

Sutton COVID-19

Local Outbreak

Management Plan



1. Introduction

This latest version of the Sutton Local Outbreak Management Plan describes our ambition to work with our wider Sutton system and regional partners to minimise the future transmission and therefore the impact of COVID in Sutton.

The response to the pandemic has shone a light on some of the best qualities of our local community and our partnership working. However at the same time the pandemic has also exposed some of the underlying health inequalities that still persist in Sutton and across the rest of London.

Although we are now past the peak of the second wave of COVID-19 infections, the pandemic continues to impact on people's day to day lives. Last month, the Government set out a clear [roadmap out of lockdown](#) and schools opened safely on the 8th March. However, we appreciate the need for ongoing work to help our communities, businesses and the voluntary and community sector to remain resilient, as they adjust to new norms and cope with periods of uncertainty.

Moving into the next phase of the epidemic, there is much work to be done to:

- provide clear advice and support to local communities and businesses as we move through the roadmap steps and towards life beyond lockdown
- engage with communities and promote uptake of the national vaccination programme so that no section of the community is left behind
- use the momentum generated by the pandemic response to further increase partnership efforts to tackle health inequalities
- continue to support residents who need help with testing and isolation after testing positive for COVID
- be ready to stand-up our teams to respond to new and further outbreaks or respond to emerging Variants of Concern (VOC) and Variants of Interest (VOI).

The Government has published the [COVID-19 contain framework](#) to set out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. This latest version of the Sutton Local Outbreak Management Plan provides a roadmap for our Borough Resilience Partners and describes our ambition and approach to help:

- proactively support individuals with coronavirus to self-isolate, get a test and to share details of their contacts with NHS Test and Trace if they test positive for coronavirus
- prevent and reduce transmission of the virus in our wider community and in specific settings through engagement and the provision of targeted communications and enforcement when necessary.

- provide a prompt and coordinated response in the event of future outbreaks and clusters in the community

This is the third version of Sutton's COVID-19 Outbreak Control Plan. The document and its appendices are being updated regularly throughout the epidemic to reflect changes as national and regional guidance is newly developed and updated.

2. Our Sutton approach

The Government's 'roadmap out of lockdown' February 2021

The Government has set out a roadmap out of lockdown with a phased lifting of restrictions by the 21st June, if key tests are met. The tests, which are set out below, will be applied at the end of each step and the decision to move to the next stage will only be agreed if these criteria are met.

- A. The vaccine deployment programme continues successfully.
- B. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- C. Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
- D. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

STEP 1 8 March		29 March		STEP 2 No earlier than 12 April	
				At least 5 weeks after Step 1	
EDUCATION		EDUCATION		EDUCATION	
8 MARCH <ul style="list-style-type: none"> Schools and colleges open for all students Practical Higher Education courses 				<ul style="list-style-type: none"> As previous step 	
SOCIAL CONTACT		SOCIAL CONTACT		SOCIAL CONTACT	
8 MARCH <ul style="list-style-type: none"> Exercise and recreation outdoors with household or one other person Household only indoors 		29 MARCH <ul style="list-style-type: none"> Rule of 6 or two households outdoors Household only indoors 		<ul style="list-style-type: none"> Rule of 6 or two households outdoors Household only indoors 	
BUSINESS & ACTIVITIES		BUSINESS & ACTIVITIES		BUSINESS & ACTIVITIES	
8 MARCH <ul style="list-style-type: none"> Wraparound care, including sport, for all children 		29 MARCH <ul style="list-style-type: none"> Organised outdoor sport (children and adults) Outdoor sport and leisure facilities All outdoor children's activities Outdoor parent & child group (max 15 people, excluding under 5s) 		<ul style="list-style-type: none"> All retail Personal care Libraries & community centres Most outdoor attractions Indoor leisure inc. gyms (individual use only) Self-contained accommodation All children's activities Outdoor hospitality Indoor parent & child groups (max 15 people, excluding under 5s) 	
TRAVEL		TRAVEL		TRAVEL	
8 MARCH <ul style="list-style-type: none"> Stay at home No holidays 		29 MARCH <ul style="list-style-type: none"> Minimise travel No holidays 		<ul style="list-style-type: none"> Domestic overnight stays (household only) No international holidays 	
EVENTS		EVENTS		EVENTS	
<ul style="list-style-type: none"> Funerals (30) Weddings and wakes (6) 				<ul style="list-style-type: none"> Funerals (30) Weddings, wakes, receptions (15) Event pilots 	

STEP 3 No earlier than 17 May	STEP 4 No earlier than 21 June
At least 5 weeks after Step 2	At least 5 weeks after Step 3
All subject to review	All subject to review
EDUCATION <ul style="list-style-type: none"> As previous step 	EDUCATION <ul style="list-style-type: none"> As previous step
SOCIAL CONTACT <ul style="list-style-type: none"> Maximum 30 people outdoors Rule of 6 or two households indoors (subject to review) 	SOCIAL CONTACT <ul style="list-style-type: none"> No legal limit
BUSINESS & ACTIVITIES <ul style="list-style-type: none"> Indoor hospitality Indoor entertainment and attractions Organised indoor sport (adult) Remaining accommodation Remaining outdoor entertainment (including performances) 	BUSINESS & ACTIVITIES <ul style="list-style-type: none"> Remaining businesses, including nightclubs
TRAVEL <ul style="list-style-type: none"> Domestic overnight stays International travel (subject to review) 	TRAVEL <ul style="list-style-type: none"> Domestic overnight stays International travel
EVENTS <ul style="list-style-type: none"> Most significant life events (30) Indoor events: 1,000 or 50% (plus pilots) Outdoor seated events: 10,000 or 25% (plus pilots) Outdoor other events: 4,000 or 50% (plus pilots) 	EVENTS <ul style="list-style-type: none"> No legal limit on life events Larger events

The local picture

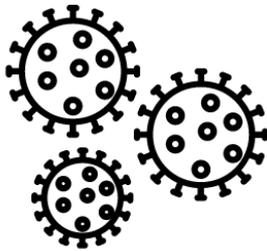
COVID-19 has had a huge impact on daily life in our local communities both directly in terms of morbidity and mortality from the virus itself but also indirectly in terms of the massive impact of lockdown on our local economy and our wellbeing.

Over the last few months, the council, voluntary and community sector, NHS partners and other public sector partners have made significant changes to maintain critical essential services and keep local residents safe. This has included the radical restructuring of NHS provision to prevent local hospitals becoming overwhelmed; financial, technical and logistical support to care homes to deal with COVID-19 and the provision of support services to 2,151 vulnerable people through our local community hub.

These efforts along with the commitment from our residents to maintain social distancing, improve hand and respiratory hygiene and reduce social contact through the lockdown led to

a significant reduction in the number of infections and subsequent deaths from COVID-19 in Sutton.

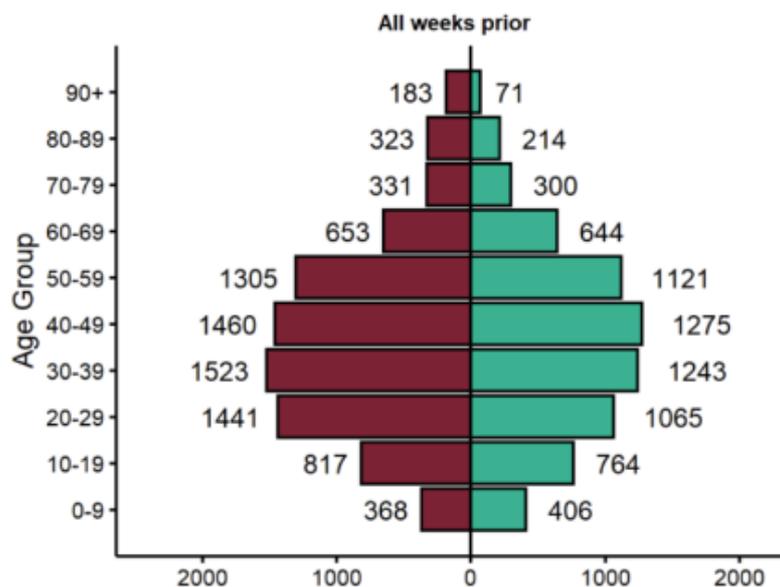
Sutton like many other London boroughs has had high rates of infections and the total number of diagnosed infections (as of 10.03.21¹) stands at 15,607 confirmed cases, a rate of 7,563.4 confirmed cases per 100,000. The weekly case rate for Sutton is 44.6 per 100,000². The total number of diagnosed infections (as of 10.03.21) in South West London stands at 105,696. Croydon has had the greatest number of confirmed cases with 30,387 (7,857.8 per 100,000) and Richmond Upon Thames the least, with 10,503 confirmed cases (5,304 per 100,000).



There have been 50 outbreaks in Sutton care homes affecting 280 staff and 236 residents³ which reflects the national trends on clusters of infections occurring in care homes. There have been 30 outbreaks in older people’s care homes, 17 in learning disability care homes and 3 in mental health care homes. At time of writing 40 outbreaks have successfully been declared over.

Cases

Since the start of the pandemic (1st January 2020 to 2nd March 2021 period) Sutton has seen COVID-19 cases amongst all age groups with the largest number of cases being in the 20 to 59 age group, as shown below. More recently, (3rd March to 9th March) the greatest number of confirmed cases have been in the 40 - 49 year age group.



Source: PHE LA Report Sutton

¹ <https://coronavirus.data.gov.uk/cases?areaType=ltla&areaName=Sutton>

² Period 27th February - 5th March 2021

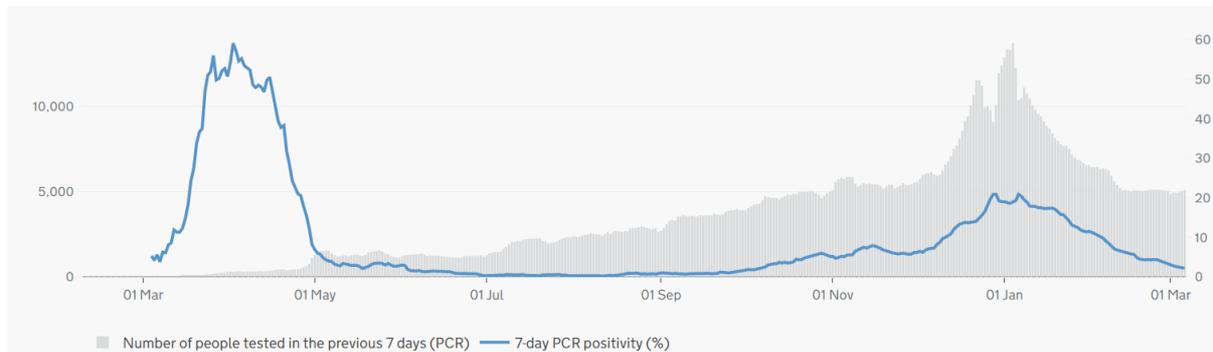
³ LBS Week 8 Headline Report

In the three weeks up to 9th March, the highest rate of confirmed cases has been seen amongst Pakistani and Other ethnic groups.

Testing

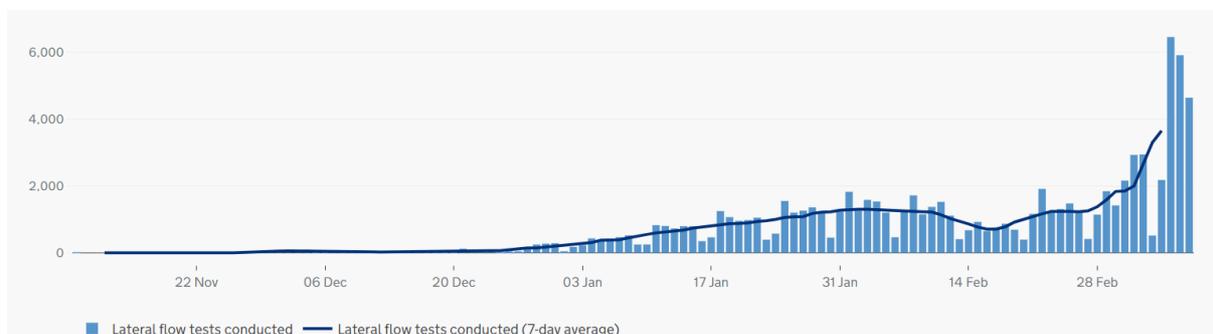
The daily testing rate for COVID-19 in Sutton is 348.5 per 100,000 (27th February - 5th March). At the time of writing, Merton has the highest daily testing rate in South West London (490.4 per 100,000) and Kingston Upon Thames, the lowest rate (279.3 per 100,000). The London daily testing rate for the same period is 343.6 per 100,000.

Graph to show weekly number of people receiving a PCR test and positivity in Sutton



Source: coronavirus.data.gov

Graph to show Lateral flow device tests conducted



Source: coronavirus.data.gov

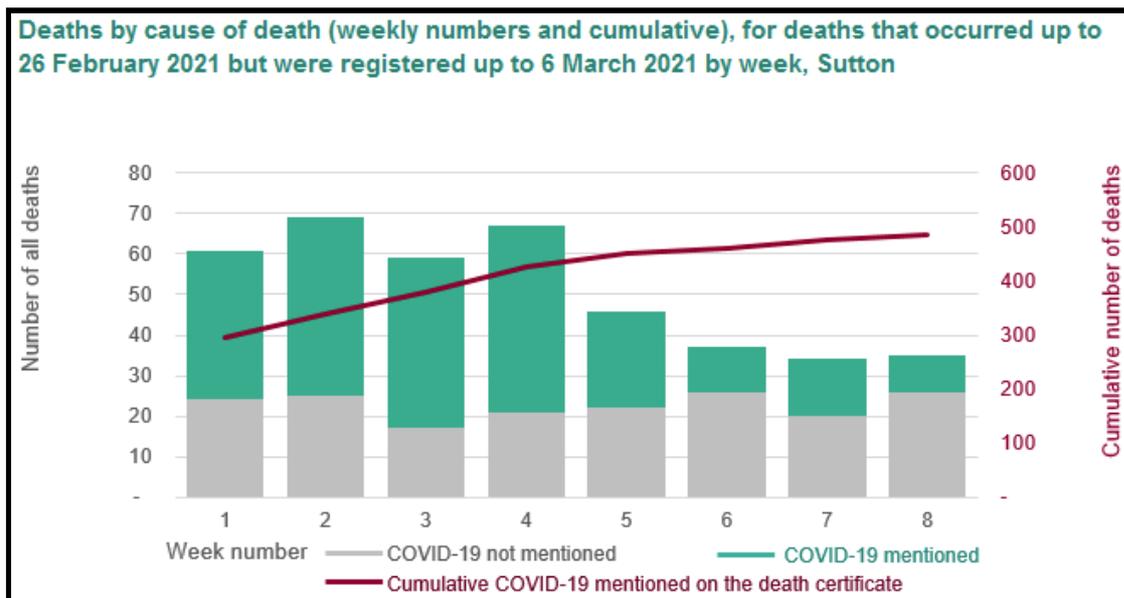
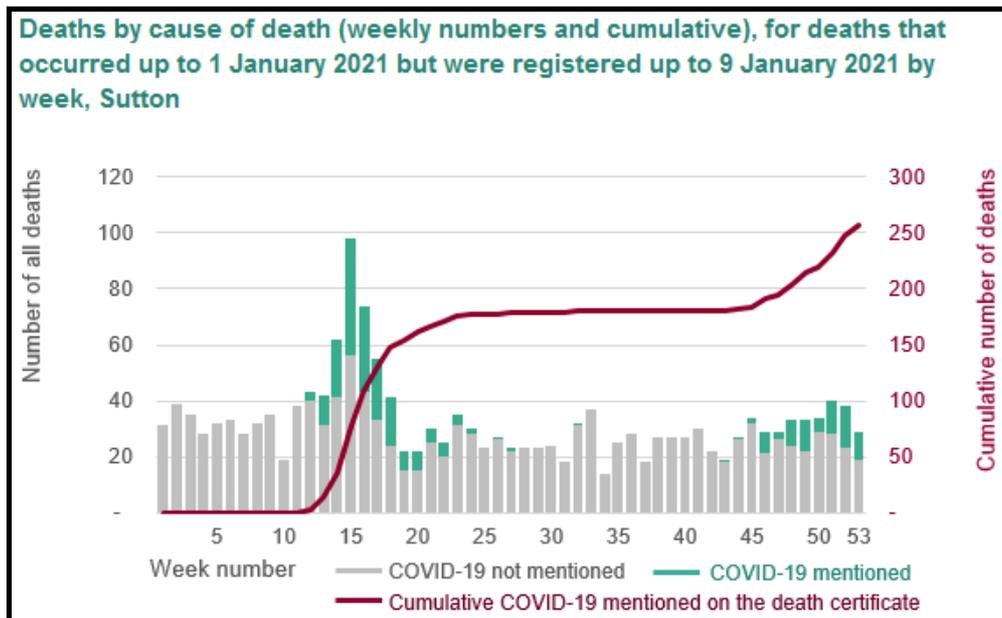
Deaths

There have been 485 COVID-19 deaths in Sutton (occurrences from 3rd January 2020 to 26th February 2021, registered by 6th March 2021) compared with 2,130 non-COVID-19 deaths within the same period. The mortality rate in Sutton (occurrences from 3rd January 2020 to 26th February 2021, registered to 6th March 2021) is 235 per 100,000 (CI 214.6-256.9); the England mortality rate for the same period from COVID-19 is 223 per 100,000.

