Barnet Local Outbreak Management Plan (LOMP) for COVID-19 infection

Barnet COVID-19 Health Protection Board

Dated updated: November 2021

Contents

Introduction
- The next phase of the pandemic
- Autumn and Winter Plan 2021
- LOMP Themes

Governance
- National, Regional and Local Responsibilities
- Governance and local boards
- London Coronavirus Response Cell (LCRC)

Testing
- Symptomatic Testing for Residents and Staff
- Rapid Testing with Lateral Flow Devices

Contact Tracing
- National Contact Tracing
- Enhanced Local Contact Tracing

Vaccination Programme
- National Approach
- Local Approach

Addressing Inequalities
- Community Engagement
- COVID-19 Health Champions
- Inclusion Health
- Support for self-isolation: National Scheme
- Support for self-isolation: Extended Grant
- Support for self-isolation: Wrap-Around Support Offer
- Support for self isolation: Supporting CEV residents

Communications
- Communications Strategy
- Aims of the Communications Strategy

Data & Reporting including Waste Water Surveillance
- Local Data Reporting
- Waste Water Surveillance

Managing a Local Outbreak
- Outbreak Identification and Rapid Response Framework
- High-Risk Settings Action Cards
- Educational settings – Barnet support overview
- Data Reporting During and Outbreak

Additional Support Areas
- Enhanced Response Areas (ERAs)
- Enduring transmission and variants

Introduction

- As we learn how to live with COVID-19, the main aim of the Barnet LOMP is to:
- Be aligned with the updated National Contain Framework:
- Ensure that future plans concentrate on the local strategies to contain the virus spread through:
  - **surveillance**
  - **targeted community testing, local contact tracing, and support for self isolation**
  - **outbreak management**
  - **responding to enduring transmission, where appropriate**
  - **support for vaccine roll-out, in particular plans to tackle disparities in vaccine uptake**

The next phase of the response

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Over autumn and winter, the government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure. As set out in the COVID-19 Response: Autumn and Winter Plan, the government plans to achieve this by:

Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics	•The main line of defence is vaccination rather than lockdown. Driving up vaccination rates among those groups with lower uptake will remain a priority, as will ensuring second vaccinations are administered. •Support the NHS to implement the booster vaccination programme and vaccinations for 12-15 year olds.
Advising people on how to protect themselves and others: clear guidance and communication.	•Support our local communities to understand and manage risk, to make informed choices, and live safely with COVID-19 as restrictions are lifted. •Ensure our local response is targeted at the communities and settings that are at the greatest risk, ensuring that the underserved and vulnerable, particularly who are ineligible or unable to be vaccinated are protected.
Identifying and isolating positive cases to limit transmission: Test, Trace and Self-Isolation.	•The Test, Trace, Isolate system remains critical to the Government's plan for managing the virus. It helps finds positive cases and make sure they and their unvaccinated contacts self isolate, breaking chains of transmission. This helps reduce pressure on the NHS, as well as enabling individuals to manage their own risk and the risk to others. Testing is also crucial to enable genomic sequencing that can identify potentially dangerous variants
Pursuing an international approach: helping to vaccinate the world and managing risks at the border	•Local authorities will play an important role in supporting the government's border controls in their local areas. • In particular, working with air-side partners for local authorities that have ports of entry, by supporting access to primary health care locally, and by supporting compliance with testing and quarantine regimes for those passengers still bound by them.
Supporting the NHS and social care: managing pressures and recovering services.	•This winter could be particularly challenging due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza(flu). Influenza activity remains unpredictable this winter following disrupted transmission in 2020 to 2021. Both the COVID-19 and influenza vaccination programmes are important for individual and public health, especially over winter 2021 into 2022. •UKHSA will work with NHS England to ensure that winter plans also include appropriate assumptions and mitigations for potential resurgences of COVID-19 and other health threats that impact on care capacity.

COVID-19 Response: Autumn and Winter Plan 2021

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- Over autumn and winter, the Government will aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure. The 'COVID-19 Response-Autumn and Winter Plan 2021' sets out the plans for autumn and winter 2021/22 in England.
- The Government plans to achieve this by (Plan A):
    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.
- The Government will remain vigilant and monitor the data closely, taking action to support and protect the NHS when necessary. In preparation, the Government has taken the step of undertaking contingency planning in case Plan A is not sufficient to keep the virus at manageable levels.
- The Government's Plan B prioritises measures which can help control transmission of the virus while seeking to minimise economic and social impacts. This includes:
    a) Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously
    b) Introducing mandatory vaccine-only COVID-status certification in certain settings.
    c) Legally mandating face coverings in certain settings.

Local authority responsibilities (under Plan B):

- Local authorities hold the compliance and enforcement responsibility with respect to businesses and events' organisers of mandatory certification, the government has published guidance about what mandatory COVID certification would involve.
- Play a role in the compliance and enforcement of mandatory face coverings in business settings

Local Outbreak Management Plan Themes

We have identified the following priority areas to help us manage the next phase of the response

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1. **Understand and agree local, regional and national roles.** Relationship between local, regional and national roles within the pandemic response; responsibilities in the event of an outbreak; support high-risk settings and safe sector plans for reopening of retail; local enforcement strategy
2. **Test, Trace and Self-Isolation Strategy.** Identifying and isolating positive cases to limit transmission
3. **Vaccination programme.** Outlining the national and local approach to vaccination.
4. **Addressing Inequalities & Inclusion Health.** Community mobilisation; vulnerable and underserved communities, including the clinically extremely vulnerable (CEV) and groups who have been disproportionately impacted by COVID-19
5. **Communications.** Clear and consistent communications, building community resilience to ensuring the community is able to protect themselves and others
6. **Surveillance and data** Overview of routine data analysis at a local level; role of waste water surveillance in management of future outbreaks
7. **Local outbreak management in high risk settings.** Supporting outbreaks in higher-risk settings, data monitoring during an outbreak
8. **Additional support areas**. Support for areas of enduring transmission and enhanced response areas

Governance: Local, regional and national roles

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Local

(Local Authority)

- Develop COVID-19 Local Outbreak Management Plan; supported by wider local authority teams
- Manage outbreaks, including VOCs and in higher risk settings, with support from UK Health Security Agency's regional and national teams
- Supporting vulnerable and underserved communities, including the clinically extremely vulnerable (CEV) and groups who have disproportionately impacted by COVID-19
- Convene Health Protection Board to oversee development and provide assurance of Local Outbreak Plans and escalate risks to CMT Gold.
- Maintain a role in community engagement to reinforce national messaging, encouraging compliance, and understand the barriers to individuals engaging with the test, trace, isolate response and vaccination.

Regional

(UKHSA, London councils and ADPH)

- The COVID-19 regional partnership teams (RPTs) led by UKHSA and the Office for Health Improvement and Disparities (OHID) play a pivotal role in connecting the national and local response by; working collaboratively with local partners including local DsPH, chief executives, and local authority leaders and wider system partners; working closely with national teams to support policy and operational co-ordination across UKHSA, NHS England's regional teams, DHSC, and other key government departments RPTs work closely with local authorities to support response, ensuring they are able to implement COVID-19 LOMPs. They provide ongoing oversight and assurance, escalating risks and issues as needed via national Local Action Committee command structure, providing additional support and escalating requests for surge assistance and identifying and sharing good practice.
- Regional HPTs will support local authority to combat outbreaks and deal with enduring transmission, providing specialist knowledge on communicable disease control, epidemiology, outbreak management and related issues.

