KEEP KINGSTON SAFE

LOCAL OUTBREAK MANAGEMENT PLAN

BREAKING THE CHAINS OF TRANSMISSION

SEPTEMBER 2021

THE ROYAL BOROUGH OF
KINGSTON
UPON THAMES

VERSION 7.0

Keep Kingston Safe Local Outbreak Management Plan V7 ('LOMP V7') September 2021

Foreword

We are in a new phase of the national response to the COVID-19 pandemic. Over 70% of all adults in Kingston have now had two doses of the COVID-19 vaccines. Data is showing that the vaccination programme is reducing the number of people who experience severe illness and hospitalisation. Vaccination has now just been made available to all people aged 12 and over. We also have other tools in our armoury: widely available free testing, national and local contact tracing, support for those self isolating and detailed data at the local level to inform outbreak responses.

Since we last published this plan, most national restrictions have been lifted following the completion of the 'Roadmap' which set out 4 key stages to the national reopening. What this means is an increased role for residents in Kingston in playing their part in keeping COVID-19 case numbers down: by getting vaccinated, by following a cautious approach including wearing face coverings in crowded places, doing regular 'rapid' testing and getting tested if they have COVID-19 symptoms, by letting fresh air in if meeting indoors and being aware that meeting outdoors is safer, using the NHS COVID-19 app, and regular handwashing. From the council and other borough partners' side, we will work together to play our part in local COVID-19 outbreak control efforts to try and keep cases as low as possible in Kingston. In line with the updated 'Contain Framework' (August 2021)[1] and Autumn and Winter Plan 2021 (September 2021)[2], we will carry out our local responsibilities.

Despite the success of the vaccination programme, we do face a potentially very challenging winter. This is because COVID-19 case levels are currently high in the borough and nationally, we are about to have a major increase in social mixing through the return of schools, universities and some return to workplaces, and vaccination is not yet as high as would be liked, and as with all vaccines, although shown to be very effective, it does not offer complete protection against contracting the virus. With the removal of nearly all other measures (such as face coverings), reliance is high on the vaccine and personal behaviours. We may also face challenges from other illnesses at the same time - such as flu or other 'winter illnesses'. We await further guidance (which will be added into this plan as an update) on any recommended approaches for local areas related to this. We also recognise the workforces involved in the COVID-19 response are fatigued and local areas face some uncertainty about the future of national funding for the local response.

In spite of these challenges, we take heart in our now very experienced teams and fantastic partnership working across Kingston, and also across London and regionally. I know that, together with our residents, we can all play our part to Keep Kingston Safe.

In our new plan, presented here, we have set out 11 key activity areas for our local response. These are:

1. ***TESTING: supporting the national search for existing cases -** Encouraging our residents to get tested if they have symptoms (and also targeted testing for people with no symptoms) - we must **find all cases and their contacts in Kingston - by facilitating local testing***
2. ***TRACING:** We will support the national NHS Test and Trace programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response*

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[1]
https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers
[2] https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021

3. **SELF ISOLATION: Supporting cases and contacts that need to self isolate -** *we must help our residents and workers do their civic duty by making sure that they are not penalised when they self-isolate*
4. **VACCINATION:** *we will support the national COVID-19 vaccination roll out and work to ensure no-one is left behind in terms of access to the vaccine*
5. **NHS COVID-19 APP:** *Promote and use*
6. **OUTBREAK MANAGEMENT and VARIANTS of CONCERN (VoC):** *Ongoing review and development of response approach: We will prepare and implement outbreak management plans, in partnership with local, regional and national partners as required.*
7. **SURVEILLANCE:** *We will use national and local data to inform our response and plans*
8. **'ENDURING TRANSMISSION':** *Measures to address enduring transmission locally/sub-regionally/regionally*
9. **'COVID-19 SECURE': We will endeavour to make the borough as 'COVID Secure' as possible:** *We will work across all sectors to implement the latest guidance on staying safe and preventing COVID-19 transmission.*
10. **COMMUNICATING WITH RESIDENTS AND PARTNERS** *about key messages on how to avoid disease spread to help people stay safe, getting feedback from residents and partners on where further work is needed, using all our local levers to make sure that every resident understands how they can personally prevent the spread of disease and that all play their part in following guidance*
11. **RESOURCING:** *We outline here how we will use national funding[3] and local resources to support the work of this plan*

Introduction

Kingston, like the rest of the country, is in a new phase of the COVID-19 pandemic response. Following the roll out of the national COVID-19 vaccination programme and the 're-opening' of the country and the removal of nearly all restrictions following the government's 4 step 'Road Map', responsibility has been firmly put on the individual in terms of personal actions to prevent disease spread in the community. At the same time, there is also a national framework, the updated 'Contain Framework' (August 2021), which sets out the national strategy to prevent, manage and contain outbreaks of COVID-19. Local authorities and their 'Local Outbreak Management Plans' (this document) continue to be 'central to the ongoing response, and will be regionally supported and nationally enabled'. As outlined in the framework, and detailed throughout this document, there are many responsibilities for Local Authorities and local areas, to help prevent, manage and contain COVID-19 outbreaks. The Plan also links to and references the new COVID-19 Response: Autumn and Winter Plan (September 2021)[4].

This document is the new 'Kingston Outbreak Management Plan' V7 (formerly called the Local Outbreak Control Plan). It is a document that will be updated as new guidance is released, and as additional 'setting specific' outbreak management plans are added. This is

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[3] *Grants specifically referenced in this document include: Test and Trace Grant, Contain 1-3, Annex A Grants, Grants to support those who are Clinically Extremely Vulnerable and Grants to support those who need to self-isolate). Other funding such as the Infection Control Fund is covered in more detail in specific documents but supports this work. Business grants distributed in Kingston are not covered in this document, but link to this work.*
[4]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017779/COVID-19-response-autumn-and-winter-plan-2021.pdf

the 7th whole version update since the original draft in June 2020, with additional smaller updates between versions.

The document sets out eleven key areas of work and the governance for this work. It links to the updated national 'Contain' framework and the roles and responsibilities set out within that[5]. Detailed outbreak management plans, developed locally, are included. We would ask all RBK colleagues and partner organisations to familiarise themselves with this plan and play their part in supporting the areas of work set out in the plan that relates to their area of business.

Background

The first cases of 'COVID-19' (coronavirus) were reported to WHO by China at the end of December 2019. National UK public health advice on prevention precautions and contact tracing (contacting contacts of cases) started in January 2020. The first cases officially recorded in the UK were on the 31st January 2020, although, it does seem likely that there was already wider spread circulation at this time that had not been recorded. WHO declared a pandemic situation on the 12th March 2020.

Throughout February 2020, the UK focussed on public advice related to handwashing, and having an intensive focus on any suspected or confirmed new cases. In addition, some 'self-isolation' measures for incoming travellers were put in place. PHE said on the 3rd March that widespread transmission of COVID-19 in the UK was highly likely at that time.

The first two weeks of March 2020 were a very uncertain time in terms of UK national strategy and subsequent approach. Data coming out from China published by WHO on March 6th 2020 showed that the virus was both very easily spread and also very dangerous (at the time, data from China[6] was showing that 1 in 5 affected needed hospitalisation and 1 in 20 were needing very intensive care). In the UK people with specific symptoms were asked to self isolate. While lockdowns were being introduced in some parts of the world (China, Korea and others) and case numbers were rising internationally, life continued largely as normal in the UK, in terms of local and international travel, and with business and large events taking place. It is likely that existing numbers of cases in the UK were added to in large ways by travellers to the UK from: Italy and Spain around the half term holiday in late February 2020; people's attendance at major international events held in the UK (eg matches, shows); along with regular international travel through and into the UK (and particularly London) as a trading and internationally-connected nation. In March 2020, as UK case numbers increased dramatically, contact tracing on a large scale was put on hold and advice changed for people with symptoms to 'self isolate' (rather than seek testing and for contact tracing to take place). As case numbers increased there was also a rapid increase in hospitalisation of people with more severe symptoms. 'Lockdown' across the country started on March 23rd 2020, when people were asked to stay at home except in certain key/ urgent circumstances. The lockdown was an extraordinary, and unprecedented in the UK, measure to try and stop the virus spread. By locking down, the potential for disease spread between people was very rapidly reduced; although, the disease could spread within households, and sadly, continued to spread into highly vulnerable groups, for example in care homes.

The 'lockdown' can be seen as the 'hammer', to bear down on the major routes of spread of the disease and 'put out the fire'. The lockdown was largely successful in reducing numbers of new cases (although, as above, transmission continued in some settings which were not

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[5]

https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

[6] https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2 (6th March 2020)

fully 'locked down' or had to remain open). However, like a major fire, there remain residual smouldering embers - and also the potential for some embers to 'blow in' (eg through the existing travel and trade into the country). In June 2020 we were in a new phase, where we needed to extinguish and 'stamp out' the embers of the fire, i.e. for the few cases remaining, to stop the major fire reigniting by preventing their spread (by self-isolation measures). We said at that time that we may need to do this for some time to come, if embers come in internationally (through travel and trade). At the time, we noted that the lockdown (or hammer) was exerted at a huge financial and social cost for the country. To stop us needing to return to this, and for us to return to a more 'normal life', all efforts had to be on preventing the embers reigniting a major blaze.

However, unfortunately we were not successful in tracing all the 'embers' within the country and follow up of people travelling was limited. The NHS Test and Trace system was highly challenged as cases rose in September 2020 following summer holidays and school and University reopenings, and also reopening of other locations associated with transmission. For some weeks there were laboratory issues which led to difficulties in obtaining tests and delays in results being provided. The success rate of contacting cases and contacts by NHS Test and Trace also started to decline around August and September and October. Concerns were also raised about a lack of financial support for those in low incomes being required to self isolate. Our capacity to identify asymptomatic cases was very limited up to December 2020. Estimates of the proportion of people with COVID-19 were unclear, ranging from around 2 in three cases thought to be asymptomatic to around one in three without symptoms. These many factors, and others, allowed the virus to once again spread. The 2nd November to 2nd December 2020 additional restrictions on London ('Tier 2') did not result in a drop in cases in the borough. In recent weeks over November and December 2020, the rate of increase has been very steep. On the 20th December 2020, Kingston and London as a whole, entered a new phase of restrictions called 'Tier 4'. On the 5th January 2021, a new national 'lockdown' was reimposed.

The first COVID-19 vaccination in the UK was on December 8th 2020[7]. The programme began to roll out for Kingston care staff in December 2020, in the target group order set out by the Joint Committee on Vaccination and Immunisation (JVCI)[8].

Case numbers fell in response to the national lockdown, but we were still seeing over 70 cases per week in the borough at 3rd March 2021 and, after a reduction in April 2021, cases were again rising in Kingston. The national 'roadmap' set out a series of timed lifting of restrictions[9]. In May 2021, the country was at the third of the four 'stages' of restriction lifting. The opening of the country also allowed additional international travel. In May 2021, Kingston faced a situation of very steeply increasing COVID-19 cases after a low rate of around 14/100,000/week, and at the end of May 2021 had the highest COVID-19 rates of all London boroughs (80/100,000/week). At the start of June 2021, in partnership with regional and national colleagues, Kingston undertook a period of an 'enhanced response' between June 9th and 29th 2021, to try and turn around the rate increases. A borough wide effort of additional PCR testing, vaccination, tracing and support for those self isolating, supported by a large communications campaign was put in place. Despite these efforts, cases continued to rise at the end of June 2021. Rates across London rose even more steeply, with young people and young adults most heavily impacted. In Kingston, the peak of the summer rates was just over 400/100,000/week around the third week of July 2021.

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[7] https://www.england.nhs.uk/2020/12/landmark-moment-as-first-nhs-patient-receives-covid-19-vaccination/

[8] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020

[9] https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary

Alongside this, the COVID-19 vaccination proceeded as planned, thanks to the great collaborative efforts between the NHS, leading the programme, and partners across the borough. The data shows that the vaccination programme has led to a major reduction in hospital admissions and deaths. Although the case rate has continued high, and there is still a heavy impact on healthcare, schools, businesses and other venues, the impact on the NHS is much less (around a ¼) for the same overall COVID-19 case rate earlier in the year.

At the beginning of September 2021, just over 70% of all adults in Kingston had received 'full COVID-19 vaccination' (two doses of an approved vaccine). As the schools returned for the Autumn 2021 term, case rates, however, remained very high in secondary school age children (over 500/100,000/week) and around 200/100,000/week for the 75-80 year olds (at the end of August 2021). Thus, we may face a challenging winter ahead with additional indoor mixing and the removal of most restrictions on social mixing, no enforcement of face coverings and other preventative measures.

Shining a spotlight on disparities and addressing inequalities in our plan:

Nationally, COVID-19 outcomes have replicated health inequalities in population groups often already experiencing higher rates of chronic illness, early ill health and death. Whilst age is the greatest mortality risk factor, poverty is key to poor COVID-19 health outcomes, in some cases, magnifying its impact[10]. Men, those living in more deprived areas, people in elementary work occupations, those with comorbidity conditions such as diabetes and obesity, and people from Black Asian and Minority Ethnic (BAME) groups[11], have disproportionately experienced the pandemic.

In Kingston, breaking the chain of COVID-19 transmission using targeted approaches to address these disparities is key. In residential, nursing and domiciliary care settings, we continue to protect our older age cohorts, and those with additional needs. The local Kingston data for is showing higher case rates in the more deprived deciles of the Kingston population. There is a COVID-19 case rate higher in deciles 2-5 (more deprived) than in deciles 8-10 (least deprived). Local testing capacity expansion, and associated targeted messaging, ensure wider access for those in lower income retail, hospitality or home care sectors. Local contact tracing is sensitive to cultural and language barriers, and shift work patterns. Community Champions engagement learns from and utilises appropriate social isolation and vaccine hesitancy messaging with underserved BAME groups, including those who are clinically vulnerable, and health & social care staff.

Specific COVID-19 safety factors are needed in services caring for those experiencing mental health problems, our homeless population, and others with more complex and vulnerable lives. Rapid, tailored responses can maximise infection control, alongside social isolation support in community care and supported housing. Those from local Gypsy, Roma and Traveller (GRT) communities continue to benefit from outreach work with neighbouring Surrey. In the longer term, our partnership approach to outbreak control will continue to actively tackle health inequalities and the disproportionate impact of COVID-19 within our borough.

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[10] Public Health England (August 2020) 'Disparities in the risk and outcomes of COVID-19'
https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes ; Institute of Health Equity (2020) Build Back Fairer: The COVID-19 Marmot Review
http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review
[11] Office for National Statistics published data in October 2020 showing ethnic contrasts in death involving the coronavirus (COVID-19)
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020

This plan now looks at how we will work together using the measures that we have at our disposal to 'prevent, manage and contain' outbreaks and help Keep Kingston Safe. In summary, we have divided the action areas for Kingston into the following eleven actionareas:

11 Action Areas:

1. **TESTING: supporting the national search for existing cases -** *Encouraging our residents to get tested if they have symptoms (and also targeted testing for people with no symptoms) - we must* **find all cases and their contacts in Kingston - by facilitating local testing**
2. **TRACING:** *We will support the national NHS Test and Trace programme to trace 'cases' and 'contacts' through our local contact tracing team and use tracing data to help inform our local outbreak response*
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11. **RESOURCING:** *We outline here how we will use national funding[12] and local resources to support the work of this plan*

Responsibilities and Governance arrangements

The national and regional structures and processes have developed since the first draft of this plan in June 2020. Updated responsibilities for the local, regional and national levels are outlined in the 'COVID-19 contain framework: a guide for local decision makers (August

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[12] *Grants specifically referenced in this document include: Test and Trace Grant, Contain 1-3, Annex A Grants, Grants to support those who are Clinically Extremely Vulnerable and Grants to support those who need to self-isolate). Other funding such as the Infection Control Fund is covered in more detail in specific documents but supports this work. Business grants distributed in Kingston are not covered in this document, but link to this work.*

2021[13]). The local responsibilities for outbreak control are detailed in this national guidance. The key elements from this guidance are detailed below:

Local responsibilities and governance:

All local authorities are engaged in activities designed to respond to COVID-19 in their areas. In 2-tier areas, DsPH work closely with their district colleagues to ensure joined up tracing, enforcement and support for self-isolation. Regional Health protection Teams (HPTs) (the 'London Coronavirus Response Cell' known as 'LCRC' is the Regional HPT that supports Kingston) play a key role alongside local authority partners to combat outbreaks and deal with enduring transmission.

As well as working with HPTs, local systems will include emergency planning mechanisms which are widely used, including local resilience forums, supported by the Ministry of Housing Communities and Local Government, and engaging a full range of partners. This includes all of the emergency planning responsibilities of Category 1 responders and where necessary the deployment of regional and local resilience forums. Close working throughout the pandemic has strengthened and developed these existing partnerships.

While local arrangements will reflect local systems, clear governance is essential to ensure that each area operates effectively. Local governance of COVID-19 builds on existing practice and structures:
- *the DPH has a statutory duty for the COVID-19 Local Outbreak Management Plan; supported by wider local authority teams as necessary*
- *the local authority Chief Executive is responsible for the local response, providing strategic leadership and direction, shaping local communications and engagement, and deploying local government resources*
- *local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken*
- *councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement*
- *the Civil Contingencies Act 2004 provides that other responders, through the local resilience forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment*
- *the local 'gold' structure provides resource coordination, and links to COVID-19 regional partnership teams and other key Category 1 responders from the local system*
- *local authorities have legal powers relating to public health which include the ability to impose restrictions on settings and members of the public*

In Kingston, the following structure, which was established in largely this format in June 2020 (with some some slight modifications later in 2020) will continue to provide the local governance for this plan:

- **COVID-19 Health Protection Board (existing Kingston Health Protection Forum, 'operational BRONZE')** - *outbreak management plans development by DPH (GROUP 1) (agreed at GOLD and then agreed at HPF 18/06/2020)*
- **Covid-19 Strategic Coordinating Group (Gold Emergency Planning Group)** - *to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans, deploy and direct resources (and oversee and direct workstreams as outlined above) (GROUP 2)*

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https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#oversight-and-assurance

- **Local Outbreak Control Engagement Board** - *provide political ownership and public-facing engagement and communication for outbreak response (Kingston Strategic Partnership) (GROUP 3) (update to this group discussed and agreed on the 09/10/2020)*

Terms of Reference for these groups have been drafted to reflect their roles in this outbreak control plan (See ***Appendix 8)***. The local borough governance links to regional and national mutual aid and coordination as detailed in sections below.