Deaths have occurred in multiple settings including care homes, hospices, private homes and hospitals. In Sutton 13.4% of COVID-19 deaths occurred in care homes with the majority of deaths (78.8%) occurring in hospital⁴. This latter figure will include some

⁴ Occurrences from 3rd January 2020 to 26th February 2021, registered to 6th March.

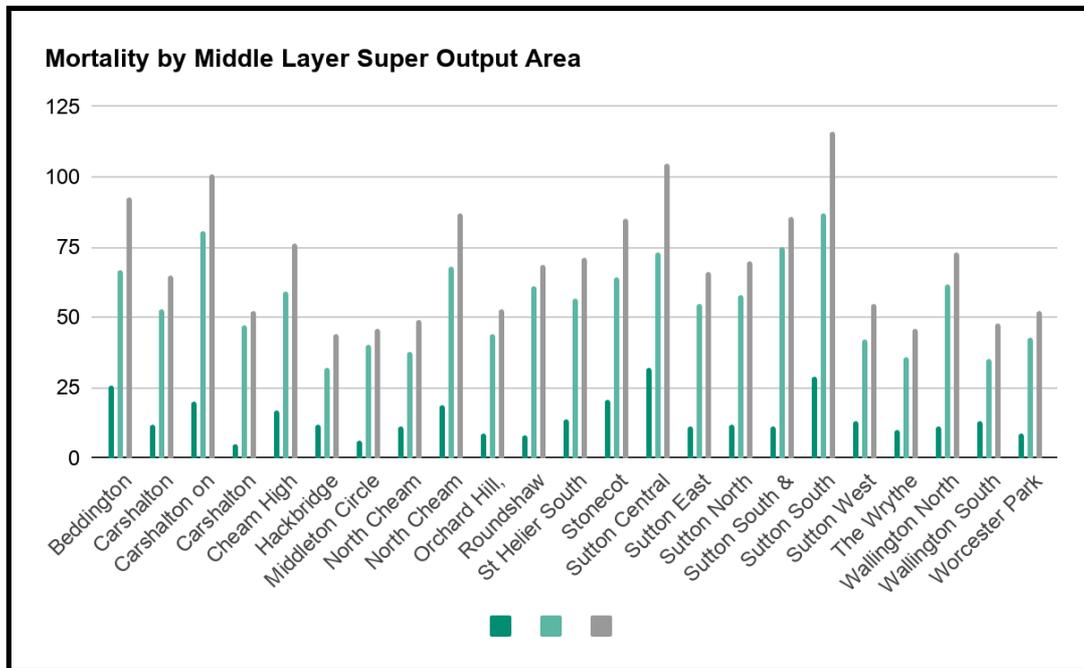
individuals who were permanently resident in a care or nursing home but were transferred to and died in hospital from the infection. The figures below show the comparison of COVID-19 and non-COVID-19 deaths for 2020 and weeks 1 - 8 2021. The peak of Wave 1 in April 2020 and Wave 2 in January 2021 can be clearly seen.



Source: ONS Death registrations and occurrences by local authority and health board (LKIS Mortality Report).

The number of deaths have varied geographically across the borough. The figure below shows mortality from COVID-19, non COVID-19 and all Causes by Middle Layer Super Output Area (MSOA). The MSOAs with the highest mortality from COVID-19 are Sutton Central, Sutton South West and Beddington. The MSOAs with the lowest number of deaths were Carshalton Village, Middleton Circle and Roundshaw. Based on available evidence there is no clear suggestion of a relationship between the vulnerabilities of an area and

mortality. However, deaths by MSOA will be impacted by the location of care homes in Sutton.



Source: ONS COVID-19 deaths by local area and deprivation.

Vaccinations

Over 65,300 doses of COVID-19 vaccinations have been given to Sutton residents between 8th December 2020 and 8th March 2021. The vaccination programme has followed the JCVI priority groups and 92.9% of the 80+ population have received their first dose of the vaccine. In total, 40.2% of the total eligible 16+ population have received the first dose of the vaccine.

Analysis of the data is showing a modest gradient between the more and less deprived areas of Sutton, with St Helier, The Wrythe and Wandle Valley showing lower vaccination uptake. Ethnicity data shows that all ethnic groups are taking up the vaccine but there is a lower uptake amongst Black African and Caribbean ethnic groups.

Work is ongoing to deliver the vaccination programme and encourage uptake. 100% of older people care homes have been offered the vaccine, including those with active outbreaks. 86.7% of care home residents aged 65+ have received their first dose of the vaccine. 76.7% of the shielded patient list has already received their first dose of the vaccine.

The wider impact of COVID-19

We are now starting to see the wider impact that lockdown measures have had on Sutton's community and the toll that it's taking on household income, employment and housing.



Reduced household income and debt: The number of residents needing financial help and turning to Universal Credit for support continues to increase. This is particularly true for people who have become unemployed or work in low paid or part-time employment. In Sutton, between February and December 2020 the number of residents who received Universal Credit increased by 8,537, from 10,672 to 19,209. Although earlier in the pandemic, increases were seen disproportionately amongst people not in employment, both groups have now seen increases in uptake of 80%. Earlier in the pandemic there was concern about rising debt amongst new Universal Credit claimants as a result of advanced payments. [More recent research](#) supports this and highlights the wider impacts COVID-19 is having on households: nationally, 33% of new Universal Credit claimants cannot keep up with bills, 30% cannot afford to eat fresh fruit or vegetables daily, and 27% have fallen behind on housing costs.



Unemployment: Due to COVID-19 more people in Sutton are out of work and claiming benefits. Between March 2020 and January 2021 the proportion who needed out of work benefits rose from 2.2.% to 5.5%. Numbers remain lower than London (8.0%). Locally the biggest increase in claims has been amongst 18-25 year olds, with a 161% increase. As of January 2021, 9.1% of this age group were receiving unemployment benefits, although this is a decrease from the peak of 9.6% seen in September. Both 25-49 year olds and those aged 50+ have also seen a large increase, to 5.6% (an increase of 120%) and 4.8% (an increase of 133%) respectively. Increasing numbers of residents in Sutton are receiving furlough payments following the second and third lockdowns. As of January, 13,500 residents were furloughed, 14.9% of the eligible workforce.



Homelessness and the risk of rough sleeping: During lockdown, the Government charged all Local Authorities to bring in anyone who was living on the streets and to house them in self contained accommodation. In Sutton this meant a rise of 107% in households placed in emergency accommodation. As the national scheme ends and people return to the streets, we are working with London boroughs to deliver an outreach 'find and treat' service.

For several years there have been increasing rates of homelessness in Sutton and across London, with more households living in temporary accommodation. We are anticipating that the financial and emotional consequences of COVID-19 will worsen this trend, but the full extent of the issue is unclear at the moment. This is because of the Government's furlough scheme and a package of measures to protect renters and landlords. In Sutton, partners are taking a proactive approach to the issue and the voluntary and community sector and housing colleagues discussing how to coordinate debt advice and support. Sutton's

Homelessness Strategy and Helping Early Strategy are both key to managing these challenges during recovery.

Homeless people and rough sleepers have been included in vaccine priority group six due to their increased risk of having undiagnosed conditions and less regular access to healthcare. In Sutton, NHS and housing teams have worked together to coordinate the timely delivery of the vaccination.

Food insecurity: An outcome of low income is that people find it harder to afford day to day necessities including food. Sutton Food Bank has reported increasing demand with the number of people seeking their help during the lockdown period increasing by 125%. The Community Hub supported 1,307 residents who were shielding to access food, support and services and a further 807 residents who were not shielding but required support for other vulnerabilities. A total of 162 non-shielding vulnerable (NSV) people were referred via our DEFRA portal to receive an online priority supermarket slot which helped to reduce demand on other services.



Loneliness and isolation: Spending time alone and self-isolating has been challenging for a lot of residents. Financial concerns, relationship issues and shielding have all contributed to loneliness and isolation that have increased the need for voluntary sector support for befriending, wellbeing and personal shopping services.



Health inequalities: People of all ages can be infected by COVID-19 and those at higher risk from coronavirus, include older people, men, people with health conditions (such as asthma, diabetes, heart disease) and pregnant women. The Government has tasked the NHS Race and Health Observatory with addressing the risks identified in the [‘Disparities in the risk and outcomes from COVID-19’](#) report and to make recommendations about the specific challenges facing people from BAME backgrounds. In Sutton the Fairness Commission is considering the impact that COVID-19 has had on our local BAME communities and exploring the support that people need during the recovery process. In the coming months we will work across the health and care system to improve our understanding of vaccine uptake and hesitancy amongst BAME groups.



Mental health: Demand for mental health services, including attendances at emergency departments, was considerably lower than usual during the first lockdown. This was despite services moving online and offering digital alternatives to face to face appointments. A number of additional services were put in place including a mental health emergency service for patients with primary mental health problems and 24/7 crisis line. It is anticipated that the impact that lockdown has had on mental health and wellbeing will become clearer over time as restrictions begin to ease, schools reopen and “normal life” resumes.

There are also concerns about people who have been bereaved at this time, those who have received intensive hospital treatment for the virus, and staff working in health and care services. Many people who have had these experiences could experience grief and trauma

symptoms over a long period of time. These problems could be exacerbated if people face ongoing restrictions with a second wave of infections.

We will continue to assess the impacts that COVID-19 is having on the population as a whole, and on different communities in Sutton, and will use this to inform recovery planning. These considerations will also help to define the communication, services and support that we make available for people who will need to self isolate as part of Test and Trace.

Long COVID: Some people infected with COVID-19 experience long COVID. Ongoing studies are helping us to improve our understanding of this condition and in November 2020, NICE will publish clinical guidelines on the support that long COVID patients should receive. The NHS has announced [a package of funding](#) for long COVID services and launched an online rehab service ([Your COVID Recovery](#)) to provide personalised support for people suffering with the condition.

Residents who are extremely clinically vulnerable



In Sutton there are currently 12,725 residents in the shielded patient population. People in this group will have received a letter from the NHS or their GP advising them to shield. The [National guidance for people identified as extremely clinically vulnerable](#) is updated regularly. It aims to strike a balance between providing practical steps to help keep people safe, while reducing potentially harmful impacts on mental and social wellbeing.

The clinically extremely vulnerable have been included in JCVI vaccine priority group six. It is important for anyone who is clinically extremely vulnerable to continue to shield while this guidance is in place. This is the case even after they have received both doses of the vaccine, to give public health experts time to assess the impact of vaccination amongst the wider community. People living with someone who is clinically extremely vulnerable to coronavirus, should continue to follow the public health rules and guidance as long as they are in place.

The next phase of the epidemic

Ongoing rollout of the COVID vaccination programme

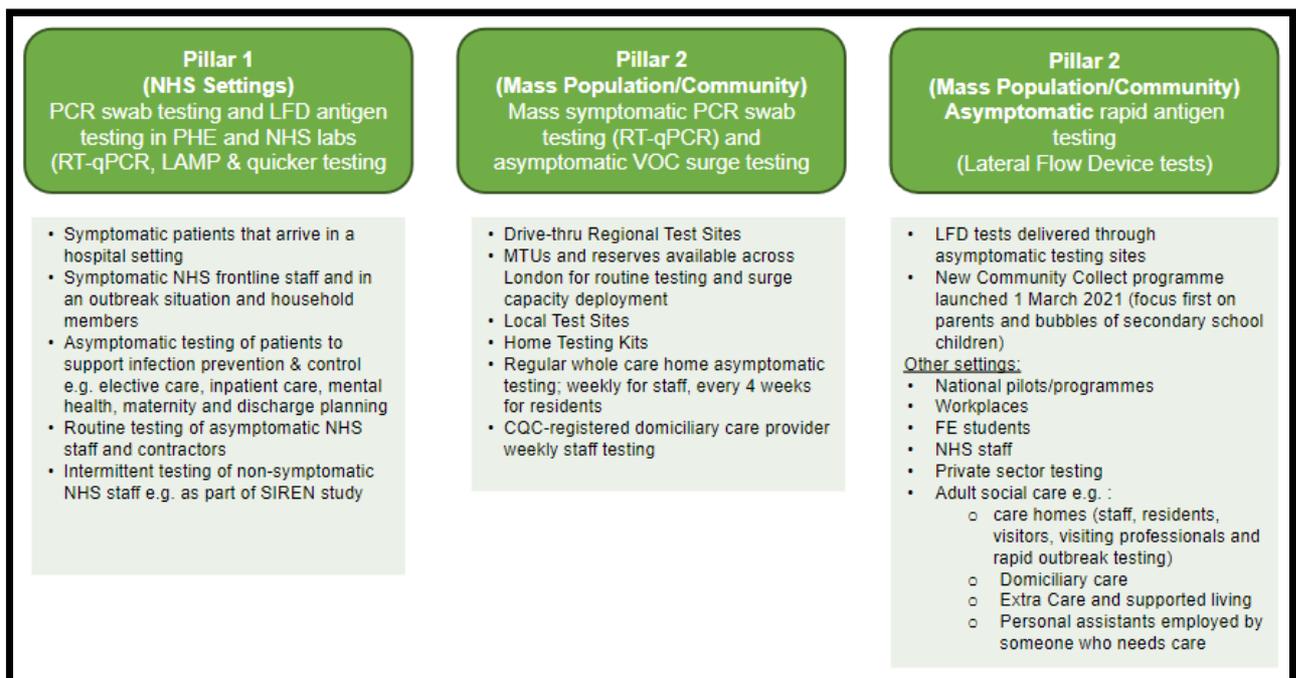
The vaccination programme is a cornerstone of our way out of the pandemic and the best way we have to protect people from COVID-19, potentially saving thousands of lives. Vaccines will mean that fewer people will get COVID-19 and that those who do are far less likely to go to hospital or to die.

