CHILDREN AND EDUCATION SCRUTINY SUB-COMMITTEE

Tuesday, 11 August 2020 at 5.30 p.m.

Online 'Virtual' Meeting - https://towerhamlets.public-i.tv/core/portal/home

This meeting is open to the public to attend.

Members:
Chair:
Vice-Chair**:** Councillor Gabriela Salva Macallan
Councillor Shah Ameen, Councillor Mohammed Pappu, Councillor Kyrsten Perry, Councillor Helal Uddin and Councillor Andrew Wood

Substitutes:
Councillor Denise Jones, Councillor Eve McQuillan and Councillor Ayas Miah

Co-opted Members:

Neil Cunningham	Parent Governors
Joanna Hannan	Representative of Diocese of Westminster
Ahmed Hussain	Parent Governors
Fatiha Kassouri	Parent Governors
Dr Phillip Rice	(Church of England Representative)
Khoyrul Shaheed	Muslim Faith Community

[The quorum for this body is 3 voting Members]

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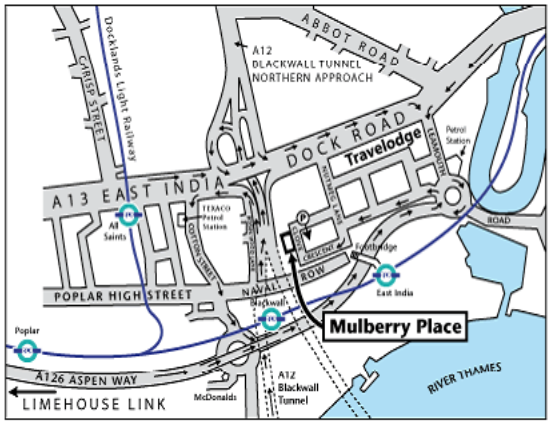

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PAGE NUMBER(S)

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTERESTS 5 - 6

Members are reminded to consider the categories of interest, identified in the Code of Conduct for Members to determine: whether they have an interest in any agenda item and any action they should take. For further details, see the attached note from the Monitoring Officer.

Members are also reminded to declare the nature of the interest at the earliest opportunity and the agenda item it relates to. Please note that ultimately it is the Members' responsibility to identify any interests and also update their register of interest form as required by the Code.

If in doubt as to the nature of an interest, you are advised to seek advice prior the meeting by contacting the Monitoring Officer or Democratic Services.

3. MINUTES OF THE PREVIOUS MEETING 7 - 14

To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the held on 26th February 2020.

4. REPORTS FOR CONSIDERATION

4 .1 Impact of Covid 19 on Children's Services 15 - 138

a) Overall Context and financial pressures – Presentation
b) Children's Social Care and Early Help – Presentation
c) Education and SEND – Presentation

Background reading material attached.

5. ANY OTHER UNRESTRICTED BUSINESS CONSIDERED TO BE URGENT

Next Meeting of the Sub- Committee

The next meeting of the Children and Education Scrutiny Sub-Committee will be held on Date Not Specified at Time Not Specified in

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DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii)Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Asmat Hussain, Corporate Director, Governance and Monitoring Officer, Tel: 0207 364 4800.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE CHILDREN AND EDUCATION SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON WEDNESDAY, 26 FEBRUARY 2020

C3 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Sufia Alam (Chair)
Councillor Gabriela Salva Macallan (Vice-Chair)
Councillor Kyrsten Perry
Councillor Helal Uddin
Councillor Andrew Wood

Co-opted Members Present:

Neil Cunningham	– Parent Governors
Joanna Hannan	– Representative of Diocese of Westminster
Ahmed Hussain	– Parent Governors
Fatiha Kassouri	– Parent Governors
Dr Phillip Rice	– (Church of England Representative)

Other Councillors Present:

Councillor Danny Hassell	Lead Member for Children Education & Schools

Apologies:

Khoyrul Shaheed

Officers Present:

Terry Bryan	– (Head of Pupil Services and School Sufficiency)
Anthony Harris	– Commissioning Manager
Debbie Jones	– (Corporate Director, Children and Culture)
Christine McInnes	– (Divisional Director, Education and Partnership, Children's)
Jonathan Solomons	– (Strategy and Policy Manager - Children and Culture)
David Knight	– (Senior Democratic Services Officer)
Rushena Miah	– (Committee Services Officer)

1. APOLOGIES FOR ABSENCE

Apologies for absence was received from Mr Khoyrul Shaheed, co-optee from the Muslim Faith Community.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

Councillor Helal Uddin declared a non-pecuniary interest in that his daughter attended one of the schools being discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

The following comments were made with regards to the minutes:

- Correction required, it should be noted that it was Councillor Marc Francis who asked the Chair if he could attend the meeting.
- Councillor Gabriella Salva-MaCallen thanked officers for making the amendments she requested to the minutes, specifically that SEND was an important and ongoing issue that should be further explored by the committee.

ACTION: for a spotlight session on SEND to be organised.

RESOLVED:
Having made the above amendment, the minutes of the previous meeting held on 17 December 2019 were approved as an accurate record.

4. REPORTS FOR CONSIDERATION

The Chair varied the order of reports in order to allow the guest speakers to present first. Therefore the Primary School Places presentation item was discussed first, followed by the SEND Transport Review. For ease of reading the minutes will follow the order published on the agenda.

Officers apologised to councillors for the late submission of reports to the committee.

The Chair requested a pre-meeting for the Committee going forward starting at 6pm for 30 minutes.

ACTION: Officers to arrange pre-meetings starting at 6pm.

4.1 SEND Transport Review - Presentation

The Committee Noted:

- That regarding independent travel there will be “Appropriate Person Training” for young to identify which adults to approach for assistance if lost e.g. MPS; BTP or TFL

- In addition for young people requiring help in travelling to school, there was training undertaken with the MPS so that police officers develop an awareness of young people who might come to them for help

- Training was also provided regarding the use of maps and the Service was exploring various Technical solutions e.g. Video Conferencing

- The Committee noted that some parents might consider that the use of a taxi is more convenient for them.

- It was important for young people to learn more skills to help them develop their confidence. This would be better for them in the long term because it would help them to develop their independence. Therefore it was not just about the here and now but the future

- It was noted that the council's consultation will run for 10 weeks and details were on the council's website

- There would be training for SEND ambassadors.

- With regards to the level of service it was noted that the Service will not be as flexible as before but requests for assistance with travel would be handled in a compassionate manner

- With regard to children living with hearing difficulties It was noted that the Council were working with the National Deaf Children's Society. The Council would be writing to all families about the service developments

- The Committee felt that those families who could afford to pay for travel should be able to, although this would require a revision of the Charging Policy. Charges could be made for those children post 16.

- It was noted the changes aimed to introduce choice and give greater control to families for travel.

- Children would receive training to enable them to travel and to develop greater independence.

- The Committee advised that it was made clear to parents that the changes would not have a significant impact on the majority of families. They said it was important parents be given this reassurance.

ACTIONS:

It was noted there would be:
(I) a report on the Youth Service coming to a future meeting;
(ii) a possible extra meeting on SEND;
(iii) a look at the impact of housing on education maybe as a joint scrutiny challenge session with housing members;
(iv) a challenge session on cyberbullying.

RESOLVED:

1. To note the presentation and actions.

4.2 Primary School Places Review - Presentation

The Committee heard from three school governor guest speakers on challenges schools faced and their experiences of mergers and federations.
Speakers included:
Judy Knappet, Head teacher, Hague Primary School, Ros Coffey, Chair of Governors, Smithy Street Primary School, and JP Morrison, Director of Education, Diocese of Westminster.

Judy Kanppet:

- One form entry school 210 children when full. At the time of merger it was not full it had 34 vacancies but because of class to teacher regulations they had to hire a second teacher.
- Context of schools in west of borough having increasing number of vacancies in the school due to declining birth rates borough wide, demographic change, and fewer family homes being developed.
- This was resulting in the inefficient allocation of resources such as the 15 hours nursery funding which was only used by four families.
- School governors came together to discuss solutions. One solution was to work in collaboration rather than coopetition and working towards hard federated status.
- Hard federated meant having one governing body for both schools. The schools retained their names but teachers and other resources were shared. This strengthened their curriculum and staff training opportunities. The bulk of savings had come from staffing.
- Ms Kanppet reported that she felt very supported by the local authority throughout the merger process particularly by Helen Jenner – Education Consultant.

Ros Coffey:

- Experienced a decline in demand for places at the school. She cited a few reasons for the decline including bedroom tax, lack of social housing and a fall in the birth rate.
- In June 2018 she met with Christine McInnes and Terry Bryant from the Council to discuss the issue.
- The school of governors suggested an amalgamation with the school next door which was Redlands School. Both school governors met and are in consultation with parents and the local community on the merger.
- It was noted Redlands had a PFI in place for facilities managed but plans had been made to manage this over the seven year period.
- The benefits of the merger were described. These included: maintaining the high level of learning both schools provided, school results had risen, increased community cohesion between parents and children at the schools, staff are learning best practice from one another and teachers are working with shared intelligence.

- The merger will change the name of the school to 'Stepney Park Primary'. The new name would unify children and parents from both schools and encourage a joint sense of ownership.
- Joint meetings between both school of governors, treating one another as equal partners and open dialogue between the schools enabled the schools to happily merge.
- Governors came up with an innovative idea to 'let' unused spaces in the school with the intention of reclaiming the space if or when pupil numbers increased.
- The school will have a simple and affordable new school uniform. They could be purchased using the school uniform grant.

JP Morrison

- Reported that Tower Hamlets had 9 catholic schools in the borough.
- He conducted a piece of research on best practice using Camden Council as a case study.
- Catholic schools were in general dependent on eastern European migrants as the primary users of their schools. However due to the departure from the European union, fewer children have applied to attend.
- Other factors that had limited intake included the lack of social housing and the prevalence of AirBnB in residential areas close to schools. The 50% faith cap introduced by the David Cameron government, at a time when faith schools were oversubscribed, has also had a detrimental impact on the schools now there was less demand.
- Parent choice had changed. Academy schools were fast becoming parent's first choice over a more traditional faith school setting.
- There was a discussion on the guardian angels catholic primary school closing. It was noted it was in a bad financial position with a deficit of £300,000 and had resorted to closing the school. The majority of the assets belonged to the council then the church and parish. The council had not yet made a decision on how the land would be handled.
- The Camden Council case study highlighted that support and good communication throughout the closure process was key in managing expectations in the community. It was also important for the school and council to provide a unified message throughout the process.
- The guest speaker recommended that Tower Hamlets look to the Camden model in handling school closures. Officers disagreed and explained that the council did work closely with Guardian Angels school and that it had the support of the education consultant, schools HR, the Admissions Team, the service head of education and partnership and the head of pupil services.

