



WALTHAM FOREST
**LOCAL OUTBREAK
MANAGEMENT PLAN**
MARCH 2021

Waltham Forest Local Outbreak Management Plan

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1 Foreword by the Leader, London Borough of Waltham Forest

Over the past year, we have had to face many challenges due to the COVID-19 outbreak and the ensuing lockdowns. We have made it our priority to protect the most vulnerable and support all residents throughout the crisis.

COVID-19 has highlighted every positive attribute of our borough, the generosity of our residents, the strength of our communities and the resolve of our most vulnerable. COVID-19 shone a light on food poverty and other inequalities and the pandemic in many cases exacerbated their impact. The response from communities locally has been nothing short of inspiring. Here in Waltham Forest we have collaborated with food banks, and with partners ensured those most in need have access to food in a safe and dignified way. During the early part of the pandemic, we provided 3400 food parcels to residents. Our food bank partners are now providing meals to over 2000 households a week and have seen an increase in recent weeks.

Since October we have provided 260,000 individual food items to our partnered food banks, in response to the increasing demand that food banks are facing. The distribution centre continues to support our partnered food banks with food to ensure that they can cope with the demand within the community. In recent weeks we have also supplied food banks with essential PPE to ensure staff and volunteers are protected whilst working on the front line to support our local community.

Through the councils Community Help Network we raised £39,000 for local organisations providing help to residents. This was made possible thanks to the unprecedented involvement of our local communities, with close to 4,000 people signing up to volunteer and assisting the Council in its response. We also raised £67,480 from a community crowdfunding campaign that received contributions from local partners that was spent supporting residents over Christmas and winter. We have and continue to provide financial assistance for people who needed to self-isolate.

With the publication of the Government 'Road Map' we are moving out of the third lockdown, but the pandemic is not over. We are still at a stage where we all need to follow the guidelines. As part of this progressive return to normal, the Council has been working to enable the reopening of non-essential retail. We have been helping local businesses to adapt to be ready to trade. In addition, we have started re-designing public space for businesses to trade, while encouraging visitors to safely walk and cycle to their local High Streets. We have so far adapted 2,325 meters of pavement and suspended footway parking in a number of locations to make social distancing easier and to help active travel.

Moreover, following the Government's announcement that schools should open for all children from 8th March 2021, whilst we share the concern of parents and teachers for the safety of children, families and staff around any return to school, we have been and are working with our schools to implement testing and plan how the opening of schools for children could be done safely. To date we have carried out over 27,000 tests in schools. The safety and the wellbeing of students has been the paramount concern.

Looking forward, the safety and health of everyone in the borough remains a priority. Avoiding outbreaks and managing them when they occur is essential for everyone in Waltham Forest. Our borough is one of the most diverse in London, and we recognise that many communities are particularly at risk. That is why we seek to ensure we address issues of inequalities, access and outcomes at every stage.

The Test and Trace service is a key component of the work we are doing to safely allow further easing of the lockdown and in Waltham Forest we have developed a comprehensive testing offer for all residents ranging from static testing sites where no resident has more than a 15 minute walk to the

test centre, to the roll out of testing in settings targeting some of our most vulnerable residents and the staff and volunteers who support them, and supporting the reopening of businesses to ensure they are COVID-19 Safe for both staff and customers. To date we have carried out nearly 42,000 tests.

As part of the wider national Test and Trace programme, local authorities have been asked to up-date their Local Outbreak plans. This Local Outbreak Management Plan sets out how we will achieve this goal of managing sporadic local COVID-19 surges by testing, tracking and tracing as we move through 2021. It outlines the measures we will take to get potential future localised outbreaks under control including in schools, care homes, workplaces and wider communities. It will allow us to maintain and improve the health of our communities and to ensure an effective response to any possible rise in COVID-19 cases in Waltham Forest.

This is not only about responding to outbreaks. This plan will enable us to reduce the risks in the first place and is a crucial part of the recovery. It will allow us to safely enjoy everyday activities, such as visiting local businesses, seeing friends and family or going back to school.

To prevent and manage outbreaks in the best way possible for our community, we will regularly review and test the plan to implement improvements. The plan will also be based on national and local science and data, and we will be responsive to any changes.

Waltham Forest residents have been key to support the response to the COVID-19 crisis. The dedication and compassion of volunteers were essential to protect the most vulnerable among us. We are again counting on your cooperation in implementing this Local Outbreak Management Plan. Together, we can protect the health and wellbeing of everyone in Waltham Forest.

2 Introduction

As we move into the next stage of the COVID-19 pandemic, and the easing of lockdown restrictions following the UK Governments publication of the COVID-19 Response – Spring 2021 ‘Road Map’ on the 22nd February 2021, we are continuing to work closely with our health, community and policing partners to tackle COVID-19 through a comprehensive Test and Trace offer to our communities, preventing, identifying and containing local outbreak of new variant COVID-19 if it occurs, and supporting the delivery of vaccinations across the borough.

In June 2020, we developed and published the Local Outbreak Control Plan for Waltham Forest. This plan outlined how we aimed to prevent the spread of the virus whilst also planning for the possibility of a second wave to protect our community’s health, lives and freedoms should one occur. We now know that a second wave became a reality and we have continued and expanded our approach to outbreak prevention. This update, now called the Local Outbreak Management Plan, continues the intent to specifically address the needs of our community, working alongside our residents, businesses, faith groups and organisations.

Waltham Forest Mission Statement:

“In Waltham Forest, preventing COVID-19 and supporting the roll out of vaccinations will be our top priority. Working with our local partners and diverse communities, we will work to ensure that all of our residents, organisations and businesses have the information they need to take responsible action to protect their health and that of our most vulnerable residents. Through deepening our work with our communities, we will allay concerns and provide extra support where needed.

In the event of an outbreak, our preparations mean we will be ready to take urgent action to manage and contain this quickly, knowing how to reach those we need to. We will continually learn from data and our residents’ experiences to improve our approach to help save lives and protect freedoms across the borough.”

2.1 The role of the local authority working with regional and national structures

At a national level, the role of NHS Test and Trace is critical to preventing local outbreaks. NHS Test and Trace is a central part of the government’s COVID-19 recovery strategy to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. NHS Test and Trace will deliver the national testing service and undertake manual contact tracing.

Across London, the London Coronavirus Response Centre (LCRC) has overall responsibility for the testing, tracing and initial response to outbreaks in complex settings in London. The LCRC assesses need across London to deploy testing resources swiftly as well as leading on complex outbreaks in London settings.

The role of local authorities is to put in place measures to prevent, identify and contain local outbreaks by developing and delivering a Local Outbreak Control Plan to reduce the spread of the virus in the borough. We have done this and will continue to do so. Local authorities will work with the national and regional partners to monitor potential community outbreaks and provide localised support. We will continue to provide support for the most vulnerable in our community and those who need to self-isolate and use local knowledge to communicate and engage with residents.

Since the initial publication of the Outbreak Control Plan in June 2020, the role of the local authority in direct response to local outbreaks, and in overall response to levels of COVID-19, has substantially increased. This includes the development of a comprehensive community asymptomatic testing offer across the borough, the development of a Local Contact Tracing Partnership to reach residents that

the national service couldn't, a new role in delivering financial support to those isolating, and taking the lead role in response to outbreaks in settings of concern over from LCRC, particularly with regard to support to schools and care homes.

The new programme of vaccination, both locally and nationally, involves wide amounts of collaboration across the system. National organisations such as NHS England, work in collaboration with local organisations and providers, including the local CCG, community health trusts, hospital trusts, GP's and pharmacists to deliver vaccinations as quickly and accessibly as possible. The local authority supports this with provision of sites, staff, resources and a strong focus on communications and engagement.

2.2 Waltham Forest principles

Tackling COVID-19 and protecting the health, lives and freedoms of our residents is our top priority. As an urban borough proud of its diversity, the challenges posed by COVID-19 are significant and unprecedented. Waltham Forest has 53 care homes, a higher proportion of residents over 70 than many of our neighbouring boroughs and over 3/5 of residents are from a BAME background - groups we know have been disproportionately affected by COVID-19. It is critical that our Local Outbreak Control Plan is tailored to suit the needs of our communities.

The Waltham Forest approach is defined by three guiding principles; communication and community engagement, prevention and review & improve. It is underpinned by the National Principles for outbreak planning, best practice guidance and the National Guidance thematic areas.

Waltham Forest Principles:

- 1) **COMMUNITY ENGAGEMENT and COMMUNICATION:** *For this plan to succeed we have to communicate with, hear from and work with local communities.*
- 2) **PREVENTION:** *The plan will focus on active prevention, supporting and enabling communities, residents and organisations with vaccination, testing, information, guidance, advice and support.*
- 3) **REVIEW & IMPROVE:** *The plan will remain 'live' evolving in response to changes in national and local science, data, policy and experience of COVID-19.*

Our key commitments:

- Supporting the roll out of vaccinations and protecting our communities is our highest priority. We will continue to work with NHS, Primary Care and community partners by providing testing venues, support staff and training vaccinators to roll out the national vaccination programme.
- Continue to develop and adapt our comprehensive Community Testing offer that includes PCR, Community Testing, testing in settings and the roll out of Community Collect (home testing) and ensure it is available to all residents, protects our most vulnerable citizens and supports the safe reopening of economic and social life.
- Supporting schools and early years settings to re-open, stay open and stay safe.
- Use our representative citizens panel to test and improve our approach and enable greater engagement. We will continue to engage with the panel and all our citizens.
- Continue to recruit and enable 'stay safe/play safe' champions. We will continue use these champions to share information and engage with communities including those who are harder to reach.
- Prioritise the reduction of inequalities in both access to support and health outcomes related to COVID-19 and more broadly. We will continue to refresh and implement action

plans to increase testing and vaccination take-up in groups disproportionately affected by COVID-19 including our various BAME communities, and among older residents.

- We will continue to link and work closely with local, regional and national partners to share learning and strengthen our approach.

2.2.1 Community Engagement and Communication

Overview of principle: *For this plan to succeed we have to communicate with, hear from and work with local communities.*

Community Engagement

Engaging Waltham Forest's diverse communities has been a central pillar of our approach to tackling COVID-19. It is only through our partnerships with local charitable, voluntary and faith organisations have we been able to support all those who need our help. Working with the local Faith Leaders Forum has informed our approach and helped ensure we considered particular needs, allowing us to address issues that have presented themselves as a result of COVID-19. Working more closely with the organised faiths present in Waltham Forest has improved our collective efforts.

Throughout the pandemic we have sought to engage residents, face to face and remotely, as we have needed according to restrictions. The community continues to play a hugely significant role in supporting each other throughout COVID-19. To inform our work we created a representative Citizens Panel of 75 residents from across the borough. Working with them they are helping us shape our ongoing approach to COVID-19.

We have recruited Stay Safe Champions and Play Safe Champions to engage our communities to provide advice and information about how we can minimise risks and stay safe during the pandemic (e.g. hands, face, space). These Champions have been a vital asset. These are a combination of staff and volunteers from the local area, trained to promote messages within local communities. They promote testing and vaccination, particularly amongst those areas that most need our help. Vitality they continue to work with our most vulnerable residents, to promote key COVID-19 safe messages, social distancing, and raising awareness of the support available from the council.

Our Stay Safe Champions have provided over 108,000 masks to residents, visitors and council employees. As well as both providing direct protection and support for mask-wearing as an NPI (non-pharmaceutical intervention), this mask provision has notably increased engagement with the Champions, allowing for better conversations and higher chance of key messages landing with residents. Our online engagement has enjoyed similar success. We have hosted online webinars, most recently on Facebook live, to inform and engage communities and businesses. Over 70,000 people watched the first four webinars of 2021.

