

Decision Maker: Health and Wellbeing Board

Date: September 2023

Decision Type: Non-Urgent Non-Executive Non-Key

Title: REQUEST FOR HEALTH AND WELLBEING BOARD TO RECEIVE REPORTS FROM HEALTH PROTECTION BOARD

Contact Officer: Dr Jenny Selway, Consultant in Public Health Medicine
Tel: 0208 313 4769 Email: jenny.selway@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. REASON FOR REPORT

1.1 It is proposed that the Health Protection Board is accountable to the Health and Wellbeing Board.

2. RECOMMENDATION(S)

2.1 The Health and Wellbeing Board is asked to agree that the Health Protection Board reports to the Health and Wellbeing Board.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Health Protection team supports the health protection needs of local vulnerable and disadvantaged populations. This includes challenges such as infection, prevention and control in community settings and venues, vaccination and immunisation.
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority (delete as appropriate):
(4) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
-

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 100
-

Legal

1. Legal Requirement: No
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Property

1. Summary of Property Implications:
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): 330,000 (population of Bromley)
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

3. COMMENTARY

- 3.1 During the Covid-19 pandemic the multi-agency oversight of the local response to the pandemic was co-ordinated by the Health Protection Covid Board, chaired by the Director of Public Health. This board reported to Council's Chief Officers Group.
- 3.2 Towards the end of the pandemic, the Health Protection Covid Board was renamed the Health Protection Board in order to oversee the local response to a wider range of communicable diseases. The Board leads on the production of Bromley Outbreak Management Plan, which is appended together with the current Terms of Reference (Appendices 1&2)
- 3.3 With the ending of the pandemic, it is no longer appropriate for the Health Protection Board to report direct to Chief Officers. In other areas the Health Protection Board reports to the Health and Wellbeing Board. It is proposed that this system of reporting and accountability is put in place in Bromley.
- 3.4 An annual report of the Health Protection Board is suggested as an appropriate format and a suggested annual report is attached as an appendix to this document (Appendix 3)

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

Where data is available at local area level rather than borough level this information is collated and used in order to identify where additional resources may be needed for vulnerable adults and children.

Non-Applicable Headings:	TRANSFORMATION/POLICY IMPLICATIONS, FINANCIAL IMPLICATIONS, PERSONNEL IMPLICATIONS, LEGAL IMPLICATIONS, PROCUREMENT IMPLICATIONS, PROPERTY IMPLICATIONS, CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS, CUSTOMER IMPACT, WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	

Appendix 1. Terms of Reference Bromley Health Protection Board

Background and purpose

The response to outbreaks of infectious disease (including Covid-19) is delivered by the local office of UKHSA, the South London Health Protection Team (SLHPT), and a team within the Bromley Public Health team, the LBB Health Protection team.

The Bromley Health Protection Board will ensure there are up-to-date comprehensive Bromley plans to deliver the local elements of the response to outbreaks and provides governance and assurance on the implementation and delivery of these plans. These plans will include measures to identify and contain outbreaks and protect the public's health in Bromley in a way that is safe and protects our health and care systems. An Outbreak Management Plan will detail how Bromley (key stakeholders and partners) will manage the response to the outbreak.

Key objectives and responsibilities include:

- a. To provide strategic direction, oversight and assurance, and challenge at a local level to ensure preventative measures are being taken and in event of an outbreak occurring the necessary actions are being met.
- b. To review all data for health protection. This will include ensuring potential hotspots are identified by local Public Health leads and SLHPT and partners using local data intelligence, and prevention measures are put in place effectively as appropriate.
- c. To ensure risk assessments are being carried by SLHPT and the Bromley Public Health team where appropriate, whilst an outbreak is ongoing.
- d. To review learning from health protection incidents
- e. To ensure all key stakeholders are communicated with when appropriate, providing accurate, timely and informative sources of information. This might include appropriate key messages, briefings, FAQ's, Social Media campaigns etc
- f. To liaise with lead officers and operational leads as directed and agreed by the board across all settings to minimise the impact of outbreaks of infectious diseases.
- g. To consider wider impacts of infectious diseases on local communities
- h. To also provide a Health Protection assurance framework for immunisations
- i. To escalate high level risks and issues to the Health and Wellbeing Board and South East London ICS IPC meeting for appropriate action.

3. Membership

Core membership

DPH, London Borough of Bromley

AD Environmental Services, London Borough of Bromley

Health Protection Specialist Nurse, London Borough of Bromley

Senior Health Protection Practitioner, London Borough of Bromley

Health Protection Practitioner, London Borough of Bromley

Emergency Planning Manager, London Borough of Bromley

Public Protection lead, London Borough of Bromley

Communications Executive, London Borough of Bromley

Consultant in Public Health Medicine, SEL ICS (Bromley)

GP representative, Bromley

SEL ICS Place representative (Bromley)

Health Protection Lead, Consultant in Public Health Medicine, London Borough of Bromley

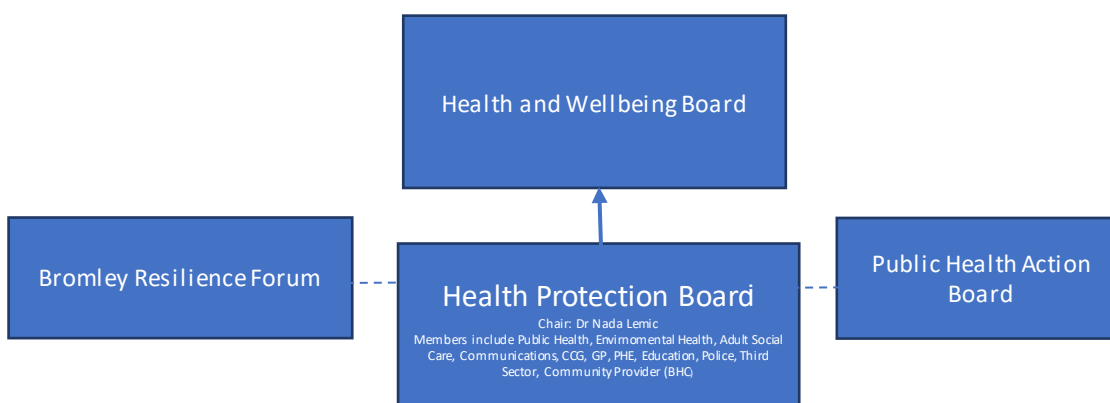
Public Health Intelligence team, London Borough of Bromley