In response to the guest speakers, Members made the following comments:

- Members queried why PFIs (private finance initiatives) were significant and how schools worked together when one school had a PFI. Officers summarised in very simplified terms that PFIs could be compared to taking out a mortgage that was repayable over seven years. The rates were fixed at a certain rate agreed and the start of the loan and there was no leeway for flexible payments if a school was experiencing issues. It was noted that one school could not ask a partner school to absorb the cost, so governing boards had to work PFI repayment into their business planning and make savings in other ways.
- Members were impressed that schools were able to work in collaboration. They asked what else helped form the partnerships. Guest speakers said it was important to build personal relationships between the school boards, treating both schools as equal partners, an open door policy and keeping parents and children informed was key.

The Committee next received a presentation from Councillor Danny Hassell, the Lead Member for Children Schools and young people, on Pupil Population Projections.

In response to the presentation Members made the following comments:

- Was there a projection formula that could predict demand so schools could plan for a shortfall in their 3-5 year business plans?
- Were there any plans for schools in the same catchment areas to work closely together in order to improve and compete with the more popular schools outside of the catchment? Officers said that it was important for schools to come together to shape solutions rather than compete.
- How do you plan for places? Officers said there was a position paper on place planning. They recognised that the borough was changing and this had impacted infrastructure demands. It was found that the borough had the right number of schools but not necessarily in the right places. In order to build schools the council would have to strategically dispose of some assets. To have an indication of leading times there would need to be more research on the boroughs populations but at present schools could plan on a 2-3 year lead time.
- It was highlighted once again that if classroom provision was unused it would be rented out but the space would remain under the ownerships of the school or council and would be available if demand for school spaces grew.
- It was noted that the boroughs population and demographics had changed from 15 years ago and consequently this meant faith schools received fewer applications. Officers advised that faith school's would have to review their admittance procedures if they wanted to stay open. Officers said that they would do everything in their power to support existing faith schools in the borough but there were no plans to build new faith schools due to low demand.
- It was noted that the council worked closely with the Pan London Schools Forum and this partnership provided benchmarking on what

was happening with schools across London. Officers said the population shift in tower Hamlets was the most significant compared to the rest of London.

- A Member said it was important for support schools to receive financial modelling and space management advice and support and there needed to be clarity on what the local authority would be funding.
- Members thanked Terry Bryant for his clear and succinct responses to Member questions.

ACTION: to make a recommendation to the Housing & Regeneration Scrutiny Sub-Committee to do a scrutiny session on the borough's demographic shift and how that had affected school places.

RESOLVED:

To note the presentation.

5. ANY OTHER UNRESTRICTED BUSINESS CONSIDERED TO BE URGENT

There was no other business.

The meeting ended at 9.30 p.m.

Chair, Councillor Sufia Alam
Children and Education Scrutiny Sub-Committee

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Children and Education Scrutiny Sub-Committee

11th August 2020

Background Reading Material

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Cabinet 29 July 2020	
Report of: Denise Radley, Corporate Director – Health, Adult and Community Services	**Classification:** Unrestricted
Understanding the impact of Covid-19 in Tower Hamlets	

Lead Member	**Mayor John Biggs**
Originating Officer(s)	Joanne Starkie (Head of Strategy and Policy – Health, Adults and Communities)
Wards affected	All wards
Key Decision?	No
Forward Plan Notice Published	8 June 2020
Reason for Key Decision	n/a
Strategic Plan Priority	All priorities

Executive Summary

This report and appendices describe the impact of the Covid-19 pandemic on Tower Hamlets so far and attempts to predict the impact going forward. The report focuses on fifteen topics, the first seven of which have been identified as most significant. For each topic, the accompanying slides describe the national impact to date, the local impact (comparing before and after lockdown, including the results of the recent Tower Hamlets resident survey) and any groups particularly impacted. The slides then go on to predict challenges and opportunities over the next 12 months and beyond. The content of the slides are summarised in this report.

Overall it is clear that the physical, mental and social repercussions of Covid-19 go far beyond the virus itself. One of the main cross-cutting themes in the report is that Covid-19 may have shone a light on inequalities, but these could be exacerbated further going forward: Leading to poorer outcomes for residents, higher demands for support and increased financial pressures on the council. However, the assessment also identifies areas of positive impact, raising a question on how we can best keep hold of these as lockdown restrictions ease. Furthermore, there are other opportunities for us to capitalise on to the benefit of residents and the council.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the contents of this report summarising the impact of the Covid-19 pandemic on Tower Hamlets to date and predicting the medium and long-term challenges and opportunities going forward.

1. REASONS FOR THE DECISIONS

1.1 To provide evidence and insight in order to inform strategic planning. The report is part of the council's approach to recovery and reconstitution.

2. ALTERNATIVE OPTIONS

2.1 N/a – the report is presented for information and discussion.

3. DETAILS OF THE REPORT

3.1 Physical health and mortality

The clearest impact of Covid-19 is in the infection and mortality rate in Tower Hamlets. But there are significant indirect physical health impacts too. The interaction Tower Hamlets residents have with the NHS for non-Covid-19 related issues changed or reduced in most areas when the pandemic started. Due to this and a fear of Covid-19, some are not getting the care or treatment they need. Meanwhile, the wider determinants of health (e.g. employment levels) are changing. There is a real risk that health inequalities in the borough will increase and that many will be living in poorer health. This is likely to be a national trend, but Tower Hamlets may be hit harder given our existing health inequalities.

However, going forward there is also an opportunity to capitalise on people's interest in staying healthy to encourage things like smoking cessation and active travel. The NHS is also likely to accelerate system changes and retain aspects of their pandemic response that worked well, such as 111 use and digital consultations.

3.2 Mental health

Significant impacts for children and adults are predicted here. We know people have been reporting negative impacts on their mental health and wellbeing since lockdown began, but that has not been reflected in the take-up of mental health services. Some of this will be due to changes in service provision during the pandemic, and there are indications that existing users of mental health services may have had difficulties as a result. Meanwhile, some will have experienced traumatic events or changes in their lives from Covid-19 which mean they now need support with their mental health. The 'pent up' demand for mental health during lockdown plus new demand has led to London-wide modelling suggesting a 20-30% surge in mental health demand as lockdown eases. This will have an impact on health and social care services and is a key issue for Tower Hamlets, given that the prevalence of mental health in the borough was already high going into the pandemic.

3.3 Social care

Adult social care services have been at the 'front line' of the pandemic response. The small number of care homes in Tower Hamlets have suffered a number of outbreaks and deaths. This has affected everyone working and living in care homes and their families, and the reverberations will be felt into the future. Demand for social care increased with hospital discharge rates as the pandemic hit, but not as steeply as expected and the system was able to cope. Going forward, we are likely to see demand fluctuate but increase overall, influenced by the impact of Covid-19 on physical and

mental health. The sector has long called for a sustainable funding solution at a national level, and without this, there are likely to be significant financial pressures arising from this increased demand.

There are opportunities too: Covid-19 has seen the profile of adult social care raised (a sector less well understood than others) and there are national commitments to boost this further and support recruitment to hard-to-fill roles. People's growing familiarity with technology for health and care can be capitalised upon. Innovative joint working between health and care will continue into recovery.

3.4 Deprivation and employment

Tower Hamlets came into the pandemic with high but improving levels of deprivation and employment. Since lockdown, there has been an increase in financial hardship from a reduction in income. One of the clearest signs of changing circumstances has been the surge in food bank use and demand for emergency food packages. There are indications that Tower Hamlets has been hit harder than most, with a rise in Universal Credit claimants that is steeper than London and UK averages[1].

Whilst the impact so far has been cushioned to an extent by national and local interventions (e.g. the Job Retention Scheme), as this phases out, more people will face financial hardship and the reverberations of increased poverty will be felt across the board, in people's lives and in demand for services. It will be harder to tackle deprivation through employment if there are less job opportunities and a wider pool of people competing for jobs. Some predictions are for a 'V' shaped economic recovery, counteracting the impact of this year to a greater or letter extent – but this is simply not known.

3.5 Business

The impact on business has been highly uneven and varies by sector. Hardest hit are those most difficult to function during lockdown and those less viable with social distancing: the arts, retail, entertainment, recreation, hospitality and food services. These sectors make up a small but significant proportion (6.9%) of the jobs in Tower Hamlets, but it is likely that a higher proportion of residents work in them overall.

As with employment, some of the impact of Covid-19 has been cushioned by national and local interventions. But some businesses will not recover as this is phased out and whilst the need for social distancing continues. In the long-term, these changes may accelerate the trend towards online purchasing and service provision, away from high streets. These changes offer opportunities too.

3.6 Voluntary and community sector

The sector has played an integral role in responding to the pandemic, and demand for services has gone up in many areas. The future impact on the sector follows some of the same trends described previously: there are concerns that economic recovery will not keep pace with support to the sector being phased out, leading to financial pressures and potential closure. One report estimates 1 in 10 UK charities faces bankruptcy by the end of the year. At the same time, demand from residents for support is likely to remain high, also raising the question as to where this demand goes if fewer

[1] LBTH Universal Credit & JSA unemployment claimants rose 2.5% between March and April 2020 - higher than London (1.9%) & England (2%). However, 16% of the LBTH working age population has been furloughed in Tower Hamlets as of June 2020 - slightly lower than average for NE London.

VCS services are there. Going forward, utilising volunteers may be able to cushion the impact on the sector to an extent. Locally, some organisations have highlighted challenges around adapting and offering services in safe way (e.g. if can't offer remotely) and a lack of suitable IT resources to work differently in some areas.

3.7 Homelessness and rough sleeping

Whilst not eradicated, rough sleeping as a social problem was largely resolved across England in a very short time period through the 'Everyone In' scheme - a massive achievement given the national ambition is to solve it by 2027. Locally, the scheme has made it easier for rough sleepers to get health and substance misuse support (pertinent given Tower Hamlets has a greater proportion of rough sleepers with mental health and substance misuse needs compared to the London average). In the medium term, national funding is unlikely to continue at the same levels and there is therefore a risk that the situation reverts back to pre-March. However, there is work going on to plan next steps, providing a key opportunity to maintain the progress made so far.

People have been largely protected from becoming newly homeless due to the eviction ban, but going forward, an increase in homeless arising from an increase in financial hardship and without the safeguards put in place between March and August is a significant risk. The high number of people on the Tower Hamlets waiting list may have to wait longer (compounded by any delays in new developments) with more temporary accommodation placements. An increased demand for housing support will also result in financial pressures for the council.

3.8 Safeguarding children and adults

The nature of lockdown has made abuse and neglect more hidden, and indeed, child safeguarding referral patterns reduced at first when lockdown started before increasing towards more 'usual' levels. This may highlight the importance of staff interacting with residents as a way of abuse or neglect being detected or disclosed. Schools are the main source of referrals to children's social care, and school closure has made child protection issues much harder to detect. Adult safeguarding referrals have stayed within a 'normal' range, but this may not reflect the reality.

In addition, whilst the number of missing child episodes reduced with lockdown, there is a sense that new threats have or will emerge, including increased online exploitation of children and Covid-19 financial scams aimed at vulnerable adults.

