Local Outbreak (COVID-19) Management Plan

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Updates to bring LOMP into alignment with the latest government guidance following Step 4 of the government roadmap and the lifting of many COVID-related restrictions. Action cards have been carried over from the previous LOMP edition.	V8.0 13/09/21	
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Abbreviations

CAG	Confidentiality Advisory Group
CEO	Chief Executive Officer
CTAS	Contact Tracing Advisory Service
COPI	Control of patient information
DHSC	The Department of Health and Social Care
DsPH	Directors of Public Health
EHO	Environmental Health Officer
EPPR	Emergency Prevention, Preparedness and Response Team (SE regions, NHS England)
GDPR	General Data Protection Regulations
GP	General Practice
HCP	Health and Care Partnership
HPB	Health Protection Board
HSCC	Kent Resilience Forum – Health and Social Care Cell
ICB	Integrated Care Board
IMP	Information Management, Data Governance and Privacy team
JBC	Joint Biosecurity Centre
KCC	Kent County Council
KRF	Kent Resilience Forum
KRF SCG	Kent Resilience Forum- Strategic Coordinating Group
KRF TCG	Kent Resilience Forum- Tactical Coordinating Group
LA	Local Authority
LFD	Lateral Flow Device
LFT	Lateral Flow Test
LOEB	Local Outbreak Engagement board (Joint Health and Wellbeing Board)
LOMP	Kent and Medway Local COVID-19 Outbreak Management Plan
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership
MAIC	Kent Resilience Forum – Multi Agency Information Cell
MC	Medway Council
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NHS T&T	NHS Test and Trace
NPI	Non-pharmaceutical interventions
OCT	Outbreak Control Team
PCR	Polymerase Chain Reaction
PCAS	Post Covid Assessment Service
PPE	Personal Protective Equipment
PHC	Public Health Consultant

SITREP	Situation Report
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
TCG	Tactical Coordinating Group
UKHSA	UK Health Security Agency
UKHSA HPT	UKHSA South East - Kent and Medway Health Protection Team
UTLA	Upper Tier Local Authority
ULA	Unitary Local Authority
VCS	Voluntary and Community Sector
VOC	Variant of Concern
VUI	Variant under Investigation
WHO	World Health Organisation

Glossary

Asymptomatic testing

Also known as symptom-free testing, this refers to the testing of those who have no symptoms of COVID-19 to understand levels of asymptomatic transmission in a particular setting or the community at large. This is typically performed as part of a wider scientific study or to prevent inadvertent transmission within high-risk areas such as health and social care facilities.

Clusters

A cluster refers to the aggregation of cases in the same area at the same time. During the pandemic, the UK government has defined a cluster as two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 10-day period. A cluster ends when there are no test-confirmed cases with illness onset dates in the previous 10 days.

Communicable disease

These are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air.

Community spread or transmission

This term is used to describe the spread of a contagious disease within a certain community. During community spread there is no clear source of contact or infection.

Contact Tracing

This is the process of identifying those who have interacted with an infected individual and may be at risk of developing and passing on the disease themselves. Contact tracing helps alert others that they need to be tested for a particular disease and self-isolate if necessary.

Director of Public Health (DPH)

Directors of Public Health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes of interventions and future programmes of work.

Epidemiological modelling

An epidemiological model is usually defined as *'a mathematical and/or logical representation of the epidemiology of disease transmission and its associated processes'*. These mathematical models can project how infectious diseases progress to show the likely outcome of an epidemic and help inform public health interventions. A variety of parameters are used to model the impact of a variety of interventions on the spread of an infectious disease within a given population; these models can help decide which interventions to avoid and which to trial.

Essential services

These are the occupations or services that are vital for the health and safety of the public during the pandemic. These should be open and active even in periods of lockdown.

Exposure

This term is used to describe coming into contact with someone positive for COVID-19. Risk of exposure can be reduced by following hand washing, maintaining social distance and wearing face-coverings. Bespoke information for health and social care workers on limiting exposure can be found here.

Hand hygiene

This term refers to the regular practice of hand washing. The government recommends hand washing or at least 20 seconds using soap and water or hand sanitiser. Hands should be washed when arriving at work or returning home, after blowing the nose or coughing or sneezing and before eating or handling food.

Health Protection Board (HPB)

This entity monitors and responds to any rise in cases in a given area; they identify patterns of transmission and create local outbreak management plans for constituent councils.

Home Testing

Those who are symptomatic of COVID-19 can order home testing kits within the first 7 days of symptom onset. The test involves taking a swab of the inside of the nose and the back of the throat, using a long cotton bud. This swab can be performed by the patient (or their caregiver if aged under 11 or under). A home testing kit must be registered before it is sent back.

Immunisation

A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination and more details can be found here.

Incident Management Team (IMT)

This term is used synonymously with Outbreak Control Team. More details can be found here.

Information Governance

This term refers to the legal framework that governs the use of personal confidential data in healthcare. This framework allows organisations and individuals to ensure that personal information is handled legally, securely, efficiently and effectively in order to support delivery of the best possible care.

Joint Biosecurity Centre (JBC)

The Joint Biosecurity Centre (JBC) provides evidence-based, objective analysis to inform local and national decision-making in response to COVID-19 outbreaks. This includes helping to inform action on testing, contact tracing and local outbreak management in England, informing an assessment of the risks to UK public health from inbound international travel and advising on the COVID-19 alert level. More information can be found here.

Key workers

Prior to Living with COVID strategy, key, critical or essential workers were those who had jobs that were vital to public health and safety during the pandemic. Because their work was so vital, the government attempted to enable them to carry out their jobs with as little restriction as possible. Key workers were provided with streamlined testing services and could put their children in school and use necessary transport links even during national lockdown. The list of key workers can be found here.

Mutual Aid

Mutual aid groups are self-organised groups of volunteers dedicated to supporting and helping people in need in their communities. There is no uniform way to develop a group and each group is advised to work in a way which best benefits their community. Tasks may include leafleting, providing emotional support or contact for the isolated or running errands and shopping for those who cannot do so themselves.

NHS Test and Trace

NHS Test and Trace (NHSTT) was England's COVID-19 contact tracing programme. It was launched on 28 May 2020 and was a central part of the UK's COVID-19 response strategy. This work was dedicated to testing for COVID-19 in the community and tracing contacts of all those who proved to be positive for the virus. The new NHS COVID-19 app was the Official NHS contact tracing app for England and Wales. It was the fastest way of knowing when you're at risk from Coronavirus.

Non-essential services

These are occupations or services that are not absolutely necessary for the health of the public during the pandemic. These would be closed or forced to pivot to 'working from home' arrangements in periods of lockdown or when rates of disease transmission are high in a community.

Non-pharmaceutical interventions (NPI)

These are public health measures that aim to prevent and/or control disease transmission in the community. NPIs are one of the most effective public health interventions against COVID-19. Specific recommendations to protect the most vulnerable include enhanced surveillance, comprehensive testing, and intensified infection prevention and control practices in settings that host high-risk individuals, such as long-term care facilities. When community transmission is a factor, NPIs include the use of face coverings, social distancing, hand hygiene and respiratory etiquette.

Outbreak Control Team (OCT)

The decision to convene an Outbreak Control Team is made on a case-by-case basis, generally by the

Director responsible for infection prevention and control in a given unit, facility or area. The Outbreak Control Team is responsible for the following: reviewing outbreak evidence, recommending control measures based on risk assessment, agreeing further investigations, establishing OCT membership, assigning individual responsibilities to OCT members, determining what resources are needed in a given area, entering surveillance data to monitor progress, communicating with the public/media, deciding criteria for declaring the outbreak over and producing and circulating a final report. An Outbreak Control Team is composed of representatives from a variety of fields of medicine including Virology, Toxicology, Epidemiology, Microbiology as well as regulators (e.g. representatives from health and safety, food standards agency, environmental agencies etc) and communication and legal experts. More details can be found here.