Community engagement has been key to delivering an effective testing offer, both in delivery of testing through community sites, and promotion to our residents. This includes testing for the homeless and rough sleepers, Foodbanks, and work in development with places of worship. A key aspect of this development is engagement and co-production with settings to develop and deliver a testing solution that meets their needs and maximises community engagement and use.

Continuing to engage with all our communities remains critical. We need to still encourage residents to get tested, take up of the vaccine, and follow the rules as we emerge from lockdown. Ensuring all members of our community are engaged and informed will help minimise the ongoing impact of COVID-19. Ensuring everyone in Waltham Forest keeps healthy and safe is our common goal and everyone has a part to play. Waltham Forest is a thriving place because we care about each other, and

we want to protect our loved ones and neighbours. If we do not continue to support each other and follow guidelines, this will severely affect the health of our most vulnerable, the livelihoods of our businesses and town centres, and the wellbeing of everyone. We will continue to work together to protect those among us who are most vulnerable, keep our freedoms and get back to normality life.

To help achieve all this the council and the community will continue to work together to prevent, identify and control local outbreaks. We will use our collective expertise, understanding and ability to reach the different communities that make up Waltham Forest. A key part of this will be our ongoing two-way dialogue with residents to deepen our understanding of barriers, address areas of concerns, and provide any extra support that is needed. This will also help us improve our approach. To support this, we have put in place local outbreak surge testing plans to respond to local outbreaks and we will continue to communicate with communities who are affected by this.

Key Actions and Priorities: How we will work together to tackle COVID-19



Communications:

Waltham Forest Council has communicated with residents clearly, and consistently, throughout the pandemic. The council has made the entirety of its communications team, its efforts and their channels available to support the local effort for the last year. This significant effort has had a positive impact on the health and wellbeing of residents. It has encouraged residents to stay safe, follow the guidelines, take up the vaccine and continue to get tested, use the support on offer from the council, and continue to look after those around them. The efforts of the team have been evaluated to help inform our ongoing approach. Between September 2020 and February 2021 resident satisfaction with the communications of the council increased from 87% to 92% of respondents.

To help residents stay safe we provide the practical guidance we all need to know. We produce information in the 13 most frequently used languages of the borough and use these messages across

a range of online and offline, free and paid-for channels. We regularly send Waltham Forest News, our local community paper to c. 97,000 homes in the borough. We have also sent 2x 16-page leaflets covering staying safe, testing and vaccinations. We send twice weekly e-newsletters to c. 180,000 email recipients. There clearly remains an interest and appetite for regular updates from trusted sources as the e-newsletters are routinely opened by over 60,000 each edition.

Recognising residents need easy to understand and accessible information we produce and share video. The videos feature residents, community leaders and volunteers to promote testing, vaccination and the need to follow the latest guidelines. A video featuring the local Chair of the Council of Mosques was viewed by over 28,000 people.

We anticipate our future communications will continue to promote key messages and priorities including:

- Taking up the vaccine
- Getting tested when needed
- Staying safe
- Using the help available.

We will continue to ensure that our local effort is aligned with national and regional campaigns and messaging whilst reflecting our particular needs and requirements. A key aspect of our communication strategy has been, is and will be how we reach all in our community, helping everyone continue to stay safe, particularly as society emerges from lockdown. We will continue to support our Stay Safe and Play Safe Champions, ensuring those engaging with our residents and visitors have the information and practical tools they need. And we will continue to communicate when hospitality, retail, service and transport opportunities reopen, ensuring we come out of lockdown responsibly.

Promoting vaccine up-take remains a priority, ensuring those who may be hesitant have the information they need to make an informed decision. We will use the online and offline channels and means we need (including billboards, digital displays, advertising at transport links and community settings) to promote up-take, give facts about the vaccine, and address those most vulnerable within our communities.

Key Actions and Priorities: How we will communicate with residents**2.2.2 Prevention**

Overview of principle: A focus on active prevention supporting and enabling communities, residents and organisations with vaccination, testing, advice, information, and support.

While the Local Outbreak Management Plan details the necessary steps that will be taken in response to any outbreaks that occur locally, it is far better to prevent them from happening in the first place. This principle focuses on the idea that we want to put as much effort into proactive prevention of disease spread, whether in the broader community or in specific high-risk settings, as we would in reacting to a developing situation.

Prevention is a key theme throughout the outbreak management plan and all workstreams within the plan contribute to preventing cases, spread, illness and deaths from COVID-19. For example, good community engagement and compliance with COVID-19 regulations and COVID-19 secure measures will help reduce the amount and spread of COVID-19. High levels of testing and contact tracing will identify early people with COVID-19, so that action can be taken to prevent spread to others. High levels of vaccination uptake will help provide individual protection from COVID-19 and reduce illness and deaths from COVID-19. Support to settings and vulnerable people will ensure that settings have the knowledge and support to prevent and manage COVID-19 outbreaks in these settings, and that vulnerable people have the support and resources they need whilst shielding or isolating.

Effective prevention in the general population will involve using the community engagement and communication(s) already detailed, to keep a focus on the general preventative messages around:

- Hands: Hand washing and cleaning

- Space: Practising social distancing
- Face: Correct use of PPE facial covering(s)
- Following national lockdown guidance and Road map stages
- Regular rapid testing without symptoms for all advised to do so (e.g. if you are going out to work, secondary school children etc.)
- Getting PCR tests when you have symptoms
- Engaging with NHS and Community Test and Trace, and isolating when required
- Vaccine up-take

We also aim to continue support and develop the testing, advice and information offer to higher risk settings, including care providers, schools, workplaces, religious settings, developing appropriate tailored support in partnership with them to meet their needs and address risks.

Key Actions and Priorities: How we will prevent the spread of COVID-19

<p>Work with settings to implement effective LFD testing. This will include targeting vulnerable groups and staff and volunteers who support them.</p>	<p>Ensure all settings aware of Single Point of Contact arrangements to identify and contain outbreaks as quickly as possible</p>	<p>Maintain an active list of potential high risk places and locations to disseminate information</p>
<p>Working with all local businesses. Supporting them to establish LFD testing, wider advice and information, and run economically viable but safe businesses</p>	<p>Regular Public Health monitoring of epidemiological data to identify emerging local risks of increased infection at the earliest opportunity and act on intelligence.</p>	<p>Provide webinars for local settings to support infection prevention planning as the 'Road map' is implemented and the economy and communities open up.</p>
<p>Continue to target priorities, resources and activities to population groups with the highest need and according to the implementation of the COVID-19 response 'Road Map'</p>	<p>Continue to break down public health data by a range of characteristics to continue to identify hard to reach groups and areas of inequality e.g. rates of COVID-19 infection, testing and vaccine take-up.</p>	<p>Continue to work in partnership with health and community colleagues e.g. the CCG and others to offer information, data sharing and enforcement.</p>

2.2.3 Review & Improve

Overview of the principle: The plan will remain 'live', evolving in response to changes in national and local science, data, policy and experience of COVID-19.

COVID-19 and our response to it has and is changing rapidly. Whether due to changes in the national or local patterns of disease, amendments to national guidance, emerging evidence or new best practice examples of effective disease management, or through feedback from our communities there will always be a need to update and adjust our local response to ensure it's the best it can be.

We are explicitly building this in to our Local Outbreak Management Plan, acknowledging that it must constantly adapt and evolve with new knowledge in order to remain suitable for our residents' protection. This principle means that we will be engaging in ongoing regular review and incorporating

learning from experience, to keep the plan and our direct service(s) response up to date and fit for purpose.

Since the beginning of the pandemic, we have been faced with a changing landscape, changing infection rates and changing residents' behaviours. This has manifested itself in multiple lockdowns, changing of restrictions and increased uncertainty. In response to each wave of COVID-19 and the changing environment we have sought to engage with residents to communicate advice and information and to understand their concerns which has been used to shape our proactive response. Examples of how we have responded includes the delivery at pace of a comprehensive testing offering available to all residents within no more than a 15minute walk. We have worked in partnership with the voluntary and community services to put in place tailor made testing to support the vulnerable (e.g. foodbanks and extra care housing) and have developed a testing offer which develops testing outreaching into hard-to-reach communities (e.g. faith based settings and community groups). The vaccine has been a beacon of light for our residents, we have worked in partnership with our health colleagues to ensure a vaccine is offered to all our communities at the appropriate time.

Our aim is to ensure that we maintain and develop models of good / best practice, that we work with and learn from our local, regional and national partners, that we listen to our residents, that we respond to changes in national policy and that we maintain a flexible approach that enables us to respond as the situation dictates.

Key Actions and Priorities: How we will review & improve our response



3 Planning for local outbreaks in care homes, schools and other high-risk settings

3.1 Objectives of the chapter

It is important that we are prepared to successfully manage outbreaks when they occur to minimise onward transmission of the virus. We have considered schools (and other childcare settings) and care homes, as two of the highest risk settings we are working with. Our experience since June 2020 has shown the vast majority of reported confirmed cases and outbreaks, that LBWF has supported with, have occurred in these two settings.

In addition, we are also asked to consider other high-risk places, locations and communities. We have therefore also considered actions and strategies required in a number of other outbreak scenarios occurring in relation to high-risk settings (potentially vulnerable and hard to reach groups) and we have engaged with community partners across Waltham Forest. These include:

- Workplaces
- Home from home environments including HMOs and student accommodation
- Homeless hostels
- Extra care Housing and Supported Living
- Foodbanks
- Early Years settings
- Libraries
- Leisure centres
- Community clusters (including faith-based settings)

As well as places of employment we are targeting settings that are shared environments and services where vulnerable people live, visit, attend or use and where support staff and volunteers work or outreach into. Some of these settings are provided by the Local Authority, while others are the responsibility of commissioned providers and many are independent of the local authority altogether. This will determine the exact set of actions that are possible or appropriate in each situation but in all cases, we have and will seek to work in partnership with settings and providers. In each situation, actions will be taken by the local authority, the London COVID-19 Response Centre (LCRC) and management staff within the setting itself. When required, an Incident Management Team (IMT) will be convened either by the LCRC or the local authority, bringing the key partners together to work to manage the outbreak and reduce onward transmission. **Appendix 1** sets out the data flow during outbreak management.

Outbreak Management within the Local Authority

The majority of notifications of confirmed cases or outbreaks in high-risk settings come to the local authority via the Single Point of Contact (SPOC) email address (public.health@walthamforest.gov.uk). This is monitored 7 days a week, with initial triage by business support staff. All reports of cases of COVID-19 go to a public health consultant, who operate 7 days a week via rota. On working days, they are supported by 1-2 public health strategists from a pool of 8 trained staff, with ability to flex additional resources if required.

Response to notifications is initially determined by the duty consultant and may involve the consultant or strategist following up via phone call or email. Details of response pending on setting are provided below, but overall response may involve the use of staff from:

- Communications

- Enforcement/Environmental Health
- Infection Prevention Nursing staff
- Education
- Health and Safety
- Integrated Commissioning
- Social Care
- Local Contact Tracing Service
- Local Testing Service
- Local volunteers (e.g. Stay Safe Champions)

The objectives of this chapter are to:

- Set out key actions that are being taken in response to outbreaks in each of these settings by each of the three key players involved; the local authority, the LCRC and the setting themselves.
- Set out actions that will improve awareness among all settings of the need to inform the local authority Single Point of Contact (SPoC) if outbreaks are suspected in order to allow control measures to be implemented at the earliest possible opportunity.
- Identify which teams will provide support to settings during and after outbreaks have occurred.