Going forward, some safeguarding issues will be harder to detect whilst some form of social distancing is in place. At the same time, as restrictions ease we expect to see a resurgence of referrals and a resurgence of some of the issues dampened down by lockdown (e.g. serious youth violence).

3.9 Domestic abuse

Reported levels of domestic abuse were high in Tower Hamlets coming into the pandemic, and the consensus almost globally is that lockdown increased domestic abuse levels, with some victim having gone into lockdown with their abusers. Whilst there have been clear indications at a national level of domestic abuse getting worse (increased calls to Refuge and domestic homicides) the picture locally is more nuanced: reports related to domestic abuse went down at first, then picked up towards pre-Covid-

19 levels. Locally, this again highlights the importance of staff interacting with residents as a way of abuse being detected or disclosed.

Going forward, local modelling is that the 'pent up' demand will result in a 20-30% increase in demand, excluding the July 'peak' in domestic abuse that evidence suggests happens each year. Again, the increase in demand has financial implications for council domestic abuse services.

3.10 Crime and ASB

Broadly speaking, Covid-19 caused an overall reduction in crime of 28% in the UK[2] but a rise in reports of ASB. This trend was also seen locally, with significant reductions in burglary, robbery and violence with injury (non-domestic abuse). An increase in ASB complaints is thought to be due to noise complaints, friction between neighbours and concerns about non-adherence to social distancing restrictions. Changes are pertinent to Tower Hamlets given that crime and ASB have been reported as a top resident concern. Going forward, the challenge will be to both stop crime levels reverting back to pre-Covid-19 levels and to tackle crime trends that are evolving and adapting. However, there may be opportunities to further utilise resident empowerment and community mobilisation to help prevent and tackle crime and ASB.

3.11 Substance misuse

The impact of Covid-19 on substance misuse has been largely positive. The number of referrals for treatment went up following lockdown, likely influenced by changes in the drugs market (prices went up, supply reduced) and the support being provided to rough sleepers with substance misuse problems. Tower Hamlets has the highest estimated rates of crack and opiate use in London, so this is a significant achievement and provides an opportunity for lasting change. As with other areas where there has been a positive impact, the challenge then becomes how to hold onto this rather than revert back as restrictions lift.

The impact on alcohol use is more missed: in national surveys, some report drinking more, others have cut down or stopped.

3.12 Education and learning

Schools and early years provision closed on 20th March for all but key worker and vulnerable children, and there has been an expectation of home learning for all children since then. The full impact will take time to emerge, but the basic concern is that the quality and consistency of supported home learning does not match the classroom and that home learning will be harder for some than others (e.g. harder if no internet access or if in an overcrowded household). For a borough with comparatively high attainment levels and high child poverty levels, the longer-term consequence is that the disruption to education could undermine the gains made in educational achievement to date and widen inequalities.

In addition, at one end of the age scale fewer children starting in September 2020 are likely to be ‘school ready’. At the other end, children leaving education this year and seeking employment are likely to find it harder.

[2] Reported crime in the 4 weeks up to 12th April

3.13 Transport and air quality

Car and public transport use dropped at the end of March. Air quality improved in Tower Hamlets, and across London nitrogen oxide dropped by 27%[3]. This has positive health implications and is significant given that air quality was comparatively poor in the borough before the pandemic.

Public transport usage remains low and advice remains to avoid public transport unless essential. Transport for London now faces significant financial challenges as a result. Car usage has started to creep back up after the initial drop, which will inevitably reduce the gains made to air quality if it continues, particularly given public transport safety concerns. This has all triggered London's Streetspace programme to widen pathways to enable more cycling and walking.

There is now a key opportunity to encourage and enable walking and cycling over driving, speeding up the delivery of the Tower Hamlets Transport Strategy. The consequences of active transport (better health, better mental health, improved air quality) are pertinent given the health impacts of Covid-19 and the correlation found between air pollution and Covid-19.

3.14 Community cohesion and involvement

Mutual aid groups sprang up across the borough in mid-March, often operating on a hyper-local level to help residents to get essential supplies. 2083 volunteers signed up with the Tower Hamlets Volunteer Centre by 18th May. Whilst the availability of volunteers may diminish as people to return to previous routines and whilst there are careful issues to think through in relation to some volunteer roles (e.g. safeguarding) there is still an opportunity to strengthen how we work with volunteers on a longer-term basis.

National surveys indicate some national optimism that Britain will be more equal, unified and kinder post-Covid-19. On the other side, social distancing has caused new sources of community friction, with complaints about adherence to social distancing guidelines. The pandemic has arguably shone a light on existing inequalities, contributing to activism aimed at tackling this for BAME communities.

3.15 LBTH workforce

In line with elsewhere, the pandemic caused higher sickness absence levels and higher levels of home working. Home working presents challenges, but it also raises the question of whether less office working will be a long-term trend. Services have been remodelled away from face-to-face contact unless essential: Some of this will come back in as restrictions ease, but there is also an opportunity to build on what has worked well.

Some staff - particularly those in the front line of the pandemic - will have had a highly stressful or traumatic experience and some will need support going forward. But high numbers of staff report good mental health, feeling connected to their team and a sense of doing meaningful work during the crisis, providing an opportunity to build on this further.

[3] In the 4 weeks up to 23rd April 2020

4. EQUALITIES IMPLICATIONS

The following protected characteristics have been identified as particularly impacted by the Covid-19 pandemic. A full assessment of all nine protected characteristics has been carried out in a Covid-19 Equalities Impact Assessment.

4.1 Age

At one end of the spectrum, old age is a major risk factor for severe and fatal Covid-19 cases, and greater numbers of older people will have experienced trauma and grief from this. Older people are vulnerable to loneliness, possibly exacerbated by many not using technology to maintain social contact in lockdown (the 'digital divide'). Older people are overrepresented in safeguarding adult cases and will be more affected by emerging risks. They are also more likely to be in poorer health, so will be also disproportionately impacted by the disruption to health services.

Covid-19 for children and young people has been less about direct health risks and more about wider social impacts. The impact of school closure has caused disruption to education, made child protection harder to detect and affected levels of physical activity. This will potentially go on for some time and will have long-term consequences. Local insights indicated high levels of loneliness in young people pre-Covid-19, and there are now indications young people are reporting the biggest change in mental health. Furthermore, young people are being disproportionately impacted by unemployment and job disruption. For a young borough with high but improving levels of child poverty, high childhood obesity and good levels of educational attainment, there is a real risk that the progress made so far is disrupted by Covid-19.

4.2 Ethnicity

People of a Black, Asian and minority ethnic background have been disproportionately impacted by Covid-19[4]. The reasons for this are still being looked at a national level[5], but it is a clear local concern in for Tower Hamlets as a borough where 55% of the population belong to Black and Minority Ethnic groups[6].

Across the UK, people of a BAME background are overrepresented in some of the occupations directly dealing with the pandemic, they are more likely to live in poverty compared to those of a White British ethnic background and are more likely to diagnosed with a mental health problem. Again, there is a key risk that the indirect impacts of Covid-19 will exacerbate racial inequalities described here. A Tower Hamlets Race Taskforce is now being established to specifically help address this.

4.3 Sex

Women are less likely than men to die from Covid-19[7], but the rate of Covid-19 fatalities in women is higher in LBTH than nationally, possibly linked to previous evidence that women have lower-than-average healthy life expectancy.

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[4] June PHE report: People of Bangladeshi ethnicity around twice risk of death as White British when other factors accounted for. Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity: between 10 and 50% higher than White British.

[5] It is unclear whether ethnicity alone is a risk factor.

[6] 2011 Census. 32% from a Bangladeshi ethnic background. 4% Black African ethnic background. 2% Black Caribbean groups. 1% from Other Black groups. 3.2% from a Chinese background. 3% Indian. 1% Pakistani.

[7] Men are more likely to die from Covid-19, possibly linked to occupation.

There is evidence women are being harder hit by changes in the job market (given the comparatively high levels of unemployment in BAME women in LBTH, this is a key issue). Women are more likely to have caring responsibilities, and any negative aspects have likely been exacerbated through lockdown and school closure. Women are the main victims of a rise in domestic abuse. One UN report estimates Covid-19 will undermine global efforts to end gender-based violence, reducing progress towards ending it by 2030 by a third.

4.4 Disability

Disability alone may not be a related to a higher risk of Covid-19, but there is a clear association between Covid-19 fatalities and some underlying health conditions. A rise in the number of deaths of those with a learning disability has led to calls for further investigation. People with a disability are more likely to be in contact with health and social care services and will be disproportionately impacted by the disruption to them. People who are 'shielding' are also more likely to be seen in this group, and those shielding are potentially at a greater risk of worsening physical and mental health as a result of stricter social distancing guidelines.

4.5 Socio economic

As mentioned at the start of this report, Covid-19 may have shone a light on existing inequalities, but there is a real risk these have been exacerbated by the consequences of the virus: those on lower incomes are more likely to suffer financial hardship and are less likely to have access to the technology used to cushion some of the blows of lockdown (e.g. to enable social contact, service provision or home learning). Those suffering financial hardship are more likely to face homelessness. The impacts of deprivation are long-term and include poorer physical health, mental health and a higher likelihood of substance misuse and being in contact with the criminal justice system.

5. COMMENTS OF THE CHIEF FINANCE OFFICER

5.1. This report provides an update on the impact of Covid-19 and as such there are no financial implications.

6. COMMENTS OF LEGAL SERVICES

6.1. The Government has issued guidance to local councils during the coronavirus (Covid-19) outbreak. The advice contained within the guidance has been applied by the council in addressing the responses set out in this report.

6.2. Section 149 of the Equality Act 2010 requires the council, in the exercise of its functions, to have due regard to the need to eliminate discrimination and other unlawful conduct, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not (the public sector equality duty). The Council has complied with this duty in conducting a Covid-19 Equalities Impact Assessment and has taken all necessary steps to ensure that it properly understands how the challenges and opportunities set out in this report affects people who have protected characteristics and to understand the needs of people.

Appendices

Appendix I: Understanding the impact of Covid-19 in Tower Hamlets summary slides
Appendix II: Understanding the impact of Covid-19 in Tower Hamlets full slides

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

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KEEP TOWER HAMLETS SAFE

Tower Hamlets Local Outbreak Plan for COVID-19

Date of publication: 30 June 2020

This document has been signed off by the Tower Hamlets Pandemic Committee

Index

Foreword

Covid-19 is the illness that results from infection with coronavirus. In most people, it is a mild illness with symptoms including fever and cough. However, in older people and people with underlying medical conditions it can cause serious and potentially life-threatening illness.

We started seeing the first cases of confirmed coronavirus infection in Tower Hamlets in the beginning of March, just before the World Health Organisation declared COVID-19 a global pandemic on 11th March 2020.

From the second week of March, daily numbers of confirmed cases started to increase in Tower Hamlets. This reflected the picture across London where the epidemic hit earlier and harder than most of the rest of the country. Numbers continued to rise for several weeks after lockdown was introduced on 23rd March.