Regional Support and governance:

The COVID-19 regional partnership teams (RPTs) currently play a pivotal role in connecting the national and local response. RPTs work closely with national teams to support policy and operational coordination across UKHSA, NHS England's regional teams, DHSC, and other key government departments.

The COVID-19 RPTs are currently led by the Regional Convenor (NHSTT), PHE Regional Director, and the regional Joint Biosecurity Centre (JBC) lead. They work collaboratively bringing their collective capability together to support local areas, working in partnership, as necessary, with local DsPH, chief executives and local authority leaders or elected mayors, and wider system partners:

- ***Regional Convenor** (NHSTT): manages the interface between national policy and operations and local political leaders while ensuring a coordinated approach in engagement activities*
- ***Regional Directors (PHE) and NHS England Regional Directors of Public Health**: currently responsible for the work of the regional HPTs and provides professional public health leadership on the response to this pandemic. Responsible for feeding in local intelligence and providing professional public health advice into the government's Local Action Committee command structure. (These roles will sit in the Office for Health Promotion following the implementation of the wider public health reforms, continuing to work closely with UKHSA teams)*
- ***Regional Lead (JBC):** provides links to OGDs[14] regionally and nationally, escalating and resolving issues and acts as a Whitehall 'gatekeeper' to funnel communications*

RPTs work closely with local authorities and wider local systems to support their response, ensuring they are able to implement their COVID-19 local outbreak management plans. They provide ongoing oversight and assurance, escalating risks and issues as needed 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.

Each region also has an HPT (in London and including for Kingston, this is the 'London Coronavirus Response Cell' known as 'LCRC'*) which includes specialist expertise in communicable disease control, epidemiology, outbreak management and related issues. They have a strong regional focus which enables effective professional working relationships with DsPH and, in partnership with their teams, are an integral part of the expert local response to COVID-19. They provide local DsPH with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management.*

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[14] OGD: Definition awaited

These posts and structures will be subject to some revision in the setting-up of UKHSA from 1 October. The range of responsibilities they discharge in relation to the COVID-19 response will be incorporated in UKHSA's operational arrangements.

National support and governance:

Ministers are accountable for setting the overall framework for the COVID-19 response with a national communications strategy, enabling and supporting the local response, including through provision of funding and for ongoing oversight and intervention where necessary. Ministers also work with the devolved administrations and international governments as required.

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the government's Local Action Committee command structure (bronze, silver, gold) where local and regional concerns are escalated, and issues for discussion and decision by ministers across government are taken. Recommendations on escalation of issues or requests for significant surge support can be taken by the 'gold' incident management structures to ministers for final decision.

Ministers have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a local authority direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- *closing businesses and venues in whole sectors or geographies*
- *imposing general restrictions on people's movements or gatherings*
- *restricting or closing local or national transport systems*
- *mandating use of face coverings in public places*

Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS.

Mutual aid requests to neighbouring boroughs

Mutual Aid Requests to neighbouring boroughs within the Local (SW London) Resilience Forum have been discussed at DPH level, and would be actioned if required. It has also been noted that outbreaks do not respect geographical boundaries and therefore joint work with neighbours/ Surrey may be required to bring a local outbreak under control.

London COVID-19 Outbreak Control Plan

The updated (August 2021) London COVID-19 Outbreak Control Plan (in draft) sets out how national and local partners will work together and with the public in London to prevent, contain and manage outbreaks.

Sharing good practice and learning

Good practice and learning is being shared across London and nationally with the support of the Association of Directors of Public Health, and with the Local Government Association.

The sharing of resources and templates to support actions to bring the virus under control is also taking place.

Keep Kingston Safe: 11 Action Areas

ACTION AREA 1: TESTING

Testing for people with COVID-19 symptoms ('Symptomatic testing') and for 'contacts' of people with COVID-19 (PCR testing)

People with COVID-19 symptoms will be strongly encouraged to take a PCR test at one of our local testing sites as well as have the option to order PCR tests for self-test at home. When demand for PCR testing is high, or for reasons of reach or epidemiology, national guidance states that symptomatic testing may be flexed to LFD provision, as clinically appropriate.

Where people test positive, it will be important to make contact with them as quickly as possible to help ensure they are self-isolating and have the support to do so; to find out where and when they may have become infected to help identify potential outbreaks; and to find out who their close contacts are so they too can be advised to take a PCR test. Details of how to get tested are provided on the Kingston webpage: https://www.kingston.gov.uk/testandtrace

Testing for People without COVID-19 symptoms ('Asymptomatic testing') with 'LFT' or 'LFD' or 'rapid testing'

Testing for people without symptoms helps us detect cases that would otherwise not be known and can help prevent COVID-19 being unwittingly spread in the community or a venue. The testing is also known as 'Lateral Flow Testing' (LFT), 'LFD' testing (Lateral Flow Device testing) or 'rapid' testing.   LFD testing continues to be available to maintain our ability to find positive cases whilst those eligible for vaccination take up the offer. Asymptomatic testing in vulnerable and higher-risk settings, such as NHS and adult social care, will be continuously reviewed considering the public health risk.

LFT/ Rapid Testing available to all

Free asymptomatic testing is currently available to Kingston residents via online home ordering of kits, pharmacies, Kingston Council testing 'pop up' teams and an asymptomatic test site in Kingston. See the RBK website for further details on how to access the LFD tests: https://www.kingston.gov.uk/testandtrace

Targeted community testing

'Targeted community testing' supports local delivery of asymptomatic testing to disproportionately impacted and underserved groups, reflecting local priorities and insight. These groups are more likely to suffer worse outcomes, less likely to take up the vaccine and experience existing health inequalities as outlined in the 'Kingston Community Testing Plan June to September 2021'. They are also the groups most likely to live in areas of enduring transmission of the virus. Community Testing plans will be reviewed nationally in September and will inform future local testing plans. The Kingston Community Testing Plan

was agreed and funded by the DHSC in June 2021. Kingston awaits details from the DHSC regarding Community Testing arrangements from October 2021.

The Community Testing programme is being supported by the Kingston voluntary and community sector partners who are encouraging and supporting priority populations to increase access to testing through developing tailored communications. The groups that we are currently working to support include high risk businesses, survivors of abuse, those with drug and alcohol dependencies, migrants and asylum seekers, areas of socio-economic deprivation and the homeless.

Testing in education settings

Rapid testing in schools and colleges using LFDs has supported the provision of face-to-face teaching by helping to identify asymptomatic pupils and staff. Secondary school children and college students are being asked to complete 2 onsite tests on return in September 2021 and then to continue home testing until the end of September 2021 when this will be reviewed nationally. University students will be asked to test before travelling to university for the Autumn 2021 term and to complete 2 LFD tests at home or at an Asymptomatic Testing Site (ATS) site on return.

Employer led testing

The national workplace testing scheme has now ceased. Businesses are being encouraged to signpost their employees to the GOV.UK and pharmacy collection service to continue to access free weekly testing. The potential use of assisted daily contact testing in some workplaces is currently being considered nationally. Kingston Council continues to support high risk businesses in response to outbreaks and with test kits for on-going workforce testing as part of local outbreak control measures.

ACTION AREA 2: TRACING

Despite changes in restrictions, tracing is still an important part of the Test, Trace and Isolate system which is a core element to breaking chains of COVID-19 transmission. Kingston will continue to support the national programme to trace 'cases' through our local contact tracing team and use tracing data to help inform our local outbreak response.

What is contact tracing? Contact tracing is one of the ways to protect the public from infectious diseases like novel coronavirus (COVID-19). Further details about contact tracing and self isolation can be found at GOV.UK

NHS Test and Trace: COVID-19 contact tracing is led by the national NHS Test and Trace programme. Identifying the contacts of those who have tested positive will remain a priority, and all positive cases, regardless of age or vaccination status, will be contacted to enable us to break chains of transmission. Non-household contacts of positive cases will continue to be contacted by NHS Test and Trace to give appropriate advice, eg. self isolation or to get a PCR test.

The deployment of Local Contact Tracing in Kingston:
In November 2020, Kingston joined many other local authorities in setting up a local contact tracing service that supports NHS Test and Trace in contacting positive cases in Kingston. The purpose of the local service is to increase the success rate of contacting cases and contacts - and provide timely advice and support for those who must self-isolate, where necessary, referring into the Kingston Stronger Together Hub.

To date, it has meant that between 90-95% of people who test positive for COVID-19 in Kingston are completing contact tracing. Kingston is consistently one of the highest performing London boroughs for case tracing completion rates.

In February 2021, the DHSC also agreed for Kingston to be an innovation pilot site to increase success in reaching cases, by providing funding for new pilot tracing within Kingston Hospital for the next 10 months.

From mid March 2021, Kingston became part of the 'Local 0' pilot, taking on the tracing of all 'cases' locally, as soon they are added to the system rather than relying on NHS Test and Trace to make contact for the first 24 hours, and only those unreached cases being sent to the local tracing service. The benefits of 'Local 0' are that all Kingston resident cases are contacted by a local team via SMS, phone and/or doorstep visit and offered local support at the earliest opportunity.

Contingency planning for Local Contact Tracing in Kingston:
In July 2021, in order to cope with the surge in cases locally and nationally, Kingston took a step down from 'Local 0' and reverted to the model of contact tracing whereby NHS Test and Trace attempt to complete tracing with resident cases for the first 24 hours of their tracing journey. The Kingston team expanded during August 2021 in order to return to a 'Local 0' approach when appropriate and to prepare for potential future surges during the winter months.

ACTION AREA 3: Support for self isolation

We must help our residents and workers in Kingston in doing their civic duty by making sure that they are not penalised when they self-isolate. In Kingston, we will offer support to any residents who are helping to protect their fellow residents by self isolating. The Kingston Stronger Together Covid-19 Response Hub is a partnership between the Council, NHS, voluntary sector partners and volunteers set up to enable people to self isolate with ease and prevent barriers to self isolation.

From the 28th of September 2020, there was a new legal duty for individuals to self isolate if they test positive for COVID-19 or are identified as a close contact by NHS Test and Trace. Self isolation for COVID-19 positive cases continues to be a requirement and an important way to prevent the spread of the virus. However, as from the 16th August 2021, those fully vaccinated, or under the age of 18 and 6 months will not need to self-isolate after simply being in close contact but should get a free PCR test as soon as possible. If anyone tests positive, they should self isolate[15].

Alongside this requirement to self isolate, the government introduced a new Test and Trace Support payment for people on low incomes who meet the eligibility criteria and are unable to work while they are self-isolating. Details on the new financial support available can be found on the RB Kingston webpage here: Test and Trace Support Payments The Test and Trace Support Payment Scheme is continuing into the winter 2021, and has been expanded to cover parents who are unable to work because they are caring for a child who is self-isolating.

For residents not eligible for the Test and Trace Support Payments, Kingston has implemented a pilot voucher scheme to help those who would otherwise be in financial hardship as a result of self-isolating. Daily check-ins are provided and vouchers are issued

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[15] https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/

on a daily basis if self-isolation has been adhered to. This support is all available to access via the Kingston Stronger Together Hub.

Kingston Stronger Together Hub has a team of Triage Officers available 6 days a week to assess individuals needs and can arrange shopping for essentials and food[16] and prescription medicine delivery; advice about any financial assistance available if eligible or referral to advice services; telephone support for emotional wellbeing, advice on ways to keep well while isolating, safeguarding and early intervention support.

The contact details to access Kingston Stronger Together support are as follows:

- https://www.kingston.gov.uk/COVID-19_NeedHelp
- If you or someone you know needs support, please fill in this support form and we will contact you.
- If you do not have online access you can phone 020 8547 5000

The national 'NHS Test and Trace' service should signpost anyone in Kingston to this local offer. However, we will also work at the local level to ensure that residents receive information about this local offer through local communications as outlined in the Communications and Engagement Strategy outlined above.

We expect schools and other educational institutions to support our residents who are in education and need to self isolate. Schools are asked to ensure that any child who attends their institution and must isolate has access to adequate computer equipment/ internet/ and any other educational support as needed to be able to continue their education on a remote basis. Details on support that should be provided to school pupils is set out in the 'Contingency Framework: Education and Childcare Settings[17]' (August 2021). Likewise, workplaces are asked to make sure that staff are supported, and not penalised, if their workers need to self isolate.

ACTION AREA 4: VACCINATION

The NHS, Council, Kingston voluntary organisations and local community groups are working in partnership to roll out the COVID-19 vaccination programme locally. The NHS leads the vaccine rollout.

The programme has been and will continue to work with underserved communities to enable access, reduce barriers and close gaps in disparities in the take-up of vaccines, reducing inequalities. Roving models, outreach to underserved communities, pop-up community walk-in vaccine clinics and door knocking has taken place with sections of the community where the vaccine take-up has been lower. Universal walk-in clinics have also been promoted amongst local voluntary and community sector organisations to support people's access to vaccines. Information & advice has been translated into a number of languages in addition to English and both promoted through & with communities in addition to using

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[16] As part of this support offer, we have in place a protocol in place that sets out the process for establishing alcohol provision for shielding/self-isolating residents. This is in line with PHE guidance,# and will be supported by Kingston Wellbeing Service who will consider whether an individual should be enabled to obtain alcohol to prevent them from significant harm to themselves and to support the individuals self isolation.

[17]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf

programmatic and targeted marketing.

Work will continue to support communities to take up the vaccination and access booster vaccines, in particular amongst at risk groups and where vaccination rates remain low. Additional resource and work is informed by known uptake data, the inequalities within that data and from local intelligence provided by our local voluntary and community sector.

Workplaces have been supported in collaboration with environmental health throughout the vaccination programme with advice, information & signposting. Further work is planned to get information to workplaces and additional support is planned for workplaces with high transmission risk or known low vaccination uptake rates.

Eligible 12-15 year olds will now be vaccinated in addition to the inclusion of all 16-17 year olds. The NHS teams will work with the Council, voluntary sector and community sectors and other partners with vaccine roll out within these age groups and will support additional outreach events & promotion as required. Details about vaccination opportunities are on the RBK webpage: https://www.kingston.gov.uk/health-wellbeing/coronavirus-covid-19-vaccine/1

Opportunities will be taken, where nationally advised, to integrate and align the planning and delivery of Flu vaccination, which is organised by and with NHS partners.

ACTION AREA 5: NHS COVID-19 app

The NHS COVID-19 app has played a key role in breaking chains of transmission since its launch in September 2020. The app complements wider NHS Test and Trace activity, extending the speed, reach and precision of contact tracing. Research suggests that for every 1% increase in app users, the number of COVID-19 cases in the population can be reduced by up to 2.3%.

As we move away from legal restrictions to taking more personal responsibility, the app will be an increasingly important tool to help users make informed decisions. When there are rising case numbers, the app will be key in appropriately identifying many more contacts. Is it important that people are informed if they are a contact of a confirmed case as they will be at increased risk of having and spreading the virus, even if they don't have symptoms or have been vaccinated.

The UK Health Security Agency has made key metrics from the app available at the local authority level to support local decision-making and planning, including where to target marketing and communications to support management of COVID-19. In Kingston, our Regulatory Services team have - and will continue to - routinely encourage businesses to make use of the official NHS QR codes to support venue check-ins to support the richness of data available via the app. The NHS COVID-19 app can also support detection and management of VOCs by providing app users with advice about VOCs in their area, and signposting to testing at the request of local authorities.

Kingston will support the promotion of the NHS COVID-19 app.

ACTION AREA 6: Outbreak management

Every venue management team in the borough has certain responsibilities for keeping their venue as safe as possible from COVID-19. This is set out in the various guidance for

different venues. The council, with partners, will look to:

- continually review data to identify possible outbreaks in the borough, and
- where possible, support venues with outbreak management when requested in coordination with other partners eg LCRC, NHS, Schools Teams etc.

Practically, the current set up in Kingston is as follows:
- Daily Data Meetings (Monday-Friday): review of venue data to identify any possible outbreaks
- Review of trend data in borough to identify overall trajectory, any hotpots, any features of trend (eg age etc)
- Agreeing follow up with venues to: find out more information about the situation, offer support (eg advice, testing, training, other)/ check that local plan/ national guidance is being followed, get LCRC advice is required, holding an 'Incident Management Team' (IMT) meeting with partners if required to agree any further investigations and support, using powers of council when required (see below) to prevent further transmission at a venue, supporting locations/other with additional vaccination opportunities
- Requesting advice from LCRC if the local trend is not identifying any particular hotspots, or transmission cannot be identified but is showing a continued increase
- Linking high level data with appropriate communications to advise residents on actions they can take to reduce transmission

The Kingston process has evolved throughout, with learning incorporated from outbreaks over time, regional and national webinars, and internal; reviews, such as the 'Care Home Outbreak Review' (April 2021). We are also keen to learn about the process in other areas to continue to improve our local operations.

In this plan, we have set out detailed plans for particular locations (see *Appendices 2 to 7*). Each has roles for a range of partners to break chains of transmission and bring outbreaks to a close.

Within the council, the resources we have to support these outbreak control plans are: Public Health team members' expertise, RBK Regulatory Services Team members, who are supporting the monitoring and enforcement of 'COVID-secure' workplaces and businesses across the borough. The services have employed a number of COVID Support officers to patrol locations across the borough.   Officers engage with and educate businesses around best practice in reducing the risk of transmission including cleaning, provision of PPE, complying with any self-isolation requirements and promotion of regular testing and vaccination uptake., the RBK Testing Teams (to arrange any additional local testing, training), the RBK Local Contact Tracing Team (also when possible - to make follow up calls on data updates with venues etc), AfC Early Years and Schools and care team colleagues to provide information and advice to educational venues, Adult Social Care team colleagues to liaise with care venues regarding information and advice and training. Data, through the RBK Data and Insight Team, supports all elements of this work. The Resilience Planning team supports all aspects of this work, together with the RBK Communications and Engagement teams. The resourcing for supporting the plans has operated at near to full capacity throughout the last 18 months, despite adding additional staff members to support this work.