National

(UKHSA, NHS England, DHSC, National government)

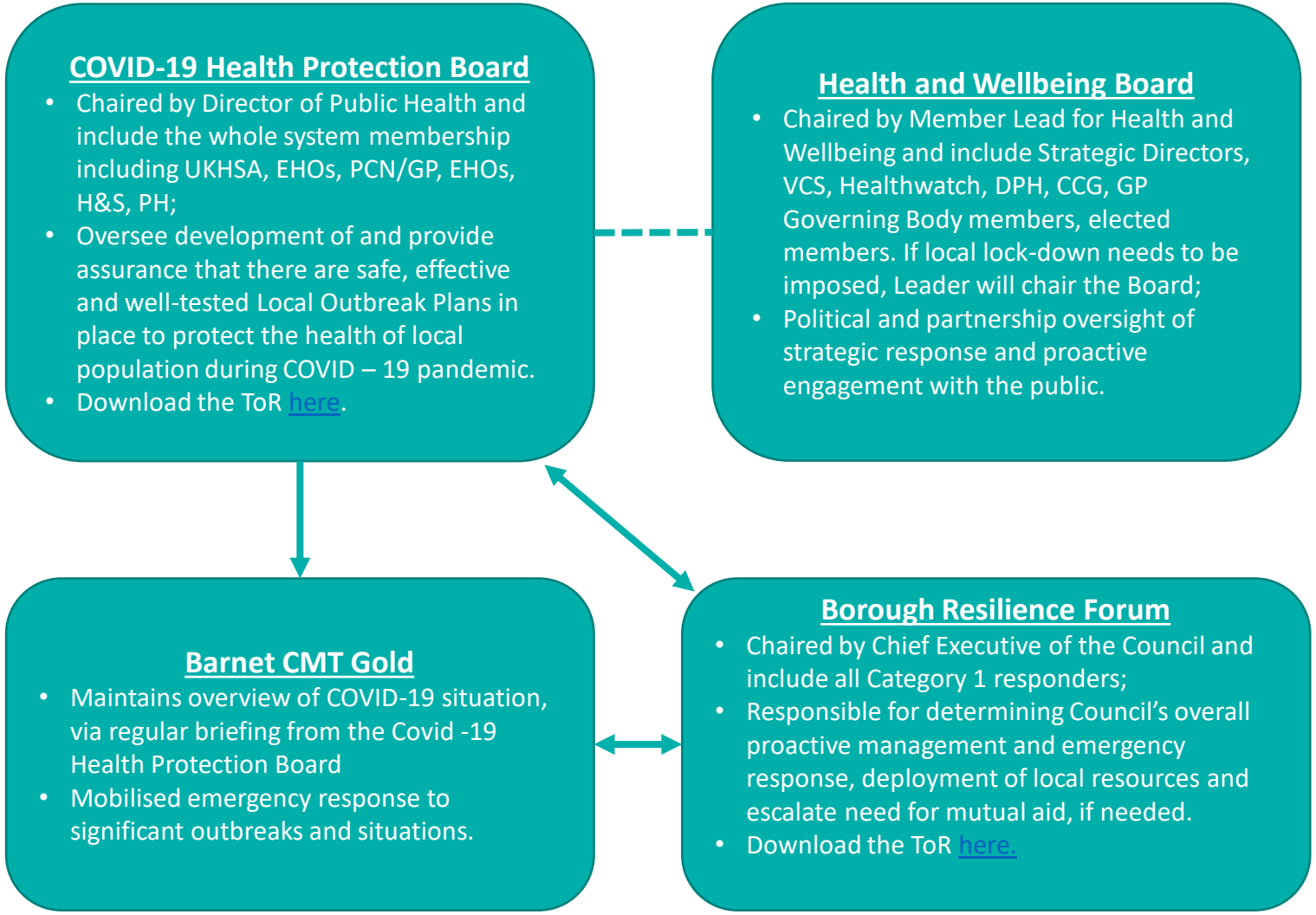
- Ministers are accountable for setting the overall framework for the COVID-19 response with a national communications strategy, enabling and supporting the local response, including through provision of funding and for ongoing oversight and intervention where necessary.
- Oversight of the ongoing incident 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, or to implement more substantial restrictions.

Date updated: 15th October 2021

Governance and local boards

Achieving the objectives set out in the Local Outbreak Management plan requires a co-ordinated effort from local authorities, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. A clear governance structure is in place to oversee the implementation and review of the Local Outbreak Management Plan.

- the Director of Public Health 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



Date updated :15th October 2021

Governance: LCRC/Local Authority Responsibilities

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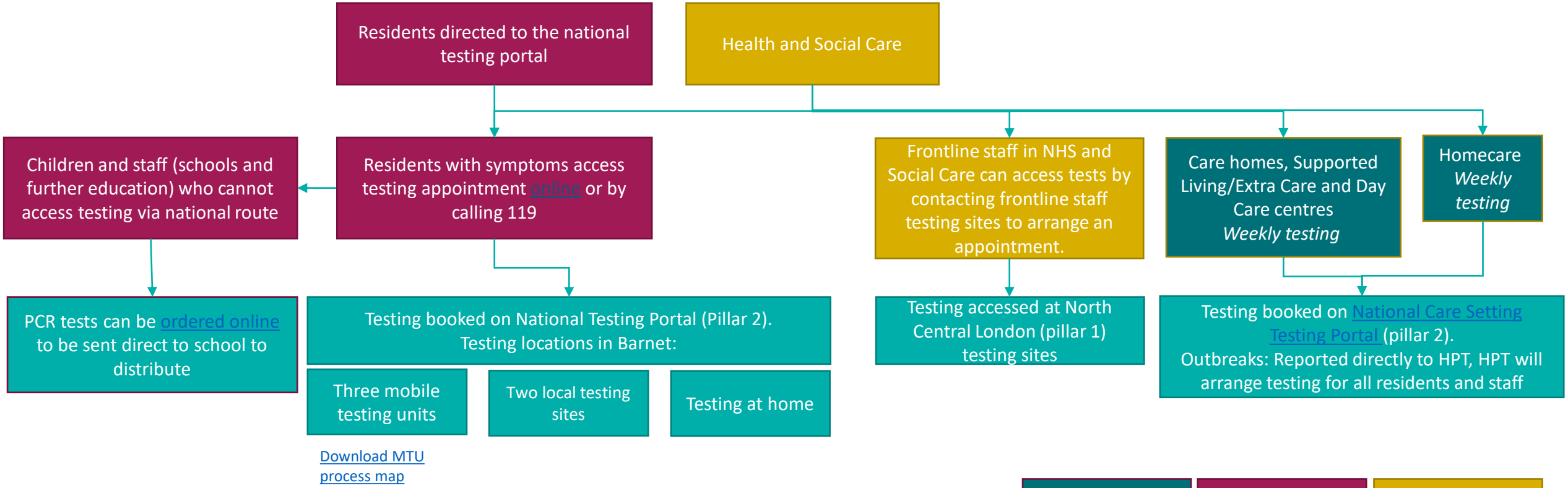
	Local Authority	LCRC Health Protection Team
Case and contact investigation management	• Receive notifications of cases via national test and trace system • Investigate and manage cases & contacts as per local guidance • Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols	• Receive notifications of cases • Investigate and manage high risk cases and contacts as per local guidance.
VOC's (or other cases of concern)	• Investigate and manage VOC cases and contacts • Establish IMT to investigate and manage VOC cases and clusters with enhanced case and contact tracing, and targeted testing including surge testing.	• Initially investigate and manage VOC cases and contacts • Investigate and manage any identified settings • Advice and support Local Authority IMT to investigate and manage VOCs
Enhanced contact tracing (cluster) investigation and management	• Identify and investigate clusters and convene IMTs if required. • Provide advice and manage cases and clusters as per local guidance for settings (testing, infection control,	• Overview of cluster identification and management • Overview of management of priority settings • Support Local Authority in their risk assessment of and response
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	• Receive notification of cases and clusters from LCRC, or identify community clusters through local data, intelligence and surveillance. • Manage cases and clusters in settings, convene IMT (if required) • Undertake risk assessment with the settings, recommend ongoing control measures and provide support on contact tracing, isolation, infection control practices, COVID safe environments and control measures • Provide local guidance and information materials to the setting	• Receive notification of cases and clusters through Test and Trace system or other surveillance systems • Support Local Authority in their risk assessment of and response to an identified community cluster and attend IMTs if required. • Review and update resources • Develop and provide communications to stakeholders • Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

Date updated: 11th March 2021

PCR testing for residents and staff

Lead: Pillar 2 - Claire O'Callaghan (LBB) Public Health

All residents can request tests through the national testing portal (pillar 2 testing), with schools and outreach testing available to widen access. Frontline staff can also access testing through the North Central London (pillar 1 testing) capacity. Process maps for MTU's, pillar 1 and pillar 2 testing can be found via embedded documents below.



