People applying the outdoor social contact rules indoors in business premises</p> <p>Enforcement required of any indoor hospitality requirements</p> <p>Communications needed to businesses should there be any variance from the current roadmap or specific directions for certain business types</p>	<p>Increased activity of large groups in parks and open spaces and increase in footfall in town centres and defined crime/ASB hotspot areas.</p> <p>Increased community tensions and possible ASB and increase in Noise Nuisance and demand from dwellings</p>

# Mapping our recovery approach against each stage of the roadmap

## Council response to step 3

- Review and where required, continue with actions set out above in Steps 1 and 2 Response.
- Ongoing information to businesses and communities.
- Provide support to high footfall areas where there are likely to be an increase of shoppers.
- Conduct checks of leisure premises and outdoor hospitality to advise on any new guidance and oversee compliance.
- Ahead of Step 4, start engaging with businesses and organisations due to reopen and advise of any updated guidance.

## Step 4 – from 21<sup>st</sup> June at the earliest

Nightclubs to reopen, No legal limits on social contact, Larger events, no legal limits on all life events

Regulatory Service Impacts	Community Protection Impacts
Possible noncompliance from businesses trying to open ahead of permitted date If any rules/guidance remains in place, this will need communication and enforcement	Increased activity of all groups of people in public areas leading to UMEs and/or other celebrations

# Mapping our recovery approach against each stage of the roadmap

## Council response to step 4

- Review and where required, continue with actions set out above in Step 1, 2 and 3 Responses.
- Update businesses with any changes in legislation or guidance.
- Consider specific actions for any problem premises or hotspot areas.
- Respond to any longer term guidance or best practice that may arise towards the end of the pandemic.
- Oversee the removal of signage or other changes to public realm that are no longer considered necessary



# Ensuring system resilience

- Maintenance and continuous improvement of local governance and response structures
- Ongoing service infrastructure, e.g. testing, contact tracing
- Sustained, joined-up communication (universal and targeted)
- Sustained community engagement and participation
- Ongoing improvements to the use of data and intelligence
- Sustained join-up between LBE and the local NHS as well as other system partners
- Ongoing identification and reduction of inequalities
- Sustained reduction of viral transmission
- Joined-up response to surges and local variants of concern
- Joined-up vaccination rollout both universal and targeted
- Continuous evaluation, learning and improvement
- Health and Social Care leads cover system resilience through the work plan for the ICP (for example Winter Planning)