Business Support Officer, Public Health, London Borough of Bromley
 Consultant in Communicable Disease Control, South London Health Protection Team
 Consultant in Sexual Health and HIV
 Sexual Health Lead, Public Health, London Borough of Bromley
 Education School Standards Lead, London Borough of Bromley
 Adult Social Care Lead, London Borough of Bromley
 IPC lead BHC
 IPC nurse SEL ICS
 IPC nurse PRUH
 Microbiologist, PRUH, Bromley

Additional members as required:
 TB Specialist Nurse, PRUH, Bromley
 GUM Specialist Nurse, PRUH, Bromley

4. Governance

The Health Protection Board will provide oversight, governance and assurance of the Bromley Outbreak Management Plan, reporting to the Health and Wellbeing Board. Accountability flows and links are set out in the following diagram.



5. Frequency and Format The board will meet every 2 months.

These Terms of Reference will be reviewed after 6 months.

Dr Jenny Selway
 09/05/2023

Bromley Outbreak Management Plan

Document name:	Bromley Outbreak Management Plan
Version: 1.1	Developed by: Public Health Bromley, May 2023

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1. Introduction

This plan is the Bromley Outbreak Management plan and provides the framework for co-ordinating the Bromley borough multi-agency response to outbreaks of infectious diseases. The information within this plan is designed to complement individual agencies' own arrangements. Partner agencies will need to link this plan with their own Incident Plans and Business Continuity Plans.

Our systems and processes need to be flexible enough and with enough capacity to manage outbreaks. We also need to closely monitor the changing local risks and drivers for transmission in Bromley.

This Outbreak Management Plan is the overarching plan beneath which there are individual work streams leading on Data and Intelligence and Vaccinations. Bromley is working closely with the South London Health Protection Team (SLHPT - local office of the UKHSA) as outlined in Table 1.

Table 1. Responsibilities and roles of UKHSA and local authority in the event of an outbreak

	Health Protection Team (LBB)	South London Health Protection Team (UKHSA)
Case and contact investigation management	<ul style="list-style-type: none"> - Receive notifications of cases via UKHSA or local settings. - Inform UKHSA of all notifiable infections and causative organisms, and situations of health protection concern, if not already notified - Investigate and manage cases and contacts as per local SOPs. This applies to infections and scenarios that can be investigated and managed locally: - E.g. <ul style="list-style-type: none"> o COVID-19 o Norovirus o Scarlet Fever o Chicken pox o MRSA / MSSA o C. difficile o GNBSI - Escalate to SLHPT if appropriate 	<ul style="list-style-type: none"> - Receive notifications of all notifiable infections, causative organisms, and clusters via a number of different routes - Investigate and manage cases and contacts as per national guidance - Maintain database of local infectious diseases cases, communicated to the boroughs on a regular basis by the surveillance team - Support local HP team with the management of complex cases ("red flags") For example: <ul style="list-style-type: none"> • Client is hospitalised • Death of client due to infection • Infectious disease is causing significant disruption to a service
Settings (care homes workplaces, schools, homeless etc)	<ul style="list-style-type: none"> - Receive notification of cases and clusters. Investigate and manage cases and clusters in settings. - Provide advice and support to local settings re contact tracing, isolation, infection control practices and testing including written resources. Chair IMTs if required - Maintain surveillance of local settings in outbreak - Develop and provide communications to stakeholders - Liaise with SEL ICS GPs and other healthcare 	<ul style="list-style-type: none"> - Receive notification of infections, causative organisms, and clusters via a number of different routes - Provide expert advice and support around contact tracing, isolation, infection control practices and testing, including written resources as required. - Support local HP team with the management of complex situations ("red flags") For example: <ul style="list-style-type: none"> - Client is hospitalised - Death of client due to infection - Infectious disease is causing significant disruption to a service - Outbreaks which are not resolving in 3 weeks - Attend IMT if required - Support development of communications to stakeholders where required

	<p>providers to provide ongoing healthcare support to setting</p> <ul style="list-style-type: none"> - Provide appropriate training, briefings and updates for staff 	
<p>Management of chronic infectious diseases (Hep B,C, TB)</p>	<ul style="list-style-type: none"> - Participate in London-wide work on pathways - Liaise with local/regional leads to support management of individual cases where required on a case by case basis 	<ul style="list-style-type: none"> - Oversight of pathways - Expert advice and support as required <p>TB</p> <ul style="list-style-type: none"> - Supports TB services with risk assessment and management of certain cases and situations - NTBS is managed by UKHSA including a London regional support team for TB services - Locally positive TB culture samples are sent to UKHSA reference lab for: <ul style="list-style-type: none"> - Confirmation of TB, drug sensitivity - WGS to identify clusters of genetically identical strains -
<p>Strategic management of Health Protection function in LA</p>	<ul style="list-style-type: none"> - HP Lead Consultant role - Produce and update the local Outbreak Management Plan and SOPs - Hold regular Health Protection Board meetings 	<ul style="list-style-type: none"> - Support development of LOMP and SOPs where required - Attend Health Protection Board where possible

Aim

The aim of this plan is to outline the approach for managing outbreaks of infectious diseases in Bromley. This plan will provide guidance to ensure that local statutory organisations, alongside voluntary agencies, are able to respond effectively and in a timely manner and mitigate the impact of infectious diseases on Bromley's population and communities.

Objectives

The main objectives of this plan are to:

- Provide strategic leadership as part of a multi-agency response as we respond to outbreaks of infectious disease.
- Identify key areas of responsibility between agencies. This will include co-ordinating with regional and other health protection specialist advice in the management of outbreaks and instituting local control measures as they may be required.
- Provide appropriately governed assurance and oversight of how outbreaks are handled in Bromley to local, regional and national stakeholders.

Principles

There are 4 key principles:

1. Public Health systems and leadership
2. A whole system approach across the whole borough, linking to regional and national teams
3. A local system which is efficient and effective with access to data and intelligence
4. A sufficiently resourced system

In addition to these principles are four key epidemiological principles:

1. Transmission of infectious diseases needs to be kept as low as possible.
2. Surveillance of infectious diseases must be optimal.
3. Contact tracing where appropriate.
4. Vaccines, where appropriate, to be delivered equitably.