[The Joint Committee on Vaccination and Immunisation \(JCVI\)](#) has prioritised a number of groups for vaccination and extended the interval between the first and second vaccine

In Sutton we have been working with health and care partners and the voluntary sector to put plans in place to respond to VOC(s) in the borough. We have incorporated learning from other boroughs including [Merton and Croydon](#) that have already deployed surge testing to respond to cases of the South African variant of coronavirus.

Testing

As the virus becomes less prevalent, the Test, Trace and Isolate system will become ever more important to identify local outbreaks rapidly, allowing us to take swift action and to respond to new variants of concern (VOC). The diagram below shows key pillars of the national testing strategy. (More detail about how the strategy is being implemented in Sutton is in the section 'Proactive support for individuals with coronavirus').



Planning for recovery

The success of the vaccination rollout, alongside falling infections and hospitalisations, is paving the way for the safe and gradual lifting of restrictions. In England, the Government plans to ease restrictions at the same time across the whole of the country. [The roadmap](#) they have set out aims to balance health (including mental health), economic and social factors (considering how these disproportionately impact certain groups), as well as epidemiological evidence. At each step in this plan, the Government has made clear that it will examine the data to assess the impact of each step, before proceeding to the next one.

Locally, our approach to prevent new infections and clusters will complement the Government's plan by focusing on 3 key areas:

- proactively support individuals with coronavirus to self-isolate, get a test and to share details of their contacts with NHS Test and Trace if they test positive for coronavirus
- prevent and reduce transmission of the virus in our wider community and in specific settings through engagement, provision of targeted communications and enforcement when necessary.
- provide a prompt and coordinated response in the event of future outbreaks and clusters

3. Proactive support for individuals with coronavirus

As restrictions ease in England, testing will continue to be a vital part of our response to coronavirus (COVID-19). In Sutton, we need to be sure that each COVID-19 case can be found as quickly and as easily as possible, by giving residents plenty of ways to get a coronavirus test, whether or not they have symptoms of the illness. There are 2 types of coronavirus tests, lateral flow devices (LFD) and polymerase chain reaction (PCR):

Testing with LFDs - around one in three people with COVID-19 have no symptoms, but can still pass the virus on to others. Asymptomatic testing with rapid lateral flow devices (LFD) can help to identify these individuals so that they don't unknowingly spread the virus to others. Lateral flow tests (which give a result in 30 mins) have a lower sensitivity compared to PCRs which means some positive cases will be missed with this test. Although the false positive rate is low, people who have a positive result on the LFD are asked to undergo a PCR test for confirmation.

Testing with PCRs - the current gold standard in testing for SARS CoV-2 infection is the PCR test. These swab kits go to the laboratory to be processed and results usually take 1-2 days to receive.

Asymptomatic testing

There are several symptom-free testing programmes running in Sutton:

Community testing sites

In Sutton anyone who is aged 12 years and over, and in one of the following groups, is prioritised for LFD testing at our local community test sites:

- frontline workers who have contact with vulnerable clients and the public and cannot work from home e.g. carers, voluntary sector and local businesses.
- residents living in areas of the borough with higher rates of infection
- residents living in more deprived parts of the borough

Community test sites are located across Sutton at Hill House (St Helier), the Civic Offices (central Sutton) and 17 community pharmacies. Anyone who is eligible can get a test twice-weekly, by booking through the Council's website using [this link](#). These sites will be open until at least the end of June 2021. To date these sites have delivered 18,412 tests.

Testing for households and bubbles of school pupils and of staff

On 28th February, the government announced that any member of a household or childcare bubble of a pupil, student or member of staff at a school or college, can get [LFDs to test themselves twice-weekly from home](#). These tests can be done:

- through an employer (if they offer testing to employees)
- at a community test site
- by collecting a home test kit from a local test site (find pickup points in Sutton [here](#))
- by ordering a home test kit online [here](#)

Other national testing programmes including care homes and businesses

The range of testing programmes are happening in settings across the borough. These are summarised in Appendix A.

Future use of asymptomatic testing

The rapid expansion of community asymptomatic testing sites now allows a wide range of access points for the local population. As these schemes grow further and new technologies are rolled-out, such as home-testing with LFDs, more analysis will be required with regional and national partners to evaluate and therefore improve the effectiveness of these testing strategies. This will be important both in terms of understanding the likelihood of residents to complete isolation after a positive LFD test and also to understand the effectiveness of these strategies in targeting inequalities in deprived populations where there may be the potential for enduring transmission of the virus.

Sutton will continue to work collaboratively with other London boroughs, PHE and NHS T&T to further develop and trial new modalities of testing which will be relevant and acceptable to the population as the proportion of residents who have received a first dose of the vaccine continues to rapidly rise.

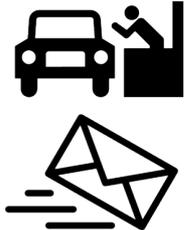
Symptomatic testing

Anyone in Sutton who has symptoms of coronavirus, whatever their age can [ask for a test through the NHS website](#) or by calling 119 (free from mobiles and landlines) in the first 8 days of having symptoms.

Days since symptoms started	What can you order
Days 1 to 7	On days 1 to 7, you can get tested at a site or at home (if you're ordering a home test kit on day 7, do it by 3pm)
Day 8	On day 8, you need to go to a test site – it's too late to order a home test kit
Day 9 onwards	It's too late for an antigen test.

Tests for [essential workers](#) are prioritised over the tests available for the wider public via the [essential worker portal](#). Organisations can request access to the employer portal to expedite COVID-19 testing for staff.

Sutton residents can get tests from:

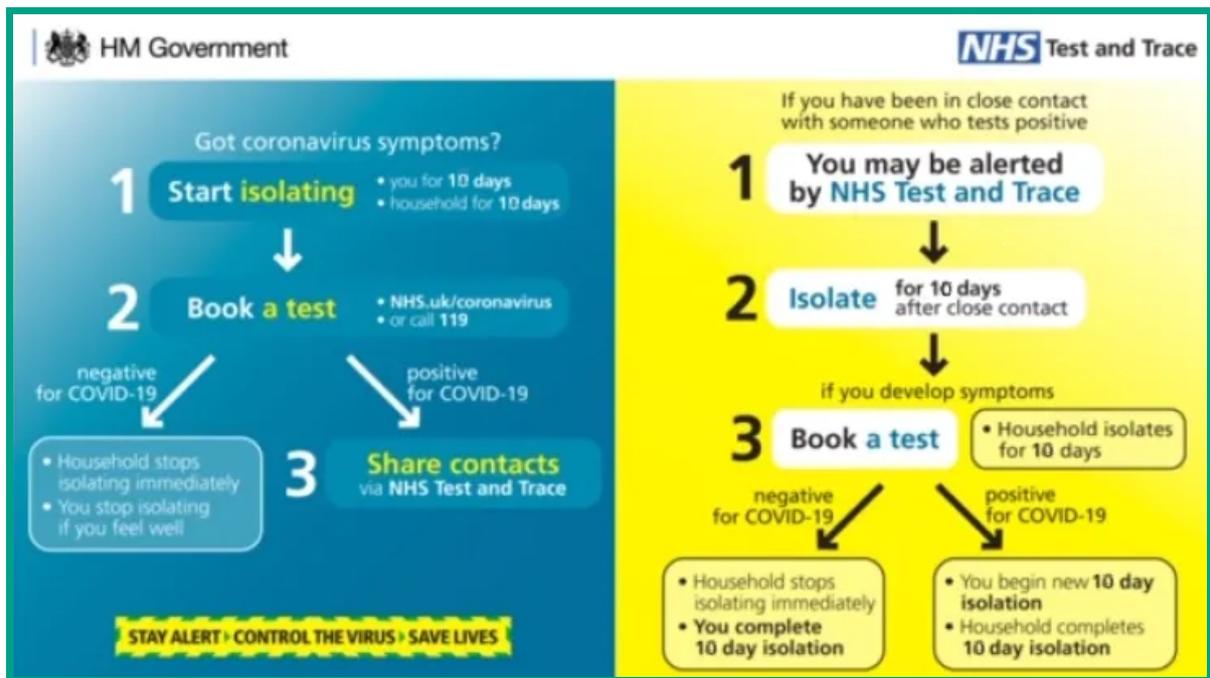


- Regional 'drive through' test centres at sites including Chessington, Twickenham, Gatwick and Beddington Lane, Sutton;
- A [mobile testing unit \(MTU\)](#) which is deployed at Denmark Road Car Park or Overton Park for a few days each week;
- Local testing sites which offer walk-through tests at the Civic Centre car park (Sutton), The Phoenix Centre car park (Wallington) and David Weir Leisure Centre car park (Carshalton).
- Postal/courier swab kits. Residents have the option to post their testing kits at any of the Royal Mail [priority postboxes](#), which will all be marked by a NHS logo. Anyone who is unable to get to a priority postbox should call 119 for guidance on when to take a test and how to book courier collection.

The expansion of the number of PCR-testing sites in Sutton including the new regional testing site in Beddington again means that local residents have good access to symptomatic testing when they need it. In recent months turnaround times for PCR test results has been good making this a trusted service for local people. It is important that NHS T&T is able to maintain both the quantity and quality of this service going forward to allow rapid identification and isolation of cases.

How NHS Test and Trace works for residents

The national [NHS Test and Trace \(T&T\) service](#) was launched in May, to minimise community transmission of COVID-19. The diagram below explains how the Test and Trace program works for residents. Central to the Test and Trace programme are rapid isolation when coronavirus symptoms develop, testing for COVID-19 and contact tracing. The emergence of variants highlights the importance of strengthening contact tracing efforts.



Contact Tracing

Enhanced contact tracing: in August 2020, the contact tracing service in England introduced 'Enhanced Contact Tracing' (ECT) alongside conventional contact tracing. These two processes are subtly different because conventional contact tracing aims to identify the people (close contacts) that may have been infected by the person with coronavirus, while enhanced contact tracing aims to establish how the case may have acquired the infection.

The enhanced contact tracing process gathers information about all of the places (work or education, events and activities) that someone visited in the three to seven days before their symptoms started (or date of test, if asymptomatic). This information is analysed regularly to identify places or events, that have been mentioned by two or more different people ('common exposures'), where clusters of infections may have occurred. The findings are shared regularly with local authorities in the 'Common Exposure Report' for public health management. Enhanced contact tracing is also crucial to our understanding and management of variants of concern (see appendix G).

Local contact tracing: In August 2020, the government also announced a major shift in its approach to contact tracing by giving local council public health teams more responsibility, and reducing the scale of the national Test and Trace scheme.⁵ Under the plans, contact tracers from the national scheme are responsible for initial attempts to contact people who test positive for COVID-19. If they are unable to reach someone within 24 hours, then the local authority will make continued efforts to trace the person and visit them at home if needed. Any close contacts of these cases, identified by the local team, will be referred back to the national scheme for follow up and public health advice. In Sutton, the local service was set up by the electoral services team with support from public health. To date, the team has

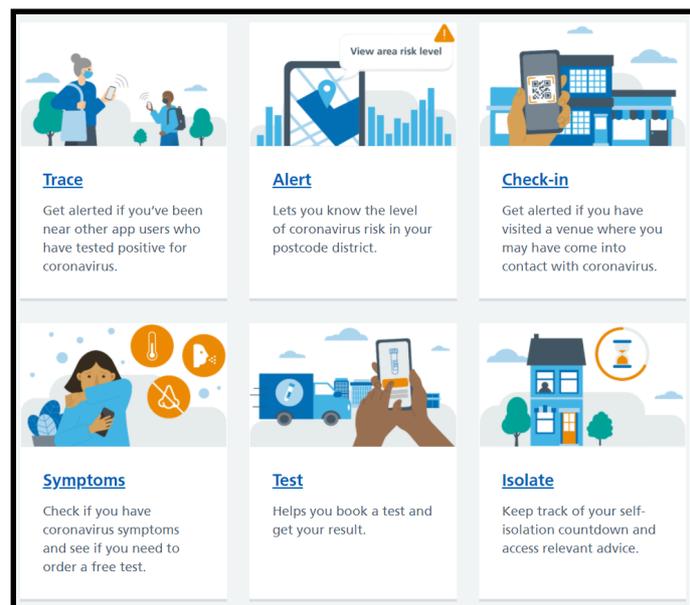
⁵ [Covid-19: Is local contact tracing the answer?](#) (BMJ August 2020)

had a total of 1,345 cases referred to them, 905 of whom were contacted and closed successfully. (Appendix B summarises this pathway).

Overall this shift of work from national to local has worked well with local teams in Sutton able to use local databases to contact many individuals whom the national teams were unable to reach. However, during the peak of the second wave the national system simply was not able to deal with the amount of work flooding the system which often led to a delay before cases were forwarded on to the local system.

In addition, in Sutton and other local authorities the contact tracing teams often came across considerable reticence on behalf of a significant minority of cases to share details of their close contacts which in turn reduced the effectiveness of the system to reduce chains of transmission.

The NHS COVID-19 app: The app was introduced in September to support the NHS Test and Trace service. It uses Bluetooth to alert users when they've come into contact with a COVID-19 positive person and advises them on next steps. Businesses and venues are required to display QR codes so that individuals can record their day to day movements using the app. In England, anyone aged 16 and over can use it.



Supporting individuals to self-isolate

We understand that residents and businesses could view these steps as an imposition, particularly after a long period of lockdown. We also recognise that residents may be reluctant to report symptoms, request tests or follow instructions to self-isolate - particularly if they have financial pressures or have been required to self-isolate before.

To help, the Government has introduced a lump sum payment of £500 to support people on a low income who cannot work from home, and need to self-isolate. More information about eligibility and how to claim the Test and Trace support payment is [available on the Council's website](#). As of 3 March 2021, 320 standard applications for self-isolation payments, and 206 discretionary applications, had been approved.

Sutton's Community Hub remains central to the Test and Trace response, coordinating support for residents who find it difficult to self-isolate. The Hub was first set up, by the Council, in March 2020 to support vulnerable and extremely vulnerable (shielding) residents coping with the challenges of lockdown.



The Council and the voluntary sector have collaborated on the project and distributed emergency food parcels, and triaged cases for additional help and support. The Hub is now linked with a range of services including: social care, debt management, welfare and benefit support, befriending, housing, mental health and pharmacy.

Over time, the Hub's role has changed and it is now playing a greater part in Test and Trace, coordinating help for vulnerable people who need extra support to self-isolate. In future, we expect increased demand for debt management, mental health and relationship advice. We have also identified opportunities to increase our focus on early intervention and prevention. The Hub may need to refer people to housing services for emergency accommodation, if they need help to comply with Test and Trace's requirement to self-isolate.



