



City of Westminster Cabinet Member Report

Meeting or Decision Maker:	Cllr Tim Mitchell Cabinet Member for Adult Social Care and Public Health
Date:	7 August 2020
Classification:	General Release
Title:	Covid19 Local Outbreak Control Plan
Wards Affected:	All
City for All Summary	City where People can live in a healthy, sustainable and safe environment
Key Decision:	Key decision, entry on forward plan
Financial Summary:	NA
Report of:	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health <i>Contact Details:</i> bflaherty@westminster.gov.uk

1. Executive Summary

- 1.1 Westminster City Council was required to publish a Local Outbreak and Control Plan (LOCP) by 30th June 2020. The plan sets out how local partners will prevent and contain local outbreaks of COVID-19 in the area of Westminster.
- 1.2 The LOCP will develop over time to respond to emerging evidence about the transmission of COVID-19 and lessons learned from local and regional outbreaks.
- 1.3 The national NHS Test and Trace programme was launched on 28th May, as a means of containing transmission of Covid-19 as restrictions are eased. The programme aims to rapidly increase testing capacity and identify contacts of confirmed cases, advising them to self-isolate for 14 days. Local Authorities have an important role to play in the programme, which is summarised in the LOCP. The Government has identified £300 million to support Councils and our local partners deliver these plans.
- 1.4 The LOCP was referred to the Health and Well Being Board on 9 July 2020.

1.5 On 18 July Local Authorities were given new powers to respond to a serious and imminent threat to public health and to prevent COVID-19 transmission in a Local Authority's area where this is necessary and proportionate to manage spread of the coronavirus in the Local Authority's area.

2. Recommendations

- 2.1 Note the Local Outbreak Control Plan (Appendix 1)
- 2.2 Approve that the Director of Public Health be authorised to make changes to the LOCP in consultation with the Executive Director for Adult Social Care
- 2.3 Approve that the strategic oversight of the plan be provided by the Bi-Borough Health Protection Board and the Bi-Borough Health and Well Being Board.
- 2.4 Note that £2,890,797 has been allocated by the Department of Health and Social Care. The payment sits within the dedicated Covid19 costs centre within the Public Health Reporting Hierarchy.
- 2.5 Note the new powers under the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 (the Regulations)
- 2.6 Note if the new powers under the new Regulations need to be exercised a separate report will be prepared for the Leader

3 Reasons for Decision

- 3.1 All Local Authorities were required to develop publish LOCPs by 30 June centred around the following seven themes
 - i. Planning for local outbreaks in care homes and schools
 - ii. Identifying and planning how to manage other high-risk places, locations and communities of interest.
 - iii. Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
 - iv. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
 - v. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook.

- vi. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
- vii. Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

4. Background, including Policy Context

- 4.1 The Test and Trace programme comprises the following elements: Contact tracing; PCR testing (to identify if people have Covid-19) and Antibody testing (to identify if people have had Covid-19)
- 4.2 Tier 1 of the Test and Trace programme deals with more complex outbreaks of COVID-19, where local knowledge and relationships are essential to successfully prevent and contain the spread of the virus. This is the joint responsibility of Public Health England and Local Authorities
- 4.3 Local planning and response is an essential part of the Test and Trace service, and local government has a central role to play in the prevention, identification and management of infection. Directors of Public Health were required to produce a local outbreak plan by end of June building on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. A Joint Agreement is in place between the Public Health England London Coronavirus Response Centre (LCRC) and London local authorities for supporting the management of COVID-19 incidents and outbreaks, including those in complex settings.
- 4.4 The implementation of the plan will be supported by, and work in collaboration with, the Bi-Borough Health Protection Board (BHPB), The Outbreak Control Oversight Group (OCOG), Outbreak Management Team and Incident Management Teams PHE. A Bi-Borough data hub has been established to manage and analyse the data flowing into the Local Authorities and to inform the local response.
- 4.5 The Bi-Borough COVID Health Protection Board (BHPB) brings together partners from across the Bi-Borough to oversee and provide strategic support and assurance on the WCC and RBKC strategies for outbreak control. The group is chaired by the Bi-Borough Director of Public Health. It reports to the sovereign borough Gold Group whenever those groups are active and the corporate Executive Leadership Teams at other times.
- 4.6 The Outbreak Control Oversight Group (OCOG) is a tactical level multi-agency group, chaired by the Tactical Lead. The group's role is to coordinate the local response to COVID-19 incidents and outbreaks, ensuring the 6 Pillar Local Authority Response strategy is met. This group is to meet exceptionally under the direction of the Tactical Lead.
- 4.7 Outbreak Management Teams maintain an overview of outbreaks in general settings, while Incident Management Teams are convened to manage specific incidents in individual settings. Normally, OMTs are convened by the Tactical Lead with support provided by the LCRC, while IMTs are convened by the LCRC with support of the local authority. However, for community cluster incidents, the local authority will convene IMTs.