In addition to the detailed situation outbreak plans, there are a number of general elements and tools that are used to support the local outbreak control work in Kingston. These include:

Venue Alerts

Although it is no longer a legal duty for venues to ask customers to check in, they are strongly encouraged to do so to help support the use of venue alerts. If multiple people who visited a venue on a given day are confirmed to have had COVID-19, NHS Test and Trace will contact the venue to request their logbooks of customer, visitor and staff contact details and, where these are available, venue alerts will be issued to those who checked in. Venue alerts do not advise individuals to self-isolate, rather they advise them to get a test.

If individuals have checked in with the app, they will receive this alert as an app notification, and those who provided their contact details will receive the venue alert by text message. Daily reports are shared with local authorities when a venue alert has been generated in their area. Kingston's Regulatory Services team encourages venues to continue with their check-in systems and to continue to display official NHS QR code posters so that we can notify people who may have been exposed to COVID-19.

Outbreak Identification and Rapid Response (OIRR)

Outbreak Investigation and Rapid Response (OIRR) describes a systematic approach to gathering and analysing contact tracing data and other information to rapidly detect and risk assess signals of new COVID-19 case clusters locally.

OIRR intelligence used to support outbreak detection includes backwards (Common Exposure) and forwards (Postcode Coincidence) contact tracing data gathered from cases.
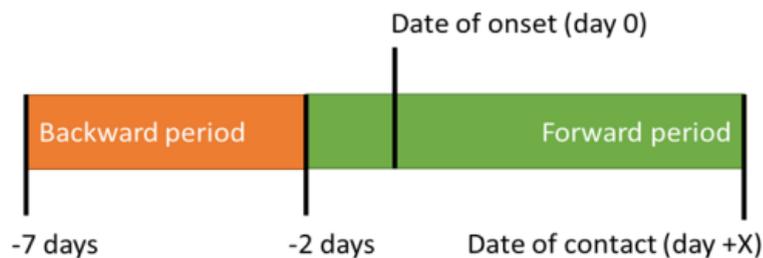
These data can help us to identify potential locations where a case may have caught the virus (in their backwards period), and where they could have transmitted the virus, while infectious, during their forward period. Both common exposures and postcode coincidences are used to guide outbreak management planning and action in Kingston, and can help us to identify 'clusters' of new cases linked to a common setting which may be an early indication of a larger outbreak. Combined with local intelligence from the Contact Tracing and Advice Service case management system (CTAS), PHE systems 'Power Bi' and 'CNAP' (case linkage mapping), this information is reviewed daily, Monday-Friday, by representatives from Public Health, Regulatory Services and Data and Insight teams to guide local action. Local action may include a call or visit to a venue, provision of advice, the offer of testing training or testing provision or advice about vaccination opportunities for staff.

Legal Powers

The [Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ("No.3 Regulations")](#) give powers to local authorities to issue a direction imposing restrictions, requirements or prohibitions, in response to a serious and imminent threat to public health. This gives local authorities powers to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

The No.3 Regulations are made under the Public Health (Control of Disease) Act 1984. The main difference between the No.3 Regulations and the parent Act is that a local authority may close premises without prior recourse to a Magistrate's Court to enable swift intervention.

Under The Public Health (Control of Disease Act) 1984 local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed. Ministers equally have powers to take action against specific premises, places and events.

To address more serious and widespread cases, ministers can use their powers under this Act to implement more substantial restrictions which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements or gatherings
- restricting or closing local or national transport systems
- mandating use of face coverings in public places

Officers in regulatory services are also authorised under the Health and Safety at Work Act to use powers in relation to implementation of measures identified by risk assessments including the provision of Personal Protective Equipment to reduce infection.

Compliance and Enforcement

Local authorities and The Health and Safety Executive (HSE) are the lead enforcement authorities for business related COVID-19 compliance and enforcement. Businesses are responsible for taking precautions to protect people against COVID-19 in their health and safety risk assessments,and by taking government guidance into consideration.

Kingston council's regulatory services will continue to be the main enforcement authority in retail, hotel and catering, office and consumer or leisure settings while, in general, HSE inspectors lead on enforcement in more industrialised settings such as manufacturing. Enforcement Officers can issue improvement or prohibition notices where they identify breaches of health and safety measures. The council is in reguar contact with the HSE concerning any spot checks of businesses within the borough.

From step 4, many of the measures that were in place have moved from legal requirements to advice and guidance. Kingston Council will still have an important role in supporting businesses and public places to be COVID-safe, for example by improving knowledge of infection prevention and control, ensuring spaces are well ventilated, and explaining the relevant regulations and guidance.

Kingston Council's regulatory services and Covid support officers will continue to be deployed for COVID-19 compliance and enforcement work to support businesses and public places to follow guidance.

The August 2021 'Contingency Framework: Education and Childcare Settings'[18] sets out guidance for Education and Childcare Settings. Within this, the Director of Public Health may advise actions if an outbreak meeting certain thresholds is detected. Kingston Public Health will work closely with Achieving for Children and the Kingston Schools and Childcare settings to monitor data and provide support and advice to schools when required.

Variants of Concern (VoC) response

As with other viruses, COVID-19 can mutate, creating new variants. A variant could display structural or transmission characteristics which might increase the risk of severe disease, or reduce the protection of vaccines, therefore vigilance, alongside swift and effective action, are key to minimising the threat variants may pose.

The UK has increased its surveillance and detection capabilities since the beginning of the pandemic to identify and assess variants more rapidly. These improvements include increasing genomic sequencing capacity and developing and deploying rapid genotyping tests (reflex assays) to identify specific variants within 48 hours. These capabilities are enabling swifter case detection and investigation by local and national teams to support outbreak management.

Managing outbreaks of variants under investigation (VUI) and variants of concern (VOC) requires a blend of national, regional and local capability and capacity which continues to develop. Kingston Council, like other local authorities, will play a role in responding to VUI and VOC outbreaks if required, to help identify and isolate positive cases, while working with Kingston residents and local community groups to help support the local responses, to manage any outbreak.

If an outbreak of a VUI or VOC occurs within a local area, Kingston Council and the London Coronavirus Response Cell (LCRC) will establish an Incident Management Team (IMT) and work with their local community and partners to investigate cases and clusters. PHE will notify the DPH that a VoC has been detected through genomic sequencing with a link to the area picked up through enhanced contact tracing information. The response may include additional testing, tracing and self-isolation support, as well as national and local communications. A decision based on evidence and local public health intelligence following discussions with colleagues, will inform who and which locations will be offered 'surge testing' (additional testing in the community). The model to be used e.g. door to door kit drop off and collection, versus mobile test units (MTU), or a combination of the two, will be determined by the area and population to be offered testing. To complete surge testing, the Local Authority will access the local VoC surge testing Plan.

Kingston Council will work with the community to raise awareness of the risk from variants and to seek their cooperation with the response using targeted, culturally sensitive communications and engagement campaigns, to drive greater compliance with the response.

As set out in COVID-19 Response: summer 2021, the government will maintain contingency plans for re-imposing economic and social restrictions at a local, regional or national level if

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[18]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf

evidence suggests they are necessary to suppress or manage a dangerous variant.

Notifications can be sent to covid-19ph@kingston.gov.uk (Monday to Friday) or out of hours, by contacting: (020 8547 5800) - and ask for the 'Public Health Single Point of Contact').

ACTION AREA 7: Surveillance

Data is fundamental to our understanding of the local outbreak picture - to inform our response to outbreaks, to guide our communications with residents, to update partners who we are joining with in the local response. and to prepare plans for further action. We are utilising data provided through the 'Power BI' and PHE systems, which includes case rates, testing uptake, situations, schools data, exposures and postcode coincidence regarding clusters data. We will be monitoring wastewater data and NHS COVID-19 app information. We are also reviewing care sector data through Capacity Tracker and local daily contacts with commissioned care locations not captured on Capacity Tracker. We are monitoring national household surveys as the data is produced. We will shortly have daily data on cases within the homeless population. We review daily caseload summaries from the SWL healthcare sector.

As new data becomes available, we are incorporating this into our daily data review (see below) and using this information, where possible, for local action. This includes now the 'i-CERT' data (bring together the 'forward' and 'backward' location data above) and the CNAP (case linkage mapping), variant data and other new elements.

Since July 2020, we have had a 'Daily Case Data Meeting' (DCDM). This now brings together representatives from Public Health, Regulatory Services, Achieving for Children - Early Years and Schools, Adult Social Care, and the CCG. Data is reviewed and actions determined (eg requests for advice from LCRC, outbreak testing, workplace investigations, leafleting, targeted communications, training, checking that plans have been followed if cases have occured etc - see specific situation plans to which actions link) based on this data.

We are also liaising with voluntary sector groups and statutory partners on a weekly basis to get qualitative feedback on issues related to our local COVID-19 response.

We are also using high level summary data to share with partners to inform the wider borough response. Since July 2020, we have given regular data updates, combined with targeted messaging, to the Health Protection Forum, Strategic Coordinating Group, Kingston Strategic Partnership, Borough Resilience Forum and the voluntary sector.

ACTION AREA 8: Enduring Transmission

Areas experiencing enduring transmission are those where the case rate remains above the national or regional average for a prolonged period. Nationally, COVID-19 outcomes have replicated health inequalities in population groups and geographical areas often already experiencing higher rates of chronic illness, early ill health and death. In Kingston we will continue to support additional, tailored targeted work to reach such groups and communities, helping to break chains of transmission where the impact may be more severe, and/ or with a higher risk of enduring transmission. Support measures, developed with the backing of national and regional teams, include:

- access to test capacity and communication support for targeted testing, using mobile and community outreach resources (for example, in lower income retail, hospitality

or home care sectors, within Gypsy, Roma and Traveller sites, with the homeless population and those in shared hostel accomodation, with asylum seekers, in focused residential areas/ blocks, or with particular BAME community organisation support).
- support to plan and maintain public health workforce capacity for COVID-19 response (dedicated Health Protection officer, local Test & Trace staff and daily rota Public Health officer team employed under Consultant in Public Health leadership)
- capacity to support workplaces and businesses to be COVID-secure post step 4 (for example, employing regulatory services COVID-19 officers and proactive site visits)
- Building on existing local vaccination planning under the national COVID-19 vaccines programme, including uptake of boosters into autumn.

This work is underpinned by dedicated local data and insight in Kingston, from which evaluation and good practice learning will be shared with the nationally facilitated Enduring Transmission Community of Practice. If extra support is required, local case rate data analysis and Kingston DPH insight will be readily available to assist in understanding and tackling the drivers of enduring transmission in Kingston.

This work will be funded from the Contain 1 & 2 grants, using funds originally allocated to community testing (which is now largely covered by the 'Annex A' community testing grant). Additional funds will be used from Contain Grants 4-7 (approved by RBK GOLD in April 2021). We will work with SW London partners and local Primary Care Networks on this enhanced work, particularly in relation to groups with 'Long Term Conditions' (e.g. diabetes, heart disease) and reducing inequalities, with a particular focus on reducing the inequalities that have been a factor in increased impact or inequalities that COVID-19 has caused/exacerbated. (See **Appendices 9-15)**.

ACTION AREA 9: '**COVID-19 SECURE' measures:**

We will endeavour to make the borough as 'COVID Secure' as possible. All sectors of the borough are asked to support national guidance in making their venue or activity as 'COVID-secure' as possible. It is the responsibility of all organisations and businesses to keep themselves up to date on the latest guidance on measures to take. The council will also work to emphasize messaging on measures to take - and where it is within the remit of the council, will follow up with premises/organisations to enforce national guidance. Through the Communications and Engagement Strategy (see **Appendix 1**), the council will reinforce national and local messaging on actions for residents to take to keep themselves safe.
Particular work with some of the key sectors in the borough is detailed below:

Early Years:
AfC are updating Early Years settings with the latest guidance, providing training and monitoring case data. Support is offered to Early Years settings where cases are found. AfC are also promoting the uptake of 'rapid testing' in the Early Years settings.

Schools:
AfC are continuing to support schools through the twice a week Covid briefing emails. Guidance has been updated, with new Schools COVID-19 Operational Guidance and and the Contingency Framework: Education and Childcare Settings.

The School Health team (part of 'Your Healthcare') has continued to respond and adapt to the change in guidance for the school setting. The team have a range of online webinars/ workshops for PSHE and produced assemblies which include infection control elements - including how to wash hands correctly and the Hands/Face/Space message. Since January

2021, the School Health team have also been sessionally deployed to support the local asymptomatic, 'rapid' (lateral flow testing) in schools across the Borough. The team have continued to provide face to face support to children, families and young people, in their homes, schools or community spaces, completing Covid 19 pre assessments and wearing appropriate levels of PPE. We will review if any further support is needed for activities such as handwashing and other prevention measures (sometimes called 'non-pharmaceutical interventions' or 'NPIs') and implement training /education as is required and possible.

University:

Kingston University has a comprehensive system in place to offer students support. The University and Council have worked closely on testing and other offers. The Council has also worked to ensure that students in private student accommodation in the borough (who attend other non-Kingston universities) are aware of the local support offer. The Council can also offer outbreak testing in these residences if required.

Care sector:

The Adult Social Care Quality Assurance Team monitors and responds to coronavirus outbreaks in the care sector. The Team oversees the support to care providers, and liaises with Public Health, the Care Quality Commission and the Urgent Care and Support Team to ensure a coordinated approach. If there are serious concerns about the ability of the care provider to deliver safe care due to a Coronavirus outbreak, the Quality Assurance Team will visit to identify where support and guidance are most needed, with the aim of stabilising the situation as soon as possible, as well as to provide longer term oversight to ensure that the provider is able to cope with future crises. This longer term support may include resources and one to one sessions to review Business Continuity Plans, monitor Infection Control Spending, direct specific training to providers, and oversee action plans to ensure that providers are as prepared as possible.

Supportive advice and resources are accessible through the RBK website and available to download through the main homepage or dedicated Adult Social Care pages. There is also a resource available through: Kingston Care Learning Hub | SCIE

RB Kingston Adult Social Care Commissioning will adjust and develop engagement activity including:

- Holding regular provider forums to support our care workforce to address key issues and areas of concern to them.
- Signposting care providers to the regular infection control and vaccination webinars held by NHS South West London CCG.
- Responding to important developments by sending out timely letters and briefings to our providers and following up with calls to support them and address specific issues that may arise, through weekly updated communications

The Adult Social Care Commissioners are also:
- Commissioning compassionate management courses, which is open to all of our social care providers to equip managers with the tools to best support their employees wellbeing. Courses running through March and April 2021.
- Commissioning mental health and wellbeing training programme for care workers. This will create a group of mental health first aiders and wellbeing champions who will be skilled to deliver workshops across the sector to embed a culture of wellbeing and build resilience.
- Utilising the workforce capacity grant to strengthen and supplement staff capacity among the social care provider workforce.

- Delivering financial wellbeing sessions for care workers in partnership with Citizens Advice Kingston.
- Developing recruitment initiatives such as the sector based work academy with Kingston adult education and progressed DHSC and Proud to care national campaigns.
- Capturing vaccination concerns through various engagement with providers, sharing knowledge with public health and comms teams to inform and shape communications and reduce hesitancy around vaccination.

SWL CCG Infection Control Training and support: SWL CCG Infection Prevention and Control (IPC) team offer support to care homes in Kingston. This includes: 2 hour training sessions to care homes, best practice audit tools, broadcast group with bitesize IPC guidance and advice sent via phone and IPC Championship programme supported by regular webinars. To find out more, contact: **infectioncontrol@swlondon.nhs.uk**

Transport:

Kingston has over 1,200 streets totalling 344 km (214 miles) in length and a population of over 176,000. Our streets are for so much more than just moving vehicles around. The Council is ambitious to create safer, more active and greener streets for all our residents and visitors and to achieve net zero carbon emissions. COVID-19 has had a significant impact on the way we use our streets in responding to the public health crisis.

During the Covid 19 pandemic, we have looked at ways we could improve our public realm and further develop our commitment to environmental sustainability as our 'Streetspace' is enhanced following the impact of COVID-19. This includes schemes that aided social distancing and encouraged walking and cycling. Streetspace is a strategy implemented by Transport for London with funding put in place to support these schemes as part of their London Streetspace Plan (LSP). The LSP prioritises the need to focus on prioritising walking and cycling and providing space for more walking and cycling to high streets and local town centres.

Kingston has a long tradition of promoting active and sustainable travel including walking and cycling. The Council has already delivered a £32 million Go Cycle scheme, has installed electric vehicle charging points and is currently in conversations about dockless e-bikes and new cycle hangars.

We have had to adapt and change our street spaces to ensure that residents are able to keep safe during the Covid 19 pandemic. Our Streetspace schemes look to create safe streets and neighbourhoods that support the community, pedestrians and cyclists. We need to ensure that streets allow safe and efficient movement for all.

Our Low Traffic Neighbourhoods (LTN) schemes and School Streets trials were introduced as part of the Streetspace programme to tackle busy through traffic on residential roads.and turn our roads into healthier, safer and quieter spaces for pedestrians, cyclists and residents.. These schemes are supporting national advice to residents to walk or cycle as a means of travel to school and work to minimise COVID-19 transmission. Our first Low Traffic Neighbourhood in King Charles Road was made permanent in July this year. We are continuing to monitor LTN schemes in Lower Ham Road and Albert Road with a view to making them permanent as well.

We have also recently worked with Kingston First to deliver a new Social Spaces project to create more welcoming, social and accessible street environments for customers and visitors to Kingston town centre to enjoy and to support our businesses. It is hoped that temporary enhancements to the town centre, including prioritising Thames Street for

pedestrians and cyclists, will support the recovery of the local economy as we come out of lockdown, and enable local hospitality businesses to extend their outdoor eating offer.