The Hub will remain an accessible service, with a helpline linked to the Council's main contact centre, a 'coronavirus help' inbox, and an online [self referral form](#). We know that the most frequently spoken languages in Sutton are English, Tamil, Polish, Urdu and Portuguese. At the hub we have a number of staff volunteers who can translate for residents who don't have English as their first language. The voluntary and community sector will continue to provide help and support to residents who require it. We have developed an [Equality Impact Assessment](#) which has informed the Hub's work and informed Sutton's Test and Trace communication strategy.



However despite these efforts the general consensus amongst local authorities is that the implementation of the [Test, Trace and Isolate policy](#) will always be limited by the lack of realistic compensation for the economic and financial loss for lower-income individuals and families. Therefore an important reflection is that there needs to be a re-think of the national policy on isolation support in light of the future reality of fewer cases which may be more concentrated amongst poorer local communities. In this regard the UK differs from other nations where more pragmatic compensation and designated accommodation for isolating individuals have been used more widely.

4. Preventing and reducing transmission of COVID-19

The Council and its partners have demonstrated strong partnership working throughout the pandemic with both organisations and communities to reduce the risk of transmission amongst high-risk settings and communities.

The next few months will require further engagement to help businesses, schools, care homes and others to navigate complex policy changes as lockdown restrictions are eased. This will be challenging as there will be strong public opinion to remove or ignore restrictions and 'get life back to normal' as quickly as possible. Partnership working will therefore be central to maintain the trust and confidence of the public and our workforce at a time of rapid change.

This applies even more so to sections of the community where COVID-secure behaviours may not have been widely adopted and where vaccine hesitancy remains an issue. Community engagement with local BAME and less affluent communities will be required to reduce the risk of enduring transmission of COVID-19 within the borough and to empower communities, which have been heavily affected by COVID, to engage with tackling underlying health inequalities.

Engaging our local communities

The focus of the Council's communications and engagement work is on 3 key areas:

- Vaccination
- Testing (symptomatic and asymptomatic)
- Public health restrictions

The Council is working with partners across the statutory and voluntary sectors to deliver effective communications and community engagement. The Keep Sutton/London Safe branding is well established and continues to be developed in Sutton and across London as new messages are incorporated. In addition, the Council is using NHS and PHE materials to supplement the Keep Sutton Safe assets, as needed.

Residents now have better access to symptomatic and asymptomatic testing and the insights the Council has gained from our data has helped to promote these services and target messages appropriately. For symptomatic testing, messaging continues to highlight the symptoms of COVID-19, as there has been evidence from surveys conducted nationally that many people are still not sure what symptoms mean they should book a test.

There are a number of new routes to asymptomatic testing available as schools have returned and new programmes for businesses have been introduced. The Council is communicating the changes to the wider community testing programmes that have been introduced in response to this, and the need for parents/carers of school children to take tests twice weekly.

The Council, local NHS and third sector partners are working hard to ensure that Sutton residents receive clear, accurate messages about the vaccination programme. Engagement through surveys, webinars and Q&A sessions is addressing vaccine hesitancy, providing greater insight into the barriers to vaccination and any prevailing myths and misconceptions. Local community champions, community leaders and vaccine champions are disseminating information via their networks and supporting the co-production of assets to normalise and encourage vaccine take up.

At the same time there are real challenges to local communities to adapt and comply with COVID-secure behaviours, particularly as the steps out of lockdown will see rules changing at regular intervals. Additionally, as more of the population is vaccinated and infection rates drop maintaining the sense of importance of these behaviours becomes more challenging.

In response to these challenges, the Council and local partners have collaborated on their communications and engagement efforts to focus on key messages:

1. reassure the more hesitant groups within Sutton about the safety and effectiveness of the vaccine.
2. remind people with symptoms of COVID-19 to get a test and to encourage people who don't have symptoms, but may be carrying the virus, to get a rapid test (asymptomatic testing).
3. Reinforce the importance of following COVID guidance and advice at every stage.

Three-tiered approach

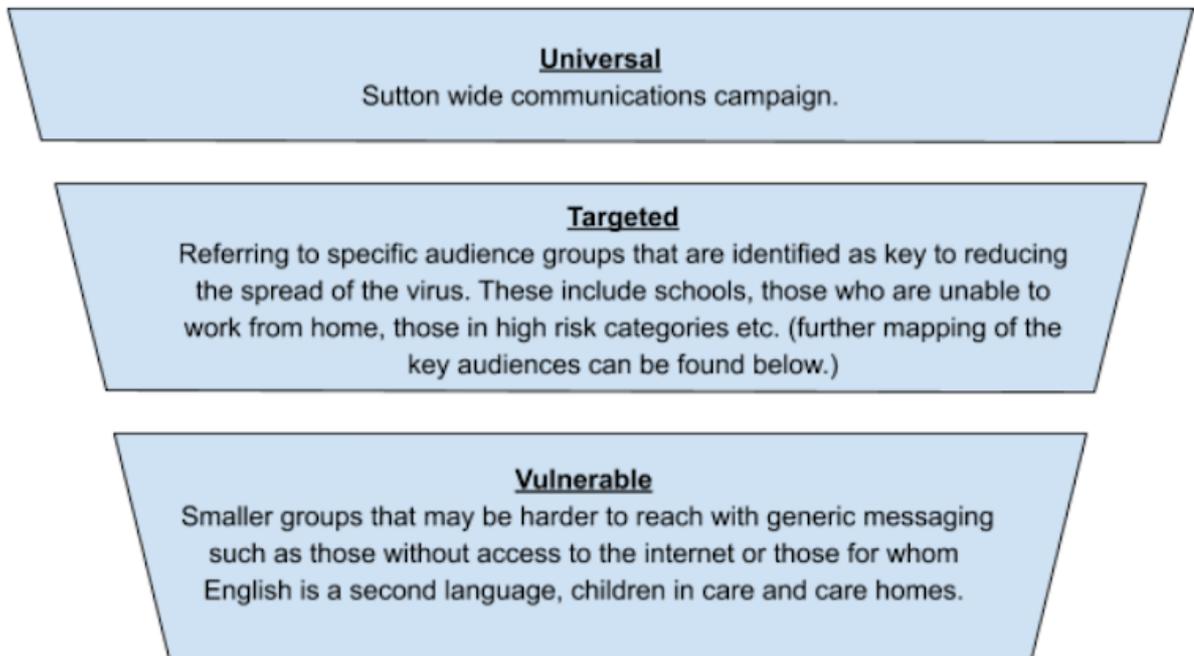
A three tiered approach is being used to reach Sutton residents:

At the universal level: working through the Council's website, social media, billboard advertising and with leaflets, emails and letters to residents.

At the targeted level: working directly with groups and individuals who are hesitant about having the vaccine. Targeting our messages about testing and vaccinations to include those in particular occupations such as taxi drivers and shop workers. Stressing the importance of following guidance in areas we are aware this is at risk, such as within local parks.

At the vulnerable level: Using Sutton's network of 'community champions'. These are made up of two strands: the first consists of organisations who have connections with more vulnerable individuals such as Age UK Sutton and Mencap Sutton. The second strand is individuals who either have or are willing to build up connections within the community to help to reach more at risk groups. Advertising spend on social media posts is targeted to

specifically reach individuals who have English as a second language. This is to lead individuals to guidance in their first language to reduce unnecessary misunderstandings.



Vaccine hesitancy and barriers to vaccination

The Council is continually gaining insight into the barriers and concerns at both a local and national level to the vaccine. With partners, the Council is identifying specific groups in Sutton who are more likely to be able to reach cohorts who are hesitant, according to research.



The Council and its partners are engaging directly with Sutton residents through live webinars and Q and As. Allowing and encouraging questions and concerns to be aired and addressed. These are then gathered and utilised to inform communications materials.

The Council is encouraging social norming, by sharing examples of local people who have had their COVID-19 vaccination and sharing their positive experiences. The Council is addressing misconceptions by sharing fact-based, straightforward information on a regular basis.

Insight is continually gathered through national, regional and local surveys and research, as well as at engagement events and on social media.

Over the coming months the Council will expand our direct community engagement through a [small grants programme](#), jointly funded with the CCG and administered in partnership with the voluntary sector, to enable community groups to deliver new meaningful engagement activities to deliver agreed outcomes.

Future challenges on vaccine uptake

Vaccine uptake is reviewed on a regular basis with NHS colleagues, considering key factors such as geography and ethnicity. While, at the time of writing, large gaps in uptake have not yet appeared it is anticipated that vaccine hesitancy will increase as the programme begins to invite younger adults. The opening of a new mass vaccination centre in the St Nicholas Centre in central Sutton should improve accessibility for young, mobile adults.

Recently a community clinic run from the Carshalton mosque was very successful in attracting older adults who had not yet received their first vaccine - again pointing to the fact that accessibility and not just vaccine hesitancy can be an issue. Should wider gaps in vaccine uptake appear in certain parts of the borough the Council will seek to help the NHS provide additional pop-up vaccination clinics as required.

Wider health inequalities work

As part of the local Sutton Health Care Plan the Council and its partners are developing a Health Inequalities workstream which will focus on areas such as social prescribing, population health and the tailoring of services and infrastructure to improve wellbeing for less affluent communities in Sutton. This will complement work being done in partnership with the NHS at a South West London-level through the Strengthening Communities workstream. At a London-level a Health Equity Group has also been established to bring together regional partners to tackle this issue.

Businesses

Sutton Council was awarded [£182,487](#) from the Governments [Reopening High Streets Safely Fund](#) which we are using to help introduce safety measures to support the



local economy, get people back to work and customers back to the shops. This has included new signs, street markings and temporary barriers.



Work to date

In Sutton, the Test and Trace and Business Recovery programmes are working closely together to improve communication with local businesses. Our licensing team has sent out communications to specific licensed premises and Regulatory Services has engaged with hotels, B&Bs, taxi firms and car washes that operate in the borough and responded to requests for advice.

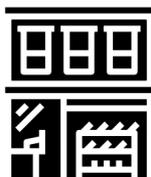
Since the first lockdown in March 2020, Regulatory Services has been carrying out patrols and inspections of commercial premises in the borough to ensure that they are COVID-19 secure; that they have covid risk assessments in place, that their staff wear PPE, that they are undertaking enhanced cleaning of their premises, are limiting the capacity of customers and are promoting the messaging of 'Hands Face Space'.

Operating on a similar basis to the police we have undertaken to engage, explain, and encourage our businesses to take their responsibilities under the emergency protection legislation seriously and use formal enforcement as a last resort. The Council has responded to and investigated reports from concerned residents and workers about premises and given appropriate advice. To this end verbal and written warnings have been issued to our non compliant business premises and only 2 have been served with fixed penalty notices due to the severity of their actions.

COVID-19 advice and visits to 16 February 2021 that have come into Regulatory Services

Module	Covid19 Complaints	Covid19 Enquiries	Covid19 FPN served	Covid19 Warning Letter	Covid19 Scam Reassurance Tel Call	Covid19 Surveillance Visit
Commercial Premises	<10	30	0	0	0	15
Licensing	<10	118	0	0	0	23
EH Service Requests	151	118	<10	<10	0	217
TS Service Requests	58	<10	0	0	28	<10

Operational activity to date 2nd March 2021



- 2104 observations of premises subject to COVID-19 regulations during patrols 20th December 2020 to date
- 37 Supermarkets inspected to undertake a RAG rating of their COVID-19 secure measures to be Covid secure from 24th January 2021 to date

- 118 minimarkets inspected to undertake a RAG rating of their measures to be COVID-19 secure from 24th January 2021 to date

Council officers were on hand in the High Street, and district centres around the borough, to offer advice as retailers reopened. They discussed national guidance, checking that shops were complying with maximum numbers of customers on their premises, making sanitizer products available and managing their queues safely, plus displaying the reassuring 'working safely' poster.

The Council has introduced COVID wardens, to advise and support members of the public and businesses on following social distancing rules. They will not enforce the rules, but areas [where wardens can help](#) include:

- Helping businesses manage queues
- Supporting social distancing in crowded public areas
- Reminding people to wear a face covering when necessary
- Assisting with regular cleaning of frequently-touched surfaces

Communication with businesses

A monthly newsletter is sent out, to improve communication with businesses. We use these to direct local organisations to [Government guidance](#), and remind retail premises to display the 'staying COVID-19 secure in 2020' poster. We have also reminded businesses about the Government's [Action Cards](#) (which provide guidance on early outbreak management) NHS test and trace, and provided an [email address](#) so that businesses had an escalation route to council officers

Council Officers, including the Director of Public Health, participate in regular webinars for businesses in relation to throughout COVID-19, including a business Re-Set forum run by the Successful Sutton Business Improvement District.

Schools and early years setting

There are 69 schools in Sutton that educate children between the ages of 3 and 18 years and 321 early years providers that provide childcare and education to children under 5 years. The borough works closely with these settings, and holds a comprehensive list of addresses and contact details as part its emergency planning work.

Work to date

The majority of settings have remained open throughout the COVID-19 epidemic to educate and care for vulnerable children and children of key workers. However, most children stayed at home until 8th March, when schools reopened, following the second wave of the pandemic. The Government continues to prioritise access to education even if COVID-19 infection rates mean that restrictions are imposed elsewhere.

To help schools and early years settings, Sutton Council's Health and Safety team has provided a [COVID-19 risk assessment template](#) for them to use. A list of companies supplying PPE to schools has also been shared by the Council.

Sutton Council has helped to order and supply laptops for vulnerable children who cannot learn online, as part of the [Government's scheme](#). In addition, the Council has coordinated a voluntary donation scheme, receiving and wiping devices before distributing them to pupils in school.

In response to the Government's announcement about mass testing in schools, the Council has worked closely with Sutton Volunteers Centre to deploy 31 volunteers into secondary schools from February 2021 in roles including: testing assistants, testing leads, testing administrators. The local authority has also offered schools training and support (e.g. PPE Training), infection prevention control advice, waste management advice, health and safety advice. School nurses have been on hand to support schools with their testing programme and other staff have given support either via redeployment or volunteering. In addition we have commissioned an IT platform to help schools administer and record LFD testing to ensure pupils and staff have an easy and automated way to report outcomes. Public Health Sutton has been part of Londonwide discussions about Test and Trace in schools and early years settings. This has been an opportunity to share lessons with colleagues and to hear examples of good practice.

As part of the Winter Support Grant, the Council has provided free school meals vouchers, worth more than £500,000 to pupils in Sutton schools during the Christmas, February half term and Easter holidays. In addition, planning is well underway to provide a holiday activities and food programme that will run in the Easter and summer holidays.

As part of local scenario planning, we realised how difficult it had become for schools and early years settings to keep up to date with COVID-19 guidance and Test and Trace. To address this, the Council's education and public health teams worked with colleagues from education to develop some [resources](#) to help. These products complement the Test and Trace programme and provide a framework for delivering a consistent and effective response to cases or suspected cases of COVID-19 in educational settings.

Communication with schools and early years settings

The Education Bulletin goes to about 600 professionals across the education, social care and health sector in Sutton. It is published on a regular basis and has been used to share information throughout the pandemic. This has been a useful way to highlight (but not replicate) Government guidance and to publicise the support that the Local Authority has been putting in place to support schools.

The Council is working with a representative Headteacher Coordination Group to plan and communicate its approach to COVID-19 with providers.