3.2 Care Homes

3.2.1 Prevention

As with any public health plans, prevention is integral to our approach. The local authority and partners have worked to advise and support care homes in our borough to implement national guidance, for example on areas such as infection prevention and control (including use of personal protective equipment). This has also included supporting care homes to access COVID-19 testing, both asymptomatic testing (for all residents and staff to identify any individuals who may have COVID-19 without showing symptoms) and testing for those with symptoms.

An infection control action plan for care homes has been developed and implemented and is overseen by a care homes strategic board (see **Appendix 2**). As part of the plan, care homes have been supported with guidance and funding (infection control fund) to implement infection control measures to prevent cases/outbreaks of COVID-19. Other key themes in the action plan include:

- Personal protective equipment (PPE)
- Infection control training and guidance
- Testing
- Workforce
- Clinical support
- Vaccinations

Care homes have also been offered free infection control training for their staff. By supporting care homes to have in place robust infection control arrangements, this has helped care homes to prevent or minimise the number of COVID-19 cases in care homes and reduced the risk of COVID-19 transmission and outbreaks. This has taken place alongside regular communication to care homes e.g. fortnightly teleconferences and drop-in infection control webinars, to identify and respond to any support needs they have had. Care homes also have in place infection control policies for their own homes including business continuity arrangements.

As the 'Road Map' is implemented and visitors return to Care Homes and seeing their loved ones we will work with Care Homes to ensure that effective of testing for visitors is set up and implemented in line with Government Guidance.

We are now also collaborating with Care Homes and health partners to ensure the effective roll out of vaccines to all residents and staff whilst taking account of the complexity of capacity and consent issues for some residents.

3.2.2 Monitoring arrangements

Crucial to a swift and effective response to any outbreak is ensuring that it is identified, and control measures put in place at the earliest point possible. Care homes are asked to notify both the local authority and the LCRC when an individual or resident has symptoms of COVID-19. This means that when cases do occur, partners can ensure the care home has access to support to prevent any spread of COVID-19. The LCRC offers 7 day a week support to care homes experiencing an outbreak, and a protocol is in place to follow up with any care homes notifying the local authority of an outbreak.

3.2.3 Management of an outbreak

The initial steps to control an outbreak will usually be taken by the care home itself. These involve arranging for symptomatic individuals and those they have been in close contact with to isolate (e.g. in their own room), cleaning, ensuring adequate arrangements are in place for infection control (e.g. sufficient supplies of required PPE, cleaning, hand hygiene, cohorting staff, etc). The care home is also asked to notify the LCRC and local authority commissioners at this point. The LCRC will support the care home to access testing for symptomatic residents (and others as required), provide initial advice around infection control and provide guidance to follow. The local authority will follow up with the care home and put them in touch with the local CCG infection prevention and control lead who can provide more in-depth infection control advice/support.

Should this become a larger outbreak, the LCRC and local authority would establish an Incident Management Team. The LCRC will then lead on managing the outbreak and advising on the steps to be taken to minimise transmission of the virus within the setting. The local authority role is to contribute other important aspects of the response, by leading on communications with partners and the community, supporting the care home (e.g. with PPE, infection control training, guidance and support) and also providing follow-up support to prevent any future outbreaks.

Care home business continuity plans (BCPs) will also form an important element of the response to outbreaks or situations where a number of staff may be required to isolate at the same time. Appropriate PPE and thorough risk assessments will act to substantially reduce the risk of such scenarios occurring, but BCPs must be fit for purpose to ensure prompt and effective actions to minimise disruption to care across the borough.

The mini-plans in **Appendix 3** set out high level actions to be taken within each of the identified settings by the setting itself, the LCRC the local authority and other relevant partners.

Key Actions: How we are and will support residential homes.

Continued roll out of vaccinations in Care Homes in partnership with Primary care

Continued support for the implementation of PCR and LFD testing regimes as Care Homes open to visitors

Support Care Homes to use infection control funds and monitoring spending.

Infection control audits with health partners of Care Homes complete. Best practice support and training ongoing

Incident management meetings following significant outbreaks in Care Homes. Identify shared learning and support to prevent future outbreaks

Continued joint incident management responses to outbreaks and partnership working between integrated commissioning, Public Health and the CCG

Weekly provider briefings from integrated commissioning, public health and social care e.g. up-dates on national guidance

3.3 Schools and childcare settings**3.3.1 Prevention**

The landscape for schools and other childcare settings has significantly changed over the course of the pandemic. In the periods when schools have been open for large numbers of pupils, preventing outbreaks occurring, and curtailing the spread of COVID-19 within, has seen a significant focus of effort.

Supporting the publication of the Road Map¹ and the reopening of schools scheduled for March 8th the government has published schools coronavirus operational guidance². This provides an updated version of the system of controls that when in place, will reduce risks in educational settings and create a safer environment for pupils and for staff. The main addition to the system of controls is the inclusion of asymptomatic testing for staff, pupils and their families and updates to the guidance around the use of face coverings in schools, whilst rates in the community remain relatively high.

Guidance for schools on implementing asymptomatic testing has been published by government³ and the local authority has extensively supported schools in the scale up of the testing offer. Guidance for asymptomatic testing for primary and maintained nursery school staff has also been published⁴. Waltham Forest has been pro-active supporting educators and students, ensuring asymptomatic LFD testing regimes have been put in place for FE colleges, Secondary and Primary Schools from December

¹ www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021

² www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak

³ www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges/coronavirus-covid-19-asymptomatic-testing-in-schools-and-colleges

⁴ www.gov.uk/government/publications/coronavirus-covid-19-asymptomatic-testing-for-staff-in-primary-schools-and-nurseries/rapid-asymptomatic-coronavirus-covid-19-testing-for-staff-in-primary-schools-school-based-nurseries-and-maintained-nursery-schools

2020 and January 2021 respectively. Further, asymptomatic LFD testing pilots were put in place for independent early years settings in February 2021 prior to the roll out of the government testing offer to these settings. To support the reopening of schools on March the 8th we have put in place further testing of pupils' support for secondary schools through the initial 2-3 week re-opening period.

Schools have been provided with a template and guidance on conducting individual staff risk assessments to enable effective control measures to be put in place to ensure their ongoing safety. Templates have also been provided for whole school risk assessments and schools have been advised to update these prior to full reopening on 8th March. Schools and childcare settings in Waltham Forest have access to government and local guidance documents covering what to do in the event of a suspected or confirmed case of coronavirus, via the Hub website, as well as guidance on testing and interpretation of results. Waltham Forest has previously provided supplies of PPE to schools and early years settings to be used in the event of a suspected case in the setting and where 2m social distancing cannot be maintained. Waltham Forest has also provided access to face coverings for staff and for pupils in schools.

3.3.2 Monitoring arrangements

When a child or staff member in an education or childcare setting develops symptoms of COVID-19 they will be sent home, given isolation advice and advised to book a COVID-19 PCR test as soon as possible. There is guidance for schools and settings to follow whilst children are awaiting collection by their parent / carer. Settings must also be cleaned using the [guidance for cleaning in non-healthcare settings](#).

In the event of a confirmed case of COVID-19 in a child or staff member schools are advised to follow the guidance in the LCRC schools resource pack and, in addition they can contact the Department for Education helpline for further advice and support. Ofsted registered childcare settings are advised to contact the DfE helpline for all confirmed cases in their setting as they may be less familiar with the steps to take regarding identification of close contacts, cleaning required and communications. Ofsted registered childcare settings should also notify Ofsted.

On notification of a confirmed single case, the DfE will work with the setting to establish if the individual was in the setting during their infectious period (in the 48 hours prior to symptom onset, or no symptoms in the 48 hours prior to the test, until present). DfE will then provide advice on the definition of a close contact and any children or staff meeting this definition and who had close contact during the case's infectious period, will be advised to self-isolate for 10 days from point of last contact.

All Waltham Forest school and childcare settings are informed that they should notify the SPOC public.health@walthamforest.gov.uk. Waltham Forest will provide support and advice to the setting and confirm any steps already taken by the setting with regards to identification and self-isolation of close contacts. The information on confirmed COVID19 cases is recorded on our local data recording system which tracks the number of cases and contacts and the advice provided to every setting. This information flows through to a reporting dashboard which gives dynamic, up to date information on the number of cases and associated close contacts linked to education and childcare settings in the borough. This information is used to review the support needed for settings.

Since Sept 2020, schools have become very experienced in the actions necessary when a positive case is detected, meaning the level of support required around non-complex cases is lessened. However, the actions taken by schools for all cases reported to the SPOC are reviewed, with follow-up where actions were unclear or suspected of not being in line with guidance (e.g. incorrect isolation dates, especially low or high numbers of contacts identified). Early Years settings are prioritised for support, due to less assumed familiarity with the guidance.

Feedback from education and childcare settings on implementation of the guidance, challenges they are facing and feedback from parents is also being captured by local authority schools and childcare services via regular communication and virtual meetings with Headteachers and Ofsted registered childcare business owners and managers.

3.3.3 Management of an outbreak

A weekly meeting takes place between Council Officers to review the data on cases in education and childcare settings within the borough. The Health and Safety team (for maintained schools) and our Infection Prevention Control support within the school health team are available to provide support to settings where it is identified that there is evidence of potential transmission within the setting.

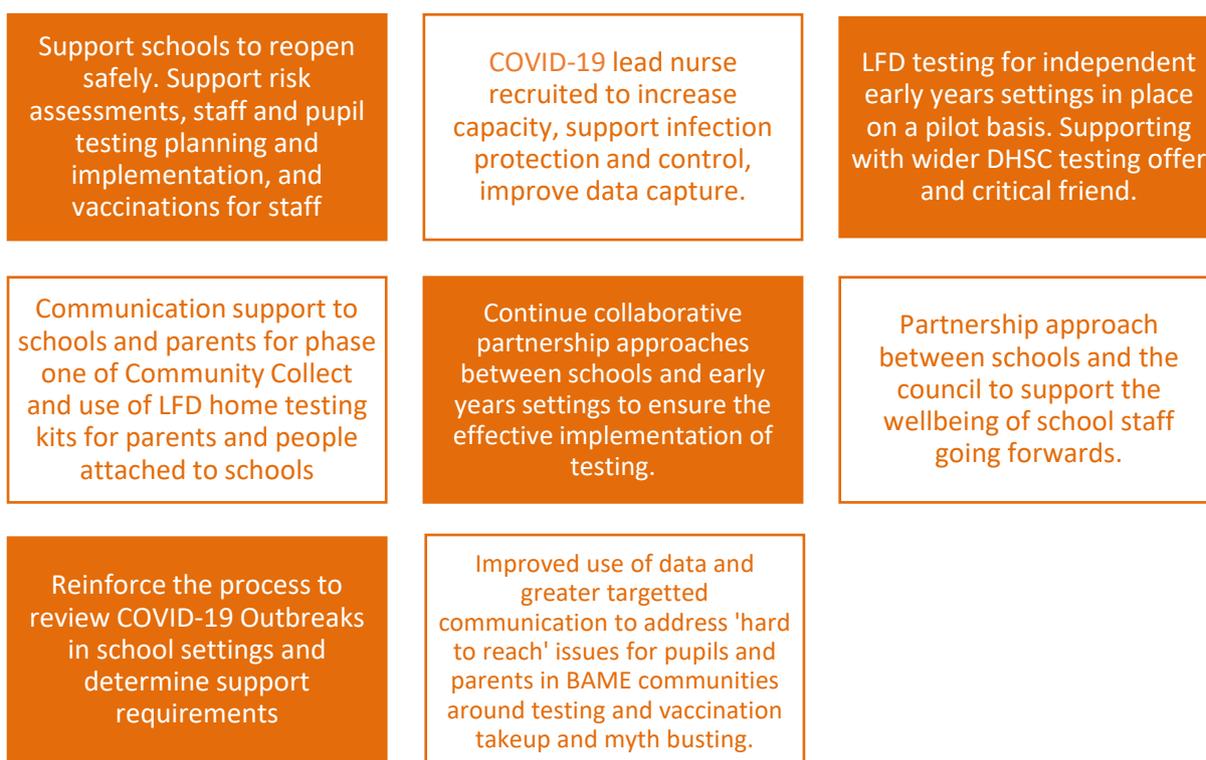
Where settings reach the outbreak threshold for LCRC advice and support, they will be advised to contact them for further support.