- Find out more about our [Low Traffic Neighbourhoods:](#)
- Find out more about [getting around Kingston borough safely](#)
- Find out more [about our School Streets](#)

If you would like further information please visit our [Highways Hub on Kingston Let's Talk](#) where you can find more information about our schemes. Alternatively you can also contact us at to [streetspace@kingston.gov.uk](#) or [schoolstreets@kingston.gov.uk](#)

Enforcement of COVID-19 Secure Workplaces:
The Kingston Regulatory Services are supporting the monitoring and enforcement of 'COVID-secure' workplaces and businesses open to the public across the borough. The services have employed a number of COVID Support officers to patrol locations across the borough.

Business:
The borough has a heavy focus on helping businesses survive the restrictions with grants and business support programmes, including recently launched ShopAppy.com, to help businesses trade online. The borough is also developing a major business recovery, innovation and adaptation fund. A key role is in dissemination of information to the business community through our newsletter to 4000+ business contacts, plus social media, and regular liaison with representative groups. The newsletter is also used to reach businesses across the borough with key messaging on COVID-19 prevention and secure working measures, promoting COVID-19 testing for employees in Kingston and information on actions to take if a case is detected in the workforce. The Economic Recovery Task Force, chaired by the Leader, includes major employers.

Events:
Consideration will be given to how events such as festivals, performances and other large gatherings will be managed in the borough. Emerging national guidance and local case levels will inform decision making.

[The events and attractions guidance](#) is designed for the use of event organisers as well as local authorities and other local partners who work with event organisers to ensure that events can take place safely.

Kingston Council has an important role to play in ensuring that events are able to take place as safely as possible within our borough. Kingston Council has powers to prohibit or restrict an event, where there is a serious and imminent threat to public health posed by COVID-19, we will work closely with public health colleagues along with partner agencies within the Safety Advisory Group (SAG).

Legal Powers of Local Authorities to prohibit or restrict an event: Local authorities can prohibit or restrict venues or events using the [Health Protection (Coronvirus, Restrictions) (England) (No.3) Regulations 2020,](#) which will continue to apply until the end of 27th of September 2021. Kingston Council's decisions on events will be made on a case by case basis, with consideration given to the [guidance issued by the government.](#) Any direction issued under the No. 3 Regulations must be notified to the government, which will then consider whether its issue was appropriate. Government then has the power, in appropriate circumstances, to direct us to revoke a direction.

Any direction issued must meet the three legal conditions:
- It is responding to a serious and imminent threat to public health;

- It is necessary to prevent, protect against, control or provide a public health response in relation to the incidence or spread of COVID-19; and
- The measures taken are a proportionate way to achieve that purpose.

Kingston Council will not issue blanket bans on events. Where there are concerns about the safety of an event, we will work with the event organiser as well as colleagues within the Safety Advisory Group to resolve any issues at the earliest opportunity. Our event timeline is outlined on our website which event organisers must stick to as much as possible to allow for a review of the event documentation and information so that partners within SAG and the Council are satisfied that the relevant mitigation measures and safe working procedures for the type of event are in place.

Safety Advisory Groups: Consideration will be given based on the scale and type of event as to whether a Safety Advisory Group[19] meeting needs to be convened, for other events the event documentation will be shared with colleagues for information purposes as well as asking for any comments or concerns with the documentation that has been supplied by the event organiser. Safety Advisory Groups bring together representatives from relevant groups who can advise on public safety at events.

Depending on the scale and type of event, not all event applications will need to be shared with SAG, smaller scale events such as children's birthday parties in a park will be shared with the relevant colleagues to ensure there isn't a clash with bookings in a park and the event organiser will be asked to produce an event risk assessment and event management plan.

All event organisers are required to consider the impact of COVID-19 on their event, take steps to reduce the risk of transmission at the event, including putting in place cleaning and hygiene protocols. We will ask that all event organisers communications encourage attendees not to travel to, or attend, events if they have COVID-19 symptoms as well as clearly setting out that those who have been instructed to self-isolate must not attend.

Within the events process we have also incorporated the COVID-19 Mass Gathering Event Risk Assessment Tool which will provide us with a RAG rated score out of 54 based on the details of the event; if it is held indoors or outdoors, the number of people attending the event, the spacing at the event, the event duration and the likely reach of the event (how far people will travel).

Summary actions that locations are taking:
The government has provided a range of setting specific guidance to ensure that venues can operate in a COVID-19 secure manner. This includes guidance to implement systems of control to prevent, identify and quickly respond to cases of COVID-19 in a range of workplace sectors, schools, further education settings, social care services (e.g. care homes and domiciliary care), and public transport operators.

All venues should consider priority actions to protect staff, service users and/ or customers from the risk of infection, the use of PPE, venue cleaning, workforce management; and testing. COVID secure guidance can be accessed online. Further information can also be found in ***Appendices 2-7*** of this document, 'Specialised Setting Outbreak Management Plans'.

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[19] Kingston SAG consists of: RBK Public Health (DPH or representative), RBK Emergency Planning, RBK Licensing, RBK Regulatory Services, RBK Parks and Open Spaces team, RBK Neighbourhood managers, RBK Highways, London Fire Brigade, Metropolitan Police, London Ambulance Service, British Transport Police, South West Trains, RNLI, Your Healthcare

ACTION AREA 10: *COMMUNICATING WITH RESIDENTS AND PARTNERS*

Kingston Council will tailor local public health messaging appropriately in the borough, taking into account a range of factors including the epidemiological situation, demographics, outbreak settings and the nature of the outbreak. These communications will equally focus on building community resilience by providing the knowledge and resources to enable individuals to care for themselves and others, and on enhancing the day-to-day health and wellbeing of communities to reduce the negative impacts of COVID-19.

The approach that the borough will take on communications and engagement is set out in the comprehensive Keep Kingston Safe: Communications and Engagement Strategy. This is outlined in *Appendix 1*. The strategy will support the elements of the plan as detailed above. In addition, the strategy outlines how it will support messaging and activities in partnership with elected members, voluntary sector, community groups, business and residents directly to promote the national government guidance on behaviours to minimise disease transmission[20], and to communicate and engage with residents about the COVID-19 vaccine.

ACTION AREA 11: Enablers: Operational Support and Funding

Operational support

The national Contain Framework (August 2021[21]) states that '*It is vitally important that the local teams keep their capacity and capabilities under active review. Local authority activity, using local resources in line with individual LOMPs, will remain the first and primary mechanism to respond to incidents and outbreaks of COVID'*.

In Kingston, the Contain Fund and other COVID-19 grants (see details in *Appendices 9-15*) and below, is funding some key capacity to deal with local outbreaks. Full details are given in the appendices of areas of spend. A high level summary of key elements from the local authority side is below:

- Kingston Local Contact Tracing Team
- Kingston Testing Team and equipment
- Public Health: additional Health Protection staff time
- Regulatory Services: additional staff time
- Infection, Prevention and Control Expertise (currently re-recruiting to, and hope to have staff hosted with a partner organisation)
- Additional Adult Social Care Quality Assurance time
- Communications and Engagement: additional RB Kingston staff time and resource and additional resource for voluntary sector engagement
- RB Kingston Data and Insight team: additional staff time
- Kingston Social Isolation Support (Kingston Stronger Together): staff time and local voucher scheme

In support of this, existing staff resource from teams across the council is also being dedicated to the local outbreak management response.

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[20] Behaviours referred to are sometimes called 'Non- Pharmaceutical Interventions' or 'NPIs'

[21]

https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#oversight-and-assurance

We are in regular contact with PHE, DHSC and other regional and national teams and will call upon them if required.

The resources of partner NHS, academic, business and other services and groups have not been detailed here. However, discussion about joint work and resource takes place on a regular basis through the various forums detailed in the governance section and shown in the Terms of Reference in *Appendix 8.*

Funding:

National funding has been provided to support local outbreak plans in terms of Test and Trace[22] [23] and 'Contain' funding and 'Community Testing' funding. Other grants to support infection control have also been received (Infection Control Fund for the care sector, funding for £500 payments for self isolation, business grants, 'everyone in' funding relating to homelessness and winter grants), support for those who are Clinically Extremely Vulnerable but these are not covered here. The Test and Trace funding for Kingston, Contain Funding and Community Testing (LFD testing) is outlined here:

- *The allocation for the **Test and Trace grant** for Kingston was confirmed as £940,711. A budget plan for how this funding will be used was agreed by RBK GOLD on July 8th 2020[24]. The outline plan is in **Appendix 9***
- *Additional funding, from the 'Contain' budget' has also been provided to the borough for outbreak 'containment' activities (Autumn 2020). Three Contain Grants have been provided for 'Contain' (containing virus spread) as follows:*
- ***Contain 1&2** (£3 and £5/ population head) TOTAL: £1,419,535 (Plan of spend approved by GOLD on 14/12/2020). See **Appendix 10***
- ***Contain 3** (£3/ population head): TOTAL: £532,521 (Plan of spend approved by GOLD on: 25/02/21) See **Appendix 11***
- ***Community Testing ('Annex A' Mass Testing) Funding**: A bid to the DHSC was made by Kingston to offer community 'rapid testing' (Lateral flow tests) in December 2020 and revised in February 2021 to reflect the extended timeline to the end of March 2021 (which was then been extended into June 2021 - CHECK). The bid amount was for £840,000. This funding is received in different ways - some initial funding and then reimbursement of actual 'rapid tests' (Lateral Flow Tests) completed. The bid is based on the borough completing 60,000 'rapid tests'. See **Appendix 12.***
- *Contain 4-7 TOTAL: £3,347,675: See **Appendix 14***
- ***Community Testing July-September 2021 (Lateral Flow Tests):** A further bid was made to the DHSC and agreed for targeted Community Testing with Lateral Flow Tests (LFT) for the period July-September 2021. The total of that bid was for 4,868 supervised tests and 86,665 home test kits and a value of £392,300 (paid on activity completed). See **Appendix 15***

Autumn/ Winter Links to actions for other respiratory disease outbreaks

The national COVID-19 Response: Autumn and Winter Plan was published in September

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[22] Government announcement of funds to support local outbreak control plans to support test and trace programme: https://www.gov.uk/government/news/300-million-additional-funding-for-local-authorities-to-support-new-test-and-trace-service?utm_source=c5091b80-9b26-41e5-a069-b549e9451e66&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

[23] https://www.gov.uk/government/publications/local-authority-test-and-trace-service-support-grant

[24] Immediate funding was already been agreed by the RBK DPH for Communications and Community Engagement to expedite local uptake of the 'test and trace' service prior to this

2021[25]. This includes Plan A, and Plan B, should cases and pressures on health systems increase to a level that further measures need to be taken. The key strategic areas of Plan A are: *a. Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics. b. Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate. c. Supporting the NHS and social care: managing pressures and recovering services. d. Advising people on how to protect themselves and others: clear guidance and communications. e. Pursuing an international approach: helping to vaccinate the world and managing risks at the border.*

Seasonality, waning immunity or a more transmissible or vaccine-escaping variant could result in a significant resurgence of COVID-19 in the autumn and winter. Kingston Public Health team and partners will continue to review the COVID-19 data daily and take actions to break the onward chains of transmission working with partners, NHS and UKHSA colleagues. It is also expected that there could be a return of respiratory illnesses, such as flu and respiratory syncytial virus (RSV), and other seasonal viruses such as norovirus which could result in non-COVID-19 outbreaks or COVID-19 'joint' outbreaks over the autumn and winter, as other pathogens start to become prominent again with wider social mixing again and return to schools and workplaces. The local authority and partner plans will include preparedness for the possibility of such outbreaks and partners are asked to consider other infections in an outbreak situation as we have all remained focussed on COVID-19 during the pandemic. PHE London are developing short winter packs for schools and care homes/adult social care settings to signpost them to resources on norovirus, influenza and key vaccine preventable diseases (eg: MMR and meningitis for schools, and shingles and pneumococcal for adult social care). We are awaiting guidance on the management of suspected acute respiratory infection outbreaks in high risk settings including care homes, SEND schools and hostels.

UKHSA will work with NHS England to ensure that winter plans also include appropriate assumptions and mitigations for potential resurgences of COVID-19, other health threats, and impact on acute care capacity.

In autumn 2021 a COVID-19 booster and an expanded influenza vaccine programme will be rolled out. This is to maximise protection in those most vulnerable to serious COVID-19 ahead of the winter months when there is routinely increased pressure on the NHS, as non-COVID-19 emergency demand is at its highest.

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[25]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017779/COVID-19-response-autumn-and-winter-plan-2021.pdf

Appendix 1: Communications and Engagement Strategy
September 2021

Background

On Monday 19 July 2021, most remaining COVID-19 restrictions in England were removed. However, the virus has not gone away and we continue to see high rates across the country, including in Kingston - particularly among secondary school age children and young adults. While restrictions have been lifted, a strong emphasis is being placed on moving slowly and cautiously, and the need for each of us to take personal responsibility to help protect those around us.

Local outbreak management planning and response, and contact tracing through NHS Test and Trace and Kingston's local contact tracing team, continue to play a core role in our ongoing response to COVID-19. This work is vital in preventing the further spread of infection and local outbreaks.

In addition to PCR testing for anyone with any Covid symptoms, the use of twice-weekly lateral flow testing for people without symptoms (asymptomatic testing) is also still an important part of efforts to control the virus, particularly for school and college pupils as they return to the classroom for the new school year.

Alongside testing, the COVID-19 vaccine continues to be rolled out at pace across the UK, in the priority order set by the JCVI. Driving uptake of both doses of the vaccine is now central to efforts to combat the virus. We continue to work in close partnership with NHS colleagues to increase vaccination rates across the borough, particularly among young people and underserved communities.

This plan sets out how we will raise awareness and understanding of the key public health messages around prevention, symptoms, testing (including the asymptomatic testing) and self isolation. It also refers to how we will work with the NHS to build confidence in the COVID-19 vaccine and encourage uptake, particularly among young people and under-served communities. There is a separate but linked plan for vaccine rollout.

This is an iterative document that sets out the broad framework for communications and engagement. We are working in a fast changing environment as more is learnt about the virus.
National guidance is changing regularly and the impact of the virus at borough and London-wide level is constantly shifting. We need to be flexible and responsive as the situation changes

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Communications and engagement objectives

Overall aim
- To stop the spread of COVID-19 to prevent people becoming ill or dying and drive uptake of the COVID-19 vaccines.

Objectives
- Deliver simple and effective communications to minimise the spread of COVID-19

and ensure all of our diverse communities are informed, safe, reassured and inspired to play their part in controlling the virus.

- Maintain symptomatic and asymptomatic testing in the borough by raising awareness across all communities of the symptoms of COVID-19 and how and why to get a test.
- Work with NHS communications colleagues to build confidence in and encourage uptake of both doses of the COVID-19 vaccine, among our own staff and across the whole community, particularly young people and under-served groups - see linked plan.
- Develop and deliver communications and engagement in a collaborative way with our Public Health team, local partners, other London boroughs and the lead agency in the event of any local outbreak (PHE, NHS or RBK depending on setting).
- Prevent confusion and misinformation with quick, clear and accessible communications and engagement.

Target audiences

- All residents - particularly those in our under-served and diverse communities
- Young people
- Vulnerable and protected groups
- Voluntary and community sector organisations
- Community and faith leaders
- Businesses – from small businesses to large organisations
- Parents and carers
- Early years settings, schools, universities
- Staff in high-risk settings – e.g. care homes
- Media – including media aimed at specific communities
- Council staff/contractors/partners
- Elected Members

Key messages

Overarching (*Please note: these may be adapted as the situation changes and we respond to new challenges posed by the virus.)

- COVID-19 has not gone away. We all have a vital role to play in stopping the spread of the virus and protecting our family and friends - particularly those who are most vulnerable to the severest impacts of the disease.
- You can help prevent the spread of COVID-19 by taking some simple actions:
- Wash your hands regularly for at least 20 seconds
- Wear a face covering in crowded places and on public transport
- Meet outside, or open windows and doors for indoor visitors
- Check in to venues using the NHS app when you go out
- If you think you have symptoms, stay at home and take a PCR test by visiting www.NHS.uk/GetTested
- Get both doses of the coronavirus vaccine
- If you have any symptoms of COVID-19 - a new cough, a high temperature or a loss or change in your sense of taste or smell - you must self-isolate, that means stay at home, and book a free PCR test at www.NHS.uk/GetTested or call 119.
- Around 1 in 3 people with Covid have no symptoms, so keep up with twice-weekly rapid lateral flow testing to check if you have the virus - to find out how to get your rapid lateral flow tests visit www.kingston.gov.uk/rapid-testing.

Specific messaging (technical/background info for specific audiences)
Specific messaging will be developed as needed to address specific challenges or issues. Example messaging includes:

Back to school and college
- As pupils and students return to school and college for the new school year, they and their families are encouraged to keep up with twice-weekly rapid lateral flow testing to help uncover hidden cases of the virus.
- All secondary and college pupils will be offered two on-site rapid lateral flow tests when they return, to help keep classrooms as safe as possible.
- All primary pupils are encouraged to test at home before they return to school.
- There's more information for parents and carers at www.gov.uk/backtoschool

Self isolation
- If you test positive for COVID-19, you **must** self isolate for 10 days from when your symptoms started.
- From Monday 16 August, rules around self isolation have changed for close contacts of people who have tested positive for coronavirus. If you have had both doses of the coronavirus vaccine more than 14 days ago, or you are under the age of 18, you no longer need to self-isolate after simply being in close contact with somebody with coronavirus.
- Those who are double jabbed and identified as close contacts of positive COVID-19 cases are advised to get a free PCR test as soon as possible, by visiting www.nhs.uk/Get-Tested. Under 18s will be given advice about whether to get tested, depending on their age and circumstances, and will only need to self-isolate if they have a positive test result.
- If you are contacted by NHS Test and Trace and told you have been in close contact with someone who has tested positive for COVID-19, and have not received both doses of a coronavirus vaccine more than 14 days ago, you **must still** self isolate for 10 days. You should book a free PCR test if you develop any symptoms.
- If you test positive and need to self-isolate, Kingston Council and its partners are here to support you. To find out what support and advice is available, visit www.kingston.gov.uk/Covid19-needhelp or call us on 020 8547 5000

Strategy

To prevent an outbreak happening in the first place, we will support all of our residents, communities and businesses to understand and continue to understand and follow the public health advice. This includes encouraging people to get a free PCR test if they have any symptoms, keep up with regular rapid lateral flow testing if they do not have symptoms, follow self isolation rules, and to help trace people they've been in contact with to prevent further spread of infection.