This approach will use a combination prevention¹ approach, drawing from the experience gained from managing communicable diseases such as HIV and measles where vaccination alone does not stop spread.

Vaccines significantly reduce the link between infections and severe disease and death. In this context, people will be asked to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others.

The prevention and management of outbreaks is central to the role of DsPH and their teams. We know that outbreaks are more likely to occur in particular settings and providing ongoing advice and support will remain critical, as will a rapid response if outbreaks occur. The ability to respond swiftly and robustly to a outbreak must continue to be a priority for local areas, with the support of HPTs and national teams as required.

Regional role and responsibilities

The South London Health Protection Team (SLHPT) work closely with national teams to ensure policy and operational coherence across NHS England, Department of Health and Social Care and other key government departments. The South London Health Protection Team includes specialist expertise in communicable disease control, epidemiology, outbreak management, contact tracing, public health case management, and related issues. They have strong professional working relationships with Directors of Public Health. They provide local directors of public health with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management. The regional DPH is responsible for feeding in

¹ Combination prevention approaches rely on interventions at a range of levels from the biological (eg vaccination) to the social (eg social consensus, community support) to the environmental (eg physical distancing, "Covid-secure" workplaces) to the legislative (eg guidance and law).

local intelligence and providing professional public health advice into the bronze, silver and gold command structure.

National role and responsibilities

Ministers are accountable for setting the overall framework for the response to outbreaks of infectious diseases, including a national communications strategy, enabling and supporting the local response, provision of funding, and for oversight and intervention where necessary.

Relationships to other plans

This document builds on existing outbreak plans and should be read in conjunction with them:

- London Resilience Partnership Pandemic Influenza Framework v 6.0.
http://www.london.gov.uk/sites/default/files/LRF_PanFlu_Framework_6.0.pdf
- Department of Health; <https://www.gov.uk/coronavirus>
- Individual organisations' Pandemic Plans
- London / Bromley Excess Deaths Plan
- Bromley Pandemic Plan
- Bromley Outbreak Management Plan Action Plans

2. Prevention and early detection of outbreaks in Bromley

Supporting vulnerable residents

All communities have different needs, experiences, and outcomes so any approach that is essentially based on a universal offer (the same for everyone regardless of circumstances) has inequality built in. DsPH will ensure their local response is targeted at the communities and settings that are at the greatest risk, ensuring that the underserved and vulnerable, particularly those who are ineligible or unable to be vaccinated, are protected.

Clinical vulnerability

The most significant factors for clinical vulnerability are age and pre-existing medical conditions. LBB are responsible for maintaining a contingency plan for Clinically Extremely Vulnerable (CEV) individuals (previously identified as a population of around 21,000) if necessary.

Social vulnerability

Plenty of evidence has identified a range of 'social vulnerabilities' which lead to an increased risk of transmission and poor outcomes once infected.⁴

Table 3. Local approaches to addressing inequalities in uptake of vaccination and Public Health messaging on infectious diseases

Bromley	<ul style="list-style-type: none">• Use of behavioural insights research on attitudes towards vaccines• Engaging with local communities on vaccine uptake and response to infectious disease messaging in a culturally sensitive way through social media, webinars, community champions, health care professionals, and translated communications.
Pan-London	<ul style="list-style-type: none">• The Mayor's Health Inequalities implementation plan• Promote and support collaboration and action at neighbourhood, borough and ICS/STP level• Provide visible systems leadership and advocacy on health equity issues for Londoners
Emerging priorities	Improved access to vaccination data between NHS and local authorities to help inform understanding of vaccine access and hesitancy

Our aim is to ensure that all identified vulnerable individuals and communities are supported in their settings. Our collaborative approach with partners (voluntary sector, faith sector, NHS, and GPs) enables us to work effectively and efficiently to meet the needs of the diverse population of Bromley.

Our plans include the production of proactive, tailored messages to build trust and correct misinformation; this includes -

- Development of simple standard messaging, using a variety of methods to also reach those with language barriers and digital poverty.
- Communication with voluntary, community groups and faith sector partners to enhance their role in support.

Homeless people are a particularly vulnerable group.

Bromley's Gypsy, Roma, Traveller (GRT) population have specific needs around communication and may have additional challenges regarding infection prevention and control, vaccine uptake and engaging with health services. The inequalities in this population are being addressed through a multiagency working group which includes Public Health.

Testing for Covid-19

National testing for people with Covid-19 symptoms

COVID-19 tests are no longer free for most people.

Some people can still get free COVID-19 rapid lateral flow tests from the NHS:

- People who have a health condition which means they're eligible for COVID-19 treatments
- Some people going into hospital
- Staff who work in the NHS or in adult social care

Staff can also get free NHS tests if they work in care homes, domiciliary care, extra care and supported living services, adult day care centres or hospices.

[Who can get a free NHS coronavirus \(COVID-19\) test - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Testing in Adult Social Care

The Director of Adult Social Services (DASS) and DPH are the Strategic Leads for this programme. Support is delivered through the Care Settings Support Network, which includes the Adult Services, Contract Compliance Team, Integrated Commissioning, ICS and health colleagues work with Bromley Public Health as part of the One Bromley systems approach as a virtual Multi-Disciplinary Team (MDT). National guidance on testing can be accessed via this link [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Testing in the NHS in the community

- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions will be offered a lateral flow device (LFD) test.

Staff testing

- Symptomatic NHS staff should test themselves using LFDs.
- Staff who test positive should follow the current [return to work guidance](#).
- Staff who are household contacts of a positive COVID-19 case will continue to work as normal if they remain asymptomatic and continue to test twice weekly.

[Coronavirus » Living with COVID-19 – testing update \(england.nhs.uk\)](https://www.nhs.uk)

Waste water surveillance

UKHSA, working with Thames Water, is conducting waste water sampling at around 30 sites around London. Trends over time and comparisons in results between sites can provide insight into the relative levels of infectious diseases circulating in the population.

Outbreak prevention support and advice

London Borough of Bromley and SE London ICS will continue to provide infection prevention control advice to support care homes, and other settings. The LBB Health Protection response team is available to respond to queries and enquiries from care settings, education settings and council services.