Education and transport

Children, young people and parents in Sutton are being encouraged to walk or cycle to school where possible and to avoid public transport at peak times. Facemasks are



mandatory on public transport, the Council has used social media to let residents know [how to wear and make a cloth face covering](#).



TfL have identified four schools in Sutton which are on busy bus routes, where overcrowding can be an issue at peak times. To ease this pressure, TfL are running additional buses or dedicating 'every other bus' to children and young people travelling to school.

To promote active travel, a Sutton artist and the Council have worked with four schools to encourage more children to walk, cycle or scoot to school. A trail of animal tokens have been stencilled onto the pavements, around the schools, and [these were unveiled in June](#). Most children and young people are able to travel to and from school by themselves or with a parent, carer or family friend. However, if children and young people are not able to do so, they may be eligible for support from the Council's SEND Transport Service. This service has been operating a reduced number of journeys while most children have been away from school. From September, the number of children travelling to school will increase significantly and careful planning has been done to ensure this can happen safely. A document, developed by the Council and the service manager, sets out the steps that providers must take to reduce the risk of COVID-19 infection.

Guidance for parents, about the steps that the SEND transport service has taken to keep children and staff safe was circulated in the Education Bulletin.

Care Homes

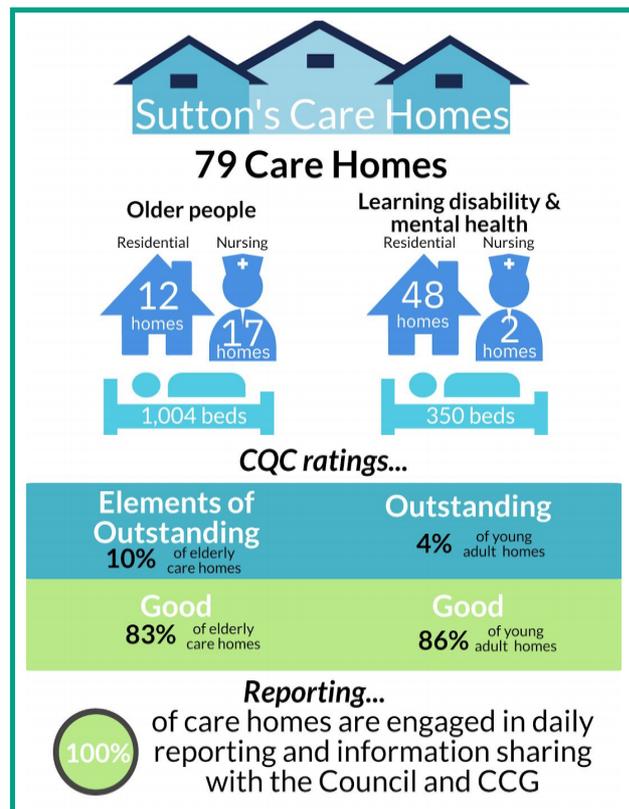
In December 2020, the number of care homes in Sutton reduced from 79 to 78. Most are independent providers that have varied bed capacity and are used by neighbouring local authorities covering the SWL region.

Sutton's Plan, [Supporting our Care Homes to remain safe](#) was published on 29th May 2020. Since then, we have continued to develop our local response and support to adult social care, particularly care homes, to minimise the risks from COVID-19 infections and outbreaks.

Communication and engagement

Across the system, our local processes are underpinned by timely information sharing. The Care Home Support Team, commissioning team, CCG and public health all have regular

check-ins with care homes. We have established a dedicated sector-wide communication platform, [Sutton Care Hub](#) to give timely updates to providers, their staff and wider stakeholders. Information is disseminated in weekly 'Care Matters' newsletters sent by email and published on the hub.



Local intelligence and partnership working
The Daily Outbreak Control Group, led by the local public health team meets to review alerts about our care settings. This multidisciplinary team supports the system to coordinate a rapid local response to infections or outbreaks and [safe admissions and hospital discharge](#).

Funding and training

ASC commissioning teams have led the allocation of over £1,000,000 of additional funding to the care market . The Council has led the procurement and supply of

personal protective equipment (PPE) and SWL CCG infection prevention control nurses (IPCN) have led training for care homes and other care settings. Training has taken place at weekly webinars and face-to-face sessions.

The SWL CCG IPC team also delivers weekly care home networking webinars with expert advice from infection control nurses and local public health to provide updates on guidance, risk assessments and safe working during the pandemic. Staff are offered training, which is led by the CHST, on clinical observation tools such as NEWS and RESTORE 2 and on remote monitoring. Providers have regular input from SWL CCG IPC specialists, access to a dedicated IPC email address and a weekly information sharing session. Dedicated one-to-one support is available to care settings including care homes from adult social care, the CCG, care home support team and public health. GP clinical leadership is well established in all Sutton care homes with regular MDTs.

Testing in care homes

DHSC COVID-19 testing has been rolled out in phases (see [Sutton ASC COVID-19 Testing](#)) with limited data collection. In Sutton, we have addressed this by proactively collecting testing information from care homes. Providers submit testing results weekly using an online

portal. This has helped us to identify issues (including infections and outbreaks) in care homes and understand provider experiences of the testing programme.

Within the first month, 82% of our providers had submitted regular responses on testing in their care homes with 94% positive feedback on this solution. The ASC weekly headline report summarises these findings and since December 2020 has included supported living and extra care settings. We have learned that staff on annual leave and best interest decisions for residents are the main reasons providers give for not testing in care homes.

We have given providers advice on a range of topics relevant to testing and summarised the Government's testing guidance into a series of action cards to make the information more accessible. We held testing webinars with care homes (January 2021 to February 2021) and produced a [slide pack](#) which was shared across SWL by the CCG and across London by PHE.

Visiting

Long periods of COVID-19 restrictions have been especially difficult for care homes and their residents and for families. In line with national guidance, we are supporting COVID-19 safe visiting and we have provided information in newsletters, emails, letters and phone calls. The Director of Public Health is monitoring local risks and we are posting updates on the [Council's website](#). All providers have received a DPH letter to ensure Care Home Visiting Policies are in place and implemented.

Supporting the vaccination rollout to care homes

COVID-19 vaccination of care homes residents began in January 2021 and was led by a team of GPs and the CHST. In Sutton, we prioritised the rollout of vaccinations to learning disability care home residents to reduce inequalities faced by this vulnerable group. A local risk assessment template was developed for care homes with outbreaks which has been widely used to prioritise vaccinations. Vaccination webinars have covered a variety of topics including myth busting to help address hesitancy amongst care staff. SWL webinars were recorded and shared with care home managers to reach as wide an audience as possible. We have used the [Sutton Care Hub 'have you had yours?' page](#) to share experiences and support other staff in making informed decisions.

We continue to raise awareness amongst staff and managers about the importance of strict infection control measures after vaccination to minimise the risk of infection.

Shared learning on care settings

Stakeholders have been positive about the input they have received from health and care colleagues during the pandemic. They have valued the opportunities for shared learning and an open dialogue during a very challenging period.

Independent living sites

We have identified a number of independent living sites in Sutton. Where possible, we are working with commissioners and managers to understand the steps that have been taken to reduce risk and to recommend early escalation routes, should problems arise.

Case example - Sutton Housing Partnership (SHP)

SHP is Sutton's largest social housing provider. Managers took early steps to review their independent living schemes and completed risk assessments at these sites. This led to a number of decisions being made, which included:



- closing communal lounges
- establishing weekly telephone calls to residents considered at high risk and a text survey of residents considered at medium risk.
- developing a guidance document 'Advice for Managing COVID-19 at Independent Living Schemes' with input from public health. This document, which has been shared with staff, includes safe working arrangements (including home visits e.g. for emergency repairs), timely support for residents impacted by self-isolation.
- Staff have been made aware of the importance of early identification of individuals with symptoms of COVID-19, and have put in place a process for early escalation of issues to the LCRC.
- All Independent Living staff have received their first vaccination and at present only visit the most vulnerable residents when it's necessary.
- Trails are being carried out in Independent Living dwellings with non obtrusive early warning units which alert SHP when a resident fails to hydrate on a regular basis, raising an alert for the officer to check on a residents wellbeing.
- Officers are now based in 4 Independent Living offices on site giving residents effortless access to day to day assistance.

SHP's approach means that they can continuously improve and tailor their response based on government guidelines.

SHP holds regular business continuity meetings with the senior leadership team and there is regular communication with staff. The [SHP website](#) is updated weekly and SHP's magazine for residents 'Homefront' is circulated fortnightly. SHP meets weekly with the Council's commissioning team.

Houses of Multiple Occupation



Sutton has 89 licensed Houses in Multiple Occupation (HMO's). An HMO is a bedsit type of accommodation where a tenant rents a room and there is some sharing of facilities like a kitchen or a bathroom. The risk of infection transmission in HMO's may be greater because of a greater density of people in a property and the sharing of common areas, equipment and

fittings. The Council continues to work with all HMO landlords and properties advising them on how to maintain social distancing, hygiene, what to do if a tenant tests positive for coronavirus, and also where to find advice on financial matters.

Places of worship

Sutton's faith and belief groups are vital to the vibrancy and prosperity of our borough and are an important part of making the borough a great place to live, work and raise a family. We know that COVID-19 has created significant challenges for all faith groups and appreciate the work that groups have done to reopen safely.

To date, officers have contacted more than 20 places of worship and discussed their plans for the coming months. Officers share regular email updates that include developments in Government guidance e.g. ['COVID-19 action cards'](#) that set out a process for places of worship to follow should COVID-19 cases develop. Faith groups have unique relationships with their communities and respected leaders whose advice and reassurance is trusted and valued. We are working with them to engage communities and to tailor our communications so that they are as helpful and impactful as possible.

Primary care - General Practice

There are 23 GP Practices in Sutton, commissioned to provide general medical services by NHS South West London Clinical Commissioning Group (CCG).

Throughout the COVID-19 pandemic, GP Practices have remained open, however service delivery has changed to a new total triage model. Widespread use of telephone and video consultations have reduced the need for face to face consultations for the majority of appointment requests. A significant investment has been made in digital infrastructure, hardware and software to support primary care teams to continue to deliver services when working from home or online from practice premises, and to support home visits and care home visits when required.

In South West London, the CCG has held regular borough level webinars with all Sutton GP Practices and issued local guidance and best practice via an intranet for all practices across the region. The borough webinars have also allowed other providers, such as secondary care, community health and mental health services, to have direct conversations with general practice staff about the interface of services and ensure health and care services are collaborating effectively.

Sutton's Primary Care Network (PCN) Clinical Directors have led the development of Community Response Teams (CRTs) which run regular webinars with providers, commissioners (from health and social care) and voluntary sector organisations. These CRTs have ensured that local organisations have a forum for sharing information and improving coordination of health and care services for Sutton residents. There has been a particular focus on the most vulnerable individuals including those who are "clinically extremely vulnerable" and residents in care homes.

GP Practice teams have been working with care homes and support teams from health and social care to provide [enhanced support](#) to care home residents. All care homes have a named clinical lead and there are processes in place for multi-disciplinary reviews when pharmacist support or care plans are necessary.

NHS England has issued an updated [Standard Operating Procedure](#) (SOP), with increased infection prevention and control measures to protect patients and staff. Locally, GP Practices are working to comply with this SOP and restore prevention services including vaccination, contraception health checks and routine chronic disease management.

GP practices have been at the forefront of rolling out the COVID-19 vaccination programme, working collaboratively from a single Local Vaccination Centre at Nonsuch Mansion in Cheam. GP Practices are also running vaccination clinics from GP Practice sites, in care homes and for the housebound, and also from community locations to reach underserved communities, to provide local sites for vaccinations. Working closely with the CCG, community services, voluntary sector and the local authority, practices have promoted the vaccination programme and provided reassurance and advice to those who may be hesitant or concerned.

Primary care - Dental Practice

Sutton now has 41 dental practices which hold an NHS contract and are commissioned by NHS England. Most practices closed on 26th March 2020, in response to Government guidance about COVID-19. During lockdown, dental teams ensured that patients were able to get access to urgent telephone advice and urgent dental care centres. On the 8th June, practices started a phased reopening, working to a national standard operating procedure.

At present, NHS General Dental Services are open but are operating with reduced capacity with far fewer appointments available. This is to comply with social distancing and infection prevention and control requirements. As a result, some patients are finding it harder to book an appointment and practices have had to prioritise urgent appointments over routine non-urgent care.

Key points for anyone needing dental care:



If you need urgent dental care and do not routinely attend a dental practice and are having trouble finding one which has appointments call NHS 111 (please note you will be assessed over the phone and only if you are in pain and need urgent dental care will be booked into service closest to your location)



Call your practice before attending in person and let your practice know if you are unable to make your appointment. If you are seeking a routine appointment this may not be possible: patients in pain or at risk of losing teeth will be prioritised.



If you are self-isolating or have symptoms of COVID-19 and your dental need is urgent please call NHS 111, do not attend a dental practice.



Please be patient with your dental team, we are working to ensure that care is provided in a safe environment and that those with the highest need are prioritised.

Sutton LDC (October 2020)

NHS England and the Local Dental Committee (LDC) are providing advice and support to practices. The [NHS England Primary Care bulletin](#) provides updates and resources for dental teams on health policy and practice. This is usually sent once a month. During the COVID-19 pandemic, the bulletin is being sent out more regularly. Local and national webinars have been arranged to keep practices informed of changes and to give advice about working safely. Access to some PPE had been challenging and the Government took steps to integrate dentistry into official PPE supply chains to address this. Practices can now access PPE [via the national portal](#).

Primary care - Community Pharmacy

There are 42 Community Pharmacies in Sutton. They are commissioned by NHS England to provide a range of essential services including dispensing prescriptions, advice about medicines and minor health conditions.

Throughout the COVID-19 epidemic, community pharmacies have remained open to provide all usual services and have implemented appropriate infection and prevention measures to protect their customers and staff. National guidance has been issued to community pharmacies by NHS England. In Sutton, the Local Pharmaceutical Committee (LPC) is supporting pharmacies to implement the national guidance and specifically to undertake risk

assessments, business continuity and access PPE. They have held regular teleconferences since the beginning of the COVID-19 epidemic, and future webinars are planned as new ways of working are established.

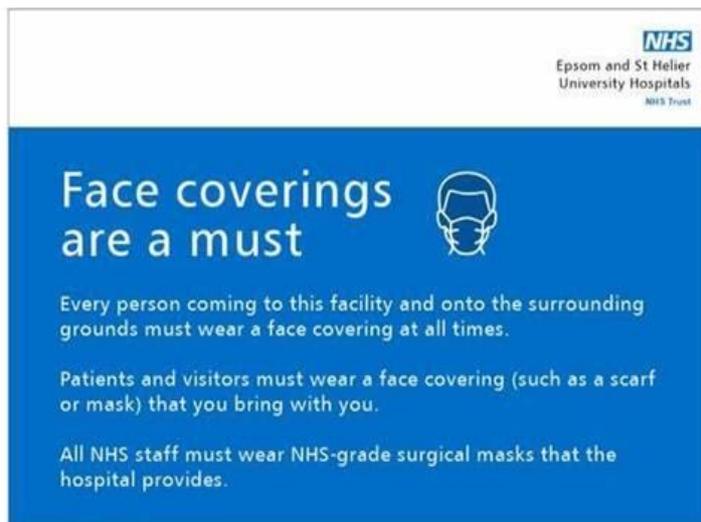
In March 2021, 17 community pharmacies in Sutton signed up to deliver asymptomatic lateral flow testing. The successful rollout of this programme was supported by the LPC. Tests can be [booked online](#) at the Council website.