We will share timely, accurate and relevant information across our channels and using trusted community voices.

By developing messages and an overarching narrative, we can support everyone in the borough to feel safe and reassured to continue to play their part in minimise the spread of the virus, engage with testing and tracing and follow public health guidance. Communicating the same consistent messaging - and a single point of truth - across the borough will also avoid confusion among our communities and reinforce the role testing and tracing plays in keeping our communities safe.

Activity will focus on delivering key public health messaging and government guidance, information and advice through our established channels as well as through trusted community spokespeople. We will use these community influencers to help us deliver key messages through their own networks as well as disseminating their messages through council and partner channels. Written, video and audio messages will be translated into community languages.

We will undertake targeted work with community groups to empower them to deliver public health information to the communities they work with in the most effective ways, as they know their communities best. We will also learn from these groups what the main barriers are that we need to address and use this to inform our communications and engagement.

We will work with local partners including the voluntary sector, NHS, Kingston University, the Police, London Ambulance, the business community and others through the Health Protection Forum, Strategic Coordination Group South West London CCG, to disseminate local messaging and encourage residents to play their part in containing the virus.

We will work with London Councils to support the continuing development of London specific messaging - Keep London Safe - with assets that can be localised.

Local outbreak control
In the event of a local outbreak, will work closely with an organisation affected through a local outbreak control meeting. If needed, we will support them to communicate quickly and effectively with people at risk of catching the virus with advice about what they need to do, including any testing arrangements. This will be key to preventing further spread of infection. If needed, we will work closely with stakeholders to develop reactive communications, including press statements, to allay community concerns and prevent the spread of misinformation.

Hotspots
We will work with Public Health and Data colleagues to identify any areas where cases are particularly high. When areas are identified, we will work with the neighbourhood rangers and regulatory services colleagues to develop and deliver targeted communications to households and businesses to raise awareness of the high rates and encourage uptake of local prevention and testing offers.

Surge testing
In the event of the need to undertake surge testing in the borough, we will support the rollout with clear, timely and effective communications. We will develop clear, concise messages to be sent to those who need to test. This will be supported by wider communications across the council's channels to reassure the public. We will also work with local media to get clear, accurate and timely information into the public domain.

COVID-19 vaccine
We are working closely with the NHS to build confidence in the COVID-19 vaccine and encourage uptake. There is a separate but linked communications and engagement plan for vaccine rollout. Each plan mutually supports and reinforces the other.

Communications and engagement channels and tactics in [full communications plan](#).

Appendix 2: Specialised setting outbreak management plans (COVID-19): Care Providers

Royal Borough of Kingston upon Thames

We need to identify and stop COVID-19 outbreaks in care settings. COVID-19 has not gone away and everyone should continue to take precautions. See How to stay safe and help prevent the spread for more information.

This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Care providers should ensure all residents, members of staff and visitors are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

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1. **Introduction**

    1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

    1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in Care Provider settings. We have included here the link to the full Government guidance.

    1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review. You can help prevent the spread of COVID-19 by taking the necessary measures highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.

2. **Definitions**

    2.1. **Suspected** case of COVID-19:

    Any resident or member of staff with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

    2.2. **Confirmed** case of COVID-19:

    Any resident or member of staff with **laboratory confirmed** diagnosis of COVID-19 ('COVID-19 PCR test').

    2.3. **Outbreak** of COVID-19:

    An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place. In care

provider settings, a single new case must be reported, but would not be considered an outbreak until there are two or more confirmed cases.

2.4. Contacts

A contact is a person who has been close (see below for definition) to someone who has tested positive for COVID-19.

- *Contact definition:* Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example anyone who has had any of the following types of contact with someone who has tested positive for COVID-19: face-to-face contact including being coughed on or having a face-to-face conversation within one metre, been within one metre for one minute or longer without face-to-face contact, been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day). See full guidance for what is meant by a contact.

- **Please note:** If care workers who are providing personal care are trained in the use of PPE, and are donning, doffing (putting on and taking off PPE) and using PPE appropriately with no breaches, they would not be considered as a close contact. However, the use of less stringent PPE does not guarantee effective prevention of transmission or acquisition of coronavirus infection in other settings, eg. staff room or canteen, therefore will not necessarily exclude an individual from being considered a close contact. For more details, go to GOV.UK

2.5. Exemptions in Health and Social Care for 'contacts'

The majority of fully vaccinated health and social care staff identified as a contact will be able to continue in their usual role. The following apply to staff returning to work who are 'contacts' following this exemption (See guidance):

- the staff member should not have any COVID-19 symptoms
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a COVID-19 (SARS-CoV-2) infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day self-isolation period.

Additional mitigations may be put in place by employers in different settings for fully vaccinated staff who are identified as household contacts. Refer to your organisational and national guidance as necessary.

2.6.   Tests

There are two types of test commonly being used to establish whether someone has COVID-19. These are PCR and LFD tests. See [Get tested for Coronavirus](#).

2.7.   LCRC (London Coronavirus Response Cell)

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston).

3.   Priority actions if there is a confirmed case of COVID-19 in a Care Provider setting

3.1.   Care providers are expected to report daily on the outbreak situation in their setting to the Local Authority via the Capacity Tracker app. Providers are also expected to telephone the LCRC every time they have a new case at their service.

3.2.   **Action in care settings in terms of outbreak management starts with a single possible case of COVID-19, even when this does not meet the criteria for an 'outbreak' (see Section 2)**. This is because individuals are in close contact with others for extended periods of time, they are a particularly vulnerable group and their immune response may differ from healthier individuals.

3.3.   If you have a **suspected or confirmed case** of coronavirus within a care setting, in any resident or staff, you must immediately **contact the London Coronavirus Response Cell (LCRC)** who will provide advice and arrange testing if needed, based on risk assessment.

LCRC (London Coronavirus Response Cell):
- **Telephone:** 0300-303-0450
- **Email:** lcrc@phe.gov.uk (or phe.lcrc@nhs.net for patient identifiable information)

3.4.   LCRC will undertake a risk assessment with the reporting officer and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:

- **Identify the contacts** of the positive case 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic). You must ensure that all identified contacts are told to self isolate for 10 days unless they are exempt. See SECTION 2.4 for definitions.

- **Review your infection control measures** and ask promptly for advice from Infection Control lead (see SECTION 5.2) or during 'check in' calls with GP.

- Consider options for **wider testing** in your setting (if necessary). See [outbreak testing schedule in this guidance](#) and [Coronavirus (COVID-19) testing for Adult Social care settings](#):

3.5. Suspected or confirmed cases must **also, at the same time,** be reported to the Local Authority through completion of the Capacity Tracker.

3.6. **Children's residential settings** to also inform Achieving for Children of any suspected or confirmed cases.
- Email: commissioning@achievingforchildren.com

Children's residential settings to contact Clinical Lead of any case or suspected case if support required.

4. Outbreak Control Team

4.1. Once a care setting alerts the LCRC to a suspected or confirmed case, LCRC decides if an OCT needs to be assembled. LCRC (or DPH if requested by LCRC) to convene OCT group within one working day of outbreak.

4.2. Outbreak Control Team suggested membership:

- LCRC representatives
- RBK Director of Public Health (Iona Lidington or substitute)
- RBK Public Health Consultant
- RBK Public Health OCT Coordinator
- RBK Adult Social Care representative (adultscommissioning@kingston.gov.uk)
- Achieving for Children representative (Head of Placement Commissioning, Priya Saravanan or substitute)(when relating to children's residential provision)
- Care setting representative(s)
- Infection Control lead (Your HealthCare and/or South West London CCG IPC)
- Clinical Lead for care home
- RBK Communications and Engagement Manager (Cara Coslett or substitute)

4.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate.

4.4. In the event that an OCT is not assembled, national guidance and any particular action as advised by the LCRC and RBK Director of Public Health (DPH) must be followed.

5. Outbreak investigation and control

5.1. LCRC will advise on any investigation and control measures. Care providers should also follow guidance on:

Infection Control Measures. Follow the LCRC advice and follow national guidance:
5.1.1. See [guidance](#) for Infection Prevention and Control (IPC)

5.1.2. See [Government guidance](#) for self-isolation requirements of case and contacts if a staff member or residents in a care setting tests positive for COVID-19.

5.1.3. See [guidance](#) on safe working in education, childcare and children's social care settings, including the use of PPE

5.1.4. See [guidance](#) for restricting a child's movement if they become symptomatic in children's residential settings.

5.1.5. Infection Control leads locally can also offer advice if required:
- Kathryn Ridgers, Your Healthcare CIC, Urgent Care & Support Service (for CQC registered care homes).
  Contact via the single point of access team for care home support only – 0208 274 7088 or email kathryn.ridgers@yourhealthcare.org
- Fergus Keegan, NHS South West London CCG
  [Fergus.Keegan@swlondon.nhs.](#)
- Iona Lidington, RBK Public Health
  [Iona.Lidington@kingston.gov.uk](#)

5.2. Personal Protective Equipment (PPE)

5.2.1. See [guidance](#) for recommended PPE by health and care setting.

5.2.2. See [guidance](#) for how to work safely using PPE in care homes.

5.2.3. See [guidance](#) for how to work safely using PPE in domiciliary care.

5.2.4. Providers can contact the Local Authority to request a 3 day Emergency Supply at [ppe.enquiries@kingston.gov.uk](#)

5.3. Visiting

5.3.1. [Guidance on care home visiting](#) changed on 16 August 2021. In the event of an outbreak, the home should stop all visiting (except in exceptional circumstances such as end of life - refer to the guidance for full details) in order to protect vulnerable residents, staff and visitors. Essential care givers can continue to visit, but not if the essential care giver or resident are COVID-positive.

5.3.2. A dynamic risk assessment can be used to take account of specific circumstances in the home, for example whether window and pod visits could continue.

5.3.3. Visiting restrictions should continue until the outbreak is confirmed as over.

5.3.4. Visiting rules must continue to follow infection control and prevention [guidelines](#). This includes named visitor and essential care giver COVID testing, and visitors identified as a close contact, with differing vaccination and self isolation status.

5.4. Restricting movement of staff

5.4.1. All staff movement between care settings should continue to be restricted, to help reduce the spread of infection. See [guidance](#) for details.

5.4.2. There are limited exceptional circumstances where, in order to ensure enough staff are available to provide care safely, care home providers may need to deploy people who are also working in other health or social care settings. This should be for as limited a time as possible, with associated Capacity Tracker reporting and temporary staff testing.

5.5. Testing

5.5.1. The LCRC will advise setting on who needs to be tested if you have a new suspected case of COVID-19. Follow the LCRC advice. See

'outbreak testing schedule in this guidance: [Coronavirus (COVID-19) testing for Adult Social care settings](#):

5.5.2.

5.5.3. Symptomatic or self-isolating **staff** members in **any care setting** should get tested via:
- [Employee referral portal](#).

Remember to discuss all suspected cases of COVID-19 in a care home setting with the LCRC to ensure the right isolation guidance and infection prevention and control advice is being followed. This includes staff members.

5.5.4. Due consideration must be given to the requirements of the [Mental Capacity Act](#) and considering the [ethical framework for adult social care](#) in response to COVID-19 when any decision is being taken about testing. It is important to assess the service user's mental capacity to consent to the procedure of being tested and document this assessment and decision. If the outcome of the assessment is that the service user is lacking capacity, a best interest process needs to be followed, including the best interests checklist, with this and the outcome clearly documented by the care home.

5.6. Tracing

5.6.1. Following any confirmed cases, the setting should prepare for the LCRC to ask about any contacts of cases.

5.6.2. The LCRC won't call all of the contacts, but will advise that all identified close/proximity contacts will follow the [guidance](#). Positive results are automatically reported via the labs to NHS Test and trace – the LCRC does not do this.

5.6.3. If care settings are aware of contacts in Kingston who are asked to self isolate eg. staff or visitors, they can advise them to contact [Kingston Stronger Together Hub](#) if they need support (such as deliveries of shopping, medicines) whilst self-isolating.

6. Communications

6.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.

6.2. The LCRC will work with your care setting to provide communication materials to update other staff to the outbreak situation.

6.3. If you require additional communications materials to help manage the outbreak in your setting, please visit the [Kingston Council communications materials webpage](#).

7. End of outbreak

7.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 10 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

7.2. **If 14 days have passed since the last positive test or symptomatic case, a round of PCR and rapid lateral flow end-of-outbreak testing of all**

residents and staff should be undertaken. In addition, PCR test positive results will be sent for whole genome sequence to detect Variants of Concern in care home outbreak situations.

7.3. Visiting restrictions associated with an outbreak in the care home can be lifted by the HPT:
- when day 14 days recovery testing detects no new cases, and
- no variant of concern (other than VOC-20DEC-01 [Alpha variant] or VOC-21APR-02 [Delta variant]) was identified through whole genome sequencing (WGS) or reflex PCR tests results.

7.4. If test results confirm a variant of concern in the outbreak (other than VOC-20DEC-01 [Alpha variant] and/or VOC-21APR-02 [Delta variant]) then the outbreak restrictions should remain in place until whole home recovery testing has been completed after a period 28 days with no new cases.

7.5. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 3: Specialised setting outbreak management plan (COVID-19): Hostels / Homeless locations and Sheltered Housing

Royal Borough of Kingston upon Thames

This guidance covers:

- hostels with individual self-contained rooms with en-suite facilities that have shared kitchens
- hostels without individual self-contained rooms and that have communal facilities
- temporary accommodation (including hotels acting as hostels) with shared facilities, including those provided by local authorities to fulfil statutory homelessness duties

We need to identify and halt COVID-19 outbreaks. COVID-19 has not gone away and everyone should continue to take precautions. See How to stay safe and help prevent the spread for more information.

This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. Please also see guidance for commissioners and providers of hostel services for further information.

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1. **Introduction**

   1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.

   1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in Hostels and other Homeless Locations in Kingston. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.

   1.3. Hostels should implement regular weekly monitoring of COVID-19 symptoms among residents and staff. Each resident should be assessed for a high temperature, a new, continuous cough, and / or a loss of, or change in, their normal sense of taste or smell. In locations where in-person monitoring is not possible, monitoring may be completed via telephone or SMS message.

   1.4. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.

2. **Definitions**

   2.1. **Suspected** case of COVID-19 in a hostel environment:

   Any resident (or staff) with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

Individuals with any of the above symptoms must follow the [stay at home guidance](#) and arrange to [get tested](#).

2.2. **Confirmed** case of COVID-19:

Any resident (or staff) with a **laboratory confirmed** diagnosis of COVID-19.

2.3. **Outbreak** of COVID-19:

An incident in which **two or more** people who meet the criteria above for a **confirmed** case are linked in time and by place within a 14 day period (though the individuals do not need to live together).

2.4. **Household**

Hostel providers will need to interpret the meaning of 'household' based on the set-up of their hostel. This will depend on the layout of the accommodation and how it is organised. **In deciding what constitutes a household, the key factor is whether residents share living spaces, in particular: bathrooms, toilets, kitchens and sleeping space. Residents who share any of these should be considered a 'household'.** In complex arrangements, hostels can seek advice from the London Coronavirus Response Cell (LCRC) - 0300 303 0450 / lcrc@phe.gov.uk

2.5. **Contacts**

Those residents considered to be in the same 'household' as someone who has symptoms of, or has received a positive test for COVID-19 are considered 'household contacts'. See [full guidance for what is meant by a contact](#) to determine *other* non-household contacts.

2.6. **Tests**

There are two types of test commonly being used to establish whether someone has COVID-19. These are PCR and LFD tests. For more detail about tests, see [Get tested for Coronavirus](#).

2.7. **LCRC (London Coronavirus Response Cell)**

The LCRC are the local Health Protection Team (HPT) covering all London Boroughs (including the Royal Borough of Kingston).

3. **Priority actions if you suspect a COVID-19 case in your setting**

3.1. Initial investigations must be started within 24 hours of identifying a single suspected case, even when this does not meet the criteria for an outbreak. **Hostel providers must seek advice from the LCRC and contact their local authority** for support.

- LCRC: 0300 303 0450 / lcrc@phe.gov.uk (or phe.lcrc@nhs.net for patient identifiable information)

- Local Authority: 020 8547 5800 (ask for the information to be passed on the Public Health Single Point of Contact (SPoC) if notified after 5pm or, alternatively, the team will contact Public Health Kingston directly via email during working hours

The LCRC will work with the reporting officer to undertake a risk assessment and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:

- Review your IPC measures and have these ready to share
- Identify household and non-household case contacts
- Consider options for wider testing in your setting

3.2. In scenarios where more than one household has tested positive, the reporting officer should also refer to the **UCLH Find and Treat Team.** Complete and attach the [referral form available here](#) and send to haltTeam.cnwl@nhs.net.

If you are referring a symptomatic individual from a Hostel Outreach Team, please contact the Find and Treat team directly on 0203 447 9842.

4. Outbreak Control Team

4.1. The LCRC and Local Authority will advise whether an outbreak needs to be declared and an Outbreak Control Team (OCT) assembled.

4.2. The suggested membership of the OCT is as follows:

- RBK DPH: Iona Lidington (or nominated RBK PH Consultant)
- RBK Emergency Response Lead
- RBK Public Health OCT Coordinator
- LCRC (PHE) representative
- Lead Hostel / Housing Officer: Sian Edwards (RBK accommodation)
- Lead Homeless HMO locations: Georgie Forshaw (KCAH) / Fred Clark (SPEAR)
- Your Healthcare HIU: George Tong
- Your Healthcare Infection Control: Ana Naveira
- RBK Communications: Cara Coslett

4.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate.