Table 5: Outbreak Prevention in Bromley settings by local LBB Health Protection team*

Setting	Outbreak Prevention Activity
Schools, Early years and childcare providers	<ul style="list-style-type: none"> Public health advice via health protection group email Briefings and communications to schools on outbreak prevention in their setting, e.g. IPC measures. Encouraging vaccination uptake
Care Settings e.g. Care Homes, Extra Care Housing, Domiciliary Care and Supported Living	<ul style="list-style-type: none"> Public Health advice and support to all care settings Tailored advice to specific care settings requiring additional support Testing advice and support for care staff and residents Follow up on positive tests for infectious diseases Continue to support and train the Health Protection Champions within each care setting and Contract and Compliance Officers within the Contract and Compliance Team Urgent response provision to specific care settings requiring additional support
Work settings	<ul style="list-style-type: none"> General work settings advised by UKHSA. Food premises inspection and advice visits by Environmental Health
Primary Care	<ul style="list-style-type: none"> Provide Public Health advice and support to GP Practices (together with ICS IPC nurses) Communication through Primary Care Networks
Homeless and asylum seekers	<ul style="list-style-type: none"> Interagency working to continue to identify, engage and support the asylum seeker and homeless populations Continuation of working group to improve homeless health
Gypsy/ Travellers sites	<ul style="list-style-type: none"> Continue to engage the community and establish contact links with the different sites Provision of education to LBB staff and other providers to increase cultural understanding of the community.
Community/Faith Groups	<ul style="list-style-type: none"> Provision of Public Health Advice and Guidance. Development and distribution of community specific messages Community engagement meetings to increase understanding of the needs. Work with One Bromley to explore the development of a community champion programme

*Some of this support is also offered by UKHSA.

Refresher IPC training is regularly offered to care settings providers via the local Public Health Team. Information on external IPC training opportunities is also shared in addition to general IPC guidance and advice. The local Public Health Team is maintaining and supporting a network of Health Protection and Care Champions, providing training and resources so that they can train the rest of the staff on topics of IPC and outbreak management.

General engagement with care settings providers is ongoing. There is a weekly Care Home (including Extra Care Housing) newsletter which summarises the multiple guidance and updates to ensure care homes have access to all key information. This often contains information relating to vaccinations, testing, IPC, guidance updates etc. as well as learning and development opportunities and resources to support resident and staff wellbeing. Regular communication is also shared with Domiciliary Care Agencies and Supported Living settings to summarise guidance and key updates.

The Care Home Forum, Domiciliary Care Forum and Supported Living Forum (LD) are held 6-weekly and are well attended by care settings managers. Information and guidance is communicated by a range of presenters and provides an opportunity for managers to discuss any issues.

The Activity Coordinator Forum continues to be held and provides an opportunity for care home activity coordinators to share and learn from experiences which plays an important part in the residents' wellbeing, especially during an outbreak where residents are isolating in their rooms.

Vaccination

Vaccination Programmes are nationally led and managed through a Regional Vaccination Operations Centre in addition to a local Borough Team.

The Bromley vaccination team is NHS based and led by the Bromley Head of Primary Care and the One Bromley Consultant in Public Health supported by a Vaccination Borough Coordinator.

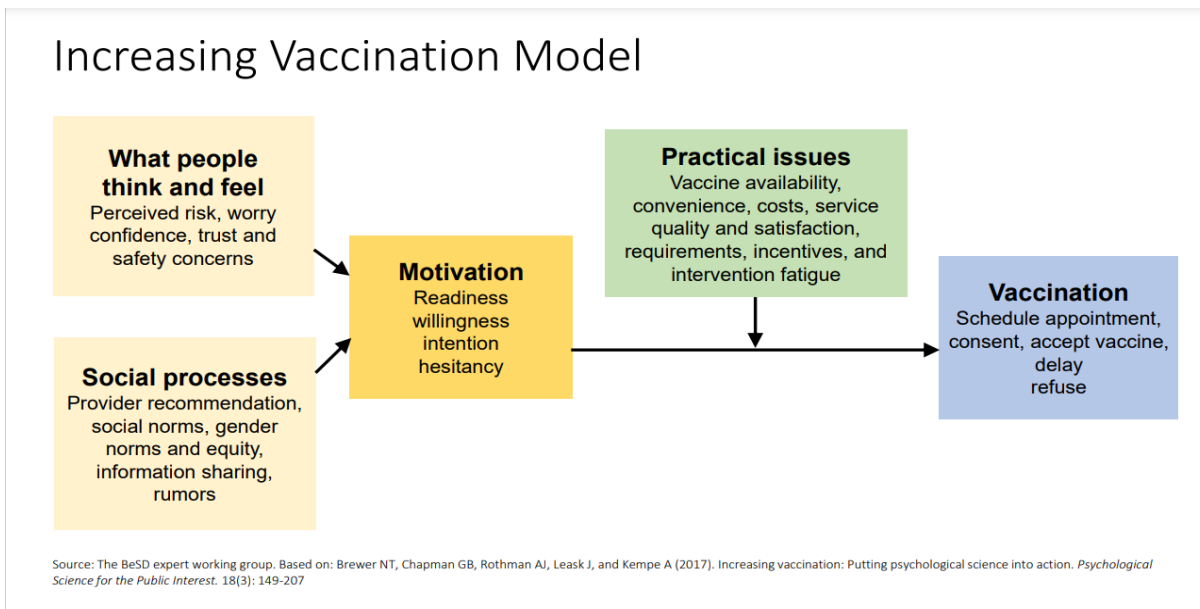
Vaccinations are delivered from:

- Primary Care Network led sites
- Mass Vaccination Site (run by King's College Hospital)
- Community Pharmacies

In addition, satellite clinics can be run from individual GP practices and pop-up clinics at community sites. The number and capacity of these sites is stepped up and down depending on demand.

A strategic group is developing and testing innovative methods of addressing vaccine hesitancy through a programme of work following the elements of the WHO Increasing Vaccination Model (Figure 4). This group will link with the Bromley Equality Partnership Corporate Board to share information and promote interventions.

Figure 4



This work is a co-production model together with local leaders, community influencers and ambassadors in order to address barriers to vaccination. The work done during the pandemic to address barriers to vaccination is in Appendix 3.