Outbreaks

During the pandemic, the UK government has defined an outbreak as two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 10 days and one of the following two criteria: 1) identified direct exposure between at least 2 of the test-confirmed cases in that setting during the infectious period of one of the cases or 2) when there is no sustained local community transmission. The threshold for the end of an outbreak is higher than the end of a cluster: here there must be no test-confirmed cases with illness onset dates in the previous 10 days in that setting. More information on this can be found here.

Personal Protective Equipment (PPE)

PPE refers to the items of clothing worn by medical and social care professionals to limit their exposure to a disease or hazard. HEE has created a comprehensive guide to PPE which can be accessed here. To help prevent transmission of COVID-19, guides have also been made to direct PPE usage in a range of both clinical and non-clinical settings.

Prevalence

This is a measure of the proportion of cases in the population at a given time.

Primary Care

This refers to healthcare services that are provided in the community and represent an initial approach to a medical practitioner or clinic for advice or treatment.

Regional Partnership Team

COVID-19 regional partnership teams (RPTs) are led by the UKHSA and Office for Health Improvement and Disparities (OHID) and are pivotal in connecting national and local response. They work in partnership with local authority DsPH and national teams to support policy and operational co-ordination across the UKHSA. RPTs support local authority response and implementation COVID-19 Local Outbreak Management Plans. Additionally, they provide ongoing oversight and assurance, escalating risks and issues as needed, including via the national local action committee command structure; providing additional support and escalating requests for surge assistance; as well as identifying good practice for spread and scale.

Risk-factor

These are the variables which would make an individual more likely to develop or contract a disease than those who were not affected by said variable.

Secondary Care

This refers to healthcare services that are provided by health professionals who generally don't have first contact with a patient. Secondary care services are usually based in a hospital or clinic though some may still reside in the community.

Self-isolation

This term refers to the period of time that those who have become symptomatic of COVID-19 or have recently been exposed to COVID-19 should remove themselves from work, school and all forms of in-person socialising to stay within the home. Current government guidance on self-isolation can be found here.

Social distancing

Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household. Prior to living with COVID strategy, people were advised to practice social or physical distancing, staying at least 2 meters from other people who were not from your household in both indoor and outdoor spaces. Individuals can reduce the risk of catching and passing on COVID-19 by wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high.

UKHSA

Refers to the UK Health Security Agency which is an executive agency of the Department of Health and Social Care. UKHSA is responsible for public health protection and infectious diseases capability within the UK since April 2021, replacing Public Health England.

UKHSA Health Protection Team (UKHSA HPT)

Local health protection teams provide specialist support to prevent and reduce the effect of infectious diseases, chemical and radiation hazards, and major emergencies. Their activities include local disease surveillance, maintaining alert systems, investigating and managing health protection incidents and outbreaks and delivering and monitoring national action plans for infectious diseases at local level. They provide local DsPH with access to highly specialised public health advice and support. They will also lead on complex outbreak investigation and management.

Vaccination

The act of introducing a vaccine into the body to produce immunity to a specific disease. A simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them. This term refers to the administering of safe agent-specific antigenic components that in vaccinated individuals can induce a protective immunity against the corresponding infectious agent. More information can be found here.

Vaccine

This term refers to a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines train the immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put one at risk of its complications. More information can be found here.

Variants of Concern

Variants of concern (VOC) suggests that the genome mutation might have an impact on transmission, immune control, and virulence. There are currently eight variants of concern, all of which have been detected in the UK. These include Alpha or VOC-20DEC-01 (Variant first detected in England, UK), Beta or VOC-20DEC-02 (Variant first detected in South Africa), Delta or VOC-21APR-02 (Variant first detected in India), VOC-21FEB-02 (Variant first detected in England, UK), Gamma or VOC-21JAN-02 (Variant first detected in Japan in travellers from Brazil), Omicron or B.1.1.529 (Variant first reported from South Africa), Omicron BA.4 and BA.5. The ability of these Variants of Concern to evade antibody elimination is of serious concern. Therefore, as of 30th June 2021, the Joint Committee on Vaccination and Immunisation (JCVI) issued interim advice that any potential COVID-19 booster programme should be offered in two stages from September 2021, starting with those most at risk from serious disease (e.g., care home residents, people aged over 70, frontline health and social care workers, clinically extremely vulnerable adults, and those who are immunosuppressed), and then moving to adults aged over 50, all adults aged 16-49 in a COVID-19 at-risk group, and adult house contacts of immunosuppressed individuals. This booster vaccination programme provided additional resilience against variants and maximised protection in those most vulnerable to serious disease from COVID-19 ahead of winter. Due to the spread of the Omicron variant, the NHS extended the booster programme to everyone who has had a second dose of the COVID-19 vaccine at least 3 months ago and was aged 16 and over or aged between 12 to 15 with a health condition that put them at an increased risk of COVID-19 or who lived with someone who had a weakened immune system. Now in the autumn of 2022, people aged 50 years and older, residents in care homes for older people, those aged 5 years and over in a clinical risk group and health and social care staff will be offered an autumn booster of coronavirus (COVID-19) vaccine.

Executive Summary

As part of the UK government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objective to control the COVID-19 reproduction (R) rate; by reducing the spread of infection, it is possible to save lives, protect the nation's health and care services and get the UK back to a place of 'normality' and economic prosperity. Achieving these objectives requires a coordinated effort between local government, the National Health Service, UKHSA (previously PHE), the police and other relevant organisations at the centre of outbreak response. These ways of working are set out in a Local Outbreak Management Plan (LOMP).

Following the publication of the Government's new 'COVID-19 Response: Living with COVID-19' strategy on 21st February 2022, England has moved to a new phase of the COVID-19 response. The aim of the Government is to manage COVID-19 similar to other respiratory illnesses. As part of the strategy, the remaining legal domestic restrictions relating to COVID-19 were cancelled.

The strategy is structured around four principles:

a. **Living with COVID-19:** the removal of domestic restrictions whilst issuing public health advice and encouraging safer behaviours;
b. **Protecting people most vulnerable to COVID-19:** through targeted testing and vaccination based on JCVI advice;
c. **Maintaining resilience:** continuous surveillance, contingency planning and maintaining the ability to re-implement key capabilities including mass vaccination and testing in an emergency;
d. **Securing innovations and opportunities** from the COVID-19 response, such as investment in life sciences.

Kent & Medway COVID-19 Local Outbreak Management Plan

In Kent and Medway, the *COVID-19 Local Outbreak Management Plan* builds on existing health protection plans already in place between Kent County Council, Medway Council, UKHSA South East (formerly Public Health England - South East), the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Integrated Care Board (ICB, formerly Clinical Commissioning Group) and other key partners. Summarised in 8 themes, the Kent Resilience Forum COVID-19 Local Outbreak Management Plan sets out how local actors aim to protect Kent and Medway's population by:

- Preventing the spread of COVID-19 through vaccinations and following IPC measures
- Coordinating capabilities across agencies and stakeholders
- Communicating with and assuring the public and partners that the plan is being effectively delivered

The 8 themes of the COVID-19 Local Outbreak management plan are summarised below:

1. Governance structures that have been established and are led by the Kent and Medway COVID-19 Health Protection Board and supported by the Strategic Coordinating Group of the Kent Resilience Forum, Kent County Council & Medway Council through the Kent and Medway Joint Health and Wellbeing Board. In addition, both Kent County Council and Medway Council have specific oversight arrangements to take account of their public duties and responsibilities (**Section 5**)
2. Arrangements to manage care homes & education setting outbreaks and other high-risk places, locations and communities of interest including prisons, asylum seeker accommodation including defining monitoring arrangements and planning required responses (**Section 6**).
3. Managing the deployment and prioritisation of services available for local testing which allows for a population level swift response (**Section 7**).
4. Monitoring infection control capability in complex settings and the need for mutual aid, including developing options to scale capacity if needed (**Section 8**)
5. Integrating national and local data through the Joint Biosecurity Centre Playbook (**Section 9**)
6. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities (**Section 10**)
7. Communicating with the public and local partners in Kent and Medway; essential for managing outbreaks effectively (**Section 11**)

We are grateful to our teams and many colleagues from the Councils, Kent and Medway ICB, the Kent Resilience Forum, UKHSA (formerly Public Health England) and our other key central partners for their unwavering support during this time and the contributions they have made to our own efforts to protect Kent and Medway's population from harm.