4.4. In the event that an OCT is not assembled, national guidance and any particular action as advised by the LCRC and RBK Director of Public Health (DPH) must be followed.

5. Outbreak investigation and control

5.1. Infection control

Immediate control measures should be implemented as per guidance received by the LCRC or Local Authority and national guidance must be followed. See [Infection Prevention and Control (IPC) guidance](#).

5.2. Isolation and social distancing

Residents with suspected or confirmed COVID-19 should not mix with, be cohorted with, or spend time in rooms next to residents who are clinically extremely vulnerable. This includes not sharing bathrooms or communal areas within the hostel.

As well as having their own room, residents who are self-isolating should have personalised plans in place, which include:

- provision of food and water
- support for physical and mental health and wellbeing (including drug, alcohol and nicotine dependence and / or treatment needs) - please access via the Kingston Stronger Together Hub
- communication (for example, being provided with a mobile phone)

If the positive case is in a homeless hostel and is unable to effectively self-isolate in their room, hostels should work with the LCRC to liaise with the Find & Treat service at UCLH who will advise on the availability of COVID-CARE (symptomatic) accommodation. Please see guidance for transferring residents between accommodation safely.

5.3. Visitors

If a resident is self-isolating with COVID-19 symptoms or is a confirmed case, social visitors (for all members of the hostel) **should not be allowed.** Visits that are unavoidable, e.g., for health and care reasons or to undertake urgent repairs in the hostel, can be conducted provided good infection control measures are in place and the visitor does not have COVID-19 symptoms.

5.4. Cleaning

Hostels should follow guidance for cleaning in non-healthcare settings, which includes guidance on dealing with laundry and waste.

5.5. Personal Protective Equipment

See PPE guidance for providers of hostel services, which includes guidance on the use of face coverings in hostels.

A request for three days worth of **emergency** PPE can be made to the local authority by contacting: ppe.enquiries@kingston.gov.uk

5.6. Testing

The LCRC will organise any additional testing (via the UCL Outreach Team) that may need to take place to control the outbreak. Residents and staff can also see guidance on COVID testing, including who is eligible for a test and how to get tested.

Those working in hostels are classed as essential workers and can apply for priority testing through GOV.UK.

5.7. Contacts and Tracing

Hostels must support residents with a positive test result to identify and provide details of any household and non-household contacts to NHS Test and Trace (see SECTION 2.5 for definitions).

From 16 August, contacts of someone who has tested positive for COVID-19 **may** be exempt from self-isolation. See exemptions from self-isolation for contacts guidance. Details of these contacts must still be provided to NHS Test and Trace.

5.8. **Additional risk factors that you are concerned about**

If you become aware of any other risk factors within your setting or in the surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team on covid-19ph@kingston.gov.uk.

Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, please contact the RBK SPoC on 020 8547 5800

6. Communications

6.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.

6.2. The LCRC will work with the hostel to provide communication materials to update other residents, staff and all other relevant departments, including contractors, of the outbreak.

6.3. If you require additional communications materials to help support manage the outbreak in your setting, please visit the Kingston Council communications materials webpage.

7. End of outbreak

7.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

7.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 4: Specialised setting outbreak management plans (COVID-19): Community Workplaces

Royal Borough of Kingston upon Thames

We need to identify and stop COVID-19 outbreaks. COVID-19 has not gone away and everyone should continue to take precautions. See [How to stay safe and help prevent the spread](#) for more information.

This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources.

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1. Introduction

1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in Kingston workplaces. Workplaces is a very broad term, as businesses are varied and can operate more than one type of workplace such as office, factory and fleet of vehicles.

1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review. You can help prevent the spread of COVID-19 by taking the necessary measures highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.

2. Definitions

2.1. **Suspected** case of COVID-19:

Any member of staff with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

2.2. **Confirmed** case of COVID-19:

Any member of staff with **laboratory confirmed** diagnosis of COVID-19 ('COVID-19 PCR test').

2.3. **Workplace outbreak** of COVID-19:

An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place, and one of the following:

- Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases

- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified case

2.4. Contacts

A contact is a person who has been close to someone who has tested positive for COVID-19. See [full guidance for what is meant by a contact](#)**.**

2.5. Tests

There are two types of test commonly being used to establish whether someone has COVID-19. These are PCR and LFD tests. For more detail about tests, see [Get tested for Coronavirus](#).

2.6. LCRC (London Coronavirus Response Cell)

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston).

3. Priority actions if there is a confirmed case of COVID-19 in your workplace

3.1. Employers should alert the Self-Isolation Service Hub on 020 3743 6715 **as soon as they are made aware of a single confirmed case of COVID-19.**

Employers will need to provide the Service Hub with the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person or people who have tested positive, alongside the names of [co-workers identified as close contacts](#). This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including guidance on whether or not they are exempt from the requirement to self-isolate

3.2. Employees who are close contacts with a confirmed case are advised to have a PCR test as soon as possible - even if they have been vaccinated. Employees **should not arrange to have a PCR test if they have previously received a positive PCR test result in the last 90 days**, unless they develop any new symptoms of COVID-19. In addition to PCR testing, employees may also consider:

- limiting close contact with other people in enclosed spaces
- wearing a face covering in enclosed spaces where social distancing is not possible
- limiting contact with anyone who is clinically extremely vulnerable

3.3. If there are two or more confirmed cases of COVID-19 in the workplace then you must immediately contact both the LCRC and your local authority.

- LCRC: 0300 303 0450 / lcrc@phe.gov.uk (or phe.lcrc@nhs.net for patient identifiable information)
- Local Authority: 020 8547 5800 (ask for the information to be passed on the Public Health Single Point of Contact (SPoC)

To help the team, you should:

- Include your [workplace risk assessment](#) in your email to the LCRC
- identify, where possible, any case contacts
- implement infection control procedures to prevent further transmission ([see sector specific guidance](#))
- consider options for wider testing (if this is necessary)

3.4. You must also contact the LCRC and your local authority if you are having operational issues due to COVID-19, having ongoing trouble managing an outbreak, or getting significant media interest due to a COVID-19 outbreak.

3.5. Kingston Council's Regulatory Services team can also offer advice if you are concerned or need advice about securing your setting. Please contact the team on **020 8547 5002** / email licensing@kingston.gov.uk

4. Outbreak Control Team

4.1. The London Coronavirus Response Cell (LCRC) and Local Authority will advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak. This decision will be taken within **one working day** of outbreak declaration.

4.2. The suggested membership of the OCT is as follows:

- RBK Director of Public Health: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health OCT Coordinator
- RBK Regulatory Services / Environmental Health
- Workplace Manager
- RBK Emergency Response Lead
- LCRC (PHE) representative
- Your Healthcare Infection Control Lead: Ana Naveira
- RBK Communications: Cara Coslett

4.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate.

4.4. In the event that an OCT is not assembled, national guidance and any particular action as advised by the LCRC and RBK Director of Public Health (DPH) must be followed.

5. Outbreak investigation and control

5.1. Please refer to the [working safely during COVID-19 guidance](#). These guides cover a range of different types of work. You may need to use more than one guide as you think through what you need to do to keep people safe.

5.2. **Infection control**

Immediate control measures should be implemented as per relevant guidance received by the LCRC and the [working safely during COVID-19 guidance](#). Please also see [guidance from the Health and Safety Executive (HSE)](#) on working safely, as well as how to incorporate [COVID-19 into workplace risk](#)

assessments.

5.3.   Self isolation

Employees must be supported to self-isolate whenever they receive a notification from the NHS Test and Trace service requesting them to do so. Please see NHS Test and Trace information for employer guidance.

You should not share the identity of a worker who has tested positive with other workers.

If a worker cannot work from home, you:

- must ensure they receive Statutory Sick Pay (SSP) provided they meet the eligibility criteria
- may consider giving them the option to use their paid leave days if they prefer

You may be liable for fines of up to £10,000 if you make someone come into the workplace or refuse to allow them to isolate when they are required to do so.

Local support for people self isolating can be accessed via the Kingston Stronger Together Hub access form. Employees on a low income may also be eligible to apply for a Test and Trace Support Payment of £500.

5.4.   Cleaning

Workplaces should follow guidance for cleaning in non-healthcare settings.

5.5.   Personal Protective Equipment

Please follow the setting specific guidance on the use of PPE and face coverings. A request for three days worth of **emergency** PPE can be made to the local authority by contacting: ppe.enquiries@kingston.gov.uk.

Kingston Chamber of Commerce is also available to provide information on business support: 020 8541 4441 / info@kingstonchamber.co.uk

5.6.   Testing

All staff in Kingston who are unable to work from home can book free, rapid, Lateral Flow COVID-19 tests at one of Kingston's community testing sites.

The LCRC or local authority may organise additional testing with your workplace if needed.

5.7.   Additional risk factors that you are concerned about

If you become aware of any other risk factors within your workplace or in the surrounding environment that might be contributing to an outbreak, please notify RBK Public Health team on covid-19ph@kingston.gov.uk

Please note, this inbox is only monitored Monday-Friday. For urgent enquiries, please contact the RBK SPoC on 020 8547 5800

6. Communications

6.1. A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.

6.2. The LCRC will work with your business to provide communication materials to update other staff to the outbreak situation.

6.3. If you require additional communications materials to help manage the outbreak in your setting, please visit the Kingston Council communications materials webpage.

7. End of outbreak

7.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 10 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

7.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 5: Specialised setting outbreak management plans (COVID-19): School and Early Years settings

Royal Borough of Kingston upon Thames

Coronavirus (COVID-19) outbreak management: operational guidance for -
Schools and Early Years settings (including childminders and nurseries)

We need to identify and halt COVID-19 outbreaks in Kingston. COVID-19 has not gone away and everyone should continue to take precautions. See [DfE guidance on education and childcare](#) and [Schools COVID-19 operational guidance](#) for more information.

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1. **Introduction**

    1.1.   The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.

    1.2.   This document provides operational guidance for the management of outbreaks of COVID-19 in early years settings in Kingston. You can help prevent the spread of COVID-19 by taking the necessary measures, highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.

    1.3.   The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.

2. **Definitions and thresholds for action**

    2.1.   **Suspected** case of COVID-19: Any student, staff member or resident with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

    2.2.   **Confirmed** case of COVID-19: Any student, staff member or resident with a **laboratory confirmed** diagnosis of COVID-19

    2.3.   **Outbreak** of COVID-19: An incident in which **two** or more people with a positive diagnosis of COVID-19 (either from a LFD or PCR test) are linked in time (within a 14 day period) and place, and one of:
    - Identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
    - When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified cases

See guidance for [epidemiological definitions of outbreaks and clusters](#) [in particular settings](#).

2.4. The [Contingency Framework](#) threshold for seeking public health advice if concerned is as follows:
- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period;
- **or** 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

2.5. Identifying a group that is likely to have mixed closely will be different for each setting.

For early years, this could include:
- a childminder minding children, including their own
- childminders working together on the same site
- a nursery class
- a friendship group who often play together
- staff and children taking part in the same activity session together

For schools, this could include:
- a form group or subject class
- a friendship group mixing at break times
- a sports team
- a group in an after-school activity
- a group sharing school transport and sitting in close proximity

For boarding schools, this could include:
- staff and children taking part in the same class or activity session together
- children who share the same common space in a boarding house
- children who have slept in the same room or dormitory together

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place.

3. Priority actions in the event of an outbreak

3.1. If there is an outbreak in a setting or if the central government agrees the area requires an enhanced response package, the Director of Public Health might advise a setting to temporarily reintroduce measures to help break chains of transmission – restrictions on attendance will always be the last resort.

3.2. All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. They can do this by phoning the **Department for Education (DfE) helpline** (0800 046 8687, option 1).

3.3. Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, by phoning the **DfE helpline** (0800 046 8687, option 1) and also contacting Kingston Local Authority Public Health (covid-19ph@kingston.gov.uk)

4. Public Health Outbreak Response actions

4.1. This table outlines the levels of local authority Public Health intervention that will be actioned based on the threshold of positive COVID-19 cases within a school. Public Health intervention will be actioned by the RBK Health Protection team on behalf of Iona Lidington, Director of Public Health.

4.2. The data to monitor numbers of COVID-19 cases in schools will be collected and reviewed daily through DfE reporting or AfC School data reporting. The data for cases in early years settings will be collected by the AFC Early Years Team.

4.3. The following guidance and thresholds may be subject to change, particularly if there are COVID-19 Variants of Concern in circulation in the UK, London or Kingston.

4.4. Public health advice should be sought if a student, pupil or staff member is hospitalised due to COVID-19 infection. Hospitalisation may indicate increased severity of illness or a variant of concern.

4.5. If the local area case rate is high, thresholds may be higher as there will be significant transmission risk out of school. This guidance may be adapted based on individual schools and their own risk assessments.

Key:
Funded and independent schools/ early years settings
SEND schools/ early years settings

Level	Threshold	Measures
	Child or staff admitted to hospital with COVID-19	Ensure school has contacted DfE helpline for advice (0800 046 8687, option 1) Provide support with further risk assessments (if needed) and communications with parents RBK PH to alert LCRC for further advice
Pre-Threshold 1 Pre Letter	2 students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period 1 student or member of staff tests positive for COVID-19	Please send general IPC letter from DPH reminding school of baseline measures: - Twice weekly LFD testing for staff and students in secondary schools and staff in primary schools - Anyone who tests positive should isolate immediately and take a confirmatory PCR test. - Maintain good hygiene practices, enhanced cleaning

		regimes and ventilation/ outdoor activities
		- Strong, clear messaging to staff, students and families about signs and symptoms, testing, hygiene and isolation advice.
		- Anyone identified as a 'contact' of a positive case should take a PCR test as soon as possible, regardless of exemption from self isolation.
		- Following dedicated guidance for school transport providers on GOV.UK.
Contingency Framework Threshold Level 1 (**PHE Green**) Letter 1	10% or 5 students and/or staff, who are likely to have 'mixed closely'*, test positive for COVID-19 within a 10-day period (whichever reached first) 2 students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period	- School will receive a call from Public Health (or visit if requested) to discuss IPC measures and investigate if cases have mixed closely (if they meet Threshold 1).
		- An Infection Prevention and Control nurse visit may be requested/ advised.
		- Reminder about all baseline measures (see above)
		- Whether any activities could take place outdoors, including exercise, assemblies, or classes
		- Ways to improve ventilation indoors, where this would not significantly impact thermal comfort
		- Review cleaning and give additional enhanced cleaning focussing on touch points and any shared equipment (high level cleaning, as per national guidance, should be in place for school as a whole)
		- School to call DFE helpline (confirm done)
		- Increase and strengthen communications about twice weekly LFD testing and hygiene.
		- Consider asking whole class to get a PCR test if 2 or more in one class have a positive result (*'my council asked me to get a test' route*)

Threshold Level Plus (**PHE level Amber**) (2) Letter 2	Where previously recommended measures have not broken chains of in-setting transmission AND >10% after measures as above if cases are increasing and are connected of students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period > 2 students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period (whichever reached first) OR Significant transmission increase within an identified groups i.e. class, year, after school activity/club, wrap around care	Primary/ Secondary: - I. Strengthened Comms: - ii. Temporary re-introduction of face coverings for staff and pupils (2 weeks in the first instance) in indoor and/or communal spaces in secondary schools, FE and HE settings, and for staff in primary, early years, out-of-school, and specialist settings - iii. Consider reintroduction of onsite testing (ATS) - iv. 'Increased frequency of testing' (details awaited) - Reminder of all baselines measures (see above) - Request one off PCR test for staff, students and families (in addition to twice weekly LFD tests) Consideration of additional measures including DPH advising limiting: - residential educational visits - open days - transition or taster days - parental attendance in settings - live performances in settings
Threshold Plus Plus (3) (**PHE Red**) Letter 3	>20% (or lower level as agreed by RBK DPH/ school) of students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and measures as above have not prevented ongoing transmission >20% (or level level as recommended by DPH/ School) of students and/or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period	For individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission DPH may advise attendance restrictions following discussion with the school (could consider whole class/ year/ other groups/ wider as needed and based on transmission pattern, numbers)
National response	Across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS	Wide area school restrictions (national advice only)

See SECTION 2.5 for definitions for 'mixing closely' in schools and early years settings.

5. Outbreak Control Team

5.1. Public Health England (PHE) advisers will jointly consider with the Local Authority and advise whether an Outbreak Control Team (OCT) needs to be assembled given the circumstances of the outbreak.

5.2. If formed the suggested minimum membership of the OCT is as follows:

- RBK Director of Public Health: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health OCT Coordinator
- London Coronavirus Response Cell (LCRC) (PHE) representative
- Headteacher (or equivalent manager from childcare settings)
- Achieving for Children (AfC) representative: Matthew Paul (schools) or Elanor Hughes (early years)
- YourHealthcare representative: Joanna Reynolds
- RBK Communications: Cara Coslett

5.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate. See Communicable Disease Outbreak Management for OCT suggested Terms of Reference. There must be absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards.

5.4. In the event that an OCT is not assembled, the LCRC and RBK Director of Public Health will advise on any particular action required (in addition to the actions set out for early years settings in standard guidance).

6. End of outbreak

6.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 10 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

6.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 6: Specialised setting outbreak management plans (COVID-19): Universities and Colleges (including residential halls)

This guidance covers:

- Colleges and further education providers
- University and higher education providers
- University students living in university halls of residence, privately owned halls of residence and private HMO's

We need to identify and halt situation COVID-19 outbreaks. COVID-19 has not gone away and everyone should continue to take precautions. See How to stay safe and help prevent the spread for more information.

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1. **Introduction**

   1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of infection.

   1.2. This document aims to complement individual setting's own outbreak control plans and risk assessments, for the management of outbreaks of COVID-19 in University and College settings in the Royal Borough of Kingston.

   1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review.

   1.4. The contingency framework describes the principles of managing local outbreaks of COVID-19 in education settings. Government guidance is provided to support higher education settings and further education settings to conduct proportionate risk assessments and control measures whilst there are no longer restrictions on the approach to teaching and learning.