By mid-April, when the epidemic was at its peak, our local health and care services were under huge pressure. At the Royal London around 1 in 5 beds were occupied by patients by COVID-19. We were seeing outbreaks in our care homes. Our local general practices reported being under strain due to the number of suspected cases of COVID-19. It was in this period that most deaths in Tower Hamlets linked to COVID-19 happened.

Health data during this period indicated that Tower Hamlets had the fourth highest death rates from COVID-19 in London. Analysis from Queen Mary University showed that people of South Asian ethnicity had 1.9 times the risk of being infected with coronavirus and those from Black ethnic groups had 1.6 times compared to those of White Ethnicity. It also highlighted higher levels of infection linked to deprivation.

These findings reflect a familiar pattern of health inequalities in Tower Hamlets brought into sharp focus by the impacts of coronavirus infection. They reflect higher risks of transmission of infection linked to housing conditions, overcrowding and types of occupations that increase exposure. They also reflect greater susceptibility to infection associated with frailty and underlying health conditions such as diabetes, kidney disease, heart disease and lung disease.

Whilst numbers of COVID-19 cases are currently low following a prolonged period of lockdown, coronavirus remains a significant threat, particularly to those most vulnerable to COVID-19 infection. When lockdown is eased, there is a risk that infection could once again increase quickly.

Our challenge is to continue to embed the infection control behaviours and practices that have started to become the norm for people in Tower Hamlets over the past months. In addition, now that testing is widespread, we need to ensure that the test and trace programme becomes a way of life for everyone in the borough so that when people are infected the spread of the virus is minimised. We want to provide targeted advice and support to enhance infection control behaviours in vulnerable groups, given the challenges based on household composition and living conditions and vulnerable occupational groups given that many of our residents work in service sector jobs where infection control will be a particular priority.

This plan is a living document. It will be shaped by ongoing engagement with the communities of Tower Hamlets, the experience of managing incidents and scenarios, new evidence and changing policy. Tower Hamlets has a strong network of community partners through Locality Health and Wellbeing boards, Community and Voluntary sector groups, and the Interfaith Forum – the Council has already established a Community Mobilisation Group to understand and address potential

barriers to engaging in prevention and infection control through Test and Trace and will continue to work in partnership.

Above all, it is about how we work together as a community in the borough to support each other to prevent spread of coronavirus and minimise its impact on our daily lives.

Cllr Rachel Blake
Deputy Mayor/Cabinet Member for Adults, Health and Wellbeing/Chair of Health and Wellbeing Board, London Borough of Tower Hamlets

Our vision

Tower Hamlets is a place where coronavirus infection is kept as low as possible, those who are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption. We all need to work together to make this happen.

Our ambitions

1. **All care homes in Tower Hamlets are places with excellent infection control and any risks of outbreaks are identified quickly and contained**

2. **All schools in Tower Hamlets are places where staff, pupils and parents are assured that the best possible measures are in place to prevent infection and quickly identify and respond to outbreaks**

3. **All places in Tower Hamlets where there is higher risk of spread and/or impact of infection are identified and measures are in place to prevent spread and quickly identify and respond to outbreaks**

4. **All people living and working in Tower Hamlets have quick access to tests when needed and get results as quickly as possible**

5. **All people in Tower Hamlets who are positive for coronavirus infection provide full information on their contacts and for these contacts to be followed up with appropriate self-isolation advice and support to self-isolate if needed**

6. **Tower Hamlets has an exemplary surveillance system that enables rapid identification and response to potential and actual outbreaks and enables future forecasting**

7. **All people from communities and groups where the risk of infection and impact is higher have the information and support needed to protect themselves and others, get tested and self-isolate when needed**

8. **Whenever disparities are identified between different groups, we will ensure these are addressed as part of any response**

9. **This plan is owned by partners across Tower Hamlets and is accountable to the people of the borough through the Tower Hamlets Health and Wellbeing Board**

Background

This plan is owned by partners across Tower Hamlets and is accountable to the people of the borough through the Tower Hamlets Health and Wellbeing Board.

It sets out what we need to do to ensure that how Tower Hamlets is a place where coronavirus infection is kept as low as possible, those who are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption

To keep infection low, we need to focus on two things.

Firstly, we need to make sure that we are continually doing everything we can to prevent outbreaks of coronavirus in the first place.

Secondly, when outbreaks happen, we need to be prepared to respond as quickly as possible and this means having clear plans in which it is clear what needs to be done, who needs to do it and when.

The plan sets out the principles of keeping infection low and managing outbreaks but also provides more detailed plans which are designed to help manage incidents (these are in the appendices). It is based on seven themes that have been set out by national guidance (see next section)

Because of the continually evolving situation, this plan is a live document and will need to be continually shaped by new knowledge about coronavirus, ongoing experience and scenario testing.

The seven themes of the plan

The Department of Health and Social Care (DHSC) has developed a shared framework for local outbreak plans which has been used as the basis for the Tower Hamlets plan. The seven themes of this framework are explained below.

Theme one - Outbreaks in care homes and schools

Theme two – High risk places, locations and communities of interest

In order to prevent and minimise spread of coronavirus in Tower Hamlets it is important that we pay attention to the places where it is likely to spread quickly. In addition, we need to take extra care in places where there are people most to experience severe impacts from infection (such as older people with underlying health conditions).

These sections focus on how we prevent coronavirus infection in the highest risk places in the borough and how we prevent further spread if we need to.

Theme three - Local testing

Theme four - Contact tracing

The typical symptoms of COVID-19 (temperature, cough, loss of smell and/or taste) are like other common infectious diseases such as flu. This explains why testing for coronavirus is important so that we can provide the right advice and care to people and understand who is infected and who is not infected in a place.

When people do have a confirmed diagnosis, if we are to contain the spread, we need to find out who has been in contact with that person. This means getting information so we can contact those who may be at risk to make them aware they may have been exposed to the virus and to ensure that they self-isolate to contain spread to others.

These sections focus on our arrangements for ensuring people in the borough have fast access to testing, get the results quickly, provide information on their contacts so they can be followed up.

Theme five - Integrated intelligence

It is vital that we know what the picture of infection is in the borough. This means knowing who has been infected, where infections are occurring and whether levels of infection are increasing. We need to know as early as possible if there are outbreaks in parts of the borough, specific settings or groups. If we are dealing with an outbreak, we need to know how it is developing and whether any measures we are putting in place are having an impact.

This section focusses on our arrangements to bring together data that we get daily from national sources with our more local data to spot warning signs of possible outbreaks and to provide us with intelligence in case we need to manage an outbreak of coronavirus

Theme six - Engaging and supporting communities and individuals

The lesson from the first wave of coronavirus infection is that levels of infection have been higher in some people and the impacts harder. To prevent and minimise spread of infection in these groups, we need to know who these groups are to ensure that the key messages on hygiene, distancing, testing, contact tracing and isolation are communicated clearly and that support is in place (particularly in dealing with the social, economic and health impacts of self-isolation).

This section focusses on how we work with people in high risk groups to ensure they are well informed, reassured, have the support they need to protect themselves and can access help when needed and take action to prevent spread.

Theme 7 Working together to keep Tower Hamlets Safe

Preventing and responding to outbreaks involves the whole system. Over the first wave of coronavirus infection partners across the public, private and voluntary sector have had to work together in new ways to address issues that no single organisation or sector could tackle alone.

This section focusses on how partners will work together to develop and implement this plan and how it will connect to the wider system.

Principles of infection control and management

Before moving to the seven themes, this section provides background on the how outbreaks develop and are managed.

How does an outbreak start?

An epidemic starts with a single case. If that case passes the virus onto more than one person and each of those do the same, numbers rapidly increase. This is what happened with coronavirus. At the height of the epidemic and before lockdown, each infected person was passing the virus onto three or four people.

How can outbreaks of COVID-19 be prevented?

Coronavirus is passed on from one person to another in two main ways. When a person coughs or sneezes droplets can be passed to another person in close contact. They may also contaminate a surface where the virus can survive for two to three days. The risk of getting infected increases the more an individual is exposed through either of these routes.

This means that an infected person can protect non infected people by keeping distance, wearing a face covering or mask to prevent infected droplets passing to others and maintaining good hand hygiene. It is also important to keep surfaces that an infected person has been in contact with clean.

Non infected people can protect themselves by keeping distance, wearing face masks and other protective equipment if they cannot maintain distance, not touching possibly contaminated surfaces and washing hands as frequently as possible.

Whether or not these measures are in place, it remains possible that an infected person has passed the virus to people he or she has been in contact with.

If an epidemic is to be prevented or at least minimised, it is vital that both the infected person and contacts isolate themselves. The infected person for seven days from when symptoms start (or longer if symptoms persist) and the contact for fourteen days.

In the longer term, it is hoped that a vaccine is developed so that people have immunity to infection.

How is an outbreak identified and managed?

An outbreak is a situation in which we see more cases of infection or illness than we expect. We can only know if there is an outbreak if we are monitoring what is going on (surveillance). Once we do know, we need to take immediate action to prevent further infection, but we also need to understand what is causing it. This often requires detailed information so that the right actions can be taken prevent further spread and future outbreaks.

Responding to an outbreak requires excellent teamwork across organisations. For example, in a care home outbreak of COVID-19, staff may spot unusual patterns and report these to Public Health England (PHE) or it may be that PHE have noticed a cluster of positive tests in the home.

What to do next will depend on an assessment of risk but the response is likely to involve a range of partners including the hospital, local GPs, environmental health, public health, commissioning and communications. If there is further escalation, other bodies may start to get involved at regional or even national levels and difficult decisions may be need including closure.

For these reasons, it is vital that everyone is prepared beforehand and knows their roles and responsibilities. Within this plan, there are therefore links to documents that set these out as clearly as possible so that we know what to do if there is an outbreak and we can rehearse and learn using possible scenarios.

The link below is to a document that provides an overview of the roles and responsibilities of different organisation involved in identifying outbreaks. This provides the framework for the plans in different settings that are covered in the following sections.

Agreement between London Coronavirus-19 response cell (LCRC) and local authorities

1. Preventing and controlling outbreaks in schools and care homes

There are some places where the chances of transmitting infection are higher or the impacts of infection on people are particularly dangerous.

Care homes are settings where both conditions apply. Staff need to be close to residents to provide care and residents may be frail and particularly vulnerable to the impacts of coronavirus infection.

Schools are places of mass gathering where physical distancing is difficult (particularly where there are younger children). This means they are places where infection can spread rapidly and potentially back into households with vulnerable members.

This first section therefore focusses on these two particularly high-risk settings.

Care Homes

The devastating impact of COVID-19 on staff and residents in care homes through the epidemic cannot be overstated. 27% of all deaths from COVID-19 in the UK were in care home residents and care workers had higher levels of infection and death.

We cannot let this happen again and we want every care home setting in Tower Hamlets to be safe for residents, staff and visitors. This means that they are places where basic hygiene measures are always followed, and staff have the protective equipment they need and know when and how to use it.