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1. Introduction

Under the Health and Social Care Act 2012 [1], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect the population's health. They must ensure plans are in place to respond to and manage threats such as communicable disease outbreaks which present a public health risk. DsPH fulfil this duty through collaboration across a range of partners. These include local authority (LA) environmental and public health teams (including consultants in public health), UKHSA, National Health Service (NHS) organisations and other agencies. As part of the UK Government's COVID-19 recovery strategy, the DHSC has mandated the development of local COVID-19 Local Outbreak Management Plans (LOMPs) by UTLA and ULAs.

On 29th March 2021, a new Office for Health Promotion was created which will sit within the Department of Health and Social Care (DHSC). Therefore, the Office for Health Improvement and Disparities (OHID) will work across both England and local government as well as with the NHS, academia, the third sector, scientists, researchers, and industry to develop evidence informed policies. While UK Health Security Agency (UKHSA) will be leading on health security, OHID will focus on health improvement, leading at a national level to exert influence across the health and care system and beyond.

On 31st December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China [2]. On 12th January 2020 it was announced that a novel coronavirus had been identified; this virus was classified as SARS-CoV-2 and its resultant disease became known Coronavirus Disease 2019 - COVID-19 for short [3]. On 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic [4].

As of 15 September 2022, there have been 19,888,584 confirmed cases of COVID-19 in the UK with 165,806 deaths. Updated figures for the UK - alongside local breakdowns - can be obtained via this government dashboard. As of 15 September 2022, over 45 million people in the UK have received their first dose, whilst more than 42 million have received their second dose.

Between December 2020 and November 2021, six major COVID-19 Variants of Concern (VOCs) have been detected in the UK. These VOCs are known as Alpha, VOC-21FEB-02, Beta, Gamma, Delta, and Omicron. As of May 2022, UK Health Security Agency (UKHSA) designated Omicron BA.4 and BA.5 as variants of concern (VOCs). As of July 2022, a new COVID-19 variant BA.2.75, a sub-lineage of variant BA.2 was identified on 4 July 2022. Based on the latest Technical Briefing 45 as of 9 Sept 2022, , the BA.5 variant, a sub lineage of the Omicron variant (BA.2), is currently the

dominant variant in circulation across England. UKSHA's latest analysis show higher transmissibility of BA.5 compared to BA.4 and BA.2 variants. However, there is no evidence of a greater risk of hospitalisation following infection with BA.5. On 1 September 2022 Omicron sub-lineage BA.4.6 was designated as variant V-22SEP-01. BA.4.6 has a mutation in a known antigenically significant site (S: R346T) and an apparent small growth advantage relative to BA.5. Further details on variants identified in the UK can be found here. No surge testing for variants has been required or undertaken in Kent and Medway.

1.1 Purpose & Scope

The Kent Resilience Forum COVID-19 Local Outbreak Management Plan (LOMP) will augment existing health protection arrangements in place within Kent and Medway. This plan will enable additional specific action to be taken to address COVID-19 outbreaks. Its aims and themes are set out in the **Executive Summary**.

The LOMP is based on Public Health Outbreak Management Standards [6], and health protection functions for local government. These functions are outlined in Health Protection in Local Government Guidance [7] placing primary health protection roles at both District/Borough and County Council level, with other functions sitting with UKHSA and the Guiding Principles for Effective Management of COVID-19 at a Local Level [8].

The LOMP includes:

- Kent County Council (KCC) and Medway Council's (MC) resilience and recovery strategies including their work with key settings, communities, and populations to prevent COVID-19, facilitate communication, and meet any additional needs.
- Specific roles, responsibilities, and individual arrangements across Kent Resilience Forum (KRF) partner organisations in relation to the prevention, identification, and reaction to COVID-19 outbreaks.
- KRF-wide information and communication flow maps including key processes to be followed proactively day-to-day (e.g., infection control) and in the case of COVID-19 outbreaks.
- Trigger points for escalation and deployment of certain processes
- Preventative communications and engagement plans including prepared / example materials and data usage to tailor messaging.

1.2 Linked plans

The LOMP builds on the following plans:

1. Kent and Medway, Surrey & Sussex UKHSA Centre Outbreak/Incident Control Plan
2. KCC – Major Emergency Plan
3. MC – Major Response Strategy
4. KCC – Emergency Recovery Plan

5. MC – Emergency Recovery Plan
6. KRF Pan Kent Strategic Emergency Response Framework
7. KRF COVID-19 Evacuation and Shelter Plan
8. KRF Media and Communications Plan
9. KRF Vulnerable People & Communities Framework
10. KRF Identifying & Supporting Vulnerable People Plan
11. KRF Pan Kent Strategic Recovery Framework
12. The COVID-19 Response: Autumn and Winter Plan

2. COVID-19 Response: Living with COVID-19

On 21st February 2022, the Government published its new 'COVID-19 Response: Living with COVID-19' strategy, marking a new phase of the COVID-19 response. The strategy outlines how the Government plans to provide continuous support and protection to citizens, with a focus on facilitating the opening of society and the economy, vaccination, and supporting the NHS and social care sector. The Government aims to manage COVID-19 similarly to other respiratory illnesses. It should be noted that there has been criticism of this approach as long term sequelae of COVID-19 (known as long or chronic COVID) are still emerging and not fully delineated. As part of the strategy, the remaining legal domestic restrictions relating to COVID-19 ended. Given the ongoing nature of the pandemic, the strategy also considers how resilience and contingency will be ensured.

The Government's Living with COVID-19 response is structured around four principles:

a. **Living with COVID-19:** the removal of domestic restrictions whilst issuing public health advice and encouraging safer behaviours;
b. **Protecting people most vulnerable to COVID-19:** through targeted testing and vaccination based on JCVI advice;
c. **Maintaining resilience:** continuous surveillance, contingency planning and maintaining the ability to re-implement key capabilities including mass vaccination and testing in an emergency;
d. **Securing innovations and opportunities** from the COVID-19 response, such as investment in life sciences.

The removal of COVID-19 restrictions was made possible through the roll-out of one of the largest and successful vaccination programmes in history, delivered by the NHS led by the Government. Vaccines will continue to be the centrepiece of the Government's approach to living with COVID-19. The Government will also keep providing support to communities with low vaccination uptake. The strategy acknowledges that there is uncertainty concerning the future development of COVID-19. This includes factors such as the emergence of new variants, the evolution of treatments, and

vaccination uptake. Therefore, the Government will continue to be vigilant, continuously monitoring the situation and ready to react should resurgences and new variants occur.

2.1 Legislative changes

As part of the Living with COVID-19 strategy, the Government has removed the remaining domestic restrictions in England. Since 24th February 2022, the following restrictions have been ended:

a. There is no longer a legal requirement to self-isolate following a positive COVID-19 test result. Nevertheless, people who test positive are advised to stay at home and avoid contact with other people, particularly with at risk groups. People can choose to take LFD tests on Day 5 and Day 6 after their positive test result. If both test results are negative, people can return to their normal routine.
b. Fully vaccinated close contacts and individuals aged under 18 are no longer asked to take daily LFD tests for 7 days following close contact with a positive case. Additionally, unvaccinated close contacts are no longer legally required to self-isolate.
c. Self-isolation support payments, national funding for practical support, and the medicine delivery service has ended.
d. Workers are no longer legally obliged to inform their employers when they are required to self-isolate.
e. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations have been revoked. Local COVID-19 outbreaks in high-risk settings will be managed by local authorities similarly to other infectious diseases.

Additionally, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations ended on 24 March 2022, although people who have COVID-19 may still be eligible according to the normal conditions of entitlement. Furthermore, from 1st April 2022, the current guidance on domestic voluntary COVID-status certification were removed and it will no longer be recommended that certain venues use the NHS COVID Pass.