In these scenarios, the LCRC will contact the school to gather further information and conduct a more detailed risk assessment to consider the severity and spread of the outbreak, current control measures and the wider context. The LCRC will liaise directly with the local authority and either body may decide if it is necessary to convene an Incident Management Team (IMT). The IMT may determine that it is necessary to undertake additional asymptomatic testing of the children and staff in order to understand the transmission in the setting.

Where LCRC capacity is limited due to higher rates of COVID-19, the local authority can and has taken on responsibility for more of the direct support required around an escalating outbreak situation.

Following the delivery of the risk assessment, isolation advice and communications, the local authority will provide ongoing support to ensure that the school/childcare setting is able to implement infection control measures and to ensure that further transmission and spread can be prevented. This will include regular contact with the setting, infection prevention control support, and advice around communications. The LCRC provide letter templates for schools and childcare settings to use in response to an initial case or outbreak. In the case of an outbreak, the LCRC and local authority will work closely with the school or childcare setting advising on ongoing communications to keep parents updated and informed. The local authority will also liaise with partners in health settings such as at Whipps Cross Hospital and local GP surgeries to ensure that they are prepared for a potential increase in children attending with COVID-19.

In the event of a larger outbreak, schools / childcare settings may be required to provide a daily line listing (a list of all the children / staff attending the setting and whether they are isolating due to symptoms, isolating due to being contacts, or if still in the setting) to the Public Health Single Point of Contact and the Incident Management Team (if established).

Key Actions and Priorities: How we will support schools and early years settings**3.4 Other settings (high risk locations)****3.4.1 Prevention**

The government announced the roll out of rapid workplace testing for businesses with 50 or more employees on the 7th February 2021. Registration for testing support can be found here www.gov.uk/get-workplace-coronavirus-tests. We will continue to take action to support all local businesses to conduct thorough risk assessments of their workplaces and public spaces, and to implement LFD testing within work settings. For business with fewer than 50 employees testing is available through the Borough Community Testing static sites (LFT) and Local Testing Sites (PCR). LFD testing support in businesses with fewer than 50 employees is also being offered through our testing in settings approach. Local testing advice and support is also being made available to larger employers. This will ensure the necessary steps are taken to minimise risk of transmission as far as possible. By taking a partnership approach with staff and unions and clearly communicating the reasons for the measures implemented, confidence and acceptance will improve among employees and members of the public to resume their daily lives.

Resources

At the start of the pandemic, we immediately established a team of officers across a range of services to carry out COVID-19. audit and compliance checks. This Enforcement Team of approximately 40 officers were tasked to carry out COVID-19. compliance work 7 days per week, many on a part-time basis around other BAU tasks. We were able to use the pool of officers to flex resources as necessary to meet demand peaks. Outside of lockdown or periods with significant COVID-19. restrictions in place, the work of these officers will transition to BAU but we have retained the agility and flexibility to stand up officers should the need arise in response to any increase in the level of disease in the borough.

Partnership working

During the pandemic, the government enacted various restrictions to enforce social distancing to prevent the spread of COVID-19. Responsibility for enforcing these regulations was given to local authorities and/or the police. We built upon existing arrangements to establish even stronger partnership arrangements with police colleagues to ensure compliance with the COVID-19. rules. We have shared intelligence and provided mutual support to enforce our respective legal powers and these arrangements will continue.

Approach to compliance and enforcement

Wherever possible and appropriate, we have adopted a staged approach to enforcement, seeking to secure compliance through engagement, advice and education using the '4Es' approach: officers have observed a high level of voluntary compliance and a willingness of individuals and businesses to follow the rules. However, we have used the full range of new and existing legal powers to secure compliance with the rules and ensure the safety of our residents wherever necessary. This general approach will continue.

Workplace locations

All national guidance on safe working practices, including guidance produced by HSE, will be clearly communicated to businesses through newsletters, website and social media. It is also important that we, as the local authority, lead by example and ensure that all our own workplaces are fully risk assessed and safe for our staff and visitors.

Many workplaces have and will need to make significant adaptations to reduce risk to employees, visitors and customers. Small to medium enterprises make up a significant proportion of the businesses in Waltham Forest and may have fewer resources to draw upon to implement prevention measures. As a result, we know they may require additional support to implement risk assessments and COVID-19 secure working practices. Environmental health officers are visiting businesses across the borough to provide this support and will be auditing compliance with requirements.

We will be taking extra precautions with workplaces that have been identified, via national learning, as high-risk sites for transmission of COVID-19, for example meat processing plants. These sites will be prioritised for audit, including joint working with HSE (Health and Safety Executive) and FSA [Food Standards Agency] where appropriate to take forward any needed improvements or actions such as testing in the workplace.

All businesses must complete a suitable COVID-19 risk assessment to identify the risks and necessary control measures to minimise the spread of the disease. We have closed a number of businesses who failed to protect their staff and customers using Health and Safety at Work powers. The businesses remained closed until suitable measures were put in place. We will take action if we identify businesses that are not provide a safe and secure environment.

Wherever possible, we will take an intelligence-led and risk-based approach to prioritise audit & compliance checks at locations which we consider present an increased risk of the virus being transmitted by infected persons. These will include:

- Areas of high footfall such as supermarkets and other retailers
- Locations where there is an increased likelihood of household mixing in an indoor environment for periods of time exceeding 15 minutes such as places of worship

- Premises that have a history of non-compliance

Since the start of the pandemic, officers have completed thousands of audit and compliance visits, providing reassurance to our residents that it was safe to use our town centre locations. The physical presence of officers on the street gave us 'eyes and ears' on the ground to add to our intelligence to identify the minority of rogue businesses illegally operating, often behind closed shutters. We ran several successful joint operations with police targeting illegal shisha bars, dispersing dangerous gatherings of individuals who were not socially distancing.

We developed and implemented a joint protocol with the police around Unlicensed Music Events [UMEs] or raves. The operation of the protocol seeks to prevent UMEs before they occur or to intervene at an early stage before large numbers of people have gathered. The partnership has been very successful in its approach, with warnings given to identified organisers in advance to cancel the event or face a large fine. Our approach has been used as a case study example of effective joint working the MPS across London.

Events/activities

We will keep the operation of individual premises and open spaces to host events/activities under regular review. We will have due regard to any national restrictions in place, but we recognise that government regulations are of necessity broad brush, imposing or removing the same restrictions over a wide geographical area. Notwithstanding the national picture, a decision may be taken that it is not safe for a planned event or activity to go ahead based upon local circumstances that exist in the borough and/or neighbouring local authority areas. We will ensure that events/activities that do go ahead are underpinned by a suitable COVID-19 risk assessment with appropriate control measures in place.

3.4.2 Monitoring arrangements

Intelligence on outbreaks in other settings will come from a combination of sources including through the LCRC if they identify multiple cases, reporting from the setting themselves or soft intelligence from officers or members of the public. The local authority Single Point of Contact (SPoC) email address will act as a central point of contact for managers to report outbreaks and there is a need to improve awareness of this in settings across the borough. A standardised form for reporting outbreaks to the SPoC will be developed. In addition, we will also be able to identify settings with outbreaks through regular review of the Common Exposures Report, which Public Health receive on a regular basis. This allows us to see any settings in the borough where multiple people who have tested positive for COVID-19 inform national or local contact tracers that they have been during the period when they are likely to have contracted COVID-19.

3.4.3 Enhanced Contact Tracing

An additional tool in monitoring and responding to outbreaks that will be utilised will be enhanced contact tracing using information from PHE Common Exposure Reports. Using information from track and trace data, settings that have been visited by multiple cases or contacts are summarised and prioritised according to risk by PHE, and then reported to LAs in the Common Exposure Report. The Public Health team will review this list on a weekly basis and will follow up and investigate the identified settings using existing SPoC response processes. This will primarily be in the shape of guidance, support, or additional testing if required. The enforcement team may be contacted for further support if necessary.

3.4.4 Management of an outbreak

The initial steps to control an outbreak will usually be taken by the setting itself. These involve arranging for symptomatic individuals to isolate, get tested, additional cleaning, hand washing, informing the relevant authorities and others. They will also need to inform their staff using template 'warn and inform' letters that set out steps that have already been taken and the need for any additional actions. There is a need to work to ensure all businesses and other settings in the borough are aware of and confident enough to implement these requirements. The LCRC will then lead on managing the outbreak and advising on the steps to be taken to minimise transmission of the virus within the setting.

The local authority role is to contribute other important aspects of the response, by leading on communications with partners and the community, supporting businesses and services impacted, helping vulnerable individuals who may have experienced difficulties as a result of being required to isolate e.g. food parcel support and the payment of a £500 grant for those who are eligible, and also providing follow-up support from Environmental Health Officers to, e.g., review of risk assessments and COVID-19 secure working practices. For relevant workplaces, this is likely to involve liaison with the HSE, especially in cases where there may be non-compliance with measures by businesses, raising the possibility of use of powers (for instance Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020).

Business continuity plans (BCPs) will also form an important element of the response to outbreaks or situations where a number of staff may be required to isolate at the same time as a result of a case in the workplace. COVID-19 secure working practices and thorough risk assessments will act to substantially reduce the risk of such situations occurring, but BCPs must be fit for purpose to ensure prompt and effective actions to minimise disruption to businesses and services across the borough.

The plans in **Appendix 3** set out high level actions to be taken within each of the identified settings by the setting itself, the LCRC and the local authority. **Appendix 4** sets out the roles and responsibilities of the LCRC and local authority during an outbreak.

3.5 Communities

In addition to outbreaks associated with a specific setting, it is also possible that outbreaks may be identified within a particular community group particularly with the advent of new strains of the COVID-19 virus, with a higher than expected number of cases living close to each other, or with common activities (for instance, attendance at places of worship).

3.5.1 Prevention

Outbreaks within the general community are best prevented by population level messages, though with a specific community focus to best ensure that the messages are understood and trusted. These messages would focus on the necessary actions to prevent the spread of COVID-19 such as social distancing and good hand hygiene, and to make the NHS Test and Trace and local Test and Trace service as effective as possible by testing, tracing and isolating when appropriate. This will be a key aim of our extensive ambitions around community engagement and communications. This is now bolstered by the comprehensive community testing offer we have across the borough with most residents no more than 15 minutes walk away from a community testing site.

In addition, we will look to support religious institutions, and voluntary and community sector organisations, with the latest advice, support and guidance so that they can best engage with and make adaptations to reduce the risk for their communities. Further, LFD testing support has been and is being introduced into related settings.

3.5.2 Monitoring arrangements

The LCRC is in the process of refreshing its protocol around the necessary level of cases within a community to trigger a community cluster outbreak consideration. In addition, the local authority will be monitoring information received around people testing positive, down to a small geographical area, to form its own view around potential risks within communities. This could potentially include wastewater analysis in addition.

In addition to this, soft intelligence will be sought indicating higher than expected levels of illness or positive tests associated with particular groups or locations, with staff encouraged to use the SPOC in order to collate this information.