Download MTU process map

Mobile Testing Units:
Edgware Community Hospital Burnt Oak Broadway, Edgware HA8 0AD
Brent Cross Shopping Centre - Prince Charles Dr, Hendon, London NW4 3FP
Hendon Town Hall/Egerton Gardens Car Park, Egerton Gardens, Hendon, NW4 4BD

Local Testing Sites:
Watling Community Centre, 145 Orange Hill Road, Burnt Oak, London, HA8 0TR
Osidge Lane Care Park - Southgate (N14 5DU)

Care settings | Residents | Frontline workers

Testing access
National testing should offer a 48-72 hr turnaround

Date updated: 4th October 2021

Rapid Testing with Lateral Flow Devices (LFD)

Lead: LBB Community Testing Team

Rapid testing aims to identify people who have COVID-19 but do not show symptoms, so they can self-isolate. Results are given within 30 minutes allowing people to test as part of weekly routine, and the test does not require a laboratory for processing. Rapid testing is available through national testing schemes in a number of settings.

Lead institution	Testing programme	Overview
LA	Targeted Community Testing	Currently extended until 31/12/2021 • Pharmacy Based Asymptomatic Testing Sites (ATS) • Targeting hard-to-reach/disadvantaged communities (Targeted Community Testing) via promotions and local community links
DHSC	Pharmacy Collect (Universal offer)	• LFD kits can be picked up from selected pharmacies in the borough • Residents and staff need to get a "Collect Code" either online or ringing 119 before collecting test kits
DHSC	Home Direct (Universal offer)	• Anyone in England who does not have symptoms can get regular rapid LFD tests to check for COVID 19. • Available online
DfE	Schools, colleges and universities	• Regular twice weekly testing of for staff and students in secondary school, further and higher education
DHSC	NHS staff	• Testing of asymptomatic patient facing NHS staff to include all trusts including ambulance, mental health and community trusts. LFD test twice weekly (at home)
DHSC	Adult Social Care	• **Care Homes** staff: twice weekly LFD testing, plus one PCR per week. Residents: once monthly PCR. Visitors: One LFD test per visit for named visitors and weekly PCR and twice weekly LFD for essential care givers. • **Extra care and supported living (High-risk settings): s**taff: weekly PCR and twice weekly LFD, residents: monthly PCR, visitors: LFD on the day • **Extra care and supported living (Medium-risk settings):** staff: monthly PCR, residents: not tested, visitors: LFD onsite each visit • **Day care** staff: PCR and twice weekly LFD, service users: LFD on entry

All positive LFD results should be confirmed with a PCR test. For assisted LFDs, a positive result will trigger the legal duty to self-isolate. If a negative confirmatory PCR is obtained within 2 days of the positive LFD test result, the individual will be released from self-isolation and tracing. If the confirmatory PCR test is taken too late, the individual who got a positive LFD, and members of their household (if applicable) will need to self-isolate for the full 10 days. For LFDs undertaken at home, the legal obligation will only commence once a positive PCR test is confirmed but anyone who has received a positive LFD result should still self-isolate (along with members of their household if applicable) as soon as they get the positive LFD.

Date updated: 4th October 2021

Contact Tracing: National Contact Tracing

- One objective of NHS Test and Trace is to co-ordinate the contact tracing function
- Contact tracing is a core public health intervention measure to stop spread of infectious disease, have been around for decades. It's used to identify all who may have been exposed to an infectious disease to either offer a prevention (e.g., vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of COVID-19);
- Contact tracing is a specialised skill, and it should be used in containment phases of the pandemic to prevent sustained community infection spread;
- Anyone who is being tested positive for COVID-19 is contacted by NHS Test and Trace and asked to self-isolate and identify any close contacts who will be advised to self-isolate too, unless they have had two doses of the COVID vaccine.
- The UK Health Security Agency (UKHSA) now manage the NHS Test and Tract service, including providing specialised regional teams to deal with outbreaks in specialised settings.

Contact Tracing: Enhanced Local Contact Tracing

- The Barnet Contact Trace Service helps support the national Test and Trace service, helping to encourage residents to self-isolate, signposting them to sources of support and identifying their contacts. The service takes on cases which the national team cannot reach in 24 hours.
- The Barnet Contact Tracing Service is fully operational. The service runs seven days a week, with operating hours being 09:00 to 17:00 Monday to Friday and 09:00 to 13:00 Saturday & Sunday.
- The team send out an email and SMS to residents to alert them that we are trying to speak to them after receiving the resident's details from the national team. They can ring the local team at a time of their choosing.
- The service offers the opportunity to speak to residents in a variety of languages, helping to contact those across the borough from different communities.
- The service will try calling a resident three times. If they cannot get through to the resident, a leaflet is posted to their address asking them to ring the service.
- Weekly Quality Improvement meetings ensure that the service is responsive to changes in policy and continually responds to feedback and insight to improve the success of the service.

Date updated: 11th October 2021

Vaccinations: National approach

Lead: LBB Public Health: Janet Djomba

In collaboration with our NHS colleagues, Barnet Council continues to play a key role in delivering the vaccine programme as set out in the COVID-19 vaccines delivery plan. During the autumn and winter, the government has set out 3 key priorities for the COVID-19 vaccination programme: 1) **Maximising uptake of the vaccine among those that are eligible but have not yet taken up the offer**; 2) . **Offering booster doses to individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9);** 3) **Offering a first dose of vaccine to 12-15 year olds**