Primary care - Optical Settings

{We are waiting for further information from NHS England who commissions the service}.

Secondary care

To keep staff and patients safe, Epsom and St Helier University Hospitals NHS Trust has taken a range of measures to promote the health and wellbeing of staff and patients. We are asking all staff to complete a COVID-19 risk assessment, to understand their risk of exposure to coronavirus as well as their individual risk factors. These risk assessments



are being used to make adjustments for staff and to manage risks. The health and wellbeing of staff is a key priority for the Trust and we are offering advice and support to those who need it.

We have added 'friendly checkpoints' at the entrances to buildings. These support all visitors, patients and staff to understand the importance of face coverings and face masks and ensure they are worn appropriately. New signage reminds everyone

entering the building to use hand sanitiser as they arrive. Our infection control policies have been updated and enhanced cleaning processes are in place.

Before people attend an outpatient appointment at the hospital, we write to them about their visit. This includes important information about symptoms of COVID-19 and not attending hospital with symptoms COVID-19 and also about wearing a face mask. All new patients admitted to a ward are routinely swab tested for COVID-19.

To help keep patients and staff safe, we are setting out blue and green routes around hospitals and community service buildings. These will mean that we can separate patients admitted for planned care, who have been socially isolating prior to admission, from anyone attending for emergency care. This will help to reduce transmission of the virus.

Our Redeployment Hub has supported staff and areas where help and support is needed. More than 350 members of staff have been redeployed to new roles, and 19 volunteers placed in vital roles. The Hub also recruited 44 year three nursing students, 47 year two nursing students, 26 midwifery students and 14 AHP students.

Epsom and St Helier, Surrey Downs Health and Care, and Sutton Health and Care, worked together to develop the first NHS Seacole Centre at Headley Court to support COVID patients and others who need help with their recovery. This was opened by the Secretary of State for Health and Social Care Rt Hon Matt Hancock MP. It is named after Mary Seacole, the pioneering British-Jamaican nurse famed for the rehabilitation care she provided to soldiers during the Crimean War. The collaborative work attracted national media attention including an interview with the [BBC](#).

Through the hospital's COVID-19 staff bulletin we have been sharing local, regional and national information with staff. We have also been celebrating the contributions of colleagues and their teams.

We have been overwhelmed by the generous donations from local people and companies. This has included people taking on challenges to raise funds for our [official charity](#), including members of the Mole Valley Running Club who are running 10k around their houses to raise money. We have sent out a press release thanking everyone who has donated or wished us well.

5. A prompt and coordinated response in the event of future clusters and outbreaks

As London moves out of lockdown, the local authority and wider partners have plans in place to maintain surveillance that will help us to detect and act upon: new clusters or outbreaks; hyperlocal pockets of enduring transmission and new variants of concern (VOCs). As a system, this requires us to collate and monitor local trends in infections, understand escalation protocols when and if an incident management team (IMT) is needed and to have plans in place for the rapid deployment of additional resources if required.

Monitoring and surveillance

Since March 2020 the availability of COVID-19 data - collection and analysis - has evolved at pace with a variety of different datasets now available. The public health team regularly use data flows from PHE and local intelligence gathering to provide insights into emerging patterns of infection - including geographical distribution - that could indicate a cluster of cases. In addition, common exposure reports and covid vaccination updates are informing local actions and helping to develop dynamic communication and community engagement plans (see appendix F)

Common Exposures

The PHE Situational Awareness Explorer provides a summary and line listing of common exposures, where two or more individuals have reported attending the same postcode area 2 to 7 days prior to the onset of their symptoms. The common exposures report gives an indication of the settings where individuals may have caught the virus. Public Health triage these settings and may:

- Pass details to the school or care home teams for further investigation
- Discuss the setting with Regulatory Services, who can make contact by email or visit in person. Following this initial contact and information gathering, Regulatory Services and Public Health may work together to manage a workplace outbreak.
- Send a workplace outbreak letter to premises under the jurisdiction of HSE to give public health information, advice and guidance

In addition to the common exposures summary and line listing, PHE publishes a postcode coincidence summary and line listing. The postcode coincidence report covers the forwards period (from 2 days prior to the onset of symptoms, forward to the day of contact with NHS Test and Trace). This report can be used to identify settings that individuals may have visited during their infectious period. These settings are discussed with the Regulatory Services team to consider their COVID-19 secure measures and risk assessment.

COVID-19 vaccination data

To support the roll out of the COVID-19 vaccination programme, which is critical to managing the pandemic, we complete regular analysis of data to understand local inequalities in uptake and to support communication, engagement and action. The data, which is available through the NHS Foundry platform, is collected by clinicians at vaccination sites using two different systems:

- the National Immunisation Vaccination System (NIVS) (hospital sites)
- Pinnacle systems (all other sites including GPs).

The data from these two systems flows into the National immunisation Management Service (NIMS) and then to Foundry, the NHS's front facing platform for the COVID-19 vaccination data. Locally, the Director of Public Health (DPH) can request access for themselves and two other named individuals. Appendix F gives details of the data flow.

Future data and insights

Thames Water has been working with the Joint Biosecurity Centre (JBC), to conduct waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020. Although at present, viral concentrations cannot accurately predict population prevalence of the virus, trends over time and comparisons between sites could provide valuable insights into levels of coronavirus circulating in the population. Currently there is a pilot project underway in Bristol to use genomic sequencing to test wastewater samples to support the detection and control of VOC.

Enduring transmission

Evidence from other parts of the country links factors such as deprivation, occupation and ethnicity to enduring rates of transmission of COVID-19 amongst more deprived communities. However, at the time of writing, infection rates in the borough are rapidly falling and there is no indication that any hyperlocal areas of enduring transmission are developing at present.

Living with COVID-19

As restrictions ease we will need to learn to live with COVID-19 and respond to future clusters and outbreaks. Our success will depend upon a coordinated approach and:

1. Effective help and support for people to isolate - in particular, financial support (e.g. [Test and Trace support payments](#)) so that residents can afford to isolate.
2. A robust national Test and Trace system that can scale up rapidly and link to the local authority contact tracing team where this adds quality to the response.
3. Regular meetings of the Sutton Outbreak Control Group.
4. Regular meetings of the Sutton COVID vaccination delivery group.
5. Ongoing and strengthened relationship with volunteers, who have provided invaluable support to the system.

6. Ongoing support from public health colleagues, across South West London (SWL), at the weekly IMT meeting.
7. Continuous learning to refine and improve our COVID-19 response. Given the multiple impacts and inequalities highlighted by COVID-19 we will continue work to develop place based approaches.

Outbreak management powers

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

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the [2013 guidance Health Protection in Local Government](#).

[The Health Protection \(Coronavirus, Restrictions\) \(England\) \(No. 3\) Regulations 2020](#) gives local authorities the authority to issue directions notices to restrict access to or close certain premises or outdoor public spaces or prohibit certain events from taking place in their area where the following three conditions are met:

1. the local authority is responding to a serious and imminent threat to public health in their area and
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

In making the direction the local authority shall consult with the Director of Public Health and obtain any evidence and information in support from local authority experts.

The direction notice must be published on the local authority's website, and shared with the Secretary of State, the persons concerned other local authorities and the police where

necessary. The direction notice should be reviewed at least every 7 days to ensure that the 3 conditions are being met at which time the direction may be revoked and a new direction notice issued or revoked entirely. The appeal process should be made known to the person concerned and there are enforcement penalties for those who do not abide by the direction notice.

Governance

The COVID response is dependent on aligned and agile working between the Local Authority, NHS partners and national bodies including the Department for Health and Social Care, Public Health England and NHS Test and Trace.

The Sutton Outbreak Control Group

To take this work forward we have formed an Outbreak Control Group (OCG) as a subgroup of our Borough Resilience Forum. The local outbreak control group has membership from the council, local hospital, voluntary sector as well as the CCG. This group will continue to act as the local COVID health protection board and oversee operational delivery of this plan.

Key responsibilities of the OCG include:

- To produce and update a local outbreak control plan which describes the Sutton system approach to preventing and reducing further transmission of COVID-19 and the local response to COVID incidents
- To share information and monitor data trends around COVID infections and incidents
- To respond to the ask to convene an Incident Management Team in response to an identified outbreak or cluster of cases.
 - To coordinate the activities of local agencies involved in the control and investigation of any outbreak in order to understand the aetiology, mechanism and source.
 - To employ control measures to bring incidents to a speedy resolution
 - To provide adequate briefing to local politicians and communities on the control measures taken

The OCG will be accountable to both the Borough Resilience Forum partners for operational delivery and accountability and sign-off for the Local Outbreak Control Plan will lie with the Health and Wellbeing Board.

At a subregional level there is also a regular SWL IMT meeting where respective Directors of Public Health align operational arrangements between neighbouring boroughs in South West London. This meeting is also attended by the London PHE team (LCRC) and colleagues from SWL NHS Clinical Commissioning Group. In addition there is a SWL Vaccination Board to further align work to increase vaccine uptake across the sub-region.

Both the local and sub-regional work is aligned with London arrangements which are evolving as command and control structures evolve into transition and recovery with a stronger future focus on tackling health inequalities.

Incident Management

The NHS Test and Trace programme involves three tiers of contact tracing. In London, tier 1, is led by the London Coronavirus Response Cell (LCRC), a health protection unit dedicated to COVID-19. Tier 1's role is to manage complex outbreaks and contact tracing issues in collaboration with regional health protection teams, the Director of Public Health and environmental health teams in the Council. Incident Management Teams can therefore be convened either by the Director of Public Health or the local Health Protection Unit at Public Health England.

In general the London Coronavirus Response Cell (LCRC), part of London PHE, will convene and lead an IMT for outbreaks in complex or high-risk settings such as health and social care, schools and early years settings, workplaces, prisons and homeless hostels. The local authority will be part of these IMTs and contribute with other partners around prevention work, helping individuals to isolate, and coordination between local partners. The local DPH will convene and lead an IMT if required in the response to an outbreak or cluster of cases identified in the community. Further details on roles and responsibilities is included in the latest London guidance on the role of LCRC and local authorities in incidents (see appendix C).

In the event of a major outbreak the local Incident Management Team will ensure appropriate liaison with a subgroup of the local Health and Wellbeing Board around the control measures that are being proposed and for agreement on the communication strategy for local residents and partners.

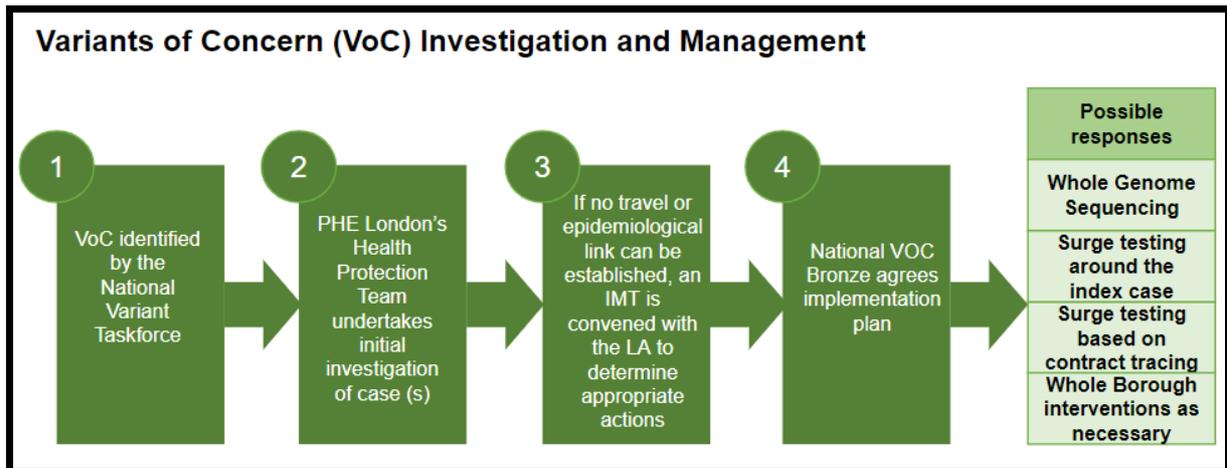
The local public health and environmental health teams have already increased capacity to respond and investigate incidents and outbreaks in Sutton. However, in addition, we have agreed with SHC Community Services that a local community response team will be available to assist with the initial response to any community outbreak. Similarly Epsom and St Helier Hospital have agreed to provide access to their testing facilities for the initial phase of a local outbreak.

Pan-London work means that additional [Mobile Testing Units](#) are available to DsPH for the purpose of responding to significant outbreaks. And in the case of a large outbreak the Incident Management Group will trigger current mutual aid agreements with other London boroughs as per London Resilience arrangements.

Responding to Variants of Concern (VOC)

In Sutton, the Council is ready to mobilise appropriate measures if a VOC is identified in the borough. Our local response to investigate and control VOCs will be informed by a risk assessment that is based on the current epidemiology and knowledge of our local community. It will be grounded in health protection principles and specialist health protection advice. Our plans remain flexible so that they can be adapted to suit a range of different circumstances including the need to rapidly deploy community surge testing if required.

In the event of a VOC(s) our planned local response will be reviewed and supported by PHE National VOC Bronze. This will ensure 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. More information about possible responses is included in appendix G).



In February 2021 a VOC was identified in Sutton. We worked closely with PHE to understand the circumstances of the case and agree on an approach. On this occasion, all agreed that rigorous contact tracing was required rather than widespread surge testing.

Our local plan, which was agreed in case we needed to mobilise surge testing to respond to the VOC is outlined below.

Project Eagle - our plan	
Day	Action
Day 1 PHE Confirms VOC, LSOAs + action plan National media announce VOC in Sutton	Convene IMT and inform key stakeholders Complete and return form to DHSC Website updated with postcode lookup and text e.g. Merton Comms out on all available channels 'keep calm, carry on and get a test' Infrastructure set up for test kit collection set up
Day 2 DHSC Testing Kits arrive Infrastructure for test kit collection & drop off in place.	Reiterate the 'keep calm, carry on and get a test' messages on all comms channels Deliver posters to shops and community champions to put on notice boards First flyers delivered door to door by canvassers (including message for CEV)
Day 3 Letters received from printers Packs created kits & letters for canvassers	Comms messages - kits will be coming to your door <ul style="list-style-type: none"> Collection Point - Civic Drop Off - Civic underpass Reiterate: where to get tested, booking a test etc. and how to access support
Day 4 Briefing for canvassers	Canvassers deliver test kits & letters to all houses (including message for CEV) Comms - residents reminded about collection and drop of points at Civic
Day 5 onwards	Door to door collection for people who are CEV Reiterate: where to get tested, booking a test etc. and how to access support

Communications - keep calm, carry on and get a test!



Website, social media, leaflets and letters, video messages, community champions, newspapers, scripts/FAQs for contact centre staff

Clear communication with residents will be key so that people are not confused and alarmed by what is happening.