3. Managing outbreaks in Bromley

Support to Care Settings during an outbreak

As outbreaks are identified, an urgent response plan is agreed and actioned by the LBB Health Protection team to support the individual settings experiencing an outbreak. This support includes:

- Proactive support and guidance for providers on appropriate testing schedules as well as proactive support on outbreak testing.
- Advice and guidance from local Public Health team on IPC measures.
- Additional IPC training and support for care home staff.
- Follow up of settings in outbreak.
- Regular meetings with providers to support the management of the outbreak and co-ordinate the response.
- Following the outbreak, a review meeting with individual providers to reflect on and learn from the experience.

The above support is complemented by the health response, including:

- Regular patient reviews and clinical input by Bromley Care Practice GPs.
- An enhanced primary care offer able to provide treatment in care homes for residents where it is not in their best interest to be conveyed to hospital
- Dedicated support from a St Christopher's Consultant Nurse Specialist (CNS) and Consultant in Palliative care to provide palliative and end-of-life care within the care home.
- Emotional wellbeing support for carers via St Christopher's as well as training to support the emotional wellbeing of residents

Care Home Quality Liaison Nurse providing responsive training and support

Support to education settings during an outbreak

- Advice on IPC measures for education settings as and when required
- Review meetings with school staff during infectious disease outbreaks
- Information sessions with school representatives as required

Data and Intelligence

The presence of reliable, informative and timely data helps to understand the local spread of infectious diseases and to identify any communities or settings that are affected. Monitoring and acting on this data is crucial in protecting residents from infection. The sections below summarise how data will be received, monitored, stored and managed.

Surveillance and monitoring data

This data is necessary to understand the local spread of infections and to respond to queries and local concerns around the spread of infection. The LBB Health Protection team will take lead responsibility for receiving and monitoring surveillance data (usually provided by UKHSA), with the support of the Public Health Data and Intelligence team.

So that local NHS and LAs are able to spot concerning patterns in the epidemiology in order to enable swift and decisive action, national and regional teams use a range of system indicators as part of ongoing oversight and assurance, for example:

- case detection rates and testing
- prevalence – at regional and sub-regional level, including from surveillance studies
- trajectory – rates at which cases are rising or falling
- pressure on the NHS – occupancy and admissions
- variants – descriptive epidemiology of variants of concern
- vaccine uptake – across regions and LAs, different populations, and the impact on case rates, hospitalisation and mortality

- effectiveness of operational response
- local characteristics – mobility, deprivation, ethnicity, data on reported contacts

These system indicators, together with qualitative insights, are also used to inform thematic and geographical ‘deep dives’ to ensure we have a full picture of an outbreak through different lenses.

In the event that ongoing national and regional oversight and assurance and/or local gold command identifies a serious concern in the epidemiology that may pose a risk nationally, the national Local Action Committee response structure will be used to mobilise surge support, at the request of the local system. The Government will also act quickly where an area sees unmanageable growth of infectious diseases or the NHS is at risk, with local intervention centred on testing, communications, compliance and business enforcement.

Escalation

In the following situations the Data and Intelligence team or the LBB Health Protection team will alert the Director of Public Health. The Health Protection team will consult with the SLHPT and members of the Health Protection Board regarding appropriate action to be taken:

- An increasing trend in infections
- Geographical analysis indicating a community cluster

Table 7. Escalation criteria

Setting	Criteria for escalation	Escalation to:	
		Health Protection Board	Bromley Executive
Major events (any setting)	- Death of a child	Yes - immediate	Yes - immediate briefing needed
	- Outbreak linked to a major public building or event in the borough	Yes – immediate	Yes – immediate briefing needed
Schools/childcare	- 2 or more cases in a school/EY setting*	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	?	?
	- School closure	Yes	Yes
	- Media interest in outbreak/cases	Yes	Yes
Adult social care	- More than 1 cases in ASC setting	Yes	Yes – immediate briefing needed
	- Setting not able to contain outbreak	Yes	Yes – immediate briefing needed
	- Cases linked to a hospital outbreak	Yes	Yes
Homeless setting	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
Council as workplace	- Any outbreak	Yes	Yes
Local businesses	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes

*Or single case of severe disease (hospitalisation) or single case in setting with medically vulnerable children

Role of LBB Health Protection team in outbreaks in Bromley

The Health Protection team supports settings in managing outbreaks. This support includes chairing incident management meetings and subsequent review meetings. Depending on the setting, these meetings may be attended by colleagues from UKHSA (if the outbreak is complex or if support is required), Adult Social Services (for care home outbreaks) or Education team (for school outbreaks) who provide further management support and advice.

4 Communications Overview

Public Health work closely with the communications and engagement team, local NHS and other stakeholders to communicate with a variety of audiences with key messages around outbreak prevention, outbreak management and the vaccination programme.

There are a number of clear elements to this work:

- Advice to prevent further spread of infection and signposting to Government guidance
- Guidance in the case of an outbreak
- Advice for schools
- Care homes advice and guidance
- Vaccinations and hesitancy

Audiences

- Councillors
- MPs
- GPs
- ICS
- Residents including harder to reach audiences
- Community Groups
- Community Leaders and faith groups
- Care homes
- Schools
- Staff
- Others as identified

General Public:

This element is a steady, ongoing drumbeat across the borough using communications channels already open to us such as websites, posters, poster sites in the high streets, parks, businesses premises, social media and newsletters. We have also used door-to-door printed communications and inserts in Council Tax communications as well as in other door-to-door publications such Environment Matters. Messages amplify and signpost Government guidance, updating as it changes.

Harder to reach audiences:

Communities are being engaged in the messages outlined above, with targeted communications as necessary. Individual newsletters, direct messages through email and telephone contact as well as face-to-face comms where necessary all of which is important in opening up a dialogue and gaining trust.

In the case of an outbreak where more detailed advice as required, the pathways are established through advocates such as community groups and other trusted sources of information within the identified communities. This work is being conducted in liaison with organisations such as Community Links, Faith Groups and Community Leaders.

Care Homes

Ongoing, regular communication has been maintained with care homes through direct contact, newsletters, training and through the testing programme and now addressing vaccine hesitancy in staff.