2. **Definitions and thresholds for action**

   2.1. **Suspected** case of COVID-19: Any student, staff member or resident with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

   2.2. **Confirmed** case of COVID-19: Any student, staff member or resident with a **laboratory confirmed** diagnosis of COVID-19

   2.3. **Outbreak** of COVID-19: An incident in which **two** or more people with a positive diagnosis of COVID-19 (either from a LFD or PCR test) are linked in time (within a 14 day period) and place, and one of:

   - Identified direct exposure between at least 2 of the test-confirmed

cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases

- When there is no sustained local community transmission, i.e. absence of an alternative source of infection outside the setting for the initially identified cases

- See guidance for [epidemiological definitions of outbreaks and clusters](#) [in particular settings](#).

2.4. For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting. The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.

2.5. For most education and childcare settings, **whichever of these thresholds is reached first:**
- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:
- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

2.6. Identifying a group that is likely to have **mixed closely** will be different for each setting.

For further education setting, this could include:
- students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering
- students who have played on sports teams together
- students and teachers who have mixed in the same classroom

For higher education institutions, this could include:
- students in the same household, sharing living, washing and cooking facilities
- students who take part in sporting or social activities together.
- students taking part in the same seminar or group learning activity such as a presentation

3. Priority actions in the event of an outbreak

3.1. Case(s) identified (via internal reporting, local authority or LCRC)

3.2. Notify appropriate internal and external teams (including LA SPOC and LCRC)
- **Kingston Public Health**: covid-19ph@kingston.gov.uk
- **Kingston Council Public Health SPOC** (out of hours or emergency): 020 8547 5800
- **London Coronavirus Response Cell (LCRC):** 0300 303 0450 (open 09:00 - 20:00, daily) **Email:** lcrc@phe.gov.uk

3.3. You should call the Department for Education (DfE) dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if any additional action is required

- **DfE helpline**: 0800 046 8687 and select option 1 for advice

3.4. Complete and monitor your COVID-19 risk assessment. Risk assessments for any setting should consider and recognise the following, in the event of an outbreak:

- **Testing:** Arrangements for additional testing facilities or distributing test kits if necessary.
- **Contact tracing:** Contact tracing is still a requirement for anyone who tests positive for COVID-19. Individual positive cases or contacts of cases will be contacted directly by NHS or local Test and Trace teams. Universities and Colleges will have a role in supporting LCRC or Kingston Test and Trace with contact tracing in the event of an outbreak, if needed.
- **Self Isolation**: Settings should be proactively offering support to enable students and staff to self isolate safely. Support during isolation can be accessed by any Kingston resident via the Kingston Stronger Together Hub
- **Review Infection Control measures**: Consider introduction of face coverings, additional PPE or closures of buildings/ classes are required. Individual settings should consider contingency planning arrangements for remote working where temporary closures may need to take place in response to an outbreak. See GOV.UK for further guidance.
- **Communications**: Settings should have a communications strategy in place, including options for additional messaging in the event of an outbreak. Settings should clearly communicate travel guidance to all students, including how to help reduce the spread of COVID-19 by following the Coronavirus (COVID-19): safer travel guidance for passengers.

4.   Outbreak Control Team (OCT)

4.1. A decision to convene an Outbreak Control Team (OCT) will be at the discretion of the LCRC, in discussion with the local authority.
4.2. The OCT should meet as soon as possible, and within 24 hours of the outbreak being declared.
4.3. The suggested membership of the OCT is as follows:

- RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health OCT Coordinator
- LCRC (PHE) representative
- University or College representative(s) (inc. Health and Safety and Communications representatives)
- Accommodation manager or substitute (if applicable)
- RBK Communications
- PHE Communications

5.   End of outbreak

5.1. An outbreak is considered over when there have been no new test confirmed cases in a setting for 28 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

5.2. Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

5.3. Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 7: Specialised setting outbreak management plans (COVID-19): Domiciliary and Home Care settings

Royal Borough of Kingston upon Thames

We need to identify and halt situation COVID-19 outbreaks. COVID-19 has not gone away and everyone should continue to take precautions. See How to stay safe and help prevent the spread for more information.

This plan contains advice on confirmed cases, contacts, contact tracing and other relevant information and links to resources. **Care providers should ensure all service users, members of staff and visitors are familiar with infection control measures, testing and isolation guidance and are supported to adhere to these guidelines.**

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1. **Introduction**

   1.1. The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

   1.2. This document provides operational guidance for the management of outbreaks of COVID-19 in Care Provider settings. We have included here the link to the full Government guidance for home care settings and for supported living accommodation.

   1.3. The guidance aims to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review. You can help prevent the spread of COVID-19 by taking the necessary measures highlighted in this plan, and by reporting all cases of COVID-19 you become aware of.

2. **Definitions**

   2.1. **Suspected** case of COVID-19 in a domiciliary or home care environment:

   Any service user or member of staff with symptoms of COVID-19, i.e., high temperature (over 37.8 degrees Celsius), new continuous cough, and/or loss of, or change in, normal sense of smell or taste (anosmia).

   2.2. **Confirmed** case of COVID-19:

   Any service user or member of staff with **laboratory confirmed** diagnosis of COVID-19.

   2.3. **Outbreak** of COVID-19**:**

   An incident in which **two** or more people who meet the criteria above for a **confirmed** case are linked in time (within a 14 day period) and place. In care provider settings a single new case must be reported, but would not be considered an outbreak until there are two or more confirmed cases.

2.4. Contacts

A contact is a person who has been close to someone who has tested positive for COVID-19.

- Direct exposure is identified between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases. See full guidance for what is meant by a contact.

- **Please note:** If care workers who are providing personal care are trained in the use of PPE, and are donning, doffing and using PPE appropriately with no breaches, they would not be considered as a close contact. However, the use of less stringent PPE does not guarantee effective prevention of transmission or acquisition of coronavirus infection in other settings, eg. in a staff room/social setting, therefore will not necessarily exclude an individual from being considered a close contact. For more details, go to GOV.UK

2.5. Exemptions in Health and Social Care

The majority of fully vaccinated health and social care staff identified as a contact will be able to continue in their usual role. The following apply to staff returning to work following this exemption:

- the staff member should not have any COVID-19 symptoms
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or service users who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day self-isolation period.

2.6. Tests

There are two types of test commonly being used to establish whether someone has COVID-19. These are PCR and LFD tests. See Get tested for Coronavirus.

2.7. LCRC (London Coronavirus Response Cell)

The LCRC are the local Health Protection Team (HPT) for all London Boroughs (including the Royal Borough of Kingston).

3. Priority actions if there is a confirmed case of COVID-19 in a domiciliary or home care environment:

3.1. Domiciliary / home care should be reporting regularly on the Capacity Tracker site of any suspected or confirmed cases, and no later than 24 hours after an outbreak has been declared. This will alert the Local Authority.

3.2. **Action in home care settings in terms of outbreak management starts with a single possible case of COVID-19, even when this does not meet the criteria for an 'outbreak' (see Section 2)**. This is because individuals are in close contact with others for extended periods of time, they are a particularly vulnerable group and their immune response may differ from healthier individuals.

3.3. If you have a **suspected or confirmed case** of coronavirus within a home care setting, in any service user or staff, you must immediately **contact the London Coronavirus Response Cell (LCRC)** who will provide advice and arrange testing if needed, based on risk assessment.

LCRC (London Coronavirus Response Cell):
- **Telephone:** 0300-303-0450
- **Email:** lcrc@phe.gov.uk (or phe.lcrc@nhs.net for patient identifiable information)

3.4. LCRC will undertake a risk assessment with the reporting officer and will also provide the appropriate Infection Prevention and Control (IPC) guidance. To help this process, you should:

- **Identify the contacts** of the positive case 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic). You must ensure that all identified contacts are told to self isolate for 10 days unless they are exempt. See SECTION 2.4 for definitions.

- **Review your infection control measures** and ask promptly for advice from Infection Control lead (see SECTION 5.2) or during 'check in' calls with GP.
- Consider options for **wider testing** in your setting (if necessary).

3.5. Suspected or confirmed cases must **also, at the same time,** be reported to the Local Authority through completion of the Capacity Tracker.

4. Outbreak Control Team

4.1. Once a home care setting alerts the LCRC to a suspected or confirmed case, LCRC decides if an OCT needs to be assembled. LCRC (or DPH if requested by LCRC) to convene OCT group within one working day of outbreak.

4.2. Outbreak Control Team suggested membership:

- RBK DPH: Iona Lidington (or nominated RBK Public Health Consultant)
- RBK Public Health Outbreak Coordinator
- LCRC (PHE) representative
- RBK Adult Social Care: Elaine Smith / Michelle Murray
- RBK ASC Infection Control Lead: Adeline Thomas
- Domiciliary / home care manager
- Your Healthcare Infection Control: Ana Naveira
- RBK Communications: Cara Coslett

4.3. The chair of the OCT should be appointed at the first meeting. This will usually be the Director of Public Health or Public Health Consultant, however it may be another OCT member if appropriate.

4.4. In the event that an OCT is not assembled, national guidance and any particular action as advised by the LCRC and RBK Director of Public Health (DPH) must be followed.

5. Outbreak investigation and control

5.1. LCRC will advise on any investigation and control measures. Care providers should also follow guidance on:

Infection Control Measures. Follow the LCRC advice and follow national guidance:
5.1.1. See guidance for Infection Prevention and Control (IPC)
5.1.2. See Government guidance for self-isolation requirements of case and contacts if a staff member or service users in a care setting tests positive for COVID-19.
5.1.3. See guidance on safe working in education, childcare and children's social care settings, including the use of PPE
5.1.4. See guidance for restricting a child's movement if they become symptomatic in children's residential settings.
5.1.5. Infection Control leads locally can also offer advice if required:
- Kathryn Ridgers, Your Healthcare CIC, Urgent Care & Support Service (for CQC registered care homes).
  Contact via the single point of access team for care home support only – 0208 274 7088 or email kathryn.ridgers@yourhealthcare.org
- Fergus Keegan, NHS South West London CCG
  Fergus.Keegan@swlondon.nhs.
- Iona Lidington, RBK Public Health
  Iona.Lidington@kingston.gov.uk

5.2. Personal Protective Equipment (PPE)
5.2.1. See guidance for recommended PPE by health and care setting.
5.2.2. See guidance for how to work safely using PPE in care homes.
5.2.3. See guidance for how to work safely using PPE in domiciliary care.
5.2.4. Providers can contact the Local Authority to request a 3 day Emergency Supply at ppe.enquiries@kingston.gov.uk

5.3. Visiting
5.3.1. Any carers or visitors who support people in their home or in supported living settings should follow the same social distancing

guidance as the wider population, where close or personal contact is not required. The LCRC will provide additional isolation and social distancing advice as required in the event of a suspected or confirmed COVID-19 case.

5.3.2. Reducing COVID-19 risk exposure for clinical extremely vulnerable people by allocating 'care groups' staff is recommended where this is possible.

5.3.3. Guidance on visits in and out of supported living settings should be considered in relation to individual and setting risk assessments, including reference to close contact exemption status, testing, and social isolation requirements for client, staff and visitors, to ensure that safe care can continue to be delivered in the event of COVID-19 exposure.

5.4. Restricting movement of staff

5.4.1. All staff movement between care settings should continue to be restricted, to help reduce the spread of infection. See guidance for details.

5.4.2. There are limited exceptional circumstances where, in order to ensure enough staff are available to provide care safely, care home providers may need to deploy people who are also working in other health or social care settings. This should be for as limited a time as possible, with associated Capacity Tracker reporting and temporary staff testing.

5.5. Testing

5.5.1. The LCRC will advise setting on who needs to be tested if you have a new suspected case of COVID-19. Follow the LCRC advice.

5.5.2. Symptomatic or self-isolating **staff** members in **any care setting** should get tested via:
- Employee referral portal.

Remember to discuss all suspected cases of COVID-19 in a care home setting with the LCRC to ensure the right isolation guidance and infection prevention and control advice is being followed. This includes staff members.

5.5.3. Due consideration must be given to the requirements of the Mental Capacity Act and considering the ethical framework for adult social care in response to COVID-19 when any decision is being taken about testing. It is important to assess the service user's mental capacity to consent to the procedure of being tested and document this assessment and decision. If the outcome of the assessment is that the service user is lacking capacity, a best interest process needs to be followed, including the best interests checklist, with this and the outcome clearly documented by the care home.

5.6. Tracing

5.6.1. Following any confirmed cases, the setting should prepare for the LCRC to ask about any contacts of cases.

5.6.2. The LCRC won't call all of the contacts, but will advise that all identified close/proximity contacts will follow the guidance. Positive results are automatically reported via the labs to NHS Test and trace – the LCRC does not do this.

5.6.3. If care settings are aware of contacts in Kingston who are asked to self isolate eg. staff or visitors, they can advise them to contact Kingston Stronger Together Hub if they need support (such as deliveries of shopping, medicines) whilst self-isolating.

6. Communications

6.1.   A communications strategy must be agreed at the first OCT meeting (or if no OCT assembled, a holding statement must be prepared by RBK Communications) and reviewed throughout the outbreak investigation.

6.2.   The LCRC will work with your care setting to provide communication materials to update other staff to the outbreak situation.

6.3.   If you require additional communications materials to help manage the outbreak in your setting, please visit the Kingston Council communications materials webpage.

7. End of outbreak

7.1.   An outbreak is considered over when there have been no new test confirmed cases in a setting for 10 days or more. If a new case appears **after the 28 day period, this must be reported as a new outbreak**.

7.2.   **If 14 days have passed since the last positive test or symptomatic case, a round of PCR and rapid lateral flow end-of-outbreak testing of all service users and staff should be undertaken.** In addition, PCR test positive results will be sent for whole genome sequence to detect Variants of Concern in care home outbreak situations.

7.3.   Visiting restrictions associated with an outbreak in the care home can be lifted by the HPT:
- when day 14 days recovery testing detects no new cases, and
- no variant of concern (other than VOC-20DEC-01 [Alpha variant] or VOC-21APR-02 [Delta variant]) was identified through whole genome sequencing (WGS) or reflex PCR tests results.

7.4.   If test results confirm a variant of concern in the outbreak (other than VOC-20DEC-01 [Alpha variant] and/or VOC-21APR-02 [Delta variant]) then the outbreak restrictions should remain in place until whole home recovery testing has been completed after a period 28 days with no new cases.

7.5.   Where an OCT has been assembled to manage an outbreak, a brief final written report should be prepared. This will be led by RBK and a preliminary report must be completed and agreed by members of the OCT within 4 weeks of the end of the outbreak.

Outbreak reports for complex outbreaks with multiple OCTs will be prepared by the LCRC, if needed and if there is capacity to do so. See Appendix 11 of Communicable Disease Outbreak Management: Operational Guidance for a standard structure for a final outbreak investigation report.

Appendix 8: Terms of Reference for Governance Groups

C-19 Health Protection Board (Kingston Health Protection Forum)

•Lead development and delivery of local plans (DsPH)

•Partnered with regional PHE teams, local NHS, GPs & community partners

•Provide infection control expertise & preventative activity

Membership

Existing Kingston Health Protection Forum

Kingston Covid-19 Outbreak Control Strategic Coordination Group - (members of the Borough Resilience Forum)

•Swift resource deployment (e.g., localised testing & capacity)

•Primary connection with JBC & Whitehall

•Link directly to LRFs for coordination & mutual aid

Membership
Director of Public Health - Iona Lidington

Met Police - Dan Whitten / Roger Arditti

London Fire Brigade - John Ryan

Kingston First - Kirsten Henley

Kingston Uni - Jen Edwards

South London College - Peter Mayhew

London District (Military) - Major Ian Kemp or Major Wilson

Kingston Hospital - Sally Brittain

SWL CCG - Fergus Keegan

GPs - Dr Naz Jivani

Your Healthcare - Grant Henderson

KVA - Sanja Djeric-Kane

Borough Resilience Manager - Chris Begley

Public Health - Laura MacLehose

Environmental Health - Kim Stevens

Licensing - David Kingstone

NHS London - TBC

PHE (London) - Anna Sexton

NHSE/I - TBC

Terms of Reference
Review epidemiology of Covid-19
Deploy resources to support outbreak management
Feed in to Engagement Board

Local Outbreak Control Engagement Board - Kingston Strategic Partnership

•Provide public-facing "place leadership"
•Provide comprehensive & timely communications to the public
•Promote Test and Trace
•Act as liaison to Ministers as needed - Leader to communicate

Membership
Cllr Caroline Kerr (Chair - tbc)
Iona Lidington
KSP Membership

Guidance
The Group has been established in accordance with national guidance relating to outbreak control, Test and Trace.

The Director of Public Health is required to establish measures for containing outbreaks locally and to set these out in local plans overseen by a Covid-19 Health Protection Board supported by Council Gold command and Strategic Co-ordination Group.

This should be supported by a public facing group led by council members to engage and communicate with the public in order to build trust and participation with the programme. In Kingston this function will be performed by the Kingston Strategic Partnership.

Purpose
The Group is established in accordance with national guidance relating to outbreak control, test and trace. The group provides political oversight of the outbreak response, using community intelligence and feedback to inform communications campaigns and provide external leadership to any outbreak response.

RBK Council Gold retains responsibility for council resource allocation / prioritisation and operational arrangements in the Covid-19 response. Partnership engagement, prioritisation and resource deployment is via the Kingston Covid-19 Outbreak Control Strategic Coordination Group.

Membership

Regular updates will be provided to the Kingston Local Strategic Partnership.

Any changes to the membership shall be reported to the following meeting for information.

Areas of focus: The impact from Covid-19 has affected the whole community, therefore the outbreak control, test and trace planning needs to consider how to engage with everyone in Kingston, so that the plans can be adapted regardless of where / when / how an outbreak occurs.