Care homes also need to know their risk of outbreaks and how to respond. This means knowing who is positive for coronavirus infection through testing (whether they have symptoms or not) and what to do in response (isolating residents, making sure staff self-isolate).

They also need to be clear about how to ensure infected people from outside the care home do not spread infection within it (eg visitors, discharged patients).

We want all care homes in Tower Hamlets to be places with excellent infection control where any risks of outbreaks are identified quickly and contained

Our detailed plan for preventing and containing outbreaks in care settings can be found by clicking on the link below.

Care settings

Schools

We want every child to flourish and the everyday experience of attending school is essential to this. The lockdown has been a huge disruption to a generation of school children's lives. Even before lockdown, schools were disrupted by rising levels of infection and uncertainty about how to respond.

We need to keep schools open and maintain attendance by preventing and minimising any outbreaks of COVID-19. This is a huge challenge and each school will have its own challenges depending on what type of school it is, who attends it, class sizes and aspects of its buildings and facilities.

We want all schools in Tower Hamlets to be places where staff, pupils and parents are assured that the best possible measures are in place to prevent infection and where any risks of outbreaks are identified quickly and contained

Our detailed plans for preventing and containing outbreaks in schools and early years setting can be found by clicking on the link below

Schools

2. Preventing and controlling outbreaks in other high-risk places and locations

Across Tower Hamlets, in addition to care homes and schools, there are many other places where we know that there are risks of rapid spread, high impact on vulnerable people or both.

Anywhere that people tend to congregate increases the risk of transmitting coronavirus.

In the outside space, these are places such as bus stops, train stations, play areas, outdoor gyms, housing estates and locations for public events.

However, the risk of spreading the virus increases in enclosed spaces, particularly where people are close to each other for some time. These are places such as libraries, leisure centres, workplaces, hospitals, general practices, residential homes, shops, community centres, hostels, mosques, churches, buses, taxis and trains. Importantly, they also include people's private homes.

For all these places the same principles apply to prevent spread – clean environment, keeping physical distance, regular handwashing, face covering to protect others, using personal protective equipment (PPE) where it is not possible to maintain distance, getting tested and self-isolating if symptomatic and self-isolating if a contact.

We want all places in Tower Hamlets where there is higher risk of spread and/or impact of infection to be identified with measures in place to prevent spread and quickly identify and respond to outbreaks

The links below are to our detailed local prevention and outbreak plans for a number of these settings. They cover what we need to do to and how we work together to prevent outbreaks and manage them.

Workplaces

Community settings

Housing and home environment

Residential care settings

Hostels and Hotels

Religious settings

3. Testing

People infected with coronavirus may or may not go on to show symptoms. They also may not show common symptoms of fever, cough and loss of smell or taste. It they do have symptoms; it may be that they are caused by a different cause of infection (flu has similar symptoms).

People are most likely to pass on infection if they have symptoms. However, the evidence suggests that those not displaying symptoms could still pass on the virus.

The experience since the start of the epidemic has shown us how important testing for coronavirus infection is.

This is because a positive test confirms the need for a person to self-isolate and provides the trigger to follow up contacts of that person and advise them to self-isolate.

It also provides vital information on who, where and when people are getting infected across the borough.

Most importantly, if there is an outbreak, knowing who has a positive test is essential to shape how we respond.

We want all people living and working in Tower Hamlets to have quick access to tests when needed and get results as quickly as possible

There are several ways people can get tests currently including ordering a test at home and testing through mobile sites.

During the epidemic, we have worked with our local hospitals and GPs to find ways to make testing even more accessible and to get results faster.

The link below is to our local arrangements for people to get testing.

Arrangements for testing are changing on an ongoing basis and we will keep these arrangements under continual review.

Testing arrangements for Tower Hamlets

4. Test and trace programme

If an individual is infected with coronavirus, we need to get to his or her contacts fast. This is because we can then stop them from passing the virus on to others by recommending that they self-isolate. This could be a lifesaving intervention.

The national test and trace programme launched on the 28th May 2020. This means that any Tower Hamlets resident who has a positive test will be asked to provide information on who they have been in contact with. They may provide this information online or to a call handler.

As an example of how this works, over the ten days before the 24th of June there were 13 people with positive tests. Following contact with these individuals, 95 contacts were identified and 93 were contacted. Each of those will have been contacted and been provided advice on whether they need to self-isolate.

We need test and trace to work for everyone in Tower Hamlets.

Most importantly, it needs to work for those groups that we know are at higher risk of infection and serious complications from infection.

These include older people, people who have difficulty self-isolating (eg due to housing or economic reasons), people from Black, African and Minority ethnic groups, people from high risk occupations (eg driving, construction, catering and caring occupations), rough sleepers and people living in care settings.

This means that we need to prioritise working alongside all communities in the borough to ensure that everyone understands the importance of test and trace, knows how to get tested and provide details of contacts and can access any support they need to self-isolate.

Locally, the council, NHS and voluntary sector are working together to ensure that people in Tower Hamlets have easy access to testing and have the support, if they need it, to identify contacts as quickly as possible to prevent other people getting infected.

This is particularly important where outbreaks are developing in places where the virus could spread rapidly and/or the impacts of infection could be life threatening.

We want to ensure that all people in Tower Hamlets who are positive for coronavirus infection to provide full information on their contacts and for these contacts to be followed up with appropriate self-isolation advice and support to self-isolate if needed

The links below are to our borough plan for test and trace, local pilots and capacity assumptions when dealing with complex outbreaks

Test and trace

5. Data and intelligence

In order to plan how we prevent and respond to outbreaks; we need to know what is going on.

The experience of the epidemic has shown us how quickly the virus can spread and how it responds to measures to control spread. It has also shown how it clusters and affects different groups in different ways.

This means that when we plan for and respond to outbreaks, we need to keep track local trends daily and have warning systems in place so we can respond quickly.

We also need to know where in the borough and within which groups there are higher risks of transmission and impact of infection so we can take action to prevent outbreaks in the first place.

To do this we are working across the council, NHS and Public Health England to bring together and map all available data from national, London and local sources.

We want Tower Hamlets to have an exemplary surveillance system that enables rapid identification and response to potential and actual outbreaks and enables future forecasting

The link is to our plans for how and what data we will be collecting and analysing.

Integrated intelligence

6. Engaging and supporting communities

Tower Hamlets' strength is its diversity and depth of its community networks. The response of residents and local organisations to help people support each other has been inspiring.

The future is uncertain. As lockdown is eased, we don't know for certain what will happen to levels of coronavirus in our communities. If these levels do increase again, it is likely to mean more restrictions, more testing and more people needing to self-isolate (this may be for up to 14 days).

For many people in the borough, self-isolation has been particularly hard for several reasons including housing conditions, income, employment and social isolation. This means that advice to self-isolate may be difficult to implement and increases the risk of spread in people who are most vulnerable to the impacts of COVID-19.

We need to make sure we are getting the key messages out into communities. We need to hear people's concerns and explore how we can work together to ensure people are informed, reassured and supported.

We want all people from communities and groups where the risk of infection and impact is higher to have the information and support needed to protect themselves and others, get tested and self-isolate when needed

Whenever disparities are identified between different groups we will ensure these are addressed as part of any response

The links below are to our plans for engaging with communities on the test and trace programme and to information on current support available for people, particularly those who are self-isolating.

Community engagement plan

7. Working together to Keep Tower Hamlets safe

Everyone has a part to play in keeping Tower Hamlets safe from coronavirus infection and its impacts.

As citizens it is about being informed and taking action to protect oneself and others. It is also about coming together to support each other through informal groups, community organisations and networks.

Coronavirus continues to have a major impact on public, private and voluntary sectors. Working in partnership is vital to ensure we are moving together in responding to the threat of coronavirus infection and outbreaks.

This plan therefore needs to connect to the wider plans of organisations and sectors as they start to think about their future in a context of uncertainty about how coronavirus infection will impact on them. It also needs to continually

In addition, the plan needs to set out how organisations and sectors will need to respond quickly to the immediate risks that may develop from outbreaks or situations where there is a high risk of transmission at scale.

This plan is owned by partners across Tower Hamlets and is accountable to the people of the borough through the Tower Hamlets Health and Wellbeing Board

The links below set out the groups and boards that will be responsible for developing, implementing and monitoring this plan and the other bodies that it will be accountable to.

Local outbreak plan governance

8. Next Steps

Over the last three months, a tremendous amount of work has taken place to prevent the spread of coronavirus, protect those most at risk and support residents self-isolating. To make further progress against our ambitions, an action plan focussed on the next three months has been developed. Actions include delivering outbreak scenario table-top exercises for a number of different settings; developing detailed plans for additional testing if required; holding open space sessions with communities; and finalising data integration processes to feed into the weekly dashboard. These next steps are outlined in the link below.

Next steps

Core documents

Introduction section

Joint agreement between the London Coronavirus Response Cell and Local Authorities

This joint agreement provides a framework for joint working between the PHE London Coronavirus Response Centre (LCRC) and the public health structures in London Local Authorities (LAs) for managing COVID-19 outbreaks, complex settings and community clusters.

This agreement will be kept under monthly review initially due to the rapidly changing regional situation and guidance, and fluctuating capacity across the system. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems in London.

Read the joint agreement between the LCRC and local authorities

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1. Care Home and Schools management arrangements

The documents below set out plans for local outbreaks in care homes and schools including defining monitoring arrangements, potential scenarios and planning the required response. LCRC will work in partnership with the London Borough of Tower Hamlets (LBTH) to manage outbreaks in Care Homes and Schools and Early Years Settings.

Once LCRC received notification from Tier 2, they will inform LBTH, gather information and undertake a risk assessment with the affected Care Home/School/Early Years Setting.

Furthermore, LCRC will provide advice such as information materials to the setting and manage cases and contacts, testing and infection control. LCRC will recommend ongoing control measures and convene an Incident Management Team if required. For care homes, LCRC link with CCG named GP/person for the home.

1.1 Care home settings

LBTH will respond to enquiries from care homes and support them in preventing an outbreak. Once an outbreak has been confirmed, LBTH will follow up on infection control together the Clinical Commissioning Group (CCG) named person and liaise with the local GP and other health providers in supporting the home. LBTH can also support care homes in accessing PPE and supporting vulnerable contacts who are required to self-isolate. Should LCRC convene an Incident Management Team (IMT), LBTH will participate and provide further support to the affected care home.

1a Service Operating Plan: Care Homes and COVID-19

The document below is our Care Homes Service Operating Plan. It seeks to minimise primary and secondary transmission of COVID-19 within care homes by summarising key points from government guidance and outlining the local response that should be undertaken by Care Homes in partnership with PHE, and Tower Hamlets Adult Social Care and Public Health teams.

Read the Care Homes service operating plan.

1b Outbreak Control Plan for managing community clusters in Care Homes

This document below outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks in Care Homes. It also covers the different roles that teams have within the local authority and our partner agencies. It is intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough.