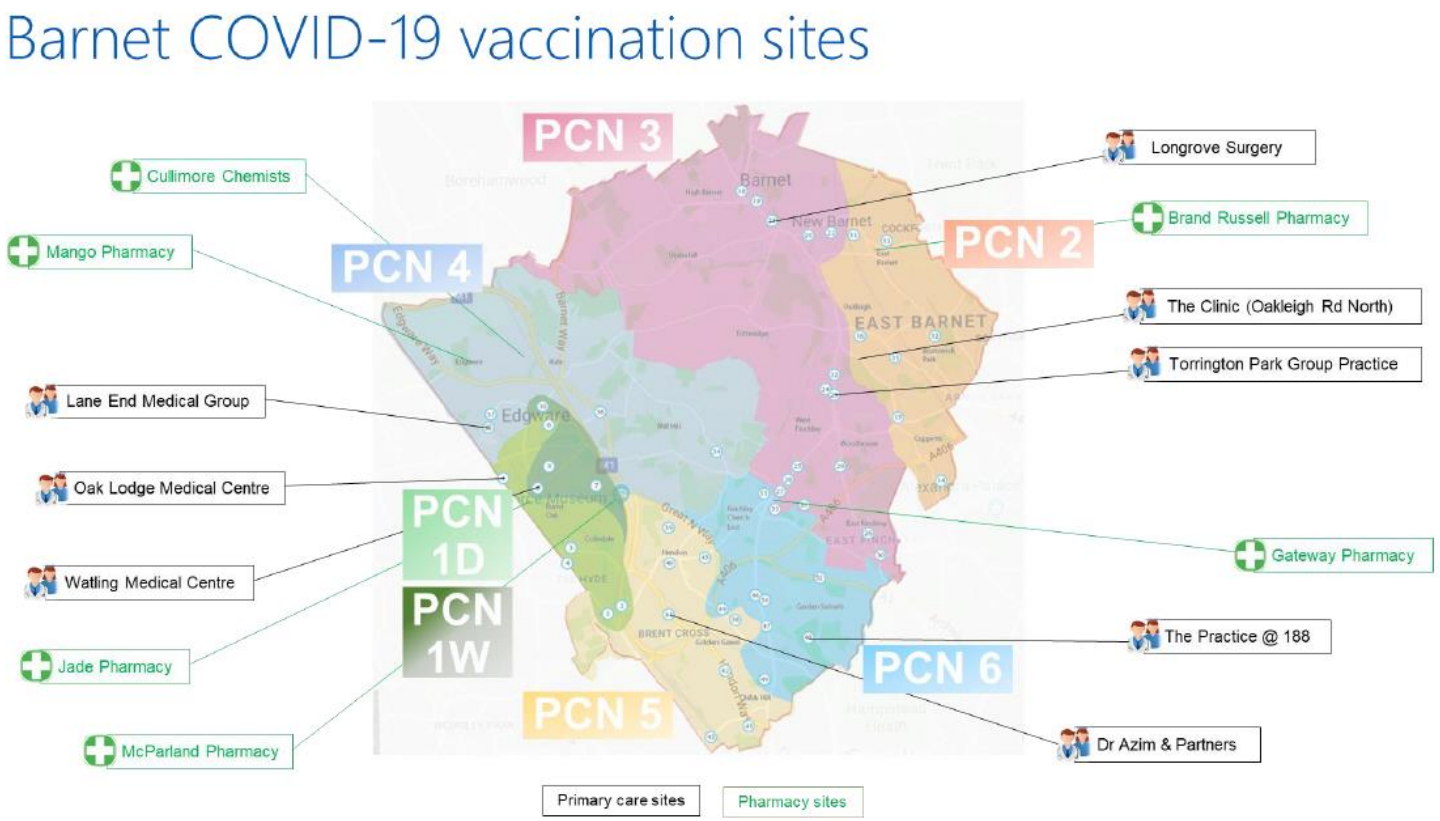
Vaccination programme	Description	
General COVID-19 vaccination	People aged 18 and over can get the 1st and 2nd dose of a COVID-19 vaccine. Vaccine appointments can be booked via the NHS site, walk in vaccination sites or GP practice.	COVID-19 Vaccines (NHS)
Boosters	The NHS is rolling out a booster programme to protect those most vulnerable to COVID-19 through the winter months. The JCVI advises this should be no earlier than 6 months after completion of the primary course, and that the booster programme should as far as possible be deployed in the same order as Phase 1.	JCVI advice
School-age children	The JCVI has extended the offer of universal vaccinations with a first dose of the Pfizer vaccine to all 12–15-year-olds not already covered by existing JCVI advice. Healthy children in this age group will primarily receive their COVID-19 vaccinations in their school.	Guidance for schools on the COVID-19 vaccination programme for children and young people can be found here: COVID-19 vaccination programme for children and young people: guidance for schools -GOV.UK (www.gov.uk)

Date updated: 22nd October 2021

Vaccination Programme: Local Approach

Lead: LBB Public Health, Janet Djomba

Barnet has been delivering an extensive COVID-19 vaccination programme since December 2020, via Primary Care Networks (PCN) hubs, pharmacies and a mass site at StoneX (closed end of September). In addition to onsite activity, sites have also delivered 'pop-up' clinics and outreach activity. The map below (as of 19th October) shows all the vaccination sites in Barnet.



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Date updated: 19th October 2021

Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

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The Council is working closely with NCL CCG to increase vaccine uptake through:

- Monitoring vaccine uptake and producing reports to inform stakeholder and relevant working groups;
- Developing COVID-19 vaccine communication plan to increase the uptake in vaccine hesitant groups, areas of low uptake and in those who are at increased risk of COVID-19;
- Working with community and voluntary care sector, CCG and vaccination hubs to support outreach work and pop-up vaccination clinics in diverse communities;
- Establishing working groups to address inequalities in key patient groups including; homeless, asylum seekers, new care home residents, housebound patients, patients with learning disabilities and care homes.
- Offering a mobile vaccination service through a vaccine bus. The bus is launched in July offering a regular schedule of stops at locations including Brent Cross Shopping Centre, St Agnes Church in Cricklewood, Clitter House Project .
- Supporting our CCG/CLCH colleagues to implement the booster programme and 12-15 vaccinations; specifically in care homes and home educated children.

Date updated: 22nd October 2021

Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

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NCL Vaccination Board

Oversight of Covid-19 vaccine work across NCL

Barnet Health Protection Board

Oversight of local response to pandemic including outbreak control

Barnet Vaccine Oversight Group

To support the efficient delivery and equitable uptake of the Covid-19 vaccine in Barnet

Flu and immunisation forum

General work on vaccines and immunisations (not just Covid- related). During Covid-19 response concerned with local stakeholder engagement.

Leading on and supporting vaccine rollout in:

- PCN sites (regular support meetings and individual support)
- Community pharmacies (support and mutual aid)
- Mass vaccination sites (closed on the 30th September)

T&F groups to increase uptake in specific groups:

- Housebound patients
- Care homes
- Learning disabilities
- Unpaid carer
- Homelessness
- Asylum seeker provision
- Young people
- Inequity of access

Supporting vaccine rollout through:

- Outreach /pop-up clinics task and finish group: coordinating events and support with comms and community engagement
- Contributing in various implementation and task&finish groups

Led by CCG
Led by LBB

1 3 4 5

Date updated: 22nd October 2021

Addressing Inequalities

Lead: Public Health Team, Communications & Strategy Team

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LBB is taking a multi-pronged approach to address the inequalities in the way in which COVID affects our local residents. We have specific programmes to support people with multiple disadvantage detailed elsewhere in this plan. We recognise the challenges of keeping safe for those living in Houses of Multiple Occupation by providing specific information for residents and landlords. We also provide additional financial support to those who are ineligible for the national self-isolation grant to ensure those with financial challenges are able to self-isolate should they become ill with COVID. We are also addressing the lower uptake of the COVID vaccine in our more deprived areas. Finally, we are working through our COVID Champions programme to empower local residents to support family, friends and members of their local communities with evidence based information about how they can stay safe. More details can be found in the following slides:

- Community Engagement Approach
- COVID-19 Health Champions
- Inclusion Health
- Support for those self-isolating

First produced: 10th March 2021

Addressing Inequalities: Community Engagement

Lead: Marianne Sladowsky, COVID-19 Communications Lead

Barnet's COVID community engagement has focused on engaging the following groups:

1. **Ongoing community engagement with groups who have either suffered higher than average rates of COVID-19 or were unable to always follow national measures to contain the virus.**

- Identifying groups to engage with on a regular basis from Barnet statistics and therefore keeping engagement current.
- Forging a group of key contacts in each community, who we engage with on both the nature of our communications and help disseminate it.
- Flagging upcoming dates which require COVID-19 engagement such as festivals or national holidays and creating comms tailored to that community.
- Engaging with VCS colleagues on a regular basis for their feedback into our COVID engagement response.
- Actively recruiting COVID-19 Health Champions from communities across Barnet, to cascade tailored infographics to their social networks and to feed their views into our ongoing comms (see here for more information on the programme).
- Ensuring that there is strong cross-community communications with initiatives such as a hard hitting campaign, urging everyone in Barnet to stay at home. This means that no individual community feels unfairly 'targeted' by more specific community engagement.
- Ensuring that key COVID-19 assets are translated into the languages of Barnet's key communities when needed.
- In addition, LBB are working with partners in the Barnet ICP and the North Central London ICS to address worse health outcomes for local Black, Asian and other ethnic minorities residents, starting with addressing inequalities in access or uptake in programmes to address risk factors for COVID including diabetes and other cardiovascular disease.