Schools

Support and advice delivered through the Education Matters portal, School standards bulletin, ad hoc briefings and emailed guidance and resources such as posters for display in schools and at school gates.

Businesses

Support and guidance has been deployed to workplaces and retail outlets through the Council's website, direct contact, through the Business Development Teams and through Environmental Health Officers.

Event management

Regular specialist infection prevention advice given via a multi-disciplinary specialist advisory group when event organisers seek to licence their programmes to run in Bromley.

Vaccine Hesitancy

Work is underway to address key areas of low vaccine take-up to give good clear information for residents to make up their minds about taking the vaccine and to counter myths circulating primarily on social media. This will be highly targeted and tailored to specific audiences and to individual level.

Consideration will be given to a targeted approach to certain key areas of the borough where uptake is lower: Crystal Palace, Penge, Anerley and the Crays.

Internal audiences

- Bromley Council Staff: we use established communications channels to engage staff through email, newsletter and meetings.
- Staff as advocates: our nurses, social workers, environmental health officers, trading standards, regeneration and business colleagues all have relationships with influential audiences who can help spread the prevention messages.
- Partners: we use established communications channels to share messages and engage as advocates.
- Councillors: as advocates. Ward councillors are advocates in their local ward
- Data Intelligence reports are distributed as required if available.
- Web materials – the Council website is updated regularly with guidance for residents and businesses at www.bromley.gov.uk/covid-19

5. Legal powers

The legal basis for managing outbreaks of communicable disease is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups.

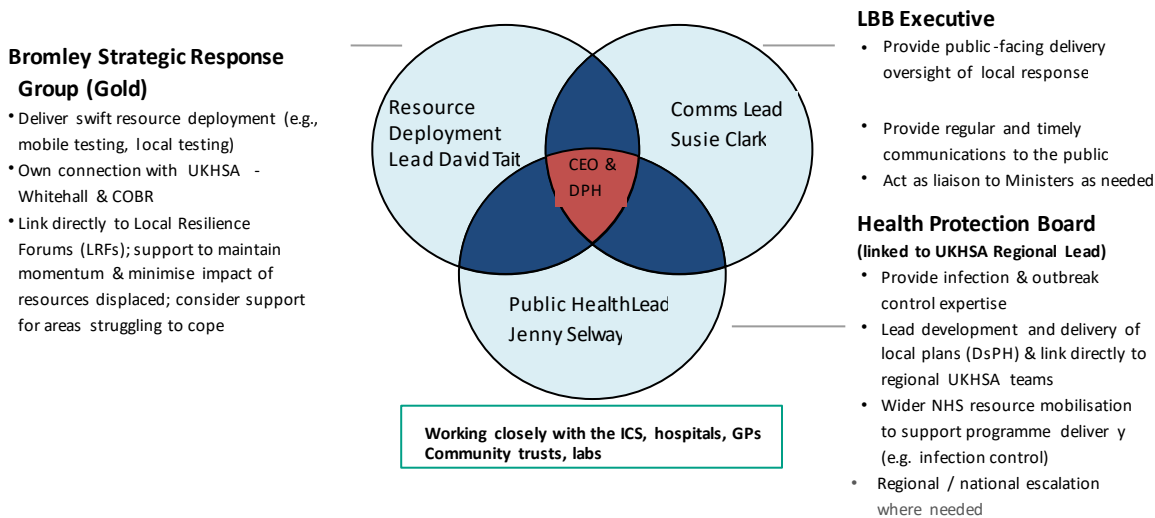
Table 12.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	Provides for powers to intervene in cases of public health risk, however these powers are seldom used.	Environmental Health in local government
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual	Environmental Health in local government
Health and Social Care Act, 2012	Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government
Health and Safety at Work etc. Act 1974	Impose duties on employers to protect employees and members of the public and a power to require employees to cooperate	Environmental Health in local government and HSE

6. Governance of this plan

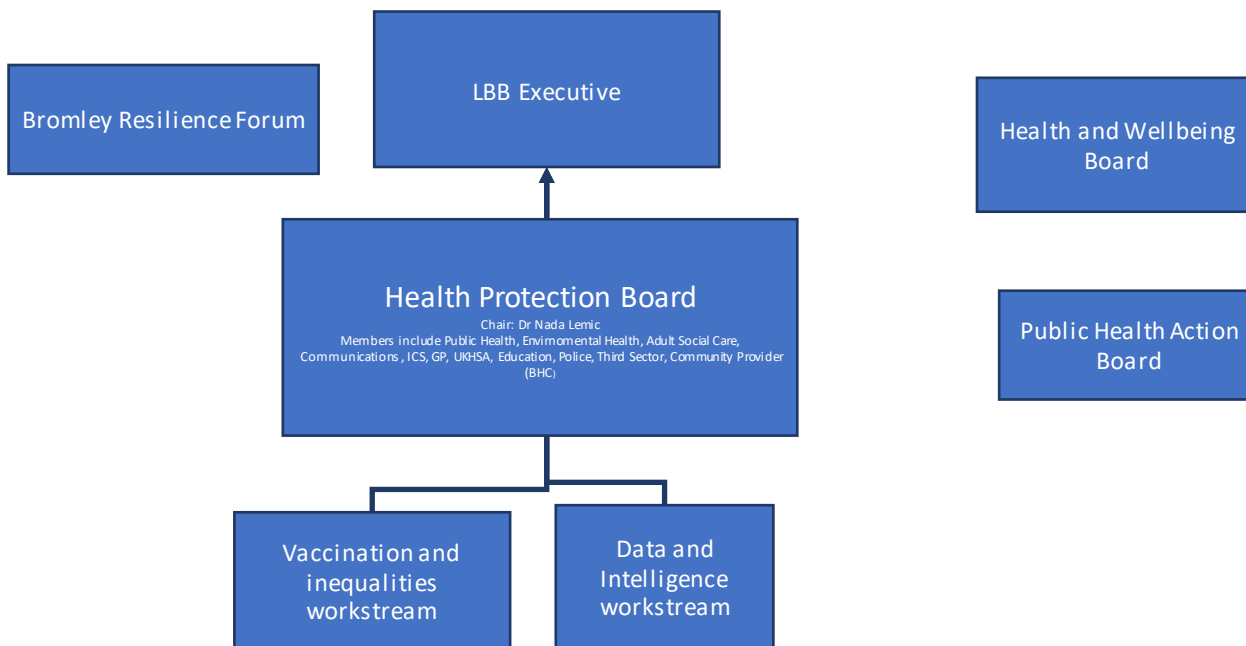
The governance of this Bromley Outbreak Management Plan is led by the Health Protection Board, reporting to the London Borough of Bromley Executive Committee and Health and Wellbeing Board.