The following outlines the areas of focus for the Group: Reviewing and informing public health messages and campaigns, giving particular focus on overcoming any local communication barriers through data and evidence led approaches Promote public health messages and campaigns Providing external leadership in relation to outbreak planning, test and trace, connecting and engaging with communities to give reassurance of local plans Connect and engaging with key organisations within the community, via the Local Strategic Partnership, to use their strengths and networks to reach all areas of the community Using community intelligence and feedback to identify any risks to public health messaging, and consider appropriate responses

Community Leaders

The Group has a key role in coordinating community leaders to ensure messages and campaigns have the greatest effect, such as ward Councillors, community and faith leaders. Key to success will be ensuring that these leaders, wherever they are, have the correct public health information, messages and campaigns. Through this approach, we will ensure a consistent, clear message reaches as many people in Kingston as possible, giving them confidence and trust in the outbreak plans.

Meetings

All meetings will be chaired by the Leader of the Council. In the absence of the Leader of the Council, a Deputy will be appointed by the Group for the meeting. A meeting quorum will be three (3) members of the group, or one third of the current membership, whichever is greater. Meeting agendas and minutes will be provided by Kingston Council. This includes: preparing agendas and supporting papers; preparing meeting notes and information.

Frequency of meetings will be determined by the Chair, in consultation with the Group members.

Accountability. The group will be provided with input from the Covid-19 Health Protection Board and Gold command. Each group retains its independence and key roles within the Outbreak Control Plan.

These Terms of Reference may be amended, varied or modified by the Chair of the Engagement Board.

v2 3 August 2020, updated 12/10/2020

Appendix 9: Resources: Test and Trace Grant ('Outbreak Control Fund') (Allocated areas of spend)

Item	Purpose	Time Period	Cost
1.Infection Control Training:	1. Further Infection Control training for key venues not covered by the CCG training: sheltered housing, domiciliary care workers, and possibly others (eg library staff etc) 2. Care sector specialist infection control PH support lead for the next 3-4 months: supporting any outbreaks, supporting the flu immunisation programme to ensure all care homes/ domiciliary care/ sheltered housing etc immunised (work up a plan with NHSE/ CCG/ ASC) 3. Schools - provide a person to support infection control in schools specialist infection control person to AfC/ schools to give extra support on outbreak prevention and control	**Cost for items 1-3:** 6 months: £1200 (4 days per month) x 6 (plus possible on costs) = £10,000 for lead nurse, 1 day per week plus, £50,000 approx for 4 days week x 2 people x 6 months) **TOTAL approx: £60,000 for 6 months**	£60,000
2. Behaviourial insights lead: Funding Local Outbreak Control Officer post)	To support behavioural insights to inform the development of education programmes over the summer for schools (and other venues as needed/ hostels/ sheltered housing) for September re handwashing etc and programmes to support those with long term conditions including diabetes, plus other behavioural insights work in Year 2.	2 years	£140,000
3. Environmental Health: increase capacity	Increase capacity in the Kingston part of the Environmental Health team: to conduct additional educational and monitoring visits to food preparation and other high risk venues,	One year	£80,000

	support outbreak management and provide an oncall weekend service		
4. Comms and Community engagement:	Comms and Community engagement: paid for social media ads (on promoting testing/ how to get it and what KST can offer to target age groups/ demographics), promoting prevention measures (further amplification of national messaging), translation of materials into local languages, flu immunisation paid promotion. £21,000 (VCS) plus £20,000 for RBK translations, posters and targeted social media ads, £9,000 additional community engagement, £20,000 RBK engagement with business and other venues £20,000 flu campaigns	One year	£90,000
5. PH Health Protection Officer	Health Protection Officer: 'Health Protection Officer' post (originally in team plan) to support flu immunisation, outbreak control events, further plan development: £60,000/pa	2 years	£120,000
6. Homeless Housing (reallocated to Public Health Consultant time)	Continued provision of housing for homeless residents to help reduce COVID-19 transmission in this vulnerable population (UPDATE: this component was covered with other grant funding. Reallocated to additional Public Health Consultant time and support).	3 months	£100,000
7. Support to isolating residents (now Local Contact Tracing)	Support as needed through Kingston Stronger Together (reworded after GOLD meeting, upon GOLD request)	1 year	£100,000
8. Surge staffing (now Local Contact Tracing)	Any additional emergency extra staff as required (eg call handlers, call staff, expertise) - to kept in case of need/ will be reallocated to other infection control activities if not used (Budget can be linked with item above if needed)	1 year	£100,000
9. Data and Insight staff time	Additional Data and Insight time	1 year	£60,000
10. Equipment/ tests (now Local Contact Tracing)	Additional tests/ equipment as needed in support of infection control (NOTE: if RBK is required to pay for Mobile Testing Units, then this budget line will be increased using budget in other lines)	1 year	£90,000

			£940,000

Appendix 10: Resources: Contain Funding 1 & 2 ('COMF') (agreed areas of spend)

Spend area	Planned Amount	When
Hub to support shielding and socially isolating		
KST Hub measures Nov 2020-September 2021	£350,000	Including funding for Hub from when London went in to High (17/10/2020) - funding for one year. Gold approved proposal
Food warehouse (if different to costs charged elsewhere)	£30,000	October 2020-Nov 2021
Comms and Engagement:		
Comms and Engagement: Additional Comms capacity for one year	£50,000	Oct 2020 - Nov 2021
Engagement and outreach work with marginalised communities including half time additional staff member to support Test and Trace	£80,000	Dec 2020 - Dec 2021
Social media targeted work (1 additional person) and social media targeted marketing	£80,000	Nov 2020 - Nov 2021
Mass Testing (Revised proposal for this element - approved by GOLD, March 2021 - see proposal outline below table and Appendix 23)		
Pilot of local asymptomatic testing	£5,000	Nov/Dec 2020
Additional staff resources: Organisation (x 3 people), support for swabber staff, (lead for asymptomatic testing / swabbing team / quality control / performance framework). Outreach team, orientated around Primary Care Networks (x 5) with aim of reducing disproportionality and building community participation	£490,000	Dec 2020-Dec 2021
Equipment (partitions, mobile vehicle hire for outbreak team (to go to schools, University, homeless hostels	£100,000	Nov 2020-Nov 2021

and other venues), cleaning equipment)		
Local Contact Tracing:		
Staff time for contact tracers, associated staffing costs (training, equipment, expenses)	£134,535	September 2021-March 2022
Engagement and Enforcement - additional capacity for engagement with businesses and advice re: Covid-secure operation; enhanced enforcement where required	£100,000	September 2020-November 2021

*Revised proposal for highlighted element (Mass Testing) approval by GOLD, March 2021: This component is now funded by the 'ComunityTesting Annex A Grant detailed in Annex 23. It is proposed that this funding (£590,000) is now used to support ELEMENT 6 '**ENDURING TRANSMISSION**': Measures to address enduring transmission sectorally/ locally/ regionally'. A detailed proposal will be resubmitted to GOLD with more details on the proposed activities shortly.*

Appendix 11: Resources: Contain Funding 3 (COMF) (agreed areas of spend)

Proposed Funded Activities for Kingston (using Contain 3):

Testing	<u>Outbreak emergency response testing, liaison and distribution of communication materials:</u> ● Emergency targeted response: Outbreak Control Officer - Targeted Outbreak Interventions (12 months) (leading response to local hotspots/ clusters - testing, messaging, links with tracing service) (£55,000) ● Testing lead for targeted response (£35,000 12 months) ● LFT/ PCR emergency response testers (12 months - time as needed) (£35,000)	**£55,000** **£35,000** **£35,000**
Tracing	● Local Contact Tracing Team - additional capacity for tracing within Kingston Hospital (12 months, 7 days a week, part time) (£25,000)	**£25,000***
Compliance measures	● Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms) 12 months	**£64,000**
Communication and marketing	● Specialist staff time (1 person) Sept 2021-July 2022 (£70,000) ● Social media campaigns (£10,000) ● Physical materials for display around borough (£20,000) ● Hot spot and other materials (£10,000) ● Distribution of 'hotspot/ outbreak/ other materials (£10,000) ● Advertising costs (£5,000)	**£125,000**
Support for the clinically extremely vulnerable	*(Separate funding has been received from government for these groups, Contain Funding 1&2 supporting KST staff)*	
Support for wider vulnerable groups, including rough sleepers	Time of one full time staff to support homeless/ temporary housed population with: daily calls, tracing, outbreak control, vaccination support (12 months)	**£35,000**
Support for those self isolating	Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)	**£40,000**
Targeted intervention for specific	Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support)	**£8,000***

cohorts within the community	Round 3 of grants to 20 community groups to reach target groups with key messaging on prevention/ testing/ tracing/ vaccination	£40,000
Utilisation of local sectors (Academic, volunteers etc.)	*Separate funding has been received from NIHR for one staff member and part time Consultant support*	
Support for educational outbreaks	Schools and early years outbreak control special team: daily calls, infection control training, outbreak control assessment of venues where cases, testing training (12 months) 1.5 staff	£70,000
TOTAL		£532,000

- Bids for these costs being submitted to DHSC for innovation pilots - if successful, proposed use of these funds will be resubmitted to GOLD

Appendix 12: Resources: Community Testing ('Annex A') Grant (plan of action)

Kingston	*Programme comprises an incremental increase in targeted population asymptomatic testing. Phase 1 already in progress and learning from implementation supporting Phases 2 and 3.*	6 week programme starting 21/12/2020 to 19/02/2021 (paused between 24/12/2020 to 11/01/2021)
	Phase 1 Community Testing programme for communities with high rates of infection (taking over Kingston University site) with offer to front line local authority Health and Care workers using LFT Central testing site with managed booking system, launching 21/12/2020 to 23/12/2020 Establishment of mobile 'Outbreak Control Team for LFT Testing'	Total Number of Tests over 6 week phase: 60,000
	Phase 2 11/01/2021 - 19/02/2021 Community Testing programme for communities with high rates of infection with offer to front line local authority Health and Care workers using Community Pharmacy workforce and LFT: At risk/vulnerable cohorts Respite Care and Day Centres Unpaid carers Outreach work with associated testing Waste services, library and leisure, parking **Phase 3** 01/02/2021 - 19/02/2021 One (or two) dedicated LFT Test Site: Centrally located, open to groups as above and also members of the public	

Appendix 13: Resources: Enduring Transmission (Reallocated Resources fron Contain 1 & 2, approved by RBK GOLD in March 2021

Revised proposal for Contain 1 & 2 Monies to support Element 6 of the Local Outbreak Control Plan **Enduring Transmission**: measures to address enduring transmission sectorally/ locally/ regionally' (which has been updated to support the updated Contain Framework - of which, final national draft pending).		
Health inequalities posts (x3), linked with the 5 Primary Care Networks with aim of reducing disproportionality and tackling the factors associated with enduring transmission (@£120kpa), plus 12 month extension for PH project officer role.	£400,000	April 2021- March 2024
Enhanced support for Connected Kingston Programme: digital and community champion development (x 1 post @£33kpa)	£96,000	April 2021- March 2024
Resources to support programme implementation	£14,000	April 2021- March 2022
Shared contribution to SWL Population Health Approach - consultant in public health and data analyst (all 6 boroughs and NHS) - @£40kpa. Sub-regional support to tackle enduring transmission.	£80,000	April 2021- March 2023
Total	£590,000	

Appendix 14: Resources: Contain Grants ('COMF') 4-7

Proposed Funded Activities for Kingston (Contain 3 is already signed off, provided below for information, Contain 4, 5, 6, 7 for consideration and agreement):

		Contain 3	**Contain 4-7 total**
Testing	Contain 3: <u>Outbreak emergency response testing, liaison and distribution of communication materials:</u> • Emergency targeted response: Outbreak Control Officer - Targeted Outbreak Interventions (12 months Jan 2021-Jan 2022) (leading response to local hotspots/ clusters - testing, messaging, links with tracing service) (£55,000) • Testing lead for targeted response (£35,000 12 months) • LFT/ PCR emergency response testers (12 months - time as needed) (£35,000)	£55,000 £35,000 £35,000	
	Contain 4, 5, 6, 7 Enduring Transmission hyper-localized testing bus and pop up testing and linked activities for target residential areas and also key vulnerable groups (July-June 2022)	-	100,000
	Testing related costs incurred		109,000
	Public Health Health Protection Officer (3rd Year of funding Dec 2023-Dec 2024)		60,000
Tracing	Contain 3: • Local Contact Tracing Team - additional capacity for tracing within Kingston Hospital (12 months, 7 days a week, part time) (£25,000)	£25,000*	
	Contain 4, 5, 6, 7: Local Contact Tracing Team - ongoing costs (April 2022-April 2023 period) Team expansion to cover tracing of 'contacts' (NEW) in addition to 'cases' (summer 2021 to April 2023)	-	180,000
	Additional Year of Public Health Outbreak Control Officer (3rd year of post, Local Contact Tracing Manager and other responsibilities) (Oct 2023-Oct		60,000

	2024)		
	Data and Insight overtime costs to support 7 day service of Local Contact Tracing		20,000
Compliance measures	Contain 3: ● Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms) 12 months	£64,000	
	Contain 4, 5, 6, 7: ● Additional staff time for Regulatory Services team to investigate workplace outbreaks, support 'COVID secure' workplaces, carry out spot checks, give training (additional staff time, training materials, comms)	-	80,000
	● ASC Quality Assurance Officer (0.5wte) time for daily care home/ care sector checks on cases/ follow up actions (20/21 costs plus costs for 21/22)		40,000
Communication and marketing	Contain 3: ● Specialist staff time (1 person) Sept 2021-July 2022 (£70,000) ● Social media campaigns (£10,000) ● Physical materials for display around borough (£20,000) ● Hot spot and other materials (£10,000) ● Distribution of 'hotspot/ outbreak/ other materials (£10,000) ● Advertising costs (£5,000)	£125,000	
	Contain 4, 5, 6, 7: ● Specialist staff time ● Social media campaigns ● Physical materials for display around borough ● Hot spot and other materials production ● Distribution of 'hotspot/ outbreak/ other materials ● Advertising costs	-	180,000
Support for the clinically extremely vulnerable	Contain 3: *(Separate funding has been received from government for these groups, Contain Funding 1&2 has been used to support KST staffing)*		
	Contain 4, 5, 6, 7: Kingston Stronger Together Hub staff costs (6 month extension whilst transformation programme proceeds)	-	175,000

	Costs incurred for KST staffing		94,755
	Contribution for additional Infection Control capacity (one 0.6wte post) x 2 years to give support to outbreaks/ disease prevention focussed on settings for vulnerable residents (£84,000)		84,000
	Training for Care providers of vulnerable residents on infection prevention/ control/ related measures/ provider forums (RBK ASC)		20,000
	Costs incurred in 20/21 of support to KST/ self isolating (part of £218,000 C00002 costs)		109,000
Support for wider vulnerable groups	Contain 3: Time of one full time staff to support homeless/ temporary housed population with: daily calls, tracing, outbreak control, vaccination support (12 months)	£35,000	
	Contain 4, 5, 6, 7: Enduring Transmission targeted services work to prevent ongoing transmission, and enhanced vulnerability to contracting COVID-19. A focus on deprivation areas, which are showing over x 4 levels of COVID-19 cases: • targeted additional support to priority areas/ residents (e.g. Maternal Early Childhood Sustained Home-visiting programme), PAUSE programme) • physical activity programmes/ active travel promotion in target areas for children and young people and parents, including equipment provision • Diabetes type 2 targeted focus in high case transmission areas - combined case reduction and targeted approach to reduce/ manage more effectively Diabetes Type 2 • Obesity prevention - whole council approaches • Stop Smoking Services to areas of higher need; Tobacco Control programmes with schools	-	518,920 300,000 200,000 300,000 131,000
Support for those self isolating	Contain 3: Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)	£40,000	

	Contain 4, 5, 6, 7:		
	Discretionary payments for those not eligible for Test & Trace payment (pilot, 200 x £500)		100,000
	Staff time for daily calls to self isolating (2 staff, part time), 7 days per week, part time (Local Contact Tracing Team staff, additional time)		40,000
Targeted intervention for specific cohorts within the community	Contain 3: Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support) (->Oct 2021)	£8,000*	
	Contain 3: Round 3 of grants to 20 community groups to reach target groups with key messaging on prevention/ testing/ tracing/ vaccination	£40,000	
	Additional support to Gypsy / Roma/ Traveller Community ('GRT') (outreach to complete contact tracing/ access support) (Nov 2021 -> April 2022)		16,000
	Contain 4, 5, 6, 7: VCS Round 4 grants - targeted work with key vulnerable groups - to reduce transmission/ link to key services		80,000
	Enduring transmission: a focus on identified areas in the borough and applying learning		100,000
Specialist support i.e. behavioural science	Contain 3:		
	Contain 4, 5, 6, 7: One behavioural science data and insight officer (2 years, £150,000 over two years)		150,000
Utilisation of local sectors (Academic, volunteers etc.)	*Separate funding has been received from NIHR for one staff member and part time Consultant support)*	0	
	Contain 4, 5, 6, 7: Behavioural insight work to support self isolation/ uptake of prevention/ control measures		70,000
Support for educational outbreaks	Contain 3: Schools and early years outbreak control special team: daily calls, infection control training, outbreak control assessment of venues where cases, testing	£70,000	

	training (12 months) 1.5 staff		
	Contain 4, 5, 6, 7: Support for schools & education with hygiene and infection control training (primary and secondary)		**30,000**
TOTAL		**Contain 3: £532,000**	**Contain 4-7: £3,347,675**

*Bids for these costs being submitted to DHSC for innovation pilots - if successful, proposed use of these funds will be resubmitted to GOLD/SLT

Appendix 15: Resources: Community Testing July-September 2021 (Lateral Flow Tests) (DHSC Funding)

Our Targeted Community Testing Plan July-September 2021 offers lateral flow tests and home test kits through our asymptomatic test site, agile test unit and Community and Pharmacy Collect and through our VCS partners to groups including: those living in areas of socio-economic deprivation, businesses and organisations with high risk exposure, those living with dependencies, multi-generational and high occupancy households including hostels and sheltered housing, those experiencing homelessness and rough sleepers, minority ethnic groups, people with disabilities or impairments, migrants, asylum seekers and refugees, survivors of domestic abuse and violence, low income households and our Gypsy, Roma and Traveller Community.

The funding agreed with DHSC for this period is: £392,300 (paid based on number of tests completed)