Date updated: 12th October 2021

Addressing Inequalities: Community Engagement (Cont'd)

Lead: Marianne Sladowsky, COVID-19 Communications Lead

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2. Taking a ward-by-ward approach to COVID-19 engagement and implementing a targeted engagement strategy with wards that have higher COVID-19 rates and wider health inequalities. Actions include:

- Ward-specific social media posts urging residents to follow national measures, get tested and be made aware of national and local self- isolation support.
- Creating targeted assets for the specific communities in these wards and engaging with local VCS groups to disseminate them.
- Use of the vaccine bus (and accompanying publicity) to reach low take up areas, often with more deprivation.
- In person engagement events (once restrictions allowed) at foodbanks.

3. Particular focus has been placed on the campaign to engage Barnet's vaccine hesitant communities by:

- Holding community specific vaccine pop ups with a community group and a local PCN hub e.g., 3 very successful pop ups at Jesus House church with the help of Dr Azim's surgery and a well-publicised pop up for the Romanian community.
- A multi-channel campaign to reach young people, rolled out in advance of younger people being eligible for the vaccine.
- Highly targeted comms to reach teens and their parents with the use of webinars and age-appropriate assets.
- Identifying local community champions, who will record short videos for their communities addressing hesitancy concerns and disseminate that and other useful assets to their communities to convince them to have the vaccine.
- Launching an Out of Home campaign for all Barnet communities, showcasing faces from Barnet's most vaccine hesitant communities, urging everyone to have the vaccine.
- Building a community database with key voluntary sector groups from vaccine hesitant communities, who can receive info targeted to them and translated into different languages if need be. They can also feedback concerns from their communities that can then be addressed.
- Webinars for interested communities and regular voluntary sector group round tables.

Date updated: 12th October 2021

Addressing Inequalities: COVID-19 Health Champions

Lead: Seher Kayikci, Senior Public Health Strategist

One way we have implemented engagement with communities is through COVID-19 Health Champions. COVID-19 Health Champions enable Barnet residents to remain up to date on the latest advice about COVID-19, so they can help family, friends and other community members make sense of the latest guidelines and information about the virus. If you live, work, volunteer or study in Barnet you can become a Health Champion. As a Health Champion, you will receive regular updates on COVID-19 by email, WhatsApp or in live information sessions, and be able to share onward the key and current health messages with your networks, in whatever format that you like.

The Health Champions are transitioning to wider COVID resilience; whilst continuing to share updates and information the COVID-19 response, we are also looking at the longer-term impact of the pandemic and preventative health measures against COVID-19.

Key Success so far:

- 266 Health Champions registered and sent a welcome pack
- Representation from all 21 wards in Barnet
- Weekly information briefings (43 held) – including sessions from Public Health Barnet, North Central London CCG and local charities/organisations
- Friday Facts – newsletter containing guidance updates, community news and weekly information session summary
- A wide range of infographics, FAQs and translated materials in different community languages. These are edited and updated in line with guidance changes.
- The most popular communications channels for the Champions to share information are WhatsApp and email followed by word of mouth.
- Long-Covid information leaflet and Long-Covid event in partnership with Healthwatch Barnet
- Infographics and reminders sent via email and WhatsApp broadcast
- Question of the Week – to get feedback from the Champions on a current issue

Date updated: 5th October 2021

Addressing Inequalities: Inclusion Health

Lead: Louisa Songer, Public Health Strategist; Lily Barnett, Public Health Strategist

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Homeless & Rough Sleepers Support

Multi agency task and finish groups are in place to ensure strategic and co-ordinated offers (Homelessness, Asylum Hotels, VAWG) and are responding quickly to presenting issues such as supporting vulnerable people to self isolate.

COVID secure risk assessments have been completed by all providers for residential and day care provision and discussed with public health/health and safety team.

Appropriate testing options are in place for vulnerable groups:

- GLA & UKHSA have commissioned Find & Treat to provide testing to all asylum hotels

Multi agency groups have also been working to improve access to and uptake of COVID -19 Vaccination via:

- Roving vaccination clinic provided by Find and Treat to homeless provision. Priority is being given to people who may be street homeless in April due to having no recourse to public funds.
- PCN's working to ensure people in asylum hotels are vaccinated
- Uptake of booster vaccination are being promoted as winter months are approaching
- All staff supporting homeless people, substance misuse and in domestic abuse settings have been offered vaccinations.

Download: action card for refuge and homeless support

Houses of Multiple Occupations

We have developed a COVID-19 information and advice leaflet for people living in shared accommodation (HMO) to include a description of the leaflet contents and an offer of translation in 11 different languages in order to ensure those whose first language is not English are not excluded from available advice and support.

Download: COVID-19 information and advice leaflet for people in shared housing

Date updated: 11th October 2021

Addressing Inequalities: Supporting Self-Isolation

Lead: Allan Clark, Head of Finance

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Since 28th September 2020, eligible individuals are entitled to a Test and Trace Support Payment of £500 to support those on low incomes. There are two elements to the scheme and the qualifying criteria is as below:

Main Scheme	Discretionary Scheme
• Have been told to stay at home and self-isolate by NHS Test and Trace or via the NHS COVID-19 App, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive and; • Have responded to messages received from NHS Test and Trace and have provided any legally required information and; • Are employed or self-employed and; • Are unable to work from home and will lose income as a result; and • Are currently receiving, or are the partner of someone in the same household who is receiving, Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit.	Applicants must meet the main scheme criteria apart from being in receipt of a benefit and; • Were earning less than £400 per week prior to being instructed to self isolate or; • In receipt of Council Tax Support or; • At the discretion of the Assistant Director of Finance or Director of Resources where they deem an application outside of LBB's additional eligibility criteria would cause unnecessary financial hardship

How to apply: Applicants apply for a payment via a webform on the council's website within 42 days of the start of their isolation period and supply evidence of their income, benefits and a bank statement. The Test and Trace number is verified via the NHS Test and Trace Eligibility Checker and other income or benefit checks are undertaken as appropriate via the Department for Work and Pensions Searchlight service. If successful, and once all checks have been done, a payment is made within 3 working days.

Below provides an overview of applications made under the national scheme:

Applications received	Applications successful and paid	Amount paid	Applications unsuccessful	Application query and with claimant
5588	2455	£1,227,500	**3093**	**40**

*Payment and application information valid as of 30th September 2021

Addressing Inequalities: Supporting Self-Isolation

Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning

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In addition to the national isolation payment schemes, LBB are offering isolation payments to those on low pay who are ineligible for the national scheme with our extended self-isolation grant, including parents who must stay home to look after children who need to self-isolate.
** The scheme has been in operation since 15th February, with eligibility based on self-isolation periods starting after 8th February.*

We have used Control Outbreak Management Fund monies to provide self-isolation support to residents in the grey economy.

- Residents without national insurance numbers, working in insecure gig economy and cash-only jobs are ineligible for government test and trace support grants, but are often economically unable to take time off work.
- Subject to eligibility criteria, if these residents can prove that they have been asked by NHST&T to self-isolate they can claim a grant. To give relative parity with government grants, the maximum amount we will fund is £400 (£200 per week).
- We have commissioned our voluntary sector infrastructure partner Inclusion Barnet to work with a network of trusted frontline community organisations. These will administer the grants to residents who they come into contact with.
- We will use intelligence data (Origins demographic data and COVID-19 infection rates) to identify and target specific hard to reach groups. Where disparities are identified between different groups, we will ensure these are addressed by engaging with the voluntary sector to support communities who may be reluctant to register for help.
- Community organisations will also provide advice about self-isolation and infection control, in community languages where required.