Figure 7



Accountability flows and links are set out in Figure 8.

Figure 8.



Local governance of Health Protection builds on existing practice and structures:

- the Health Protection Board (HPB) co-ordinates the response to outbreaks in Bromley.
- the Director of Public Health leads the Bromley Outbreak Management Plan
- Where required, the local 'Gold' structure provides resource coordination, and links to other key Category 1 responders from the Local Resilience Forum (LRF)
- the Civil Contingencies Act provides that responders, through the LRF, have a collective responsibility to plan, prepare and communicate in a multi-agency environment.
- councillors, as local democratically elected representatives, are directly accountable to their local community for the local response, decisions and spend undertaken by the council

- chief executives and directors of public health are accountable to their local councillors, in particular the leader of the council/elected mayor and the council cabinet/executive, who will also agree the local COVID-19 response budget
- councillors are local systems leaders and local community leaders, and can facilitate systems relationships and community engagement
- local authorities have legal powers relating to public health

LBB has a number of powers to impose restrictions on settings and members of the public. These can be used where appropriate to manage events such as religious festivals, performances and other large gatherings.

Glossary of Terms

- a. **Antibody test** means the type of test that looks for the presence of antibodies (produced by people with the infection to counteract the bacteria/virus) against the infection. These antibody tests are also referred to as serology tests and can be conducted in a laboratory or through point-of-care testing.
- b. **Community cluster** means a number of confirmed cases linked by geographical location or other similar characteristic (e.g. linked to a neighbourhood or community group, specific buildings, or groups with social links like through language or common interest).
- c. **Confirmed case** means an individual that has taken a valid test and has tested positive, with or without symptoms.
- d. **Contact tracing** means a process in which when a person tests positive for a disease (e.g. TB), they are contacted to identify anyone who has had close contact with them during the time they are considered to be infectious, and these close contacts are also contacted to give them the advice they need about prophylaxis, treatment, and other behaviour modification.
- e. **Incident management team** means team convened by either UKHSA to manage a high risk complex outbreak, or team convened by local authority to manage a local outbreak.
- f. **Incubation period** means the period from exposure to the virus or bacteria to the onset of symptoms.
- g. **Infectious period** means the period in which an individual may be contagious to others.
- h. **Outbreak** means two or more people that have tested positive for an infectious disease, which are linked through common exposure, personal characteristics, time or location; A greater than expected rate of infection compared with the usual background rate for the particular population and period.
- i. **Outbreak control team** means team convened by local authority to manage an outbreak.
- j. **PCR swab test** means the type of test that looks for the presence of genetic material from the COVID-19 virus within a swab or saliva sample. PCR stands for polymerase chain reaction.
- k. **Possible case** means an individual that may be presenting with symptoms of a disease but has not been tested or are awaiting their test result.
- l. **Self-isolation** means when an individual stays at home because they have or might have an infectious disease, which helps stop the contagious virus/bacterium spreading to other people.

Appendix 3. Proposed Annual Report of the Health Protection function in Bromley

Background

In 2012 Health Protection staff in England were moved into a new organisation Public Health England (PHE), leaving very few staff with Health Protection expertise in local community settings (Primary Care Trusts). During the pandemic it became clear that more expertise was needed in local areas and the role of Health Protection in local areas is now under review, with national guidance expected. In 2021 PHE was replaced by the UK Health Security Agency (UKHSA) which has goals of promoting quality in the protection of the public's health, delivering sustainable reductions in health inequalities and securing the best value for the public purse.

There has been a Health Protection function in the Public Health team in London Borough of Bromley since Public Health moved into the council in April 2013. Until March 2020 this function was provided by Esther Dias (Infection Prevention and Control lead). During the pandemic a large proportion of the Public Health team were trained and working with Esther Dias on the response, and in 2021 it was agreed that new posts for Health Protection would be established within the Public Health team.

The Health Protection team now comprises a Senior Health Protection Practitioner, a Health Protection Practitioner, an Infection Prevention and Control and Health Protection Practitioner, a Business Support Officer and a Consultant in Public Health Medicine.

Quality standards in Health Protection in Public Health

In 2019 the Association of Directors of Public Health (ADPH) and PHE produced guidance to support local public health systems to promote and improve quality in health protection functions². It describes 'what good looks like' for local health protection, including suggestions for the measurement of quality. The vision is for every person, irrespective of their circumstances, to be protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health. This is done by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.

Key agents in the local system for health protection include (but are not limited to): UKHSA, Local Authorities (Public Health and Environmental Services), National Health Service (NHS) Provider Organisations, NHS England, NHS Improvement, Integrated Care Systems (ICSs), Local Resilience Forums (LRF) and the community and voluntary sector.

² [What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf \(adph.org.uk\)](#)

Scope of health protection practice in Public Health and partners

a) Public Health

Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases.

Core health protection functions of local authority health protection systems in Public Health include:

- Communicable disease control
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Response to public health alerts
- Infection prevention and control (IPC) in care settings
- Oversight of immunisation and vaccination programmes
- Risk assessment, management and communication about communicable diseases
- Working closely with Emergency Planning team

b) Integrated Care System

The health protection functions of the Integrated Care System in Bromley cover the above roles in health settings and delivers the immunisation and vaccination programmes

c) Environmental Health

The roles of Public Protection in Environmental Health in the council includes:

- testing cooling towers and water systems for Legionnaire's Disease
- testing private water supplies for chemical and bacterial pollution.
- manage the Borough's response to civil emergencies.
- address people with TB who persistently avoid or refuse treatment, thus remain infectious in the community

Environmental Health also lead local Air Quality Management work in Bromley and Climate Change/Carbon Reduction actions (led by Carbon Management & Greenspace)

Environmental Health & Licensing Services provide the following services:

- promote food premises inspections,
- the adoption of hygiene ratings,
- training for staff who handle food,
- undertake RIDDOR inspections to ensure there is learning from past workplace accidents.

d) UKHSA

The responsibilities for managing outbreaks of disease between the local health protection team in Public Health and the local UKHSA office is outlined in the following table.