2.2 Public health advice: encouraging safer behaviours

People will be advised on how to adopt safer behaviours to decrease the risk of COVID-19 infection. This is especially important for people who are at increased risk. Specific actions outlined are:

a. Getting vaccinated
b. Ensure good ventilation if meeting indoors, or meeting outside
c. Wear a face covering in crowded and enclosed spaces
d. Trying to stay at home if feeling unwell
e. Getting tested when having COVID-19 symptoms, as well as staying at home and avoiding contact with others in case of a positive test

f. Washing hands and following advice to 'Catch it, Bin it, Kill it'

On 1st April 2022, an updated guidance called Living Safely with respiratory infections, including COVID-19 was published. This guidance goes into detail on measures and actions to be taken in order to help reduce the risk of catching COVID-19 and passing it on to others briefly listed above. The actions will also help to reduce the spread of other respiratory infections such as the flu.

2.3 Implications for local authorities

The cancellation of The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 means that local authorities are required to manage local COVID-19 outbreaks similar to other infectious diseases, using local planning and pre-existing public health powers under the direction of their Director of Public Health. Furthermore, the ending of free asymptomatic and symptomatic testing for the general public as of 1st April 2022 means that less surveillance data will be available to monitor local infection levels. Currently, the Office for National Statistics (ONS) weekly survey of the population is the most epidemiologically reliable source of infection, which is supplemented locally by pillar 1 testing in local healthcare settings.

While the COVID-19 pandemic has extended into 2022, the availability of vaccines, clinically effective treatments and local and national best practice puts Kent County Council and Medway Council in a strong position to protect and support its residents effectively while this virus continues to pose a threat.

3. Kent and Medway in Context

An estimated 1.8 million people live in Kent and Medway [9]. KCC is an Upper Tier Local Authority (UTLA) and comprises 12 borough & district councils inhabited by circa 1.5 million people [10]. MC is a Unitary Authority (UA) with circa 280,000 residents [11]. Together, they make up one of the most densely populated areas in England.

3.1 Health Needs of Residents

Life expectancy at birth is similar to England's national average [12] in Kent and lower than national average in Medway for men (79.0 in Kent, 77.3 in Medway) and women (82.8 in Kent, 81.9 in Medway) [13].

- Adult smoking (15% in Kent, 14.7% in Medway) and overweight or obesity prevalence (64.2 % in Kent, 69.6% in Medway) are similar to England's national average [13]. Obesity is known to be a COVID-19 risk-factor [14].
- Increasing age is known to be a COVID-19 risk factor [15] and 19.4% of Kent's [16] and 15.9% of Medway's residents [11] are aged 65+.
- Non-white ethnicity is also known to be a COVID-19 risk-factor [15]. In Kent, 6.6% of the population are of Black and/or Asian origin with the largest single group represented by Asian Indians at 1.2% of the total population [17]. In Medway, 10.4% of the total population identified as of Black and/or Asian origin with Asian Indians the largest proportion at 2.7% [18]
- A 2016 report found there to be significant inequalities in the health outcomes, health behaviours, risk factors and wider health determinants among Kent and Medway's residents, with premature mortality from respiratory disease 3 times higher amongst the most deprived compared with the least deprived [19].
- The mortality gap between least and most deprived is widening suggesting increasing health inequalities [12].

3.2 Health & Social Care Landscape

In April 2021, Kent & Medway was formally accredited by NHS England as an Integrated Care System. Organisations involved in the delivery and/or support of Kent and Medway residents' health and social care needs include:

- 220 + General Practice (GP) Surgeries
- 24 Hospitals
- 342 Pharmacies
- 429 Dentists
- 42 Primary Care Networks
- 4 Integrated Care Partnerships (Dartford, Gravesham & Swanley; East Kent; Medway & Swale; and West Kent)

- 4 Acute Trusts (including 3 Foundation Trusts)
- 1 UTLA (KCC)
- 1 UA (MC)
- 1 Mental Health Trust
- 2 Community Health Trusts
- 1 Ambulance Service
- 1 Integrated Care Board (ICB)

3.3 The Impact of COVID-19

3.3.1 Cases

Up-to-date figures for overall and weekly positive COVID-19 cases in Kent and Medway can be found here (Kent) and here (Medway) [5]. Kent and Medway Councils also publish regular updates on weekly infection rates, which can be accessed here (Kent) and here (Medway).

The observed number of cases across both Medway and Kent remain relatively low due to the success of the vaccination programme, natural immunity, access to antivirals and increased scientific and public understanding about how to manage risk.

3.3.2 COVID-19 Vaccine

The UK has authorised the following vaccines for use:

- Moderna vaccine including the bivalent vaccine
- Oxford/AstraZeneca vaccine
- Pfizer/BioNTech vaccine
- Janssen vaccine (not currently available)
- Novavax vaccine (not currently available)
- Valneva vaccine (not currently available)

The Pfizer/BioNTech, Oxford/AstraZeneca and the Moderna vaccines for COVID-19 requires two doses be given, with the interval now reduced to 8 weeks apart to accelerate vaccine rollout. The Janssen vaccine requires only one dose.

From the beginning of April 2022, the Joint Committee on Vaccination and Immunisation (JCVI) advises that all children between age 5 to 11 are offered a non-urgent two doses of the Pfizer-BioNTech vaccine who are not in a clinical risk group. However, assured sites should continue to prioritise the vaccination of 5- to 11-year-olds in a clinical risk group.

In Kent and Medway, up-to-date figures of number of people vaccinated with both first dose,

second dose, and booster or third dose can be found here and here respectively. In Kent, 80.9% of the population are fully vaccinated and in Medway 77.2% are fully vaccinated.

3.3.3 Autumn Booster Vaccination

This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels – this may put increasing pressure on hospitals and other health care services. For these reasons, people aged 50 years and over, those in care homes, and those aged 5 years and over in clinical risk groups are being offered an autumn booster of COVID-19 vaccine.

A booster will also be offered to front-line health and social care staff, those who care for vulnerable individuals and families of individuals with weakened immune systems.

The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. As the number of COVID-19 infections increases over the winter, this booster should help to reduce the risk of being admitted to hospital with COVID-19. The booster may also provide some protection against mild Omicron infection, but such protection does not last for long.

Those eligible for the autumn booster vaccine will be offered an appointment between September and December 2022 with those at highest risk being called in first. In terms of vaccines being offered, the autumn booster vaccine will be made by Pfizer or Moderna. An updated combination version of these booster vaccines may be offered which include a half-dose of the previous vaccine combined with a half-dose of a vaccine against the Omicron variant.

Further details of the autumn booster vaccine including side effects can be found here.

3.3.4 Vaccine Hesitancy

Instances of vaccine hesitancy are being monitored locally and nationally to inform targeted support and outreach programmes. Within previous national vaccination programmes in the UK, reported vaccine uptake has been lower amongst certain groups, including those from minority ethnic groups, homeless populations and those living in areas of deprivation [20]. Therefore, in response to barriers to vaccine uptake including access barriers, perception of risk, health literacy, socio-demographic context, vaccine distrust, and experience of minority ethnic groups, MC and KCC developed the COVID-19 Vaccine Inequalities Programme Oversight Group (POG). This group seeks to reduce barriers to and variation in the uptake of the COVID-19 vaccine amongst key population groups to contribute to a reduction in healthcare inequalities in Kent and Medway.

3.3.5 Vaccination Delivery Models

Over the course of the pandemic, over 8 diverse delivery models have been used to maximise uptake and reduce vaccine inequalities. These included mass vaccination event sites, pop-up vaccination clinics, community pharmacies, PCN centres, roving model, mobile model, drive-through clinics and more. Currently, the main delivery models used include hospital hubs (NHS, booking required), walk-in centres across Kent and Medway (booking not required), and locally run services (GP practices; only patients of these practices will be contacted directly).

3.4 Long- COVID

3.4.1 Background

Long Covid (Post Covid Syndrome) is a new and emerging condition, which can have a significant effect on people's quality of life. It is known that as many as 1 in 12 patients will find the recovery both prolonged and difficult. Although many people affected by COVID-19 will get better in the first 6-8 weeks of illness; some will still be struggling beyond this early phase and experience symptoms beyond 12 weeks and are defined as having Long-Covid or Post-Covid syndrome. It follows an unpredictable waxing and waning course with many symptoms both physical and psychological being linked to it.