3.5.3 Management of an outbreak

In the event of a potential community cluster outbreak having been identified, the LCRC and local authority would seek to gather information for a risk assessment, to determine whether further investigation was warranted. If the information available pointed towards there being a probability of connections or links across the identified cases, then an Incident Management Team could be convened by either the local authority or LCRC.

Response to a community cluster outbreak is likely to focus on community engagement, to provide clear information around an increased level of risk within an area, advice around needed actions to prevent the spread of COVID-19, and to encourage compliance with NHS Test and Trace. Working with local community organisations or religious institutions would be key. Full details are available in the mini-plan within **Appendix 5**.

3.5.4 Enduring Transmission within a community

Above and beyond community outbreaks, it is also possible that enduring transmission will be identified within either a particular geographical area, or particular cultural community, within Waltham Forest. This would consist of persistently high rates of COVID-19, in contrast to other areas, and resistant to wider-spread restrictions and other NPIs (non-pharmaceutical interventions).

The approach taken in this scenario would build on the approach to community outbreaks, and would likely involve some or all of:

- Flexing of capacity around comms, engagement (e.g. activity of Stay Safe Champions), enforcement and testing to concentrate on the area
- Identification of and work with key settings in the area, across community and voluntary sector, local businesses, and statutory settings
- Consideration of enhanced activity around contact tracing and support in isolation
- Consideration of more active use of local powers where events or settings were considered a risk to public health

3.6 Hospital or other health settings

Management of outbreaks in hospitals or other health settings is primarily managed between that health setting and the LCRC (see **Appendix 6** for details). The local authority would be involved in co-ordination of any necessary decisions made across the health and care sector and would expect to have a role around communications messages to the general population.

Key Actions and Priorities: How we will support settings and communities

Continue to communicate and raise awareness with businesses and all settings re: reporting and the management of outbreaks

Continue to provide support to high risk settings to manage COVID-19 related outbreaks by providing public health advice based on national and local guidance, evidence and best practice

Continue to promote the national LFD testing offer for businesses of 50 employees or more and provide testing in settings with fewer than 50 employees

Support businesses and services to review their COVID-19 risk assessments and control measures to ensure they are fit for purpose

Use evidence from Common Exposure reports to identify settings who may require additional support to report and manage COVID-19 cases effectively.

Engage businesses and other community settings e.g. places of worship to address the high number of COVID-19 infections amongst BAME communities and ensure they are COVID-19 secure. To do this with enforcement if required

Ensure that businesses and settings that are required to close during periods of national or local lockdown are aware and compliant

4 Community Testing and Contact Tracing

4.1 Objectives of the chapter

Local assurance of the ability to both test people for COVID-19, and to perform contact tracing on those who test positive, are both key requirements of the London Testing Strategy (see **Appendix 7**) and Local Outbreak Management Plans. We set out here our position locally, and the work which we are doing to support this work with partners and regionally.

The objectives of this chapter are to:

- Ensure strong public awareness of the importance of early testing and how to access the system.
- Ensure a range of convenient, efficient testing options are available to everyone who needs one.
- Ensure equity of access to testing across all population groups including by age, ethnicity, geography etc.
- Ensure we have the ability to respond to outbreaks by rapidly increasing testing capacity within that setting or community.
- Assess the regional capacity to deliver contact tracing in complex settings, and local support that might be required for the system.

Testing for COVID-19 infection is a crucial part of our plans to identify and isolate close contacts of cases and manage outbreaks effectively. Testing needs to be accessible and engaging to all who need it, adaptable and agile to be able to respond to outbreaks and variants of concern (VOC) on a local level. It must also be trusted by the public, both in terms of the process and the test result itself. By ensuring people with symptoms of COVID-19 are tested at the earliest possible point, contact tracing

can effectively identify and isolate close contacts in order to reduce onward transmission of the virus. This process will enable lockdown restrictions to be lifted and outbreaks to be controlled.

There are four key elements to providing a Testing offer to the residents of Waltham Forest:

- Facilitating access to PCR testing for those with symptoms
- Community Testing for those without symptoms
- Supporting a testing programme in 'Settings'
- Supporting the roll out of 'Community Collect' home testing

4.2 PCR Testing for those with symptoms

We have a comprehensive testing offer to support residents who are displaying COVID-19 symptoms. Through working in partnership across the council, with health colleagues and the DHSC we have an offer of testing across the borough. Testing is carried out via a number of options:

- We have three Local Test Site (LTS) which make testing available 12 hours per day, 7 days per week. Each of the LTSs are in accessible sites for both pedestrians and motorists
 - We regularly deploy and Mobile Testing Unit (MTU) within the borough which provides access for residents either by walking or driving through
- And
- We support our residents to take a PCR test in the comfort of their own home and at a time of their choosing through making available PCR home test kits

Through analysis of the data and infection rates we regularly review the placement of the MTU resource and placement of the LTSs. With this in mind we are currently evaluating site options for an LTS in the Chingford area.

Communications and engagement support to ensure PCR testing is available and accessible to residents who display symptoms is critical to our Government aligned Road Map plan. As residents begin to return to normality the infection rate is expected to increase. The communications and engagement approach are key to support our residents through this journey.

4.3 Community Testing

From December 2020 we have responded at pace to the government's request to roll out Community Testing through engaging with our partners and working alongside the national testing offer. Our testing approach has been shaped and guided through 4 key principles:

- Delivery at scale
- Establish fixed testing sites in locations accessible to all residents across the borough.
- Develop a testing offer for settings, initially targeting identified vulnerable groups, but broadening to cover identified high risk settings.
- Review our testing offer to ensure we adapt to maximise capacity, footfall and reach otherwise 'hard to reach' groups.

Since early December 2020 we have developed a gold standard testing infrastructure through the following:

- Established six static community testing sites for asymptomatic Lateral Flow Testing (LFD). If you are a resident in the borough, the aspiration is you will live no more than a 15min walk away from one of our community testing sites.

- The operation of the community testing sites requires significant workforce. To this end we have developed a management infrastructure to support the management and logistics required to operate testing sites and recruited over 130 testing operatives to ensure our community testing sites operate 7 days per week, 10am – 7pm.
- Processed over 79,000 lateral flow tests.
- Conducted a comprehensive and targeted communication and engagement plan that supports residents to understand the importance of regular testing, provides them with options to test regularly and engages residents in behavioural change.

As we align our councils activities with the governments roadmap for a recovery it is clear that our community testing sites will require constant review. Infections will, undoubtedly, increase as will our residents appetite to return to normality. Testing will be a cornerstone of the councils support to residents through this process so having a community test site in the right place at the right time is crucial.

4.4 Settings

The evolvement of the testing offer has recently moved to offering a testing solution to ‘Settings’ in the community. We have achieved this through the deployment of our flexible testing infrastructure resource. Settings are considered to be a place, where people live, visit or work through which we can identify vulnerable or hard to reach communities. Examples would include adult learning sites, extra care housing, faith-based settings and voluntary and community groups.

We have established LFD testing in settings ranging from schools, food banks, drug and alcohol treatment services sheltered accommodation, early years settings to adult skills training and businesses to stay safe. We have built in a quality assurance and lessons learned approach to ensure we continually review and adapt the approach. To further support this and to address engagement with ‘hard to reach’ groups we have sought engagement from diverse settings across the borough, casting the testing net offer wide.

Key to ensuring equitable access to testing and compliance with isolation requirements is local communications and engagement, particularly with hard-to-reach communities. Information on the importance of testing, accuracy of the tests and processes for how to access a test are being delivered more widely than through mainstream media channels and in languages accessible to our local populations. Further, we are identifying local sources of community contact and engagement e.g. community leadership where advice, information and sign-posting can be placed e.g. barber shops for black communities. We are aware that testing has not been utilised by sections of our diverse community and we will continue to work to better understand the barriers that our residents face in accessing testing and ensure we are not placing barriers in their way by the way we design and deliver services.

As the ‘Road Map’ is implemented and schools and wider society reopens LFD ‘Community Collect’ home testing will become more prominent. We are supporting secondary schools to re-open by supplementing their testing offer for staff and pupils and LFD home testing kits became available to parents and people associated with schools on March 1st.

Going forwards we will creatively explore who can be registered as a 'collection point' across our communities to try to ensure that home testing, advice, information and sign-posting is available and seen to be available to all our communities.

In addition, we are working with partners across North East London (NEL) to put in place a local system that provides shared learning and information to ensure testing best practice. As previously covered in the document we have also worked to ensure both staff and residents of local care homes are able to access in-home testing via both the national and local system.

4.5 Community Collect

As we review our testing offer and as we move forward the emergence of Community Collect (home LFD testing) represents a significant opportunity for us to evolve our testing offer and deliver a testing solution which has greater potential in terms of accessibility and reach.

We are considering the deployment of Community Collect as a platform to engage hard to reach and vulnerable groups alongside supporting the residents as they return to normality. For example, groups such as faith-based settings and community centres are both settings in which community collect could support a testing offer by removing barriers to testing.

4.6 Provision of testing in response to situations

In addition to our comprehensive programme of community testing, and support for national testing programmes, we are also prepared to ensure a quick response when required. This may potentially be due to an outbreak in a high risk setting which would benefit from additional testing capacity.

The London system retains Mobile Testing Unit(s) for rapid deployment and provision of PCR testing in case of an outbreak, and the Director of Public Health is able to make decisions on its deployment in consultation with LCRC.

In addition, the flexible workforce within the local testing service can be deployed to provide surge testing if required. This testing can include delivery of LFD testing on site if community offer is insufficient, or delivery/collection/promotion of home test kits (either LFD or PCR, depending on supply and nature of the situation).

The London Find and Treat service is available to provide testing in homeless settings, in reaction to confirmed cases or outbreaks.

Currently, the most likely scenario requiring a rapid response would be the identification of a Variant of Concern (VOC) within the borough. This specific situation is considered in more detail below.

4.7 Response to Variants of Concern (VOC)

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

Local Authorities like Waltham Forest, alongside and with the support of PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control

of COVID-19 variants designated as ‘Variants of Concern’ or VOC (see **Appendix 8**). The overarching purpose is to restrict the widespread growth of VOCs in the population by:

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

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

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

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

The response from Waltham Forest is likely to include:

- Facilitation of additional testing resource. This is likely to involve identification and facilitation of a local site for deployment of a Mobile Testing Unit. Waltham Forest already has extensive experience of facilitating such deployment at short notice, and a range of potential sites previously identified.
- Delivery of surge testing. This is likely to involve the usage of local authority testing staff to deliver door-to-door testing using PCR kits in a defined neighbourhood. An operational plan for delivery of this has been developed, based on shared local best practice.
- Support for contact tracing efforts as required, potentially including ongoing enhanced support and contact to those isolating.
- Substantial communications and community engagement, to ensure that key messages are understood by local communities, and to facilitate the above surge testing.
- Ongoing monitoring and evaluation of the response.
- Depending on current national level of restrictions, consideration of local or hyper-local NPIs (non-pharmaceutical interventions).
- Reinforcing key COVID-19 secure measures being taken by local settings (including workplaces).