Table 1. Responsibilities and roles of UKHSA and local authority in the event of an outbreak

	Health Protection Team (LBB)	South London Health Protection Team (UKHSA)
Case and contact investigation management	<ul style="list-style-type: none"> - Receive notifications of cases via UKHSA or local settings. - Inform UKHSA of all notifiable infections and causative organisms, and situations of health protection concern, if not already notified - Investigate and manage cases and contacts as per local SOPs. This applies to infections and scenarios that can be investigated and managed locally: - E.g. <ul style="list-style-type: none"> o COVID-19 o Norovirus o Scarlet Fever o Chicken pox o MRSA / MSSA o C. difficile o GNBSI - Escalate to SLHPT if appropriate 	<ul style="list-style-type: none"> - Receive notifications of all notifiable infections, causative organisms, and clusters via a number of different routes - Investigate and manage cases and contacts as per national guidance - Maintain database of local infectious diseases cases, communicated to the boroughs on a regular basis by the surveillance team - Support local HP team with the management of complex cases (“red flags”) For example: <ul style="list-style-type: none"> • Client is hospitalised • Death of client due to infection • Infectious disease is causing significant disruption to a service
Settings (care homes workplaces, schools, homeless etc)	<ul style="list-style-type: none"> - Receive notification of cases and clusters. Investigate and manage cases and clusters in settings. - Provide advice and support to local settings re contact tracing, isolation, infection control practices and testing including written resources. Chair IMTs if required - Maintain surveillance of local settings in outbreak - Develop and provide communications to stakeholders - Liaise with SEL ICS GPs and other healthcare providers to provide ongoing healthcare support to setting - Provide appropriate training, briefings and updates for staff 	<ul style="list-style-type: none"> - Receive notification of infections, causative organisms, and clusters via a number of different routes - Provide expert advice and support around contact tracing, isolation, infection control practices and testing, including written resources as required. - Support local HP team with the management of complex situations (“red flags”) For example: <ul style="list-style-type: none"> - Client is hospitalised - Death of client due to infection - Infectious disease is causing significant disruption to a service - Outbreaks which are not resolving in 3 weeks - Attend IMT if required - Support development of communications to stakeholders where required
Management of chronic infectious diseases (Hep B,C, TB)	<ul style="list-style-type: none"> - Participate in London-wide work on pathways - Liaise with local/regional leads to support management of individual cases where required on a case by case basis 	<ul style="list-style-type: none"> - Oversight of pathways - Expert advice and support as required TB <ul style="list-style-type: none"> - Supports TB services with risk assessment and management of certain cases and situations - NTBS is managed by UKHSA including a London regional support team for TB services - Locally positive TB culture samples are sent to UKHSA reference lab for: - Confirmation of TB, drug sensitivity

		<ul style="list-style-type: none"> - WGS to identify clusters of genetically identical strains -
Strategic management of Health Protection function in LA	<ul style="list-style-type: none"> - HP Lead Consultant role - Produce and update the local Outbreak Management Plan and SOPs - Hold regular Health Protection Board meetings 	<ul style="list-style-type: none"> - Support development of LOMP and SOPs where required - Attend Health Protection Board where possible

Partnership working in health protection

The health protection team in Public Health work closely with many partners. In order for this to be effective there is a need for:

- Clear lines of accountability for working across health protection practice
- Strong agreed system-level governance arrangements
- Promotion of a collaborative culture of openness, transparency and shared objectives at a system level for the protection of the public's health
- Strong shared commitment to learning from adverse and serious incidents in health protection services, minimising system and social barriers and promoting a culture of continuous learning from clinical and public health practice
- Proactive efforts to build links between health protection and other areas of work in local government, including environmental health and education
- Strengthen links between formal health protection services and public and voluntary sector organisations working with high risk or vulnerable groups, e.g. homelessness services and drug and alcohol services
- Agreed mechanisms for strengthening relationships with NHS organisations in primary and secondary care to improve the patient experience, patient safety and effectiveness of health protection services and functions
- Aspiration to sharing and linking data to inform health protection action

The Bromley Outbreak Management Plan includes current agreements of accountability between the health protection team in Public Health and UKHSA and the ICS. These are based on local discussions. National guidance is expected, at which point the Bromley Outbreak Management Plan will be updated.

Performance of the Health Protection function

The performance of the health protection function is monitored every two months at the Health Protection Board which is chaired by the Director of Public Health or the Consultant in Public Health with the lead for Health Protection. The Board has developed the Bromley Outbreak Management Plan which is updated regularly.

a) Outbreaks and incidents

The Health Protection team in Bromley Public Health work with UKHSA local team (South London Health Protection Team) to minimise the harm caused by outbreaks and incidents.

b) Immunisations and screening

The aim is that all children, adults in risk groups and older adults are protected against key vaccine-preventable diseases by immunisation. Transmission of Hepatitis B and Hepatitis C should be minimised by immunisation.

All partners in Bromley are working together to be responsive to the health protection needs, including immunisations, of local vulnerable and disadvantaged populations.

Immunisation data is reviewed at each Health Protection Board and members of the HP team also attend the Bromley Immunisation Board and the South East London Immunisation Board.

c) Monitoring and surveillance

Systems are in place to monitor infectious diseases, working closely with the UKHSA and local partners.

d) Prevention of harm by care associated infections

Spread of common infections amongst older people in care settings and children in education settings is addressed by regular training, monitoring and oversight, including hand and respiratory hygiene. Health Protection Champions in care settings have been trained and supported in their role.

e) Reduce transmission of TB, including drug resistant TB

The Bromley Health Protection team work closely with the ICS and the local Respiratory team in the local hospital on developing local care pathways for TB. The team also work with the South London Health Protection Team around support for individual cases.

The ADPH and PHE Quality Standards have been used to audit the current service. This audit shows high levels of immunisations in Bromley when compared to South East London and London rates. Immunisation coverage of vulnerable groups against Covid-19 and influenza is also monitored and the Bromley Health Protection team is working actively with the ICS and other partners to address inequalities in uptake of immunisations.