As of 6th October, 13 applications have been received and £5,720 has been paid out to those needing assistance on the scheme

*Payment and application information valid as of: 6th October 2021

Addressing Inequalities: Supporting Self-Isolation

Lead: Jess Baines-Holmes, Director for Integrated Commissioning

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As part of our support for those required to self-isolate, we also have a number of wrap-around support services available for those in need.

- **NHS responder service:** collect shopping, medication or other essential supplies; a regular, friendly phone call which can be provided by different volunteers each time and will stay in contact for several weeks. Please call 0808 196 3646 between 8am and 8pm to arrange support . More information is available at www.nhsvolunteerresponders.org.uk
- **AgeUK:** Provide support to over 55s in the Borough. Services include: Non-urgent shopping/prescription pick up service (small subscription fee), guidance on how to access supermarket delivery slots on line. There is lots of information on the website www.ageuk.org.uk/barnet
- **BOOST***:* The Welfare Rights Reform Taskforce and the Crisis Loan roles are also now part of the offer. Residents can contact BOOST directly: Call 0208 359 2442 or Email: boost@barnet.gov.uk or visit https://boostbarnet.org/
- **The Barnet Wellbeing Hub:** Offers support with a focus on improving your individual needs and wellbeing, mental and emotional health. There are a range of activities, and therapies and lots of information and advice. For more information visit www.barnetwellbeing.org.uk or call 0333 344 9088 or email info@barnetwellbeing.org.uk
- **Covid 19 Bereavement Support and Counselling**: Support available up to eight weeks with a trained counsellor to those who have suffered a loss during the COVID-19 pandemic. Please Email: bereavement@mindinbarnet.org.uk or Tel: 020 8446 3676
- **Barnet Help Hub;** Further information about services available in Barnet can be found at www.engage.barnet.gov.uk/communityhelphub or alternatively please call the Barnet Council Covid 19 Help Hub on 0808 281 3210.

Date updated: 12th October 2021

Addressing Inequalities: Supporting CEV Residents

Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning

- Despite the disbanding of the shielding programme, we have retained our wrap around support offer as outlined on the previous slide. We also have a number of mechanisms which enable contacting and support to those previously identified as clinically extremely vulnerable in the event it is needed.

- Residual offer in place to support individuals includes commissioning of specialised mental health and wellbeing support and development of peer support groups and wider networks through the voluntary, community and faith sector, and support to access additional support with shopping.

- Data feed from NHS Digital to council Customer Relationship Management system remain in place in the event that shielding is reinstated or enhanced contact and communications are required.

- System and process for feed from National Shielding Service System stood down but remaining mothballed in preparation for necessary reintroduction.

- Text message system to push information to residents alongside comprehensive ‘off the shelf’ comms and engagement approach built from previous reactivations of shielding on standby.

- The Barnet Help Hub remains operational, as does the online presence and advice and information through local VCSF organisations, foodbanks, GPs and other healthcare professionals and through a MECC approach when contacting any council services.

- Further information about services available in Barnet can be found at www.engage.barnet.gov.uk/communityhelphub or alternatively by calling the Barnet Council Covid 19 Help Hub on 0808 281 3210.

Date updated: 12th October 2021

Communications

Lead: Marianna Sladowsky

BARNET LONDON BOROUGH

Introduction

This plan is intended as an update to the Test and Trace comms plan from June 2020, which focused on reducing rates of COVID-19 by increasing trust in and take up of Test and Trace. Since then, we have started to communicate other work streams in the fight against COVID and the Government has asked us to promote a series of new national measures to reduce rates of the virus. We also have developed strategies to promote NPIs to ensure every individual and sector has the skills and knowledge to be covid safe and to engage the population in safer behaviours.

We have also decided to take a hard hitting and proactive approach in our local communications, which took the form of a new high vis COVID-19 campaign in Jan 2021. This plan will pull these different workstreams together.

Date Created:
10th March 2021

Communications: Strategy Aims

Lead: Marianne Sladowsky, COVID-19 Communications Lead

BARNET LONDON BOROUGH

The aims of the communications strategy are:

1. Raise awareness of the importance of following any national rules to contain the spread of COVID-19, as well ongoing COVID-safe practises (Hands, Face, Space).
2. Ensure residents are informed about when, how, and where to test for COVID-19 and that they are aware of the importance of Test and Trace.
3. Continue to inform residents about the benefits of vaccination and build trust for it, especially amongst communities and age groups with low vaccine take up
4. Ensure that COVID safety remains in the public consciousness following the removal of national restrictions. This applies to individuals and businesses.

Date updated: 18th October 2021

Communications: Raise Awareness

Lead: Marianne Sladowsky

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We will achieve this by:

- Disseminating info about any national measures and encouraging COVID safe practises when restrictions are removed to all Barnet residents via regular comms channels: Barnet First e-news and magazine, the COVID-19 website hub, social media posts, VCS newsletters, Barnet COVID-19 Health Champions.
- Barnet-wide out of home campaigns, such as two vaccine engagement campaigns targeting a) vaccine hesitant communities and b) young people, as well as the COVID Can Cost You Everything campaign from Jan 2021.
- Engage communities and wards that have higher than average COVID-19 rates (see inequalities section for more detail)
- Work with councils across London as part of the Keep London Safe campaign to use common assets and research to underpin communications initiatives.
- A continued focus on testing and isolation: rapid testing to be integrated into daily life, PCR testing when people have symptoms and for hyper-local testing events.
- Engage Barnet communities on particular events, which require more targeted communications, such as Christmas and Purim (more detail in health inequalities section).

Date updated: 18th October 2021

Communications: Inform Residents on T&T

Lead: Marianne Sladowsky

BARNET LONDON BOROUGH

We will achieve this by:

- Regular website, social media and Barnet newsletter comms about the importance of both kinds of testing: PCR testing when people have symptoms and rapid testing when people have no symptoms, as well as the rules around self-isolation and financial and voluntary sector support for it. COVID-19 Health Champions assets to support.
- Publicising ways to integrate COVID safe practises into everyday life and making the case for residents to voluntarily comply
- Continued promotion of national test and trace initiatives such as the NHS Test and Trace App and of local test and trace services as needed.
- Create a comms plan for testing in response ERAs and enduring transmission. We now have this, along with a set of assets that we can use for future hyper-local testing projects.

2 4 5 8

Date updated: 18th October 2021

Communications: Build Vaccine Trust

Lead: Marianna Sladowsky

BARNET LONDON BOROUGH

We will continually evolve the vaccine campaign based on data showing take up across Barnet, identifying community groups, age groups and wards with low take up, by:

- Producing Barnet specific campaigns with integrated messaging and branding across all channels
- Publicising pop ups and vaccine bus stops as they reach different communities
- Sharing knowledge and assets with NCL partners
- Taking part in London-wide vaccine campaigns by Keep London Safe
- Using national assets Produced by Government, NHS and UKHSA comms teams.
- Putting trusted local voices at the forefront of ours vaccine comms, in the form of videos, audio clips and social media graphics.

Date updated: 18th October 2021

Data and Reporting: Local data reporting

Lead: LBB Public Health Intelligence - Jeremy Hooper

Current LBB reporting mechanisms are outlined in the table below.

	Reports sent to DPH		Data sets in public domain			LBB produced reports
Report title	Confirmed COVID-19 cases	Test and Trace report (LA level)	Coronavirus in the UK (HM Gov)	Death registration and occurrences by local authority (ONS)	Deaths involving COVID-19 by local area and deprivation (ONS)	Cases by care setting
Dataset /report content	• Cases by postcode • Cases by age at onset • Number of people who have received a vaccination.	• Confirmed cases in Test and Trace • Cases completed • Total number of contacts reported • Contacts completed	• Daily confirmed cases in Barnet • Daily confirmed cases in London • Rate of cases (per 100,000) for London boroughs	• COVID-related death registrations by place of death • COVID and non-COVID death registration for Barnet	• COVID-related deaths by MSOA • Age standardised death rate by London boroughs	• List of care setting affected by Covid-19 • Total confirmed and suspected cases in Barnet care settings
Frequency of reporting	Daily	Daily	Daily	Weekly	Infrequently	Daily
Further analyses done	Daily 7 day rolling average case numbers by age band, gender, ethnicity and deprivation are discussed at a weekly sit rep meeting	Data on cases not reached by the National Test & Trace team is used by the Local Team to support local contact tracing		Weekly update for Health Protection Board which provides updated position within the Borough and informs the public reporting.		