- There is no need to panic!
- Carry on with day to day life (in line with coronavirus restrictions) go to work, attend school, keep GP and hospital appointments.
- Get a test (if you live in the test area)

6. Reflections and key learning

As society reaps the benefits of a successful national lockdown and the NHS COVID vaccination programme, we are aware that the recovery phase will bring new challenges. Undoubtedly, some people will question why social restrictions cannot be eased more quickly and some communities will need tailored approaches to overcome hesitancy and concerns about the vaccine.

In the longer-term we must consider how the local health and social care system rises to the challenge of addressing persistent inequalities, which have driven much of the morbidity and mortality associated with COVID-19. In this section, we look back at our experiences from the past thirteen months and draw together the reflections that will underpin some of our future responses.

1. The importance of a coordinated local response

Shared understanding: Because the health and care system is so complex, organisations are used to working with a range of partners in their day to day practice. However, outbreaks require clear, unambiguous escalation routes, so that the whole system has timely oversight of issues. We have worked hard with settings and the London Coronavirus Response Centre (LCRC) to establish these processes, and to align the whole system to manage the risk of outbreaks and to respond swiftly when they happen.

Stronger local relationships - We have always had strong relationships at a local level and these have helped us to provide local interpretation and clarity to national guidance which reflects the context of local workforce and settings such as care homes and schools. The engagement with the care sector in particular has been exemplary and provides a platform to build further ambitious quality improvement programmes for the sector.

Clear communication - We have learnt from care homes that it can be confusing and overwhelming to get too much information from different sources, particularly when guidance keeps changing. Instead it is more helpful for all partners to contribute to a newsletter that focuses on local support, and signposts national guidance, rather than simply cascading Government messages.

Better data - Data sharing has generally been a strength during the COVID response but importantly there is a need for the local system to have better access to vaccination data to help analyse uptake trends and thereby inform local strategies going forward.

2. Stronger partnership working with NHS Test and Trace

Increased testing capacity - The local authority has worked well with NHS Test and Trace to dramatically increase testing capacity for residents whether through Local Testing Sites or through community testing delivered through the local authority.

Enhanced contact tracing - Council teams have demonstrated that they can be effective in tracing cases and their contacts but without the transfer of resources from national to local there is not enough capacity at local level to deal with another large wave of cases.

Support - Current isolation payments do not provide adequate compensation for the loss of earnings for a significant proportion of the population. This in turn reduces the effectiveness of the Test, Trace, Isolate approach.

Better evaluation - As we move through to recovery there needs to be more time for a dialogue on the effectiveness of national and local policy. Asymptomatic testing is a good example of where focus has been on the number of tests delivered - which has taken up considerable national and local resources - with perhaps not enough consideration given to the overall impact of asymptomatic testing on overall disease transmission.

3. The importance of the community and local voluntary sector

A stronger third sector - Through the outstanding work at the Sutton Community Hub and through Community Champions the local voluntary and community sector has deepened its reach out into the wider community.

Health inequalities - This therefore provides both the council and local primary care networks with an important opportunity to develop more community asset-based approaches to tackle the underlying health inequalities as part of our COVID recovery work.

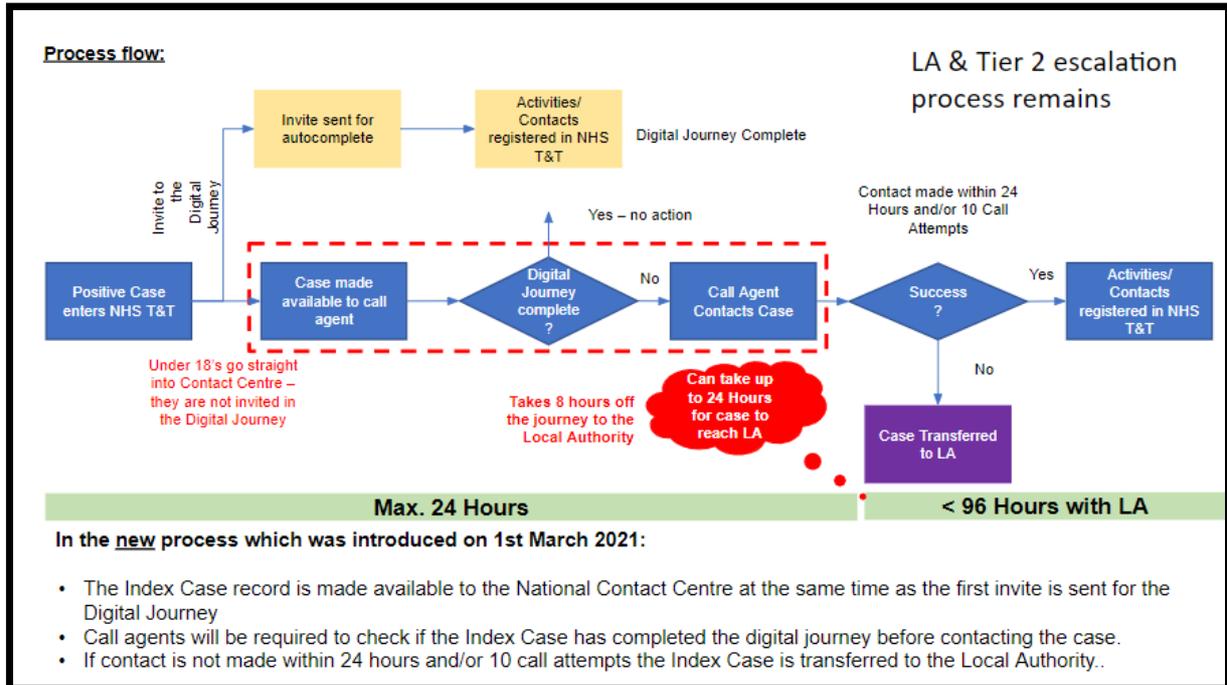
Insight - Going forward, community partners will be key to help gain the insights required to encourage higher rates of vaccination amongst younger adults in the population. This may address both issues around vaccine hesitancy but also accessibility to standard NHS clinics.

Appendix A

Testing strand	Status
Workplace testing: twice-weekly testing for all those unable to work from home.	Testing available for all who have to leave the home for work.
Community Testing: local authority-led testing available at asymptomatic test sites on an ongoing basis.	Testing live in over 260 local authorities in England.
NHS frontline staff: twice-weekly home testing.	Testing live.
Care homes: three tests a week for staff, monthly PCR testing for residents.	Testing live.
High-risk extra care and supported living: three tests a week for staff, monthly PCR testing for residents.	Testing will go live from late February.
Domiciliary carers: weekly testing.	Testing live.
Schools and colleges: twice-weekly testing of teachers and secondary school and college pupils.	Live for teachers - full rollout for pupils from 8 March.
Universities: twice-weekly testing for all students and staff currently on-site.	Testing live.
Hauliers: testing to enable cross-border travel.	Testing live.
Other settings (including prisons and hospices): mix of PCR and rapid testing	Testing live.

Appendix B

Local contact tracing partnerships



Appendix C

Key documents

Roles and responsibilities of the Local Authority London coronavirus response Cell

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	Receive notifications of cases via national test and trace route Investigate and manage cases and contacts as per local SOPs Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols Provide support packages as required	Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols Investigate and manage high risk cases and contacts as per local SOPs
VOCs (or other cases of concern)	Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing
Enhanced contact tracing (Cluster) investigation and management	Investigate, identify priority clusters Manage clusters as per relevant settings SOPs Chair IMTs if required	Overview of cluster identification and management Overview management of priority settings Attend IMTs if required
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	Receive notification of cases and clusters via a number of different routes Investigate and manage cases and clusters in settings. Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Chair IMTs if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting	Receive notification of cases and clusters via a number of different routes Overview and investigate and manage cases and clusters in high priority settings Review and update resources Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Attend IMT if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

Sutton High Street and district centres

Document	Link
Government guidance	<ul style="list-style-type: none"> • Working safely during coronavirus (COVID-19) - Guidance - GOV.UK • Reopening High Streets Safely Fund
Communication	Business newsletter <ul style="list-style-type: none"> • to receive the newsletter please contact www.sutton.gov.uk/businessnews or send enquiries to opportunity@sutton.gov.uk
Risk assessment	Businesses are advised to complete a risk assessment and to display the ' staying COVID-19 secure in 2020 ' poster

Scenario planning	An email address published in the newsletter gives local businesses an escalation route to Council officers.
Standard operating procedure	<ul style="list-style-type: none"> • Please refer to the relevant Government action card • The local Public Health England Health Protection Team (PHE HPT) managing COVID-19 is the London Coronavirus Response Cell (LCRC) 0300 303 0450. Alternatively, you can email LCRC@phe.gov.uk

Schools and early years setting

Document	Link
Government guidance	Coronavirus (COVID-19): Education and childcare - GOV.UK
Communication	Education Bulletin
Risk assessment	<ul style="list-style-type: none"> • COVID-19 risk assessment template • COVID-19 FAQs for Schools - Updated 20th July 2020 • Individual Staff Risk Assessment In Response To Covid 19 For Educational And Childcare Settings 16.07.20
Scenario planning	Resources to support the safe reopening of education settings in September 2020
Standard operating procedure	LCRC COVID-19 London Schools Resource Pack

Care Homes

Document	Link
Government guidance	COVID-19: how to work safely in care homes
Communication	Weekly Newsletter Sutton's Plan: Supporting our Care Homes to remain safe Adult social care page of the Council website.
Risk assessment	PHE LCRC Tier 1 Care Homes in-house risk assessments Baseline assessment for supporting care home plans
Scenario planning	Managing exposures Published 14 June 2020
Standard operating procedure	Training slides for care homes baseline assessment

Independent living

Document	Link
Government guidance	Coronavirus (COVID-19): adult social care guidance - GOV.UK Coronavirus (COVID-19): guidance and support
Communication	Some communications routes have been established but work is ongoing.
Risk assessment	A review of risk assessments for commissioned services is underway.
Scenario planning	Local risk assessments
Standard operating procedure	Included in national guidance COVID-19: guidance for supported living - GOV.UK and wider guidance Coronavirus (COVID-19): adult social care guidance - GOV.UK

Houses of Multiple Occupation

Document	Link
Government guidance	COVID-19 and renting: guidance for landlords, tenants and local authorities COVID-19: guidance for households with possible coronavirus infection
Communication	Email
Risk assessment	Local risk assessments
Scenario planning	COVID Letter May 2020
Standard operating procedure	

Faith groups

Document	Link
Government guidance	COVID-19: Guidance for the safe use of places of worship from 4 July
Communication	Email
Risk assessment	Work in progress with faith leaders
Scenario planning	Local risk assessments

Standard operating procedure	<ul style="list-style-type: none"> • Please refer to the relevant Government action card • The local Public Health England Health Protection Team (PHE HPT) managing COVID-19 is the London Coronavirus Response Cell (LCRC) 0300 303 0450. Alternatively, you can email LCRC@phe.gov.uk
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General Practice

There are 23 GP Practices in Sutton

Document	Link
Government guidance	NHS Guidance Coronavirus » Primary care Coronavirus » General practice
Communication	NHS England Primary Care bulletin SWL CCG communications via intranet
Risk assessment	NHS Guidance Coronavirus » Primary care Coronavirus » General practice
Scenario planning	Local risk assessments
Standard operating procedure	NHS Guidance Coronavirus » General practice

Dental Practices

There are 42 dental practices in Sutton

Document	Link
Government guidance	NHS Guidance Coronavirus » Primary care Coronavirus » Dental practice
Communication	NHS England Primary Care bulletin Service commissioned by NHS England
Risk assessment	NHS Guidance Coronavirus » Primary care Coronavirus » Dental practice
Scenario planning	Local risk assessments
Standard operating procedure	NHS Guidance Coronavirus » Dental practice

Optical Settings

Document	Link
Government guidance	NHS Guidance Coronavirus » Primary care Coronavirus » Optical settings
Communication	NHS England Primary Care bulletin Service commissioned by NHS England
Risk assessment	NHS Guidance Coronavirus » Primary care Coronavirus » Optical settings
Scenario planning	Local risk assessments
Standard operating procedure	NHS Guidance Coronavirus » Optical settings

Secondary Care

St Helier Hospital

Document	Link
Government guidance	Coronavirus » Secondary care
Communication	COVID-19 letter to patients attending outpatient appointments
Risk assessment	Coronavirus » Secondary care
Scenario planning	Hospital planning
Standard operating procedure	NHS Guidance Coronavirus » General practice

Appendix D

Roles and responsibilities

Public Health England

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks. In London this is the role of the London Coronavirus Response Cell (LCRC).



The Director of Public Health

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Environmental Health

The powers contained in the suite of Health Protection Regulations 2020 as amended, sit with District and Borough Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection

which could present significant harm to human health. There is no offence for those not complying with this request for cooperation.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so there is likely to be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

Coronavirus Act 2020

Under the [Coronavirus Act, the Health Protection \(Coronavirus Restriction\)\(England\) Regulations 2020](#) as amended set out the restrictions of what is and is not permitted, which when taken together create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations.

'Localised' lockdown would require further government Regulations that are designed to be used locally. At this time, there are no such Regulations.

Data Sharing

There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by the following legal framework and regulatory requirements:

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19
- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
- The Information Commissioner's Office (ICO) have created a [Global Data Protection and Coronavirus information hub on their website](#), which contains information for Health and Social Care organisations along with guidance for employers conducting workplace testing.

Appendix E

Outbreak definitions

For the purpose of this outbreak control plan the definition of a *cluster* is:

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days. (In the absence of available information about exposure between the index case and other cases).