Key Actions: How we will continue to Support Testing

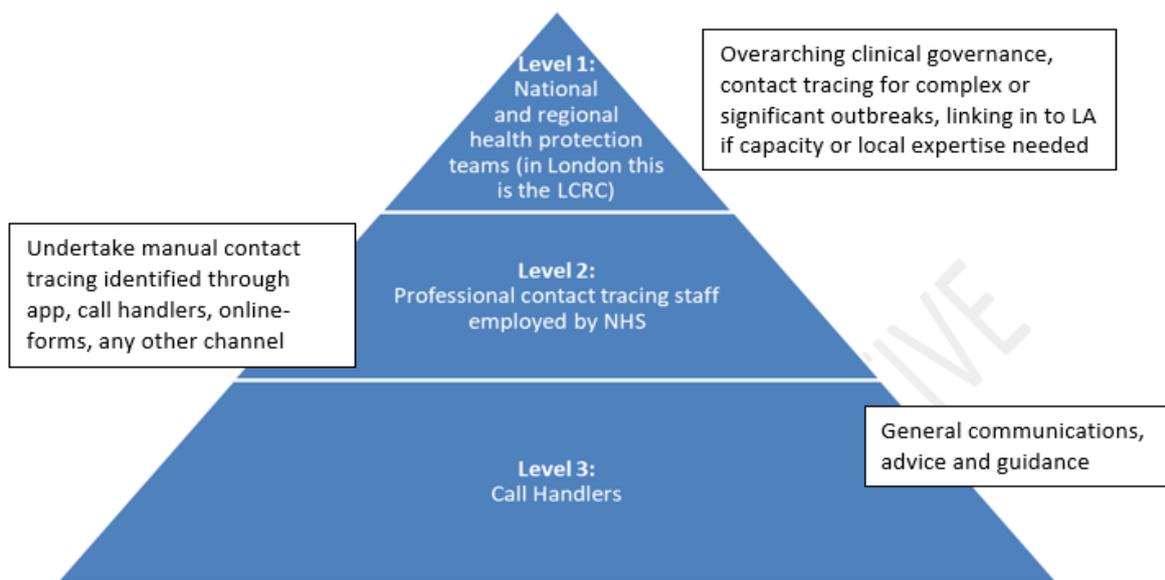


4.8 Contact tracing, infection control capability and mutual aid

National Contract Tracing

The national element of the contact tracing approach comprises an online web-based tool to be used by both contact tracing professionals and members of the public to input information about cases and contacts, plus a workforce of call handlers and health professionals who will carry out phone-based contact tracing for individuals who are unable or do not want to access digital technologies (known as level 2 and 3 contact tracing).

Figure 1: The three-level national model of contact tracing



Regionally, Level 1 contact tracing requires a high level of expertise and experience, making provision for complex situations, such as outbreaks in Care Homes or Schools, or where the people that need to

be reached have vulnerabilities that are escalated up from levels 2 and 3. For full details of the pathway within London, see the London pathway document (**Appendix 9**).

Within London, this complex contact tracing is delivered by the London COVID-19 Response Centre (see **Appendix 10** for the joint agreement). This team has brought together experienced Public Health England professionals from health protection teams, to provide a comprehensive, unified response to those complex situations and vulnerable individuals. They have provided Directors of Public Health across London with substantial reassurance around the capacity of the LCRC to manage need, following a scoping exercise. They have increased the number of staff available and identified substantial surge capacity if required. We will continue to work closely with the LCRC to respond to outbreaks in care homes, schools and other settings.

We will also support London-wide initiatives around resilience across the London contact-tracing system, as any potential increase in COVID-19 cases challenges the existing and identified surge capacity.

Local Contact Tracing

On 28th October 2020 we launched a local contact tracing service that has complemented the existing national service, aiming to increase our success rate in reaching cases. This is important for reducing transmission of the virus by ensuring infected individuals are isolated and unable to pass it on to other members of the community.

The London Borough of Waltham Forest Local Contact Tracing Service operates seven days a week between 0700 and 1900. The service is delivered by a pool of 20 Customer Resolution Centre staff, who are experience call handlers and have completed PHE training. The national system will attempt to contact residents within 96 hours of a positive test result, if they are unable to make contact the case is considered 'hard to reach' and referred to the local service. To date over 3800 referrals of this nature have been made. The local service has successfully reached just under half of the residents referred with around one third successfully providing all the details needed on close contacts during their infectious period.

During the first five months of operation, it has become apparent that residents are apprehensive about sharing information regarding contacts. To encourage people to engage with contact tracing a text and email service providing information on the importance of contact tracing as well as offering advice and support has been set up. As lockdown eases and residents return to normal activities, where they will increasingly have contact with other members of the community, we expect identification of non-household contacts and their self-isolation to become an even more crucial element of our actions to reduce transmission. The service is constantly evolving and reviewing its scripts to ensure the importance of sharing non-household contacts is emphasised.

Infection Control

Within Waltham Forest we have access to infection control nursing resource, employed within the WEL (Waltham Forest and East London) Clinical Commissioning Group. These experts in infection control have been providing support, training and advice, primarily to care homes, as set out in the infection control plan (**Appendix 2**), both proactively to prevent outbreaks, and reactively once a possible or confirmed case is identified. They have contributed significantly to outbreak response in care homes when an IMT has been required.

We are committed to exploring, in partnership with health colleagues, other ways in which to take advantage of infection control expertise across the system in providing advice to, or audit around, the actions being taken by settings to prevent outbreaks occurring.

Mutual Aid

Existing mutual aid protocols across the public health system have been adapted for use in light of the current COVID-19 situation (**Appendix 11**). Within Waltham Forest, discussions around potential for mutual aid have focused on our existing health partnerships across North East London. While no formal calls for mutual aid were made during Dec 2020, when North East London experienced some of the highest COVID-19 rates nationally, there was both additional support provided to NEL from both regional and national sources; and a greater amount of joint working and sharing of resources between boroughs of NEL, showing the benefits of this approach.

Key Actions and Priorities: How we will continue support Contact Tracing in the borough



5 Supporting vulnerable people and People Who Self-Isolate

5.1 Objectives of the chapter

The objective of this chapter is to outline the support we have in place for those residents who are considered to be vulnerable and those who are required to self-isolate.

5.2 Supporting the Clinically Extremely Vulnerable

Throughout the pandemic a key focus for the council has been developing the support offer that responds to needs of the Clinically Extremely Vulnerable, both while formally required to shield, and at other times when many were still significantly reducing levels of contact. We have run a vulnerable person telephone check in service since Mar 21 which makes regular telephone calls to the vulnerable and offers advice, information, sign-posting and support. The service is manned by 15 volunteers on a daily basis based at the council offices.

In addition to the volunteer calls we have written to all residents who are shielding in the borough, of which there are approximately 18,0000, providing details of where they can get support across Council services and providers should they need it.

The offer of support for vulnerable residents includes:

- Support to access essential food supplies (subject to need). This would be either signposting to the Morrisons 'doorstep delivery service', an allocation of a DEFRA priority supermarket online slot, or a food bank referral.

- Referral to the Age UK Waltham Forest telephone befriending scheme or the Waltham Forest Social Prescribing team to support residents who are lonely and isolated.
- From the Spring a new borough based befriending service will be in place and taking referrals for working age adults.
- Support with emergency home repairs which is a paid for service for homeowners, delivered by Waltham Forest Service store.

5.3 Supporting the vulnerable in isolation

The council has implemented significant resource to not only identify the vulnerable but to also understand what their needs are so that we can offer support in the right place at the right time. We have worked in partnership with our health colleagues, government departments and the voluntary sector to identify vulnerable individuals whether they be clinically extremely vulnerable, lonely, shielding or just in need of some support the council have been able to provide.

The Supporting Vulnerable People Impact Checklist (see **Appendix 12**) has been compiled to identify vulnerable individuals or groups in Waltham Forest who may be identified as needing additional support when asked to isolate by the national/London and local team(s). By classifying different vulnerabilities, the checklist aims to address any specific needs such residents may have. The checklist details the possible actions and/or support that the council can offer. It also highlights where there may be gaps where support is not currently in place and that may be beneficial to enable vulnerable residents to comply with isolation when needed.

Referrals of vulnerable people may be made by LCRC as part of ongoing joint outbreak management with the local authority.

Vulnerabilities which have been identified include:

- Residents in touch with our services such as through Adult and Children's Social Care.
- People experiencing domestic abuse.
- Residents experiencing homelessness, living in Houses of Multiple Occupation (HMO), temporary accommodation or who have precarious housing situations.
- Residents with Substance Misuse issues.
- Residents with Mental Health issues.
- Residents with learning disabilities.
- Residents who are sex workers and/or victims of trafficking.
- Financial hardship.
- People who are suffering financial hardship because of self-isolation, subject to eligibility, will be able to claim the one off local £500 grant payment.

5.4 Support for all those who are required to self-isolate.

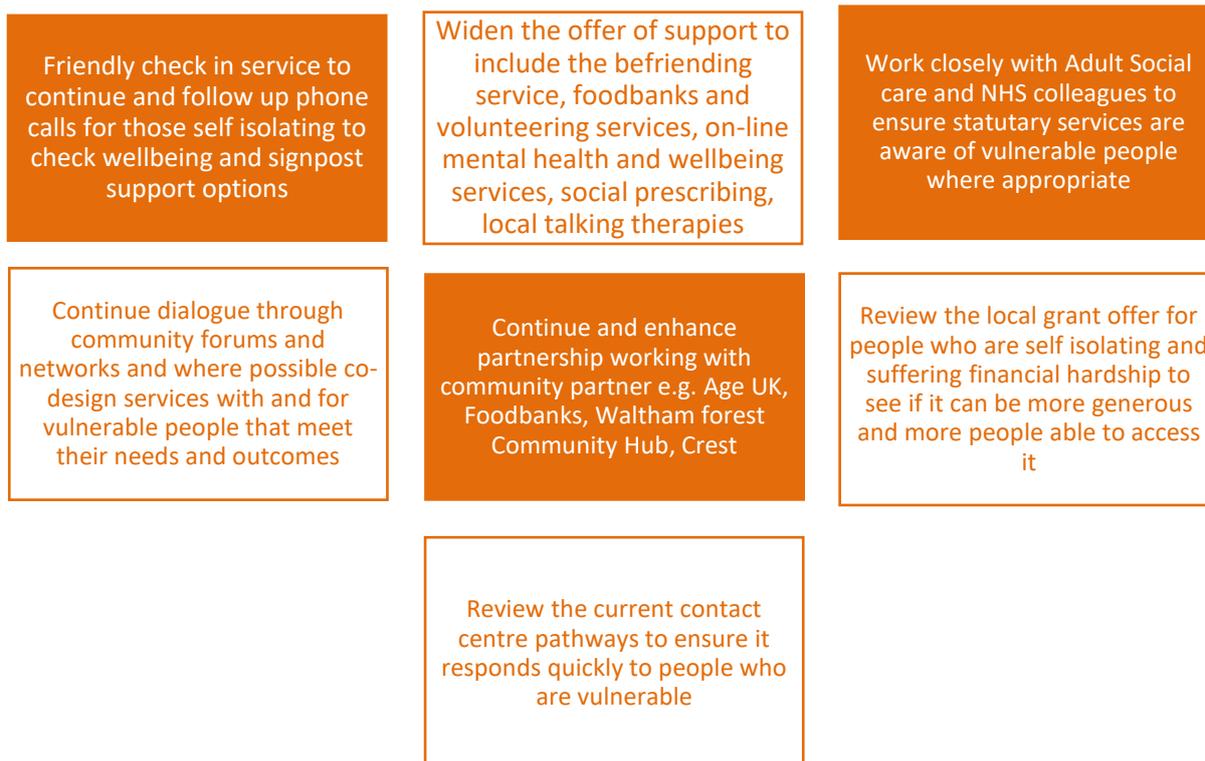
We have worked in partnership with government departments to ensure that we understand the needs of those required to self-isolate. Once an individual is identified through the Local Contract Tracing Partnership as needing to self-isolate contact is made to understand their support requirements in addition to gathering information on contacts. General themes of support required range from financial support through to emotional health and welfare support. In all cases we able to provide information, advice, guidance and signposting to these individuals.