We recognise that management of COVID-19 outbreaks across Tower Hamlets will take a partnership effort from our providers / services / local organisations and our communities. We therefore aim to continue engaging with our stakeholders to evolve our outbreak management plans.

Read the Outbreak Control Plan for managing outbreaks in Care Homes

Back

1.2 Schools and Early Years Settings

LBTH will respond to enquiries from Schools and Early Years Settings and liaise with school governors to support with communication to parents. LBTH will also support vulnerable contacts who are required to self-isolate and liaise with the local CCG/ GP and other health providers and follow up on infection control. If necessary, LBTH will convene a local Incident Management Team and support with COVID-19 secure risk assessments.

1c Service Operating Plan: Schools and Early Years COVID-19

The document below is our Service Operating Plan for schools and early years. It aims to help the borough minimise primary and secondary transmission of COVID-19 within schools and early years settings. It summarises the key points from government guidance and outline the local response that should be undertaken in partnership between PHE, LBTH Children's Social Care and Public Health.

Read the Service Operating Plan: Schools and Early Years COVID-19.

1d Outbreak Control Plan for managing outbreaks in Schools, Colleges and Early Years

The document below outlines the framework for joint working between the PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks in Schools and Early Years. It covers the different roles that teams have within the LA and our partner agencies. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough.

Read the Outbreak Control Plan for managing outbreaks in Schools, Colleges and Early Years

1e LCRC Response to Cases and Outbreaks of COVID-19 in School and Educational Setting

The documents below set out the proposed approach of the London Coronavirus Response Cell(LCRC) in managing cases and outbreaks of COVID-19 in school and educational settings and inform the development of effective joint-working arrangements between PHE and Local Authorities.

Read the LCRC Response to Cases and Outbreaks of COVID-19 in School and Educational Setting

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2. High risk settings management arrangements

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2a Outbreak Control Plan for Workplaces

This document below outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 workplace outbreaks. It also covers the different roles that teams have within the LA and our partner agencies. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough. **Specifically, this plan considers Large Corporations, Small and Medium Enterprises, Voluntary, Community Sectors and Shopping Centres.**

Read the Outbreak Control Plan for Workplaces

2b Outbreak Control Plan for Community Setting

This document below outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks in community settings. It also covers the different roles that teams have within the LA and our partner agencies. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across

the borough. **Specifically, this plan considers Idea stores service, leisure and recreational facilities (such as museums, galleries and pubs) and food banks**

Read the Outbreak Control Plan for Community Setting

2c Outbreak Control Plan for Housing and Home Environment

This document outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks home environments. It also covers the different roles that teams have within the LA and our partner agencies. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough. **Specifically, this plan considers social housing, private rented sector, student accommodation, fire stations and dormitories**

Read the Outbreak Control Plan for Housing and Home Environment setting

2d Outbreak Control Plan for Residential Care Setting

This document outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks in residential care settings. It also covers the different roles that teams have within the LA and our partner agencies. This document is therefore intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough. **Specifically, this plan considers residential homes, hostels, hotels, sheltered Housing and custody suites**

Read the Outbreak Control Plan for Residential Care Setting

2e Hostels and Hotels Service Operating Plan

This document aims to help the borough to minimise secondary transmission of COVID-19 within hostels and GLA and council-commissioned hotels for the homeless population by summarising the key points from several guidance. It includes advice on managing an outbreak and protecting those who are extremely vulnerable, taking into account the complex needs of populations living in hostels. It also outlines the critical roles of different teams/organisations within the response, providing more detail than the information provided in the general outbreak control plan for residential settings.

Read the Hostels and Hotels Service Operating Plan

2f Outbreak Control Plan for Religious Settings

This document outlines the framework for joint working between PHE London Coronavirus Response Centre (LCRC) and the Public Health structures in Tower Hamlets managing COVID-19 outbreaks in religious settings. It also covers the different roles that teams have within the LA and our partner agencies. This document is intended to be flexible and adaptable for local operation due to the different support and capacity arrangements available in local systems across the borough.

Read the Outbreak Control Plan for Religious Settings

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3. Testing

3a Coronavirus testing arrangements – national and local

The page below sets out current arrangements for the regional testing centre in London, home testing, mobile testing units, satellite centres. It also set out LCRC support for testing as well as local approaches that have been developed to enable rapidly deployment of testing capacity (these have supported the response to care home testing, hostels and have involved the GP Care Group, the London Find and Treat team and Bart's pathology pathways)

Find out about local testing arrangements

Back

4. Test and Trace

The documents below set out arrangements and plans for oversight and implementation of the NHS Test and Trace programme in Tower Hamlets.

4a NHS Test and Trace in Tower Hamlets overview

The document below provides an overview of the NHS test and trace programme and how local implementation is being taken forward through the Test and Trace silver group. It also provides current data on uptake of the programme and outputs as well as a logic model for delivery.

Read the NHS Test and Trace in Tower Hamlets overview

4b NHS Test and Trace action plan

The document below sets out the action plan for local implementation of the NHS test and trace programme based on four priority areas: operations, community mobilisation and communication, data and intelligence and pilots (primary care pilots)

Read the NHS Test and Trace action plan

4c Primary care pilot protocol

The page below sets out the protocols for primary care pilots that are being taken forward in the borough (GP Care Group, Bromley by Bow Centre). These aim to address barriers that some residents may have in participating in the NHS Test and Trace programme and connect residents to support to help them self-isolate. The protocols aim to ensure alignment with the national NHS Test and Trace programme and links to local support.

Find out more about primary care pilot protocol

4d Contact tracing capacity in complex incidents

The page below sets out capacity assumptions of the PHE LCRC and local authority in responding to complex outbreaks (eg care homes, schools, community settings). This document describes the current situation and will need to be continually adapted to changing organisational circumstances.

Find out more about contact tracing capacity in complex incidents

Back

5. Integrated Intelligence

5a Data and Intelligence arrangements

The document below sets out the key national and local data sources that will be combined to enable of surveillance of coronavirus and suspected/confirmed COVID-19 illness in Tower Hamlets. It also sets out dashboard indicators and local arrangements for collation, analysis and insight generation of data through the NHS test and trace intelligence group. When available, data flowing though the DHSC Joint Biosecurity Centre will be integrated into our local dashboard.

Read about Data and Intelligence arrangements

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6. Engaging and supporting communities

6a Community engagement plan

The page below sets out the plans for community engagement on the NHS test and trace programme. This is being coordinate through a cross organisation community mobilisation group. It covers principles for engagement based on stakeholder consultation through the Communities Driving Change programme and sets out the plan from June to August.

Find out more about the community engagement plan

6b Local support for self-isolating residents

The document below summarises the current local arrangements for supporting people who are self-isolating includ the contact centre, contact details, self-isolation referral support, food provision, volunteering hub and financial support.

Read the local support of self-isolating residents

6c Communication plan principles

The page below sets out how Communications will support the plan and any outbreak management needed. Communications on NHS Test and Trace is being coordinated at a pan London level. The Tower Hamlets communications team will support the plan and any outbreak management needed, alongside continuing promotion of NHS Test and Trace to ensure that residents are aware of the programme and how to engage with it when they need testing.

Find out more about the communication plan principles

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7. Working together to Keep Tower Hamlets safe

7a Governance arrangements

The document below set out the governance arrangements for oversight and implementation of the Local Outbreak Plan as part of a wider system response. The Health and Wellbeing assumes the role of the COVID-19 Member led engagement board. The current pandemic committee takes on the functions of the COVID-19 Health Protection Board specified in the national guidance. The operational implementation of the of the Local Outbreak Plan is through the Local Outbreak Plan Coordination Group reporting to the COVID-19 Health Protection Board.

Read the Governance arrangements

7b Legislation

The documents below have been distributed by the Beacon Test and Trace programme. They provide detail on legislation that may be used to limit the spread of coronavirus including potential power to order a local lockdown. (These documents will be reviewed and revised following discussion at the Covid-19 Health Protection Board in July).

- Find out more about the Health Protection Board – Legislative powers
- Find out about the powers relating to Potentially Infectious Persons
- Find out about the potential powers to order local lockdown

Next steps

The document below details the actions which will be delivered over the next three months to help achieve the ambitions outlined at the beginning of this document.

Find out more about the next steps

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1. Contents

2. Purpose of document

This service operating plan aims to help the borough to minimise primary and secondary transmission of COVID-19 within schools and early years settings by seeking to summarise the key points from government guidance and outlining the local response that should be undertaken by the aforementioned settings in partnership with PHE, LBTH Children's Social Care and Public Health.

3. Background information

3.1. Epidemiology

COVID-19 disease has been reported in children and young people of all ages, including shortly after birth. There have been far fewer confirmed cases of COVID-19 disease in children than adults. Children consistently make up less then 2% of total case numbers in reports.

There have not yet been enough studies to say for certain how many children in the UK have been infected by COVID-19 virus.

Children are more likely to have milder forms of COVID-19 infection and less likely to develop severe complications. Most infected children have mild symptoms or none at all (asymptomatic). Very few develop severe or life-threatening disease. Deaths in children due to COVID-19 have been extremely rare. Mortality is about 0.01%, which is similar to that of seasonal influenza (flu).

They are less likely to catch COVID-19 infection. There is mixed evidence about whether they are less likely to pass it on to others, but good evidence that they are not more likely to pass it on to others.

For more information and links to research, see https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#epidemiology

3.2. Transmission

New research suggests that children may be less likely to catch COVID-19 disease.

There is no good quality research to date to find out if children are less likely to pass on (transmit) the virus. There is some evidence that asymptomatic children have passed on the virus to others. This is a rapidly evolving research area so these conclusions may soon change.

As with adults, the transmission of COVID-19 in children mainly occurs through respiratory droplets generated by coughing, sneezing and talking, and through contact with contaminated surfaces.

Initial research has identified the presence of COVID-19 virus in the stools, including the stools of infants, and conjunctival secretions of confirmed cases. Whilst it is theoretically possible that COVID-19 can be passed from an infected person's stool to another person (faeco-oral transmission), there is not enough evidence to say that this happens in practice. In any case, good hand hygiene will reduce the risk of passing on the virus regardless on how it is passed on (respiratory or faeco-oral transmission routes).

For more information and links to research, see https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#epidemiology

3.3. Incubation and infectious period

There incubation and infectious periods of COVID-19 in children are the same as in adults.

3.4. Case definition

The case definition in children is as that in adults: new continuous cough OR high temperature OR loss of, or change in, normal sense of taste or smell (anosmia).

Research suggests that there is little difference between COVID-19 and other childhood respiratory virus infections. This means that families and educational/early years staff will need to assume that a child with what appears to be a 'normal' childhood virus, however mild, has a COVID-19 infection until proven otherwise.