Download current LBB reporting process map and view Barnet's Weekly COVID-19 dashboard.

Date updated: 1st October 2021

Data and reporting: Vaccine uptake

Lead: LBB Public Health Intelligence - Jeremy Hooper

BARNET LONDON BOROUGH

Current LBB reporting mechanisms on vaccine uptake are outlined in the table below

	Sent to DPH	Available via restricted access			
Report/dataset title	**Weekly NCL CCG Covid vaccination update**	**UKHSA portal- vaccine uptake**	**NIMS- Vaccine uptake**	**HealtheIntent- vaccine uptake**	**ASC dashboard**
Content/dataset	Summary of CCG vaccination activities including numbers of jabs given in PCN hubs.	Number of Barnet residents by JCVI Grp and Ethnicity who have received vaccination.	Vaccine numbers & uptake in Barnet residents & registered with breakdown on ethnicity, age and gender.	Vaccine numbers & uptake in patients registered with Barnet GPs with breakdown on eligible groups.	Vaccine uptake in care home residents and staff.
Frequency of reports/updates	Weekly	Weekdays	Weekly	Weekly	Weekly
Further analysis/ use	Circulated to inform Health Protection Board and CMT GOLD	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups	Weekly vaccination update for HPB and relevant working groups

Date updated: 1st October 2021

Data and Reporting: Waste Waters Surveillance

Lead: LBB Public Health Intelligence - Jeremy Hooper

BARNET LONDON BOROUGH

How can wastewater epidemiology support the pandemic response in Barnet?

- Wastewater-Based Epidemiology (WBE) provides health information on communities. It is based on the analysis and interpretation of chemical and/or biological compounds in wastewater.
- Research has demonstrated that individuals with COVID-19 shed SARS-CoV-2 in their stool, regardless of whether they have symptoms. Wastewater epidemiology has advanced to enable monitoring infection levels in communities.
- The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

Date updated: 11th March 2021

Data and Reporting: Waste Waters Surveillance

Lead: LBB Public Health Intelligence - Jeremy Hooper

BARNET LONDON BOROUGH

Method

- The reported SARS-CoV-2 wastewater data are the number of virus' nucleocapsid (N1) gene copies (gc) detected in wastewater samples.
- Samples of wastewater are collected four times per week from wastewater treatment plants across England.
- The N1 abundance is reported as gene copies per litre of wastewater sample collected.

Data

The general COVID-19 wastewater epidemiology process is as follows:

1. The wastewater network is mapped.
2. Wastewater auto-sampling units are strategically placed in the sewage network to collect wastewater from a region of interest (ROI).
3. The autosamplers gather wastewater over a set time period (in some cases grab samples are taken due to the availability of autosamplers or network characteristics.)
4. The laboratory will perform assays to calculate the total amount of SARS-CoV-2.
5. A total viral load in the ROI is reported.

Date created: 11th March 2021

Data and Reporting: Waste Waters Surveillance

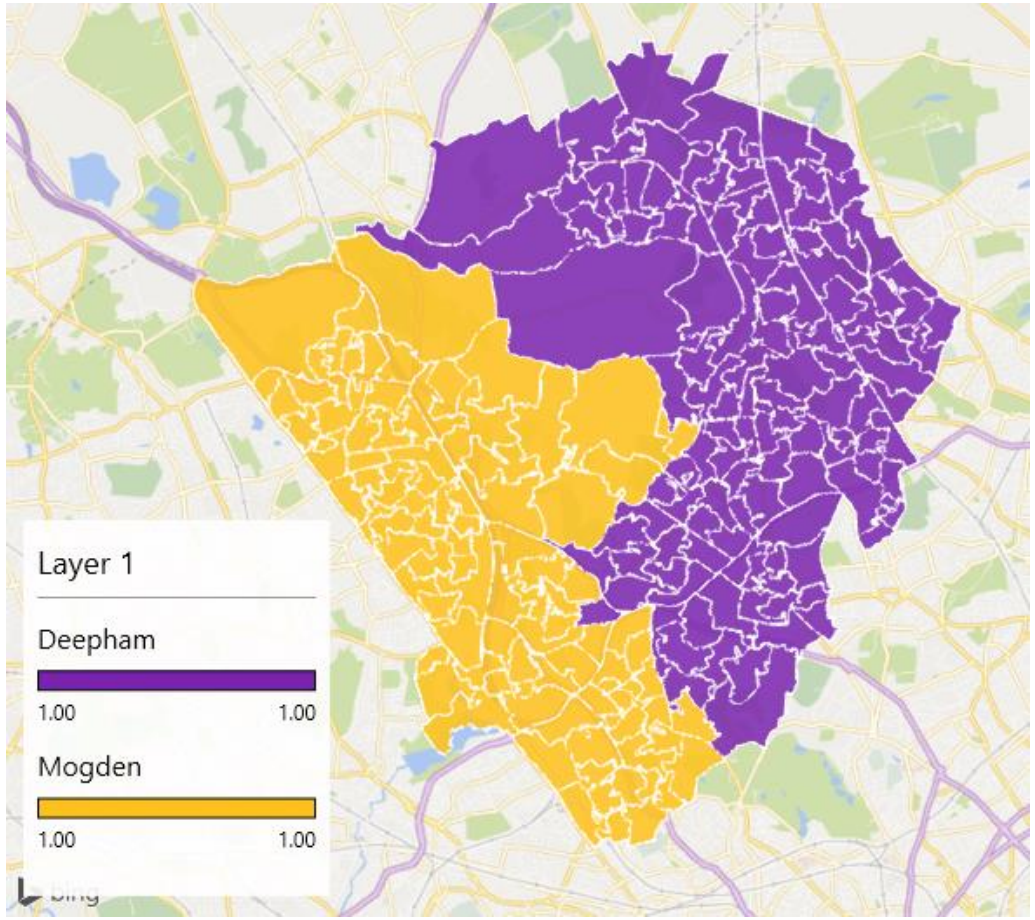
Lead: LBB Public Health Intelligence - Jeremy Hooper

Barnet is covered by two wastewater monitoring stations:

- **Deepham**
- **Mogden**

Wastewater can be sampled either from a large community area (at the wastewater plant) or ‘up-stream’ to monitor a smaller region of interest or at the outlet of a single building (eg. campus, school, care home, HMO).

Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population.



Date created: 11th March 2021

Local Outbreak Management: Data & Reporting

Lead: Jeremy Hooper, Public Health Intelligence Lead

- During local outbreak, data will flow as described here;
- Further details on all suspected cases (identified by Contact Tracing and outbreak investigation); positive cases (LCRC) and those tested via increased local testing capacity (CLCH and LCRC) will be analysed daily and reported into Incident Management Team;
- Data will be anonymised and shared on 'need to know' basis in order to contain further spread;
- Individual line listing of cases will not be shared beyond the Public Health team. This will be used to support cluster identification.

Date updated: February 2021

Local Outbreak Management: Outbreak Identification and Rapid Response Framework

BARNET LONDON BOROUGH

To support local outbreak prevention and management, local guidance documents for organisations and businesses have been produced, to be used across a range of settings for prevention and management of outbreaks. This guidance is intended to keep the setting safe and enables key individuals to know what to do in the event of symptomatic cases of COVID-19 in their setting.