These problems which may appear weeks or months after the start of the illness including; low energy and intense fatigue, breathlessness, aches and pains in muscles/joints, pains in chest and lungs, palpitations, alteration and loss of smell; stomach and bowel symptoms like nausea/abdominal pains/ diarrhoea; mental health problems like anxiety/depression; brain fog with sluggish memory and dizziness. Younger adults and occasionally children can also get affected. There is an evolving evidence base that continues to grow in relation to best practice for identification and care.

The Integrated Care Board (ICB) is required to ensure there is a full end to end pathway for patients with Long Covid. It should include diagnostics, treatment, rehabilitation and recovery support for Long Covid as described in the Long Covid plan Long COVID: the NHS plan for 2021/22 and meet the clinic specification in the recently revised National guidance for post-COVID syndrome assessment clinics.

3.4.2 Principles of Care

The National Institute for Clinical Excellence (NICE) has issued official guidance on best practice for recognising, investigating and rehabilitating patients with long COVID. The guideline makes recommendations in a number of other key areas, including:

- Assessing people with ongoing symptoms after acute COVID-19
- Investigations and referral
- Planning care
- Management, including self-management, supported self-management, and rehabilitation
- Follow-up and monitoring

The key principles of care for Long-Covid are as follows:

1) Personalised Care: By listening to people and asking, 'what matters to you' and providing a personalised plan
2) Multidisciplinary rehabilitative approach for physical, mental, and social needs
3) Supporting and enabling self-care

3.4.3 Kent & Medway's Current Service Provision

Kent and Medway Post Covid Assessment Service opened on 14 May 2021. The service has received 2400 referrals since it went live. With the following split of referrals by HCP:

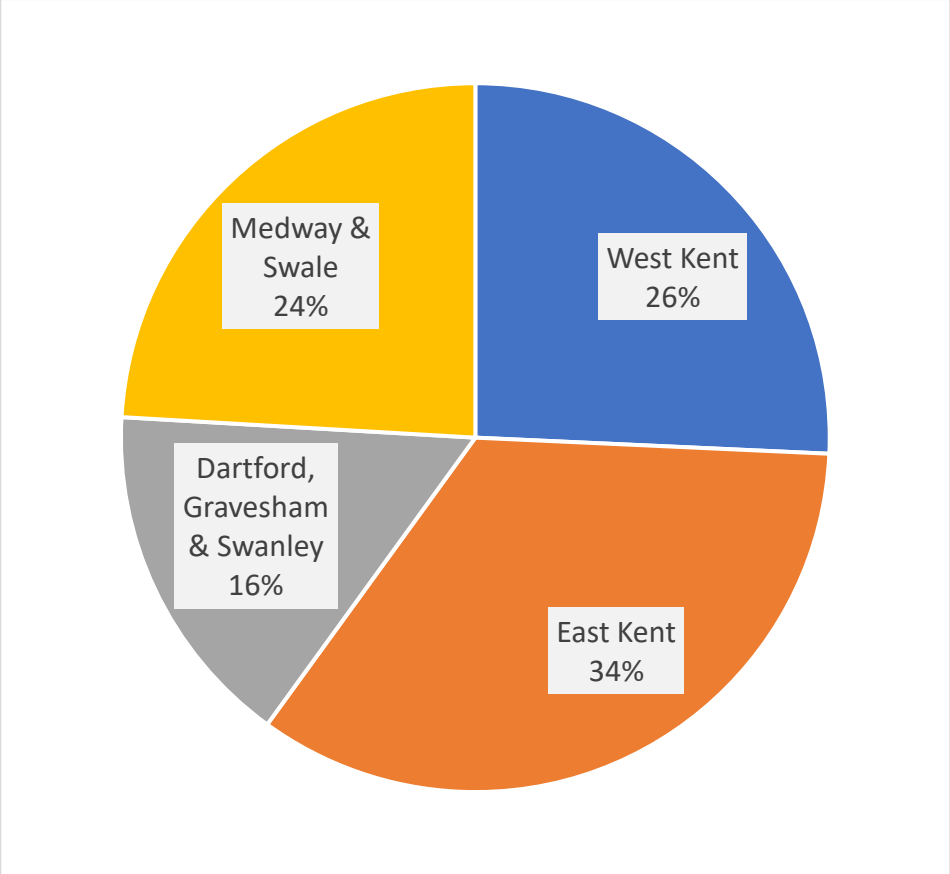

Figure 1- Split of PCAS referrals by HCP

Before referring to the Post Covid Assessment Service**,** a patient's GP may carry out further tests depending on symptoms, so any alternative diagnosis can be ruled out and also to decide if referral to the Post Covid Assessment Service would be suitable. Once referred, the Post Covid Assessment Service will get in touch and a team of professionals will assess a person's condition and provide support in accessing services to support recovery. The PCAS team is resourced on an anticipated weekly referral of 60 patients.

Each patient assessment pathway includes:

- A 1hr initial assessment
- A Multi-disciplinary Team Meeting (comprising of Nurse, PCAS GP, Psychologist, physio-therapist)
- Follow up call post-MDT

The aim is for patients to be assessed within six weeks unless they chose to delay assessment for personal reasons. The commissioners of the service are working with the provider, to continually monitor demand and service capacity. Following assessment, the service provides recovery advice and guidance and makes relevant referrals, as dictated by patient need.

Key self-management advice is given and the World Health Organisation (WHO) Support for Rehabilitation Self-Management after Covid-19 is utilized for:

- Managing Breathlessness
- Managing problems with voice
- Managing eating, drinking and swallowing
- Managing problems with attention, memory and thinking clearly
- Managing activities of daily living
- Managing stress and problems with mood
- When to contact a healthcare professional

Common onward referrals include:

- Onward referral for diagnostics and specialist support/pulmonary rehabilitation
- IAPT
- Social Prescribing
- Your Covid Recovery – Guided Rehabilitation with the virtual support of a physiotherapist (provided by PCAS)

There is also some need for onward referral to specialist secondary care services most commonly respiratory, cardiology, neurology, and ENT.

Figure 2- Kent and Medway PCAS Referrals

May 2021 to July 2022	Total PCAS referrals to date (May 2021 – July 2022)	2380
	Total Patients Discharged to date	668
	Total Patients who have had an HCP contact	1596
	Total Patients who have been discussed at MDT	1514
	Total Patients Referred onwards to YourCovidRecovery	230

3.4.4 Planned Developments in Long Covid Services for 2022/23

The service continues to evolve in accordance with national guidance and developing understanding of how best to meet the needs of patients with Long COVID. KCC and MC are committed to expanding support for patients with Long Covid, support the reduction of inequalities and reduce service and outcome variation.

An Integrated Long Covid Delivery Network has been convened and comprises of partners across the system with the following key aims and work plan for 22/23:

a. Expanding Treatment and Support - Identifying gaps in current assessment, treatment and rehabilitation Long COVID service offer and developing delivery

b. Children and Young People - Maintain and build relationship with CYP London Hub, develop CYP rehabilitation offer/pathways within K&M for cohort requiring them, develop educational offer for Primary Care in relation to identification, pathways and care for CYP with Long Covid

c. Reducing Inequalities – Taking a health equity approach to determining the current burden of covid/long covid and how it is distributed, Look at fairness of access to services, plan and deliver actions to reduce any identified inequalities

4. Legal Context

The DsPH in UTLA and ULAs have a statutory duty to prepare for, and lead, the local authority public health response to incidents that present a threat to the public's health. As such, they are responsible for maintaining, updating, and publishing, their LOMPs and will work closely with local partners to control and manage the spread of COVID-19 outbreaks as part of a single public health system. The UK Health and Security Agency (UKHSA), that brings together functions of Public Health England (PHE) and NHS Test and Trace (NHSTT), is committed to empowering local leaders by ensuring they have the appropriate tools and resources. As from 01 April 2022, two key items of primary legislation contain emergency powers relating to coronavirus and health protection in England. These are detailed below.