There have been a very small number of children (230 across the EU) who have developed a severe condition that has been linked to, but not proven to be caused by, COVID-19. This condition causes high levels of inflammation throughout the body and bleeding from small blood vessels within the skin and other organs. The condition is called Paediatric Multisystem Inflammatory Syndrome temporally associated with COVID-19 (PIMS-TS).

4. Infection protection and control

4.1. Guidance summary

In all education, childcare and social care settings, preventing the spread of coronavirus (COVID-19) involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this.

These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered

- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

4.2. Local arrangements

Implementation of this guidance is the responsibility of the schools or early years setting. Schools have been provided with a risk assessment template and support from LBTH Health and Safety team.

A programme of infection protection and control training, developed in partnership between the CCG Infection Control Nurse and Public Health, will be offered to all schools and early years settings in Tower Hamlets.

Ongoing support for infection protection and control is available from the LBTH Health and Safety team.

Schools and early years settings receive regular updates on infection protection and control matters through a slidedeck that is sent to these settings on a weekly basis.

4.3. Wearing personal protective equipment

4.3.1. Guidance summary

Wearing a face covering or face mask in schools, early years settings or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools, early years settings or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

4.3.2. Local arrangements

Schools and early years settings should use their local supply chains to obtain PPE. Advice on how to do this is provided to settings through a weekly IPC slide-deck developed by LBTH Public Health.

If settings are not able to access supplies via their normal routes, LBTH can provide emergency seven day supplies through its mutual aid scheme.

The LBTH COVID-19 Secure risk assessment sets out the circumstances in which PPE will be required and ensures answers do the following:

Set out the school's PPE needs within the wider infection control measures taken

Outlines contexts for use of PPE that depart from current national guidelines *DfE Coronavirus (COVID-19): implementing protective measures in education and childcare settings*

To access PPE from LBTH, settings are required to:

- Complete a PPE request form setting out what PPE and what volume is required
- Send the risk assessment and request form to ppe@towerhamlets.gov.uk, cc'ing PHCov19@towerhamlets.gov.uk

PPE will be issued against risk assessment following confirmation of appropriate training on use, removal and disposal. PPE can be collected in person from John Onslow House or can be delivered to the school by arrangement.

Any reordering of PPE needs to be undertaken along with receipt of updated risk assessment

This process will be continually refined and may be subject to changes.

For any queries to LBTH on PPE, settings can call 0207 364 3656.

5. Case Management

5.1. Testing

5.1.1. Guidance

Anyone with symptoms of COVID-19, however mild, should make arrangements to be tested for COVID-19 antigen. Parents are able to access testing for their children directly through the NHS. Staff are also able to make their own arrangements for testing.

Testing usually involves taking a swab of the inside of the nose and the back of your throat, using a long cotton bud. Staff members and children over the age of 12 within the names settings can swab themselves. Children aged 11 or under cannot do the swab themselves. Their parent or guardian will have to swab test them.

Trials of saliva tests are underway and if successful, these may be rolled out more widely.

COVID-19 antigen tests are now available for all ages. They can be ordered through the NHS website or by calling 119.

Schools can also access priority testing for school staff, which can be helpful if there is reduced availability of testing slots through the public-facing testing scheme.

5.1.2. Local arrangements

Schools and early years settings are updated on testing arrangements through a weekly COVID-19 IPC Slide-deck developed by LBTH Public Health.

This slide-deck also includes regularly updated flowcharts to guide schools on what to do when a child or staff member developed coronavirus symptoms – see Appendix 1.

Schools have been advised to register on the national Employers Referral Portal to allow them to access testing for staff members directly. LBTH can support settings to access urgent testing if required. A referral form is available for schools via the LBTH Intranet which should be completed and emailed to coronavirus@towerhamlets.gov.uk.

5.1.3. Testing support provision

NHS Test and Trace service aims to deliver fast testing results for COVID and an integrated contact tracing provision. The national system remains the preferred approach for delivering the test and trace provision in Tower Hamlets in general, and for educational settings in particular.

A local testing support provision is being developed to add to the Test and Trace service in the following ways:

- **To address local concerns about the speed of receiving test results**, particularly for those tests ordered by post. This issue is likely to improve over time and, whilst important at present, is not anticipated to remain the main rationale for this testing support provision in the future.
- **To support families who may have difficulties accessing NHS Test and Trace**. Access issues relate include perceptions that the system requires high levels of (health) literacy and proficiency in English, is based on a Western model of health, and works best for individuals with a high internal locus of control.
- **To improve the sensitivity of tests in all children**. Most families are expected to be able to accurately swab their children and use the NHS Test and Trace service independently. However, headteachers have raised concerns that some families may struggle with this and additional support may be required, particularly for children under five.
- **To increase the effectiveness of national contact tracing programme.** Families will be advised to participate in national contact tracing programme and given a rationale for doing so.

The local testing support provision will be delivered through the School Health and Wellbeing Service by Tower Hamlets GP Care group. It will include the following:

Referral mechanism: The provision is referral only, and families are referred into the service by headteachers or EY setting manager.

Ordering and delivery of tests: Tests will be ordered through T-Quest. Tests will be delivered to the symptomatic person's home address to reduce transmission risks.

Support to undertake the test: This can be delivered virtually in the first instance, and if required there should be a provision for staff to swab children directly with a home visit. This contact provides to opportunity to encourage:

- Participation in contact tracing if the result is positive
- Future testing, if unwell again
- Testing of other family members if they develop symptoms

Collection of tests and delivery to the Barts lab

Follow up of test results: Test results will be included within the NHS Test and Trace service if raised through T-Quest. We are aiming that the provision will also follow up test results and ensure that LCRC and schools are informed of the results as quickly as possible.

SOPs will be developed to ensure positive test results are followed up in alignment with national guidance and to ensure appropriate clinical oversight. A flowchart will be developed to articulate how positive/negative results will be communicated and followed up. Failsafe mechanisms will be developed and shared.

The provision will be available to all children resident in Tower Hamlets. The provision should accept referrals from all Tower Hamlets schools (primary and secondary) and early years settings, including childminders, nurseries and children's centres.

6. Response to a single COVID-19 case

6.1. Guidance

COVID-19 is listed as a notifiable disease under the Health Protections (Notification) Regulations 2010 and as such there is a legal duty to report all clinically suspected or confirmed cases of COVID infection without delay.

The NHS Test and Trace system identifies positive test results and contacts any staff/pupils who test positive to undertake contact tracing. This includes asking questions about the workplace or educational/childcare setting. Through this system, cases that are associated with schools or early years settings are escalated to Tier 1 contact tracing for support from health protection specialists in the London Coronavirus Response Cell (LCRC).

6.2. Local arrangements

Schools and Early Years settings should report confirmed COVID-19 infections immediately to the London Coronavirus Response Cell (LCRC) on lcrc@phe.gov.uk and also PHCOV19@towerhamlets.gov.uk and icCOVID19@towerhamlets.gov.uk.

Whilst LCRC should be informed through the NHS Test and Trace service, this direct notification from settings may help to facilitate quicker support and can act as a failsafe.

The LCRC will provide initial advice and support, along with local authority partners, to help the school or early years setting manage the situation. This will include identifying close contacts, advice on exclusion and self-isolation, advice on cleaning and other infection protection and control. Settings will be supported to communicate with their community (families and staff) through the provision of standard letters that can be adapted as required.

Once LCRC has conducted the initial risk assessment, the LBTH Public Health will liaise with LCRC, the school / early years setting and relevant LBTH services including Education and Partnerships, Health and Safety and Communications, as required. LBTH will remain in contact with the school over the following 14 days to ensure that prompt support is provided should further pupils or staff develop COVID-19 symptoms.

The focus of this will be on the prevention of further cases and the development of an outbreak.

7. Managing an outbreak

Please see section 1.d.

8. Monitoring

Due to the low number of COVID-19 cases currently circulating in Tower Hamlets, COVID-19 cases in schools and early years settings are reported to LBTH Public Health through LCRC or directly from settings themselves.

LBTH Public Health is exploring the development of a local monitoring system to provide a borough-wide view of suspected and confirmed cases in schools and early years settings.

9. Protecting people who are Extremely Medically Vulnerable

9.1. Definition

Some people have conditions that make them ‘extremely medically vulnerable’ to the clinical complications of COVID-19 infection. These people have been advised to shield themselves, that is to avoid face to face contact with other people.

Information on shielding conditions:

- All ages
- Children

People who need to shield have been identified by NHS Digital searches of patient records, and by GPs and hospital specialists. Those that have been identified should have received a letter to confirm their status, give advice and offer support to help them shield.

Shielding policy changes in line with the risk of catching COVID-19 infection from others. Current advice is available:

- For all people
- Children
- Adults in educational settings

9.2. IPC guidance for shielding children

In June 2020, the shielding advice for children is that children who are extremely vulnerable are not expected to attend school/early years settings. Instead they should be supported to continue learning from home.

If attending school settings, there are no additional measures that clinically vulnerable children must take, beyond following social distancing/personal hygiene guidelines and the same advice as for all children attending school. There is no need for additional PPE.

9.3. Guidance for Children with Asthma

Asthma UK has published specific guidance and advice for parents and children with asthma on returning to school : www.asthma.org.uk/about/media/news/advice-for-parents

Asthma does not make you more likely to catch or transmit COVID19, but it may increase the risk of more severe symptoms. The number of children with asthma becoming unwell due to COVID19 is low.

Parents with concerns about their child attending school should discuss with their GP/lead clinician.

The priority is for asthma to be well-controlled and managed, that school staff are aware of any care needs and that children have access to their inhaler, including regular use of preventative inhalers.

9.4. IPC guidance for shielding staff

Staff that are classed as clinically extremely vulnerable are currently advised not to attend work outside their home and should strictly following the shielding guidelines. These guidelines will be relaxed in July and further in August. In any eventuality, the strict adherence to infection protection and control guidance will remain critical to prevent infections in these vulnerable groups.

Clinically vulnerable staff should be supported to work remotely if feasible (i.e. taking on roles that don't require working on site). If not possible, these staff members should be offered the safest available on-site roles that allow them to maintain the social distancing guidelines.