In addition, those contacted by the national Test and Trace service, who identify as requiring support in isolation, will be directed by the national service towards council webpages, where they

can access the above support. Examples of support provided includes the administration of the isolation support payment as directed by the government and the booking of priority food delivery slots.

We are looking at creative solutions to expand the availability of and access to the Local Authority Discretionary Grant. This is a £500 payment paid to people who experience financial hardship as a result of having to self-isolate and we want to ensure this supports as many people as possible.

Key Actions and priorities: How we will support vulnerable people and people who self-isolate



6 Data & Surveillance

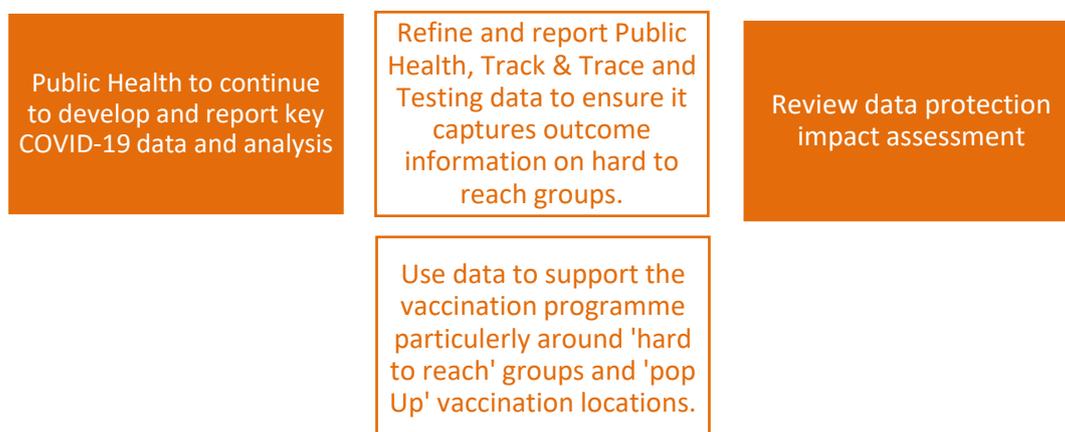
Having access to, and being able to share, accurate, timely data is essential to supporting the response to identifying and managing clusters or outbreaks of COVID-19 in Waltham Forest. A range of data at local level is shared with local authorities about COVID-19, including from Public Health England, the Office of National Statistics and other sources. This includes information about:

- Confirmed cases of COVID-19.
- COVID-19 testing carried out.
- Deaths from COVID-19.
- Outbreaks in settings such as schools and care homes.
- Data and intelligence sharing.

This data is already being used to shape the response locally to COVID-19, however further work will take place to ensure we are making the best possible use of this information. A key action will be to develop a full local COVID-19 data dashboard to support and inform the work of the Incident Management Team.

We think it is important to be transparent about this data and what it is used for. Robust governance is in place around this data, with Data Protection Impact Assessment, Data Charter and Privacy Notice setting out how it will be stored, and how it may be shared and used. We will continue to review and strengthen these arrangements. **Appendix 13** sets out the sources of COVID-19 outbreak data that have been identified to date.

Key Actions and priorities: How we will use data



Surveillance

Data sources

In order to ensure that the Council's response to the COVID-19 pandemic is data driven and able to be reactive to the situation in Waltham Forest, a variety of data sources are used to ensure that as complete a picture is available to inform operational decisions.

On top of the routine reporting around COVID-19 testing, new cases, mortality and vaccinations that have been available for some time, additional data sources are in development and will be utilised by Waltham Forest. One such source is being developed by the Joint Biosecurity Centre along with Thames Water to look at the trends over time and comparison between sites of the concentration of SARS-CoV-2 RNA detected in wastewater samples. It is expected that this information will be used to help plan surge testing locations and provide an additional data source to support surveillance of prevalence of COVID-19 in the population.

The main surveillance sources used are as follows:

Data	Source	Frequency
Individual level case data with demographic information	PHE	Daily
Individual level testing data for negative, positive and void tests	PHE	Daily
Individual level contact tracing data for cases and contacts	PHE	Daily
Vaccine uptake by age, ethnicity and gender	PHE	3 times per week
Deaths data for all causes and deaths with COVID-19	PHE/ONS	Daily PHE numbers at borough level Weekly ONS numbers at borough level

		Monthly ONS individual data
Wastewater analysis for COVID-19 prevalence	The Joint Biosecurity Centre and Thames Water	TBC

Surveillance reporting

The various surveillance measures are reported regularly to decision makers in a variety of different ways to ensure information available is timely and relevant.

These reports look at the epidemiology of the pandemic to try to identify how the Council should be responding to issues through analysis of the above sources, primarily by identifying patterns by age, gender, geography, deprivation, ethnicity, and any other emerging issues that arise from the data available.

These reports are then considered at different levels of governance in order for operational decisions, particularly around planning of communications to residents, as well as to inform where additional resources such as new testing sites or new vaccination centres should be located within the borough to best serve the needs identified by the available intelligence.

Additionally, the intelligence team is linked in with NE London and London-wide networks to ensure that best practice can be followed and that all available avenues for additional data are explored. For example, the London Knowledge and Intelligence Service provides additional information around COVID-19 mortality, and Public Health analysts throughout NE London meet on a fortnightly basis to discuss reporting within each borough as well as liaising on potential NE level reporting.

Below are the key places that surveillance reporting is currently seen:

Report name	Frequency and meeting
Weekly COVID-19 update	Weekly, parts of the report are seen at meetings at all stages of the governance structure, including Management Board, COVID-19 Health Protection Board and Borough Co-ordination Group throughout each week.
Intelligence report for management board	Weekly – case numbers, vaccinations, and hospitalisations are regularly reported here.
Weekly vaccination update	Weekly report to internal operational vaccine and external groups.
Enhanced local contact tracing	Daily – cases who cannot be contacted by national test and trace team are passed through via a report to a local team to be contacted.
Public COVID-19 dashboard	Daily – accessible to public at https://www.walthamforest.gov.uk/content/covid-19-data-dashboard
Internal COVID-19 dashboard	Daily – update of key information for internal staff, used by comms and various board members: https://app.powerbi.com/groups/75054ceb-3258-40fa-bfcd-7597f8c3dcec/reports/e65aa6b5-1792-42c0-b4e8-8a1660f8ce62/ReportSection1ccc7dca00d12a9e2b48

7 Vaccines

Supporting the vaccine programme is the council's number one priority because it is a key pathway out of lockdown and protecting the health and wellbeing of our community. We continue to work at a national, regional and local level with health colleagues to ensure the vaccine programme can be delivered at pace and be made available to all our residents (see **Appendix 14**). We are doing this by working in partnership with our colleagues in the NHS and CCG by providing support across five key workstreams:

1. **Buildings and Facilities:** The Council is providing buildings & facilities management for two vaccination centres ensuring ease of access for all of our residents & reducing pressure on health settings.
2. **Staffing and Volunteers:** Operational support for the running of vaccine sites is being provided through LBWF staff and the Legends of the Forest. We are also committed to keeping our residents safe by offering vaccines to all front-line council and care staff.
3. **Trained Vaccinators:** LBWF staff are training as vaccinators and will be available for deployment across all vaccination sites.
4. **Communications and Outreach:** A targeted communications campaign encouraging all residents in the borough to have the vaccine when the opportunity comes. Working with partners to ensure residents know about when they will receive the vaccine as well as updates on progress in the borough.
5. **Community Vaccine Clinics:** Using best available insight and local knowledge the Council is committed to supporting vaccination clinics in community settings to maximise outreach.

The vaccine programme is being coordinated and delivered by the NHS with supply and distribution being managed at a national level. The responsibility for delivery sits at a national, regional and local level.

In Waltham Forest good progress has been made across these settings, with all targets set by the Government being reached by the set deadlines.

To date, vaccines for Waltham Forest residents have been provided at the Excel Centre, Stratford, Whipps Cross Hospital, three GP Hubs, and Michael Franklin Chemist in St James Street.

Walthamstow Library and Chingford Leisure Centre will be opening week beginning 15 March aiming to achieve three objectives:

- To support the transition from priority groups 1 – 6 to groups 7,8,9 and beyond (larger groups of the population).
- To enable Primary Care Networks to offer second dose to groups 1 – 6.
- Enabling Primary Care Networks to return to BAU.

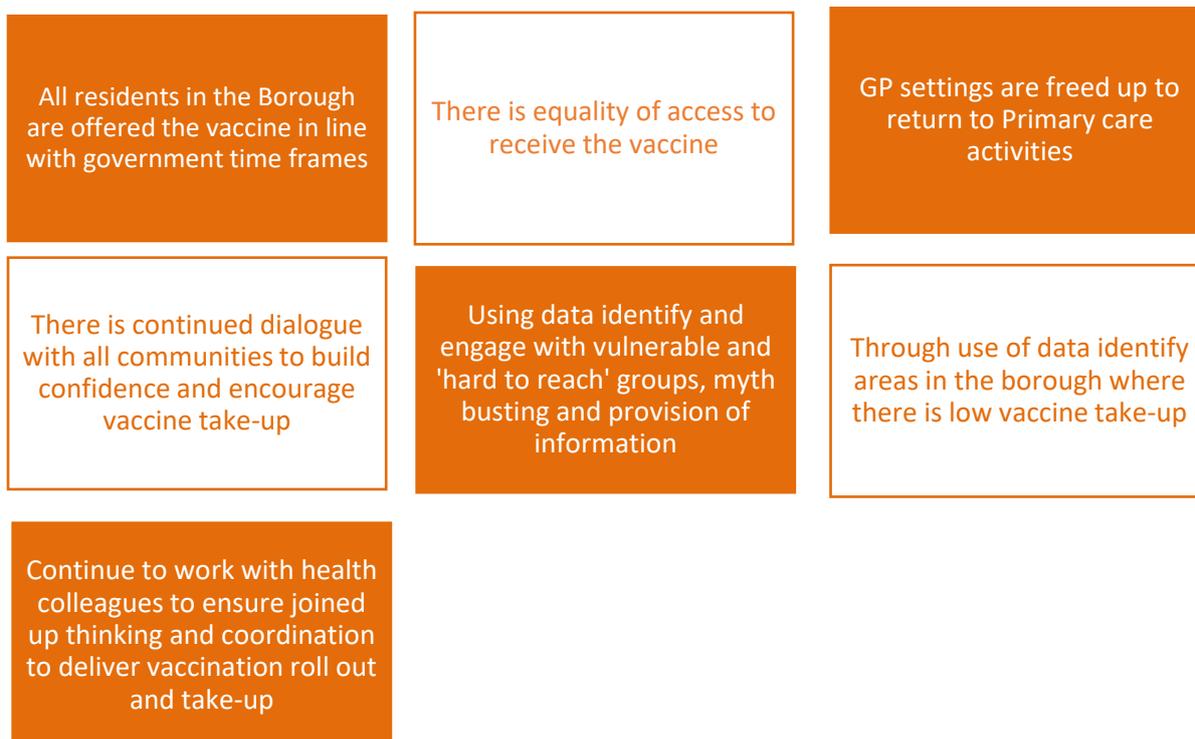
Key Achievements

- Through working with NHS England we have established Chingford Leisure Centre as a vaccine centre which will be operational from 15 March 2021. The initial focus for the centre will be priority groups 7 – 10.
- The delivery of primary care is a critical function in supporting our residents to return to normality. Through working with our local PCNs we have consolidated the supported our local GPs to consolidate the delivery of the vaccine in the Borough. From the week beginning 15

March 2021 the GP Federation will administer the vaccine from Walthamstow Library with a focus on the 2nd dose for priority groups 1-4.