- **Outbreak definition:** An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place and time. The LOMP may therefore be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type.
- **Initial risk assessment:** UKHSA HPT contact relevant setting to ensure all actions have been taken, conduct a risk assessment to determine the complexity of the situation and whether measures may need to be taken.
- **Infection Control and Response to Enquiries:** Incident Management Team (IMT) to convene with deciding roles of the multi-agency response, agreeing outbreak response. Situation updates will be fed back to Health Protection Board.
- **Enhanced testing and Contact tracing:** Testing of people within complex settings may be advised, testing will be done in collaboration with local authority, UKHSA and the DHSC.
- **Intelligence monitoring:** The setting will continue to be monitored by the IMT using regular intelligence updates
- **Control measures:** If the virus continues to spread, activities may be restricted or required to close. This will be decided by the IMT based on risk assessment.

The IMT management meeting Terms of Reference can be found here.

Date updated: 2nd June 2021

Local Outbreak Management: UKHSA LCRC Data Flow

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	Setting						
	Care settings	School and Early Years	Workplace	Health settings	Prison/custodial institutions	Homeless and/or hostel	Community cluster
London Coronavirus Response Centre response	- Receive notification from Tier 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene IMT if required - Provide information to DsPH and advice/recommendations for ongoing support - Communicate and coordinate with other LAs, regions, devolved administrations and internationally as required.						- Receive notification from Tier 2 - Support Local Authority in their risk assessment of and response to an identified community cluster
Local authority response	- Prevention work and respond to enquiries - Support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans - Follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access - Participate in IMT if convened by LCRC - Organise testing and Mobile Testing Unit deployment as required - Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting						- Receive notification from Tier 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public)

Date updated: February 2021

Local Outbreak Management: High-Risk Settings

Lead: Senior Management LBB Public Health-Janet Djomba, Emma Waters, Rachel Wells, Julie George, Mike Koumi

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Setting	Action Card	Plans/Risk Assessment Tools
Early Years *Updated October 2021*	*Actions for early years and child care providers*	
Schools *Updated October 2021*	*Schools COVID-19 operational guidance* *Download the COVID-19 Outbreak Management Plan*	Documents accessible from Government SharePoint
Universities *Updated October 2021*	*Higher Education COVID-19 operational guidance*	Documents accessible from Government Sharepoint
Workplaces *Updated March 2021*	*Download workplace action card*	Download - Corporate risk assessment example - Staff risk assessment form example
Care Settings *Updated March 2021*	*Download outbreak management for care home, supported living and extra care* *How to work safely in care homes guidance*	
Homeless and refuge settings *Updated March 2021*	*Download refuge and homeless support action card*	
Houses in multiple occupation *Updated October 2021*	*Download: COVID-19 information and advice leaflet for people in shared housing*	

1 2 4 6 7

Date updated: 20th October 2021

Educational settings – Barnet support overview

Lead: Rachel Wells Public Health Consultant, Sharon Smith Public Health Strategist

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Initially the approach was led by Public Health including receipt of notifications and incident management. This has now transitioned to Department of Education and Barnet Education and Learning Services (BELS) led with Public Health support as required. Public Health maintain overview of COVID secure management and incident management.

Regional advice and guidance	Local communication and updates	Local direct support	Workplace	Testing	Incident Management
• Government advice and guidance website • DfE helpline and shared information platforms • LCRC advice via DfE helpline • LCRC Shared platform	• Schools weekly e circular • Updates to schools (BELS) • Focussed Webinars and Q &A meetings • Attendance at Schools Leadership /Team meetings • Early Years Network meetings • FAQs • Targeted messaging and communications campaigns including public messaging. • Co-production of messaging and campaigns with schools as required.	• BECC advice and guidance • Public Health Consultant advice and guidance (rota) • Public Health Support Rota email advice • Regular meetings with University and other educational providers • BELS leadership support network • Sharing of good practice	• SHaW team support and guidance in developing setting risk assessments • SHaW Shared platform for guidance • Review of emerging risks and tailored advice • Review of RA in light of changing COVID response and management • Response to incidents and issues arising • Union and staff representation liaison	• Continued support and guidance for management of testing and messaging around testing • Shared learning (local and regional) • Communication campaigns	• Notifications to LCRC via D f E helpline • LCRC led management of incidents (RAG response) • PH input to ongoing outbreak management in educational settings linked to LCRC RAG rating response • Public Health oversight of local response including local com munications

Across all Educational settings including early years providers, maintained nurseries, primary and secondary schools, post 16 Colleges, Further education and Higher educational settings. Includes faith, special needs (SEND), independent educational settings.

Health and wellbeing- Barnet maintains whole system support for the health and mental wellbeing within the educational community utilising Government programmes such as "Wellbeing for Schools" and local based support through pastoral support networks, Resilient schools and individual support services such as Qwell (Staff) and Kooth (Students).

1 2 3 5 6 7

Date updated: 20th October 2021

Enhanced Response Areas (ERAs)

- UKHSA will provide enhanced support to local areas facing rising levels of transmission where the evidence suggest short-term additional support could slow or bring rates down.
- With prevalence varying across the country, the Enhanced Response Areas (ERAs) are designed to respond early to unusual rises in cases allowing more time to manage the disease and its impacts locally to avoid overwhelming local NHS pressure.
- ERAs will be designated through Bronze/Silver/Gold using analysis of caser rate data and local insight from RPTs and local DPHs. Once designated as an ERA, LAs will have access to a menu of support measures which they can chose to implement as part of a localised plan
- Local authorities are asked to submit a proposal which demonstrates how it will address the specific drivers of transmission. A weekly local authority data sense check is conducted, looking into case rates across age groups, case rate trajectories, hospital pressure and vaccination rates.
- Centrally developed aspects of ERAs are funded nationally with local costs to be funded through the existing COMF budget.
- The current ERAs approach includes:

supporting reduction of high-risk social mixing, through communications and coordinated guidance, including national funding to enhance local communications efforts

increasing case finding, through for example additional asymptomatic testing

reducing the transmission risk in schools, by enabling DsPH to work with education settings to stand up onsite testing, and discretion to work with secondary schools and colleges on the proportionate temporary reintroduction of face coverings

contributing to local vaccination efforts through additional logistical support including extended opening hours and community outreach

providing logistical support for example through helping coordinate a ground campaign, for example door knocking in key neighbourhoods to support the response

Date created: 7th October 2021

Enduring transmission

- Enduring transmission (ET) areas are those where COVID case rates remain above the national or regional average for a prolonged period of time. This historical analysis is combined with local insight from RPTs and local DPHs.
- Supporting areas facing enduring transmission will contribute to reduce inequality, as there areas tend to have long-standing patterns of deprivations and health inequalities.
- Areas of enduring transmission will be identified through Bronze/Silver/Gold using analysis of historical case rate data and local insight from RPTs and local DsPH
- Specific support measures to implemented as part of a localised plan developed with the backing of national and regional teams, depending on the epidemiological context, including:
    - access to testing capacity and communications support for hyper-local targeted testing
    - support to plan and maintain public health workforce capacity for COVID-19 response
    - capacity to support workplaces and businesses to be COVID-19-secure
    - national COVID-19 vaccines programme support to an area's local planning and activities, including supporting uptake of vaccination boosters in autumn
    - data and insight support, including evaluation of impact and sharing of 'what works'

Variants

As with other viruses, COVID-19 can mutate, creating new variants. A variant could have characteristics which may increase the risk of rapid transmission or severe disease or reduce the protection of vaccines. In response to variant outbreaks, response may include: testing, tracing and self isolation support, rigours outbreak management, and national and local communications. Higher risk settings will be identified and offered support following local and national assessment. The national response framework will seek to understand the impact of the variant, gather local intelligence from HPTs, and continuously monitor the national risk. If it is decided that the risk requires escalation, national partners will engage further with HPTs and local authorities to determine the best support that can be deployed to assist in responding to the variant and consider whether a national incident management team (IMT) is required.

Date created: 7th October 2021