4.1 Coronavirus Act 2020

The Coronavirus Act [21] sets out the current restrictions and regulations in place as well as the powers that DsPH from UTLAs and ULAs can draw on in order to respond to an outbreak and control the transmission of COVID-19 in its area. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations which used to sit under the Act have been revoked on the 24 February 2022. Local authorities now manage outbreaks through local planning, and pre-existing public health powers, as they would with other infectious diseases.

4.2 Public Health (Control of Disease) Act 1984

The Public Health (Control of Disease Act) 1984 gives health protection powers to local authorities, which can be used without approval from a court. Legislation requires physicians to notify the 'proper officer' of the local authority of any person deemed to be suffering from a notifiable disease. This Act protects the health of the public through a system of surveillance and action. Surveillance allows for the identification, investigation and confirmation of an outbreak of a disease or a case of contamination. Appropriate and timely intervention to control the spread of the disease including isolation and quarantine can be initiated. The powers of the police to enforce restrictions, closures and lockdown measures also flow from these regulations.

In exercising any of these powers the UTLA/ULA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

5. Theme 1 - Governance Structure

The *Guiding Principles for Effective Management of COVID-19 at a Local Level* sets out that ULA and UTLA Chief Executives, in partnership with the Director of Public Health and UKHSA Protection Team, are responsible for signing off the Local Outbreak Management Plan [8]. Alongside the development of LOMPs, it recommends the formation of three critical local roles in outbreak planning alongside community leadership. A summary of the Kent and Medway governance structure is outlined in **Figure 1.**

5.1 Kent and Medway Health Protection Board

In line with above, the Kent and Medway Health Protection Board (HPB) has been refreshed to convene a business-as-usual HPB which incorporates any remaining elements relating to COVID-19 whilst focusing on all Health Protection across Kent and Medway. Led by the Public Health Departments of KCC and MC, the HPB links together established governance structures across KCC, MC, UKHSA South East - Kent and Medway Health Protection Team (UKHSA HPT), the 12 district and borough council Environmental Health teams, Kent and Medway CCG and other key partners. The Board will be responsible for playing a key role in the assurance and oversight of Health Protection matters across Kent and Medway which requires a system response.

The HPB currently meets fortnightly on Thursdays, but this can change depending on operational requirements as it serves to ensure an effective system-wide collaboration. The Governance Structure of the Local Boards can be found in Figure 3 below.

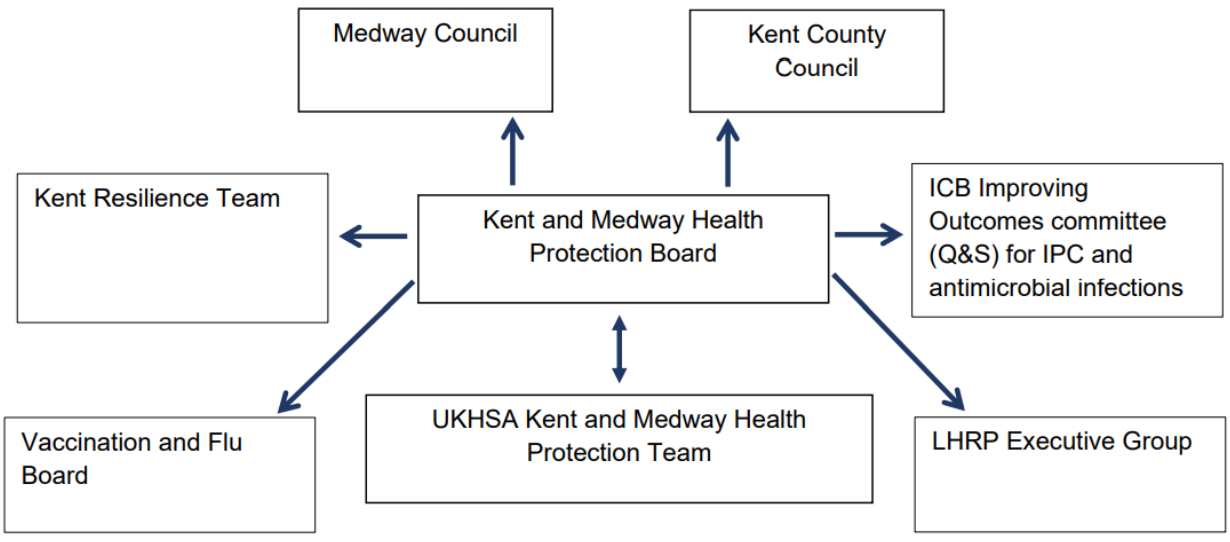

Figure 3- Governance Structure of Local Boards

6. Theme 2 - Identification of Complex Settings

This section provides links to guidance for settings that could be considered high-risk or complex. This could be because there is a risk of significant onward transmission, or there are clinically vulnerable individuals based at that setting (e.g., care homes and schools).

A list of settings and links to the relevant government guidance can be found in **Table 1**. For practical details about implementation, including guidance on outbreaks in specific settings such as those outlined below, please ask your Regional Partnership Team (RPT) for access to the Outbreak Management Response Toolkit.

Table 1- List of Complex Settings and access to its government guidance

Complex settings	**Access to government guidance**
Adult social care	Coronavirus (COVID-19): adult social care guidance Guidance on living safely with respiratory infections including COVID-19 COVID-19 Supplement to the infection prevention and control resource for adult social care
Education Childcare Children's social care settings	Emergency planning and response for education, childcare, and children's social care settings. Health Protection in Education and Childcare Settings Guidance on living safely with respiratory infections including COVID-19 Respiratory Outbreak Action Card
People experiencing homelessness and rough sleeping	COVID-19 testing in homelessness, domestic abuse refuge, respite room and asylum seeker accommodation settings Guidance on living safely with respiratory infections including COVID-19
Prisons and places of detention	Preventing and Controlling outbreaks of COVID-19 in prisons and places of detention

	Guidance on living safely with respiratory infections including COVID-19
Asylum seeker Accommodation	COVID-19 testing in homelessness, domestic abuse refuge, respite room and asylum seeker accommodation settings Guidance on living safely with respiratory infections including COVID-19

7. Theme 3 - Testing

Testing & Contact Tracing (see **Section 7**) have been important throughout the response to COVID-19. The Government's provision of LFDs enabled people to take a test before meeting family, friends and colleagues, allowing them to protect themselves and others, and breaking chains of transmission. This was particularly important during the period of exceptionally high prevalence driven by the Omicron variant towards the end of 2021. Access to LFDs also enabled contacts of positive cases to test daily in lieu of isolation, reducing the workforce impacts of isolation while identifying positive cases.

However now that the population has much stronger protection against COVID-19 than any other point in the pandemic due to the vaccination programme, natural immunity, access to antivirals and increased scientific and public understanding about how to manage risk, the Government will no longer provide free universal symptomatic and asymptomatic testing for the general public in England as of 01 April 2022. Asymptomatic testing has been paused from 31 August 2022 in certain settings. The settings include:

- Staff in adult social care services and hospices, and visitors and visiting professionals who provide personal care to the residents in care homes and hospices that are patient-facing
- Staff in the NHS and NHS-funded Independent Healthcare Provision
- Elective care, and some other, patients and service users prior to admission
- Some staff in prisons and other places of detention (including Immigration Removal Centres)
- Staff in respite rooms, homelessness night shelters, hostels and other temporary accommodation and outreach services.

In these settings, testing of **symptomatic** residents, patients or staff will continue and in the event of an outbreak situation or during times of high prevalence, asymptomatic testing may be implemented.

There will be some limited ongoing free testing:

A. Limited symptomatic testing is available for a small number of at-risk groups including those with a health condition that means eligibility for COVID-19 treatments or if going into hospital for surgery or a procedure
B. Free symptomatic testing remains available for residents in care homes, extra care, and supported living services. Extra care and supported living settings are eligible if they meet at least one of the following criteria:
    - The setting is a closed community with substantial facilities shared between multiple people
    - It is a setting where the majority of residents (more than 50%) receive the kind of personal care that is CQC-regulated (rather than help with cooking, cleaning

and shopping).