For the purpose of this outbreak control plan the definition of an *outbreak* is:

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

AND ONE OF:

Identified direct exposure between at least two of the confirmed cases with onset dates in the last 28 days in that setting

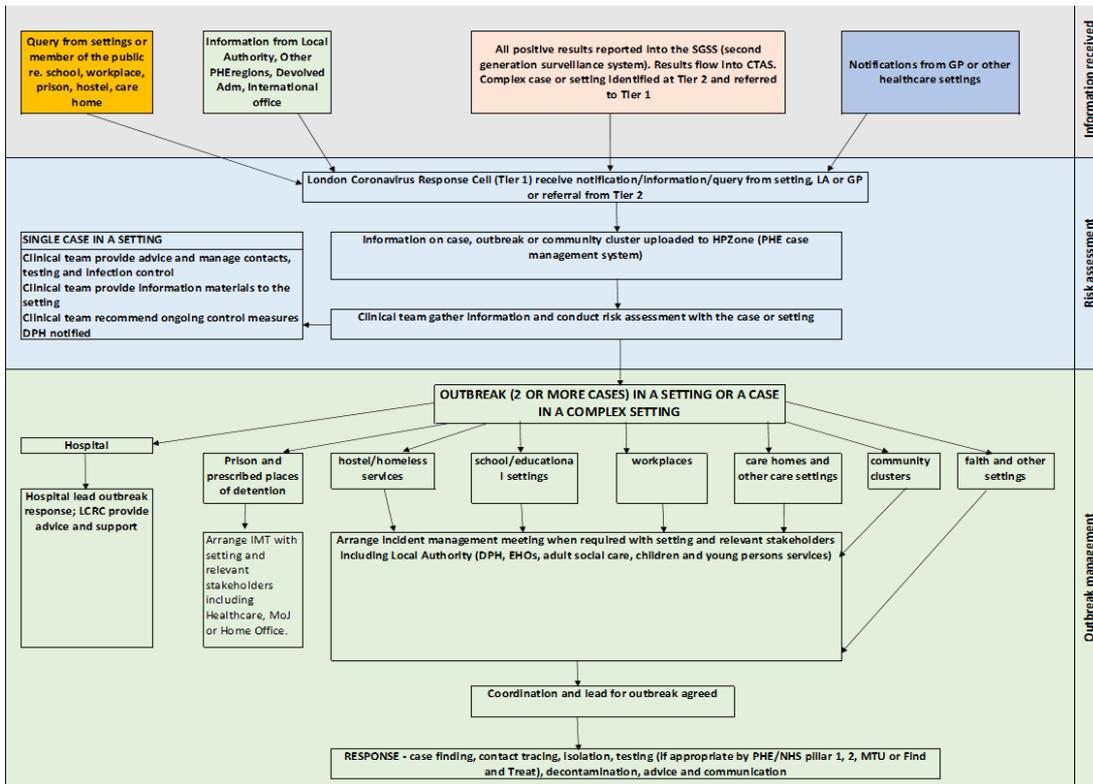
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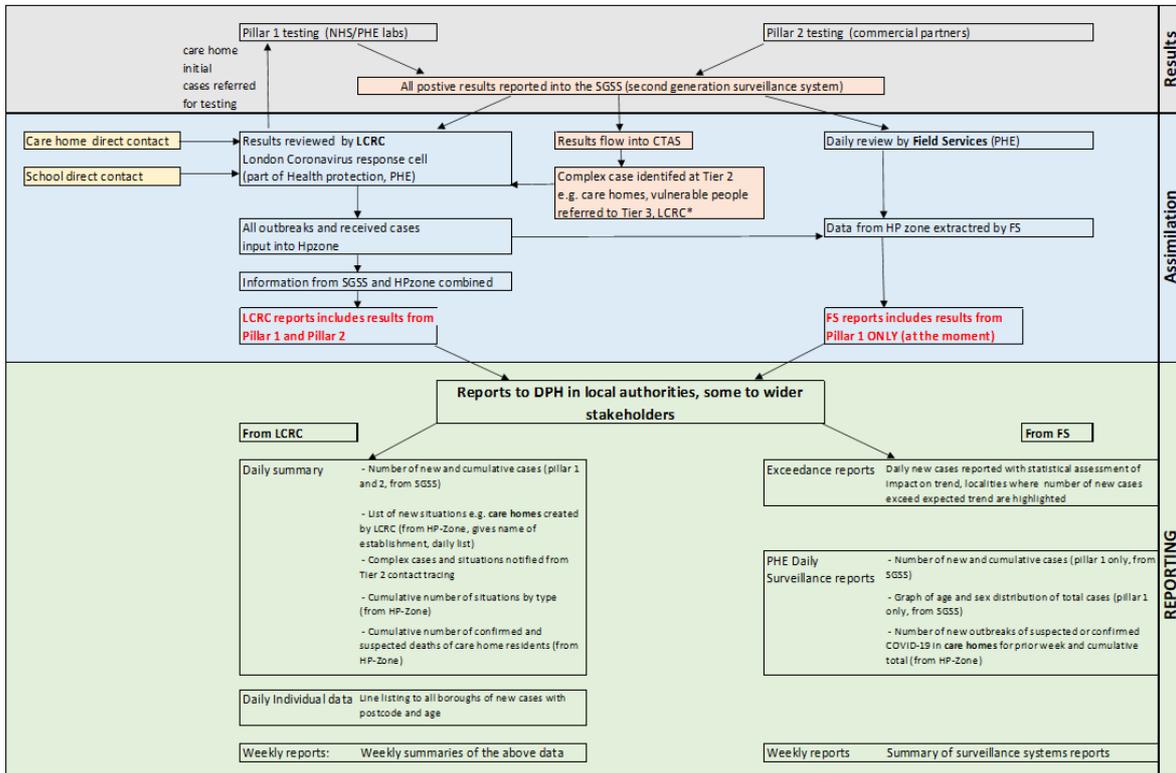
when there is no sustained community transmission or equivalent JBC risk level - the absence of an alternative source of infection outside the setting for initially identified cases

Appendix F

COVID-19 response, outbreak management and data flows with LCRC

	Setting						
	Care settings	School and Early Years	Workplace	Health settings	Prison/custodial institutions	Homeless and/or hostel	Community cluster
London Coronavirus Response Centre response	<ul style="list-style-type: none"> - Receive notification from Tier 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene IMT if required - Provide information to DsPH and advice/recommendations for ongoing support - Communicate and coordinate with other LAs, regions, devolved administrations and internationally as required. 						<ul style="list-style-type: none"> - Receive notification from Tier 2 - Support Local Authority in their risk assessment of and response to an identified community cluster
Local authority response	<ul style="list-style-type: none"> - Prevention work and respond to enquiries - Support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans - Follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access - Participate in IMT if convened by LCRC - Organise testing and Mobile Testing Unit deployment as required - Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting 						<ul style="list-style-type: none"> - Receive notification from Tier 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public)





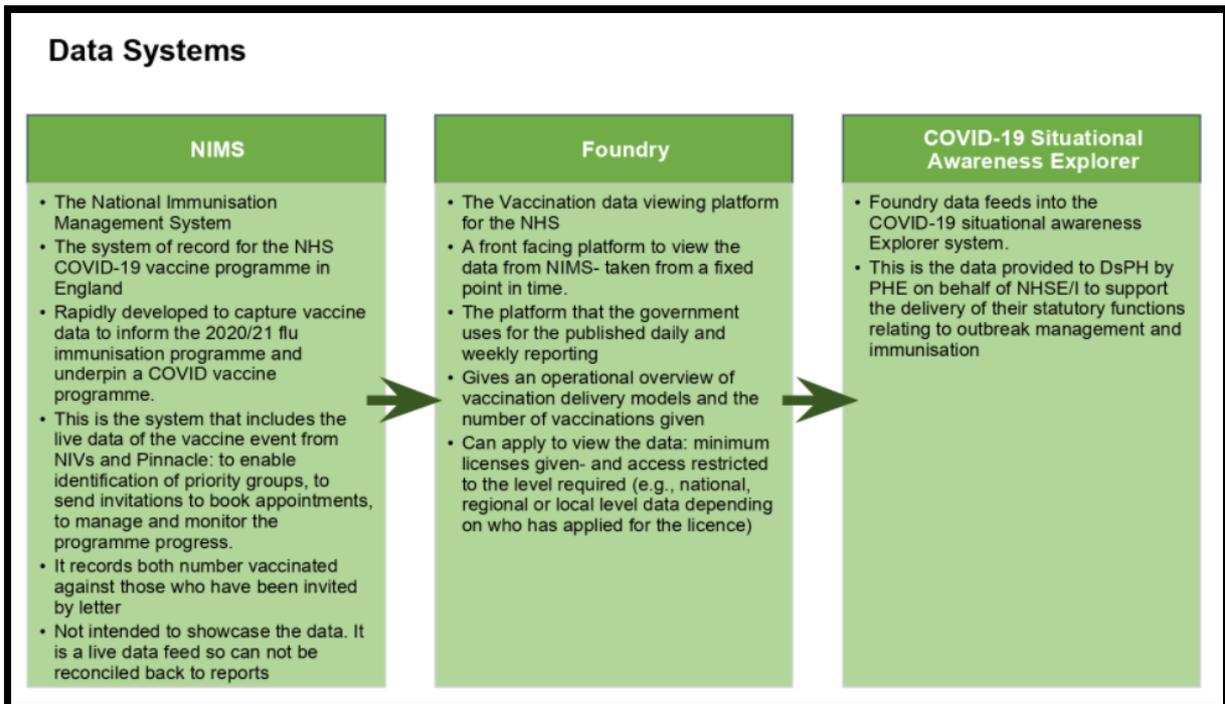
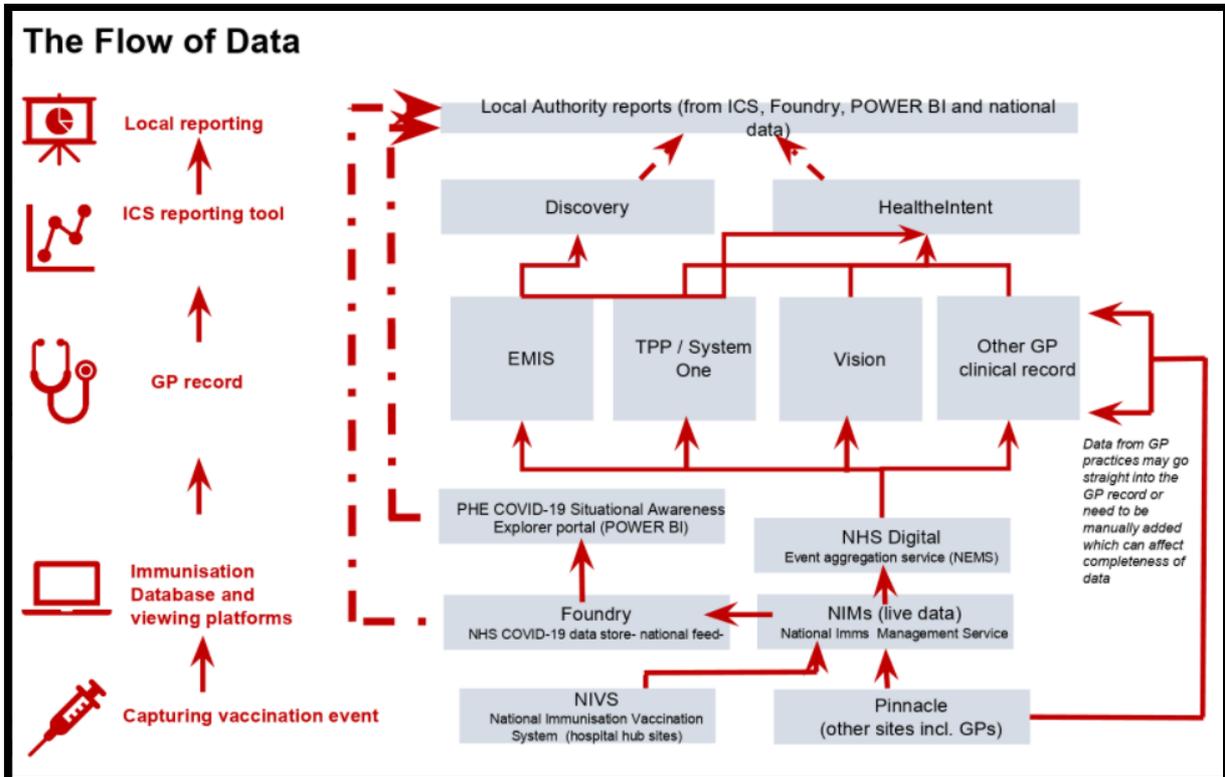
* care home residents, schools and connected workplaces are mandatory fields for data entry.

Care homes, schools and other situations are escalated as per protocol

Postcode and workplace "coincidences" are picked up by CTAS and HP zone and reviewed

Regular surveillance reports reviewed by PHE LCRC/ FS

COVID-19 vaccination data

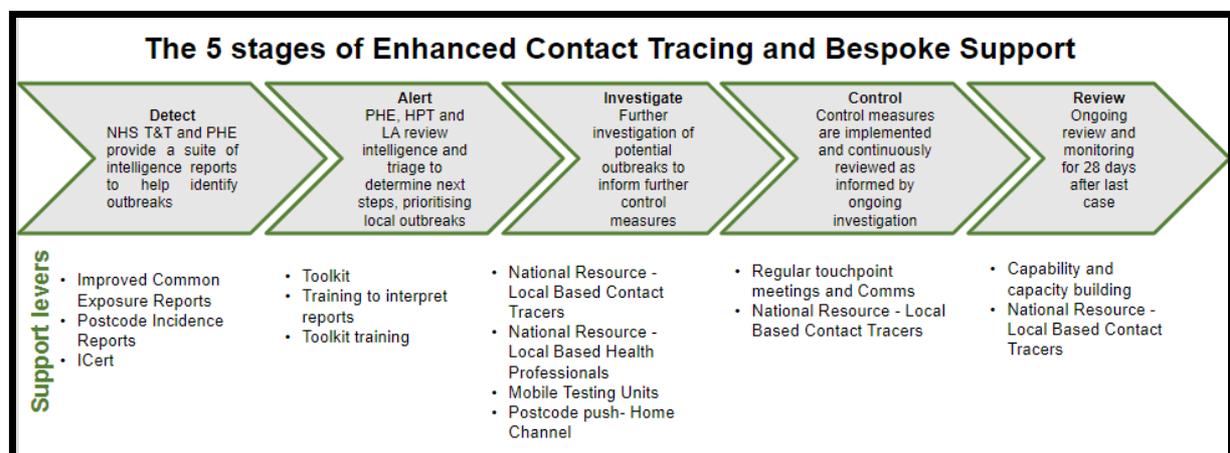


Appendix G

Responding to responding to Variants of Concern (VOC) possible responses.

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	Non pharmaceutical interventions (NPIs)
<p>Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period</p> <p>Data led eg small area/geography around VOC case; setting specific; whole borough</p> <p>Contingent on national capacity</p> <p>Explore leveraging local hospital and academic sequencing capabilities</p>	<p>Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours</p> <p>Enhanced or increased local communications to encourage and ensure people get tested.</p> <p>Start or potentially increase the local booking arrangements for LTS sites</p>	<p>Determine target population, geography or setting</p> <p>Determine best operational method(s) for targeted surge testing eg:</p> <p>Door drop model (Council, VCS or other trusted delivery partner, commercial partner)</p> <p>Collect and drop model, roving model</p> <p>ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives)</p> <p>Surge of up to 5000 asymptomatic tests</p> <p>MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system</p>	<p>Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process</p> <p>A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting</p> <p>LA's Local CT Partnership service works alongside national VOC Trace cell</p> <p>Re-enforcement of isolation and public health advice to all cases and contacts</p> <p>Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control</p>	<p>Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts</p> <p>Self isolation payments and discretionary support for those in financial need</p> <p>Consider enhanced welfare support/follow up calls and other enhancements</p>	<p>Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach</p> <p>Reinforce covid-secure and IPC measures in key settings</p> <p>Monitoring and evaluation</p> <p>Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation</p>
<p>Communications and engagement</p> <ul style="list-style-type: none"> Locally led plan for culturally competent communications and community engagement Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities Ensure alignment of national comms with local comms Managing the need to inform the public about VOCs without driving negative behavioural or psychosocial outcomes Harness existing community assets, networks and trusted messengers eg community champions Specific considerations include: an inbound helpline; a postcode checker on Council website 					

Enhanced contact tracing



Appendix H

Pan London Local Outbreak Management Plan Approaches

The Association of Directors of Public Health (ADPH) have created a high level summary of the pan-London approaches to outbreak management across a number of themes:

- Addressing inequalities
- Variant of concern (VOC) management
- London testing strategy
- Waste water surveillance
- Local contact tracing partnerships and enhanced contact tracing
- London Coronavirus Response Cell (LCRC) / Local Authority roles and responsibilities
- Local, regional and national roles
- Vaccination programme
- Inclusion Health
- Communications - Keep London Safe and community engagement

The full document may be found [here](#).