4.8 An initial Equalities Impact Assessment (EIA) has been completed. A report was presented to the Health and Well Being Board (HWBB) on 9 July on Disparities in the Risk and Outcomes of Covid-19. It is generally known that certain groups with protected characteristics are disproportionately affected by COVID-19. A full EIA will be completed, and this will be continuously updated as the LOCP is a living document.

4.9 The Westminster LOCP was published on 30 June and presented to the Health and Well-Being Board on 9 July. The members of the Board noted the plan. The HWBB will provide a strategic overview of the plan and will be regularly kept updated with developments.

4.10 On 18 July Local Authorities were given new powers to 1) Restrict access to, or close, individual premises 2) Prohibit certain events (or types of event) from taking place 3) Restrict access to, or close, public outdoor places (or types of outdoor places). The regulations set out the conditions that must be met before the powers can be exercised. In summary there must be a serious and imminent threat to public health, the use of the powers must be necessary for the purpose of preventing, protecting against controlling or providing a public health response to the incidence or spread of infection by Coronavirus in the Local Authority's area. Any action must be a proportionate means to achieving the purpose.

5. Financial Implications

5.1 The Council has been allocated £2,890,797 to develop and implement an LOCP, working with a range of stakeholders across Westminster.

5.2 This funding allows us to ensure we have enough capacity within Westminster to respond appropriately to outbreaks when they occur, as well as prevent them from occurring wherever possible.

6. Legal Implications

6.1 Local authorities have statutory responsibilities for protecting the health of the local population from infectious diseases. Section 6C of the Health and Social Care Act (2012) requires Directors of Public Health to be responsible for the local authority's contribution to health protection matters, including the local authority's roles in planning for, and responding to, incidents that present a threat to the public's health

6.2 The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012

- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020 and the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 (the Regulations). Additionally, the local authority shares Health & Safety enforcement powers with the HSE, and enforcement action could be taken as appropriate and where necessary.

6.3 In the event the Council considers it needs to exercise any of the new powers under the Regulations a separate report will be prepared for the Leader.

7. Staffing Implications

Officers may be redeployed to assist with the LOCP. Any staffing costs will come from the monies allocated from central government to support LOCPs.

8. Consultation

The LOCP has been developed rapidly, with engagement from partners from across Westminster City Council and local partners

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDIX 1

[Westminster Local Outbreak Control Plan](#)

Appendix 2

New Lockdown Powers – separate document

BACKGROUND PAPERS:

[Coronavirus \(Covid-19\) report for HWWB 9 July 2020](#)

[Bi-Borough response to Covid-19 from Adult Social Care, Public Health, NHS](#)

[Disparities in the risk and outcomes of Covid-19](#)

NB: For individual Cabinet Member reports only

For completion by the **Cabinet Member for Adult Social Care & Public Health**

Declaration of Interest

I have <no interest to declare / to declare an interest> in respect of this report

Signed: _____ Date: _____

NAME: _____

State nature of interest if any

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(N.B: If you have an interest you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendation(s) in the report entitled

Covid19 Local Outbreak Control Plan and reject any alternative options which are referred to but not recommended.

Signed

Cabinet Member for Adult Social Care & Public Health

Date

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

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If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Head of Legal and Democratic Services, Chief Operating Officer and, if there are resources implications, the Director of Human Resources (or their

representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.

Other Implications

- 1. Resources Implications**
- 2. Business Plan Implications**
- 3. Risk Management Implications**
- 4. Health and Wellbeing Impact Assessment including Health and Safety Implications**
- 5. Crime and Disorder Implications**
- 6. Impact on the Environment**
- 7. Equalities Implications**
- 8. Staffing Implications – see paragraph 4.8, 4.9 and 4.10 of guide**
- 9. Human Rights Implications**
- 10. Energy Measure Implications**
- 11. Communications Implications**

Note to report authors: If there are particularly significant implications in any of the above categories these should be moved to the main body of the report.