Since the end of the Universal Testing Offer and Target Community Testing programme, UKHSA and DLUHC have been working with Public Health colleagues to design and operationalise bespoke testing services for and a number of sectors sitting under the DLUHC umbrella. These have been identified as eligible to continue accessing testing and are listed below:

- Domestic abuse refuges (Safe accommodation with support in which victims of domestic abuse can live temporarily)
- Respite rooms (Safe residential spaces with support in which victims of violence who are sleeping rough can stay on a short-term basis
- Homelessness hostels, hotels, and other temporary accommodation (Short-term temporary basic housing providing a bedroom which may be private or shared with another individual. They may also include communal spaces such as a shard bathroom/kitchen/laundry space
- Night shelters (Emergency night-by-night settings that meet people's basic needs, offering a warm bed and a safe place to sleep for the night. Often set up during winter to provide people with protection from severe weather)
- Other outreach services including day centres (non-accommodation-based support for people experiencing homelessness – this will include essential services including food, laundry, bathing and connection to housing and other support services.

To access these services, settings will need to 'self-refer' on an online portal, which is currently in the final stages of being built, following which a validation process will take place to ensure only eligible organisations are approved. The validation process is a crucial step as the self-referral portal is a public site meaning ineligible organisations/people can self-refer themselves if passed the link. DLUHC are currently collating a list centrally of all the organisations known to them and their stakeholder partners, so they can undertake the initial validation check. However, there are likely to be eligible organisation which are not captured in DLUHC's centrally held list.
KCC and MC will support the communication process to eligible organisations instructing them to self-refer themselves and will validate organisations who have self-referred but who are not on the DLUHC's centrally held list.

This will be critical in facilitating public health interventions which will help protect service users who are at a higher risk of severe outcomes from COVID-19, and in preparing these settings to operate during the winter period. Further details can be found here and here.

7.1 Access to Tests

Since the start of the pandemic, there have been different routes by which a person can access testing. The NHS Test & Trace (NHS T&T) system was the main route of public access to tests for COVID-19 [28]. These include home test kits, drive through regional test sites, satellite test sites,

MTUs, and dedicated local testing centres. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities.

However, since 01 April 2022, the general public are no longer provided with COVID-19 tests. As stated above, there will be some limited ongoing free testing for specific groups including residents, and individuals with health conditions which mean they are eligible for COVID-19 treatment.

Eligible individuals and organisations can order test kits online here with a Unique Organisation Number (UON) or without a UON here.

Medway and Kent County Council currently do not operate any asymptomatic testing sites for residents. All eligible individuals and organisations in high-risk settings can order test kits online via the national government website.

Targeted community testing (TCT) is employed to reach disproportionately impacted and underserved groups. Such groups are likely to experience existing health inequalities, have higher exposure to the virus and be less likely to take up the vaccine. Currently as the universal free provision of asymptomatic testing has ended for the general population and vaccination rates continue to rise, KCC and MC continue to consider the differential impact of the virus and ensure that testing services remain available and accessible for those disproportionately impacted and underserved. Such efforts have taken place in settings such as for prisoners or others kept in hotels due to their immigration status.

7.2 Testing Results and Outcomes

Having close contact with someone that has tested positive for COVID-19

National guidance for the public concerning test results can be found here [26]. In the event of a negative result, no further action is needed. From 01 April 2022 onwards, those who are a close contact (household or overnight contact) of someone who has had a positive test result for COVID-19 should take the following steps to reduce the risk to other people:

- avoid contact with anyone you know who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those whose immune system means they are at higher risk of serious illness from COVID-19, despite vaccination
- limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces
- wear a well-fitting face covering made with multiple layers or a surgical face mask if you do need to have close contact with other people, or you are in a crowded place
- wash your hands frequently with soap and water or use hand sanitiser

If symptoms of a respiratory infection develop one should try to stay at home and avoid contact with other people and follow the guidance for people with symptoms.

For those who are a contact of someone with COVID-19 but do not live with them or did not stay in their household overnight, there is a lower risk of infection. There is guidance on protecting yourself and others in living safely with respiratory infections, including COVID-19.

Testing positive for COVID-19

Individuals are advised to try to stay at home and avoid contact with other people. A positive COVID-19 test result means that it is very likely that one has COVID-19 even if asymptomatic. Infection can be passed on to others even with no symptoms.

Many people with COVID-19 will no longer be infectious to others after 5 days. If one has a positive COVID-19 test result they are advised to try to stay at home and avoid contact with other people for 5 days after the day the test was taken. There is different advice for children and young people aged 18 and under.

During this period there are actions that can be taken to reduce the risk of passing COVID-19 on to others which can be found here.

Children and young people aged 18 years and under who have a positive test result

It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional. If a child or young person has a positive COVID-19 test result they should try to stay at home and avoid contact with other people for 3 days after the day they took the test, if they can. After 3 days, if they feel well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults.

Children and young people who usually go to school, college, or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

7.3 Assuring Local Testing Capacity

In the era of living with COVID, the local system has limited capacity to provide a 'community collect' model for outbreak management and key critical workers, and those with medical need. There is limited supply of PPE and currently there is no supervised testing. The sites used for agile testing have all returned to their original usage. However, if the need arises to reinstate these Kent & Medway Health Protection Board will take a system wide leadership role to accomplish the agreed actions.

8. Theme 4 - Contact Tracing & Outbreak Management

8.1 Contact Tracing

Routine contact tracing has ended on 24th February 2022, following the removal of the legal requirement to self-isolate and advice for daily testing of contacts. Guidance sets out precautions that contacts can take to reduce risk to themselves and other people- and those testing positive for COVID-19 will be encouraged to inform their close contacts so that they can follow that guidance. This guidance can be supplemented by local advice provided by the Director of Public Health, particularly in the case of outbreaks. Both Kent County Council and Medway Council local health teams undertook contact tracing and provided context-specific advice where they assessed this to be necessary as part of their role in managing COVID outbreaks.

8.2 Outbreak Response

Guidance for local authorities and local decision-makers on containing and managing COVID-19 outbreaks at a local level have been withdrawn and replaced with Living safely with respiratory infections, including COVID-19. COVID-19 outbreaks are to be managed regionally and locally, forming part of a broader all hazards approach and applying existing health protection frameworks. UKHSA will continue to engage with local partners to provide guidance. The Government will continue to collaborate with local authorities and care providers to manage COVID-19 outbreaks in care settings as well as local workforce pressures. Local authorities will have their own contingency plans in place to ensure the maintenance of care services during acute workforce supply challenges.

8.3 Decision to Escalate and Stand Up KRF SCG

The decision to escalate and stand up the KRF SCG will be taken by the HPB. It will be scenario dependent and will need to account for a variety of factors rather than any single trigger. This decision will most likely be in response to a scenario whereby there is concern over epidemiological trends in the spread of the virus, that are not being managed by standard infection control measures and which look to result in enhanced infection control and/or supportive measures being put in place within a particular area.

The HPB would be responsible for making the final decision about whether to escalate and stand up the SCG (if not already stood up). This decision would usually occur in tandem with the decision to escalate to the Chief Executive of the affected Local Authorities. The decision to stand up the SCG will be taken based on a consideration of the current epidemiology, data and intelligence related to the COVID-19 situation.

The DPH and/or members of the HPB would request the KRF SCG to stand up via the procedures outlined in the *KRF Pan Kent Strategic Emergency Response Framework*. Other KRF cells, such as the KRF COVID-19 Vulnerable People and Communities Cell, may also need to be activated by the KRF SCG. The KRF SCG will ensure all their activities, including COVID-19 response updates, are then

communicated to local, regional and national partners as well as other key stakeholders via the KRF - Media & Communications Cell. If the KRF SCG decides an operational response is required, they will communicate this to the KRF TCG who will coordinate the response as detailed in the *KRF Pan Kent Strategic Emergency Response Framework*.