- The partnership recognise that the vaccine delivery is supported by a substantial workforce of vaccinators and that existing health resource is limited in its' supply. We have identified over 70 Council staff who are in the process of being trained as vaccinators.
- 3600 hours of volunteer support has been provided across vaccine sites since mid-January.

Key Actions and Priorities: How we will support vaccinations in the borough



8 Resourcing

8.1 Financial Resourcing

Financial resourcing that supports the delivery of the Outbreak Management Plan, and overall Test and Protect work, includes

- Initial Test and Trace allocation for Waltham Forest
- Contain Outbreak Management Fund
- National funding of community testing provision
- National funding of Self-isolation Support Payments

In addition, other sources designed to help wider aspects of the system address the demands of COVID-19 have helped to prevent outbreaks or provide support to those isolating, including the Infection Prevention Scheme and Winter Pressures Grant.

The most significant calls on financial resourcing have been:

- Delivery of comprehensive local community testing offer
- Facilitation of national testing offer
- Delivery of Local Contact Tracing Partnership

- Outbreak Response
- Enhancement of local enforcement activity
- Provision of substantial communications and community engagement programme
- Provision of facial coverings to local residents
- Overall programme management and delivery of Test and Protect Programme
- Support for residents in isolation

Current plans for expenditure on the above operates within available finances up to the end of currently confirmed period (i.e. end of June 2021).

8.2 Staffing resourcing

Delivery of the following existing services/functions has been enhanced with additional staffing, in order to support some of the specific actions and objectives of the Outbreak Management Plan:

- Public Health
- Environmental Health/Enforcement
- Communications & Community Engagement

For each of these services, a significant proportion of business as usual function has been dedicated to the broader COVID-19 response, including meeting the objectives of the Outbreak Management Plan. Delivery of their functions in relation to the Outbreak control plan is sustainable for the current timeframe in scope of the plan (till end June 2021), with expectation of significant call on resource following that point.

In addition to existing functions, new teams/services have been created, as described earlier within the plan. These include

- Community Testing Service. Consisting of over 100 individuals, with a broad range of skills, including the operation of community LFD testing sites, and provision of support and expertise to settings to support their testing. The vast majority of these staff have been recruited locally via Servicestore and operate on flexible contracts.
- Contact Tracing Service. Consisting of resource centre staff, delivering the Local Contact Tracing Partnership work, reaching residents that were unable to be contacted by the national service.
- Stay Safe Champions/Play Safe Champions. Using a mixture of existing employees volunteering, and employed staff, providing community engagement around issues like social distancing.

These significant new services are considered sustainable in the medium term, even as business as usual activities resume, due to the control locally by direct delivery, rather than via temporary contracts, and due to the usage of staff hired for specific roles, rather than dependence on redeployees.

9 Inequalities

We continue to work locally and at a regional level to address issues of inequality (see **Appendices 15**). In common with the rest of London COVID-19 has exacerbated health inequalities and wider secondary impacts. These inequalities have been seen in both the health outcomes faced by our residents (including cases of, and deaths from, COVID-19), and in the access to services and other interventions such as testing take-up. These have been visible most starkly in the intersecting

categories of ethnicity and deprivation and are of key concern with regard to differing levels of access to and take-up of COVID-19 vaccination. In Waltham Forest, the percentage of COVID-19 related deaths of those born in the UK is lower than their proportion of the total population, whilst the percentage of deaths from people identifying as Asian and 'other' is higher than their proportion of the Borough population.

During the first national lockdown, and subsequent lockdowns, school closures exacerbated existing inequalities as parents were required to support remote schooling. This has exposed a significant educational divide due to widespread reports of many families from lower socioeconomic backgrounds and/or from Black and Minority Ethnic groups lacking sufficient and appropriate technology. National research from the Sutton Trust has shone a light on the ways that the pandemic has made existing attainment gaps between low and high-income families worse. One of the main reasons for this is the drastically different home-schooling environments that have been necessary as a result of school closures.

COVID-19 and the lockdown responses to it, has had a significant impact on the borough's economic wellbeing. In December 2020, 10.2% of Waltham Forest residents were receiving unemployment benefits, more than three times more than in February 2020. The borough had the 4th highest increase in unemployment claimant count among London boroughs, compared to a year before. Young people aged 25-29 years old have experienced the highest levels of job losses locally, and it's likely those who were already experiencing challenges due to inequalities and employment vulnerability have been even more affected.

People with a disability have been disproportionately impacted by COVID-19 in terms of their wellbeing. During the first lockdown of the pandemic, a Waltham Forest residents survey showed that limiting long-term illness were significantly more likely to report a negative impact on their mental and physical health, their diet, relationships with others in their household and how connected they feel to their community. Data from Public Health England showed during the first wave people with a learning disability in England are dying from COVID-19 at six times the rate of the general population⁵.

In response to this, actions and approaches aimed at addressing and reducing inequalities exposed and exacerbated by COVID-19 are threaded throughout this plan and have included and will continue to include:

- Focus on addressing inequalities in vaccine provision, access take-up by promoting vaccine venues across the borough and tackling myths and misinformation as part of our ongoing communication and engagement approach.
- Strong consideration of inequalities in decisions made around location of testing sites, with priority given to areas of higher deprivation, or with higher population from high-need communities.
- Targeting vulnerable communities as part of the development of testing in settings approach e.g. people with a learning disability, homeless and rough sleepers, BAME communities and working in partnership with settings to bespoke the testing offer and finding effective, flexible ways with settings and providers to engage 'hard to reach' communities e.g. the development of Community Collect within faith based and community settings.

⁵ University of Bristol (2020). [Deaths of people with a learning disability from COVID-19.](#)

- Strong focus on work with local Faith Forum, and various other routes for working with places of worship, across a range of issues related to COVID-19 and to harness their voices and influence for testing and vaccination take-up.
- Extensive consideration of various communities within Waltham Forest when delivering communication and engagement; use of differing channels, voices from different communities, translating material in 13 languages and delivering webinars in different languages.
- Engagement with a 75 member citizens panel with representatives from across our community to shape our response to COVID-19.
- During school closures and periods of blended learning schools have continued to support vulnerable students and children of essential workers. Further, the Borough funded and provided capital funding for laptops and tablets for students and households classed as 'vulnerable' on top of the DfE allocation. We enabled digital platforms. In September 2020, 50% of Waltham Forest schools reported that they either had no online platform or only had ones through which children engaged in homework. By October half term, all schools confirmed they had online platforms in place.
- In response to the economic hardships caused and exacerbated by COVID-19 we have:
 - Delivered over 3400 food parcels to residents
 - Since October 2020 we have provided over 260,000 individual food items to our partnered foodbanks, and foodbanks are providing meals to over 2000 households a week in response to the increase demand for their services.
 - We are allocating the discretionary grant to people suffering economic hardship as a result of self-isolation and looking at how we can widen this allocation to support more people.
 - Through our community networks we raised £39,000 for local organisations providing support for residents and over £67,000 through crowd funding to support residents over the winter period and over Christmas.
- To support the economic wellbeing of the borough we have supported and continue to support businesses to re-open and operate safely by supporting the national testing offer, provide advice, information and support regarding operating safely, and delivering a pro-active and supportive enforcement approach.
- Implementation of Local Contact Tracing Partnership, with a key part of the decision being greater ability to reach into communities that were less likely to engage with national service.

There is a strong partnership commitment, underpinned within Waltham Forest's new public service strategy, to address these inequalities of both access, but especially of outcome, particularly with regard to ethnicity. This will be taken forward with COVID-19 related specific measures and as part of a wider approach to identifying and addressing inequalities in the Borough through the 'State of the Borough' report.

Key Actions and Priorities: How we will address inequalities in the Borough caused or exacerbated by COVID-19

Continue to use a wide range of communication platforms and languages to contact and engage with communities to promote stay safe, testing and vaccination take-up information.	Continue to provide support for businesses to reopen and to implement the national LFD testing offer, provide stay safe advice and information, and supportive enforcement.	Continue to review our approach to community testing to ensure testing resources are available to all sections of our community.
Develop our testing in settings offer to target the vulnerable and hard to reach groups and communities. Co-producing testing offers to deliver shared outcomes.	Develop Community Collect testing for a range of community settings (acting as collection points) as a vehicle to remove barriers to testing.	Continue to work with the Faith Forum(s) and wider faith based settings to harness local voices of influence to support testing and vaccination take-up.
Continue to implement the Local Contact Tracing Partnership, enabling a greater focus on local community requirements.	Focus on vaccine awareness and take up. Supporting vaccine venues e.g. pop-ups in communities and essential information to tackle myths and misinformation.	

10 Overseeing the plan

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 governance of the Waltham Forest Local Outbreak Management Plan is in line with National Guidance to set up a “*public-facing Board led by council members to communicate openly with the public*”. The governance of arrangements locally also draws on best practice by establishing governance structures supported by existing Gold Command forums and existing COVID-19 Health Protection Boards.

Our local governance arrangements also place a key focus on continued engagement with our community. The community have already played a hugely significant role in supporting each other throughout COVID-19, and ongoing community engagement is critical to the effective implementation of Test and Trace in Waltham Forest.

Below is a summary of the key governance forums in place to oversee the Local Outbreak Management Plan. Please see **Appendix 16** for further details.

Governance forums

Community Led Outbreak Management Board

Chair: Leader of the Council, Cllr Coghill or nominated deputy

The purpose of this Board is to oversee the coordinated, transparent response to the prevention and management of local COVID-19 outbreaks and collaboration across the region. The Board will provide and ensure Members, relevant officers, partners and members of the public have oversight of the implementation of the Local Outbreak Management Plan. The Board will provide strategic political leadership, oversee communications and engagement with partners and the community, and provide transparency and community reassurance. The Board will act as a liaison to Ministers as needed.

Meetings will take place monthly, providing a strategic partnership and public-facing approach to oversight of the implementation of the Local Outbreak Management Plan, engaging with various groups and members of the public to understand concerns and provide community reassurance, share any best practice and learning from local initiatives, and test and shape local communications and key messages.

Council's Management Board

Chair: LBWF CEO

LBWF CEO's Management Board meeting is made up of Gold Command Officers and provides the local authority with assurance of the delivery and improvement of the Local Outbreak Management Plan. Intensity of oversight will depend on current pandemic situation; for instance, during the recent second wave of COVID-19, reports were provided on a weekly basis. It will report to the Community-led Local Outbreak Management Board.

COVID-19 Borough Coordination Group

Chair: Strategic Director, Families

The Borough Co-ordination Group is the Gold partnership meeting leading on overall COVID-19 response, underneath the Borough Resilience Forum. Senior Officers from across the Waltham Forest partnership meet to understand key risks and actions that will be taken to mitigate risks, to rapidly adapt to new ways of working and to minimise the impact of COVID-19 on residents, in line with the implementation of the Local Outbreak Management Plan. It will lead on partnership decision making around deployment of resources.

Test and Protect Steering Group

Chair: LBWF CEO

The Test and Protect Steering Group is a key forum steering the development and continual improvement of the Local Outbreak Management Plan. Members of the Steering Group gain a greater understanding of the Test and Protect programme in Waltham Forest, and have influence and first-hand insight on decisions being made on the implementation of the Local Outbreak Management Plan in the borough in real-time, which will strengthen the timeliness and accuracy of communications about contact tracing and outbreaks to staff across our borough.

COVID-19 Health Protection Board

Chair: LBWF Director Public Health

This group provides infection and outbreak control expertise, to inform decision making by the other bodies, and to advise around potential escalation of issues. It will also oversee and review response to outbreaks that have occurred, to share lessons learned and build findings into future iterations of the plan. Prior to each meeting, an updated Borough Situation Report is issued to all partners.