To ensure partner agencies have oversight and are fully informed of any upcoming situation, various communication channels are also in place including the monthly Health Protection Board meeting.

8.4 Infection Control

There are additional measures and support mechanisms in place through KCC and MC to help complex settings in the region prevent the spread of COVID-19. Guidance on preventing the spread of infection can be found here and here. The documents linked offer guidance on infection control for NHS healthcare staff of all disciplines in all care setting and also the management of COVID-19 patients in health and care settings. UKHSA and/or the Local Authority may contact settings to provide further infection control support. Additionally, the ICB (formerly CCG) will provide further support if more in depth IPC support is required.

If there are debilitating shortages, eligible social care and primary care providers within Kent and Medway can also order PPE through this dedicated government portal. LFD Tests are also distributed to highly sensitive settings via the DHSC.

9. Theme 5 - Data Integration & Analytics

There are a number of local, regional and national data sources available to the HPB's members and its partners in establishing and mitigating COVID-19's spread in Kent and Medway. This section details the; (1) data sources & arrangements, (2) data integration & (3) information governance.

The Public Health team with the support of the local UKHSA Health Protection Team will continue to monitor and review local and nationally produced COVID-19 surveillance information on a regular basis.

The end of free testing has resulted in less data on the number of positive cases being recorded. This will impact our ability to monitor cases of COVID-19 in the borough and identify areas of high and/or enduring transmission. The monitoring of COVID in hospitals (both monitoring of COVID related admissions and testing in hospitals) will continue to provide valuable information on the scale of COVID locally. The Government is continuing to fund COVID-19 surveillance through the ONS survey which includes random sampling of the population. Wastewater analysis will also continue on a regional level to determine positivity rates in the population.

Following the publication of the Government's new 'Living with COVID-19' strategy, there will be some changes to COVID-19 surveillance. The Public COVID-19 dashboard on the KPHO website will remain largely unchanged, although ONS Infection Survey data at the national and regional level may be added. Furthermore, a new internal dashboard has been developed, which contains data sources which may not be publicly available to inform regular surveillance meetings.

The new data is likely to contain:

- Trends in positive cases split by pillar type. There may be the possibility to determine if the person is hospital staff, care home staff, resident, or patient (Source: UKHSA)
- Tabulate recent cases by care home (Source: UKHSA)
- Re-present ONS Infection survey prevalence data at regional and national level. In addition, national data can be split by age group (Source: ONS)
- Cases in hospital spilt by age group (Source: ICB/ acute trust)
- Proxy for hospital acquired infections. Positive hospital cases (in last 24 hours) will be grouped according to how long swab was taken after admission (Source: ICB)

The KCC and MC COVID surveillance group will decide on how this data will be presented. Access to the historic data held by UKSHA has been restored and is subject to new data sharing agreements with access to line listing data on individual infections limited to the DPH and the Public Health Consultant lead for COVID-19.

9.1 Data Sources & Arrangements

The only reliable source of information on population prevalence of COVID-19 is now the weekly COVID-19 Infection Survey run by the ONS. This makes trends and prediction of local case numbers

more difficult to predict.

9.2 Data Integration

One of the key themes of local government planning is integrating national and local data and scenario planning through the JBC Playbook (e.g. data management planning including data security & data requirements including NHS linkages). This requires cross-party and cross-sector working via the KRF, NHS Integrated Care Systems and Mayoral Combined Authorities.

As part of the delivery of the LOMP, the HPB have developed a regular situation report (SITREP) that is an aggregate of several key local data sources. This will enable the following:

1. **Early warning and surveillance** – to identify potential outbreaks / clusters that may be discernible by time, place (i.e., workplace setting, residence), location.

2. **Scenario forecasting and simulation modelling** – to inform us how these outbreaks may have an impact on Kent and Medway's wider health and care systems (e.g., hospital admissions and deaths management)

3. **Identification of at-risk populations** – includes identifying groups who are at most risk of rejecting invitations for vaccination or contracting COVID-19

9.3 Information Governance

Ordinarily, due to the sensitive nature of the health information being shared across local organisations, Kent and Medway LAs would set up data recording and sharing agreements in line with General Data Protection Regulation (GDPR). These arrangements allow for collaborative data sharing between NHS colleagues, UKHSA partners and Kent and Medway LAs. Applications would also be made for 'Section 251 support' from the Confidentiality Advisory Group for the sharing of information without consent for research and non-research activities.

However, in emergency response situations, permissions under the Civil Contingencies Act 2004 [27] requires Category 1 & 2 responders to share information with each other as they work together to perform their duties under the Act. Further guidance was provided by the *Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007)*, published by the Cabinet Office. Its purpose was to inform organisations involved in the preparation for, response to, and recovery from emergencies on when they can lawfully share personal data under data protection legislation. New arrangements for local health *Emergency Preparedness, Response and Recovery* (EPRR) form some of the changes the Health and Care Act 2022 is making to the health system in England.

The Secretary of State for Health and Social Care issued 4 general notices under the Health Service Control of Patient Information Regulations 2002 [32] to support the response to COVID-19. This allowed NHS Trusts, LAs, and others to process confidential patient information without consent for COVID-19 public health, surveillance, and research purposes. They therefore provided a temporary legal basis to allow a breach of confidentiality for COVID-19 purposes. COVID Control of

patient information (COPI) has now expired and so we have reverted to the standard legislation for Health Protection. This includes 2002 Regulation 3 and a few others.

This approval applied to the use of GP and Secondary Care data but does not cover disclosure of social care data for risk stratification. Where social care data are to be used, then the relevant parties will need to assure themselves of a legal basis for the disclosure and linkage of data for this purpose. This will be achieved either by using third party and pseudonymised data, or with consent.

As part of new arrangements developed in August 2022 in agreement with the UKHSA Information Management, Data Governance and Privacy (IMP) team and the KCC Data Protection Office team, Kent County Council Public Health have set up a new data sharing agreement process (consisting of weekly pseudonymised - NHS Numbers- test positive data) with local acute trusts as part of their efforts in improving surveillance systems for pre-hospital admission testing history. This builds on a legacy approach that was set up in late 2020 when COVID hospital admissions in Kent were at its highest. Trust BI leads have since said such information has been helpful for their local infection prevention and control work.

Finally, the *Kent and Medway Information Sharing Agreement* is an agreed inter-agency information sharing protocol that is available for all organisations within Kent and Medway and includes sharing information during incident response.

10. Theme 6 - Supporting Vulnerable Populations

This section details the support provided to Kent and Medway residents at risk of contracting COVID-19 and struggling most as a result the disruption it causes. As stated in **section 6**, there will be some limited ongoing free testing specifically symptomatic testing for at-risk groups including those with health condition, and for residents in care homes, extra care and supported living services. Further details can be found in section 6. Additionally, the autumn booster vaccination detailed in **section 3.3** is being offered to at-risk groups.

These populations may have increased vulnerability due to any combination of the following factors:

1. Those at higher risk of transmission
2. Those at higher risk of death from COVID-19

Their needs may be far-reaching and include:

1. Enhanced communication of transmission risks and public health advice,
2. Help accessing testing and/or booster vaccination
3. Support with mental and physical wellbeing

Those looking to learn about Kent and Medway's own efforts to support vulnerable populations should refer to the ***KRF Identifying & Supporting Vulnerable People Plan*** which is available from the Resilience Direct upon request.

11. Theme 7 - Communication & Engagement Strategy

To ensure the impact of COVID-19 in Kent and Medway is minimised, it is crucial that there are clear communication lines between key stakeholders and the general public. There are already several well-established internal communication channels between working groups and committees involved in Kent and Medway's COVID-19 management. Kent County Council and Medway Council will continue to share messages around COVID-19 safe behaviours on the councils' social media channels when they are made available by the UKHSA (formerly Public Health England) and in agreement with the Public Health Directorate. Messaging is currently focused on encouraging take up of the Autumn booster vaccine detailed in **section 3.3** and NHS colleagues will continue to be supported in the promotion of this activity by resharing their communications on relevant council social media pages.

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