10. Useful Links

Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19

COVID-19: guidance on residential care provision: https://www.gov.uk/government/publications/COVID-19-residential-care-supported-living-and-home-care-guidance/COVID-19-guidance-on-residential-care-provision

COVID-19: investigation and initial clinical management of possible cases: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection

COVID-19: epidemiology, virology and clinical features: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features

Coronavirus (COVID-19): admission and care of people in care homes: https://www.gov.uk/government/publications/coronavirus-COVID-19-admission-and-care-of-people-in-care-homes?utm_source=ac47bed8-b52a-4c2f-b961-a48468e031b1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

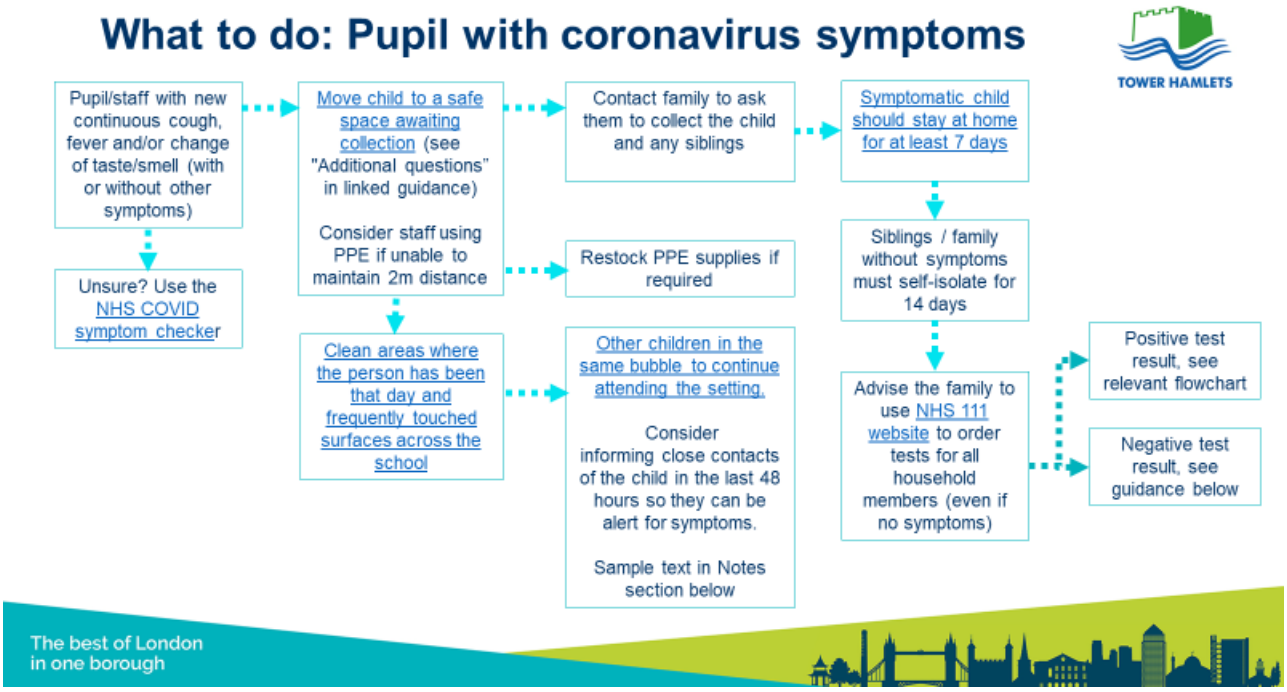
11. Contact Information

Public Health at PHCov19@towerhamlets.gov.uk for any COVID-19 related Public Health queries in Tower Hamlets.

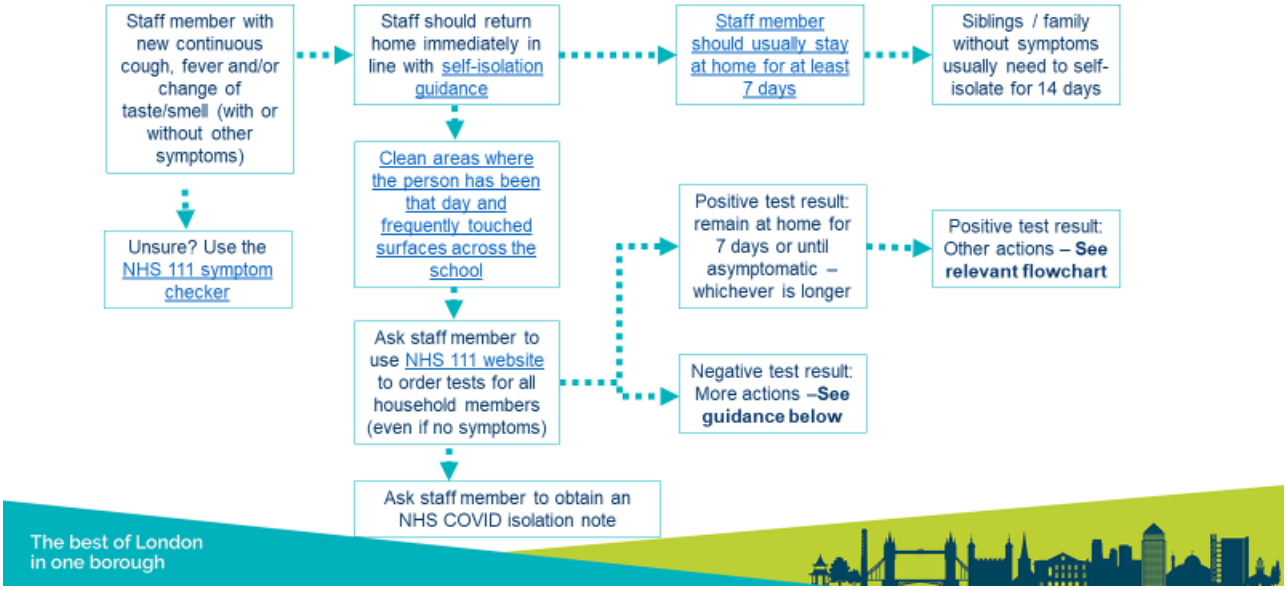
London Coronavirus Response Cell (LCRC) on lcrc@phe.gov.uk if a care home has two or more confirmed or suspected COVID 19 cases.

Christine McInnes, Divisional Director of Education, London Borough of Tower Hamlets (Christine.mcinnes@towerhamlets.gov.uk)

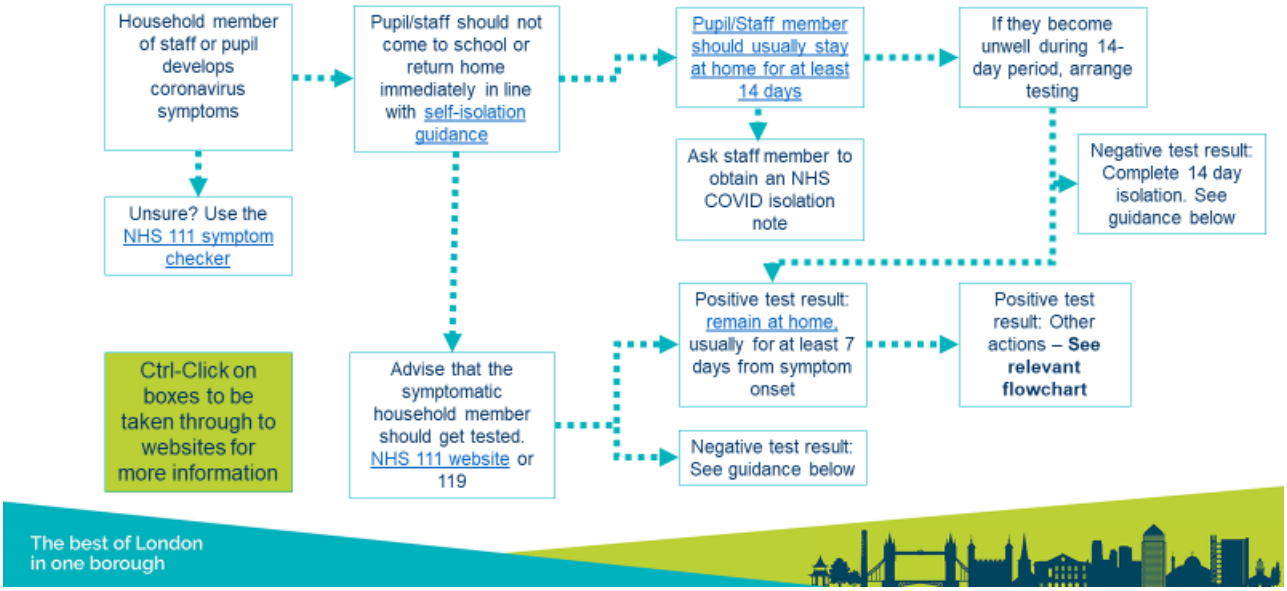
12. Appendix 1: Flowcharts on managing COVID-19 symptoms and cases in schools and early years settings

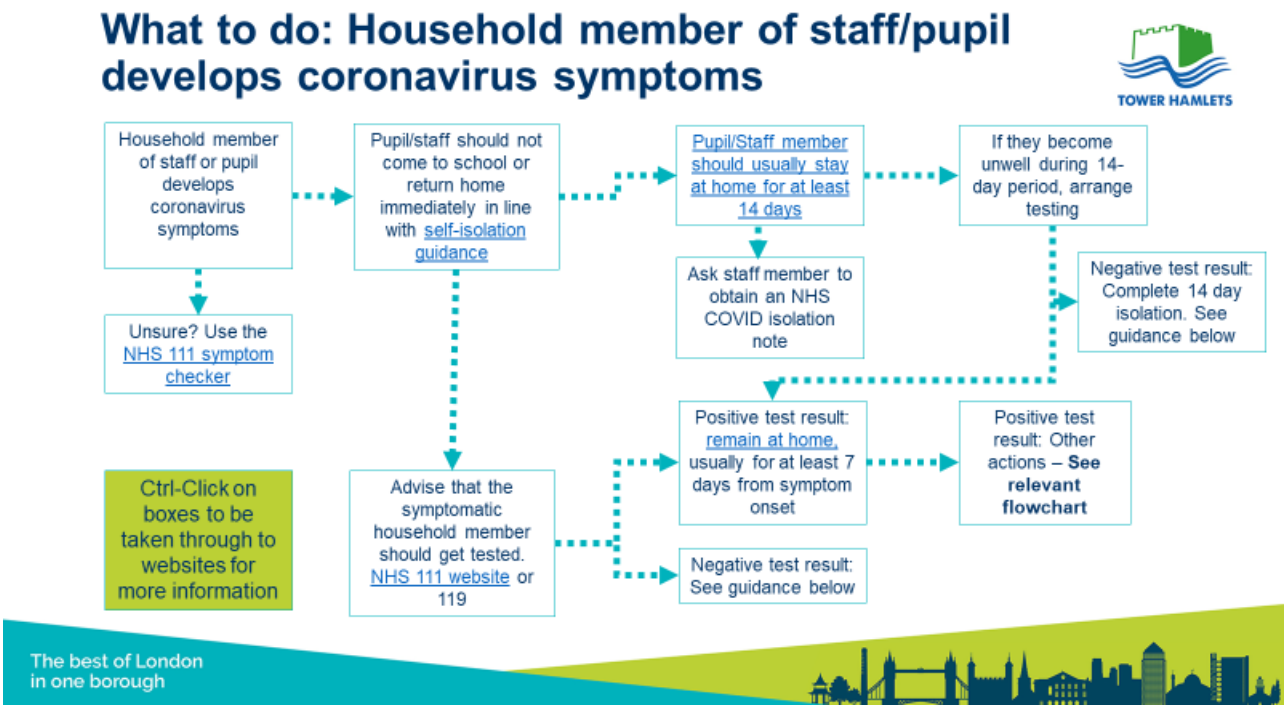


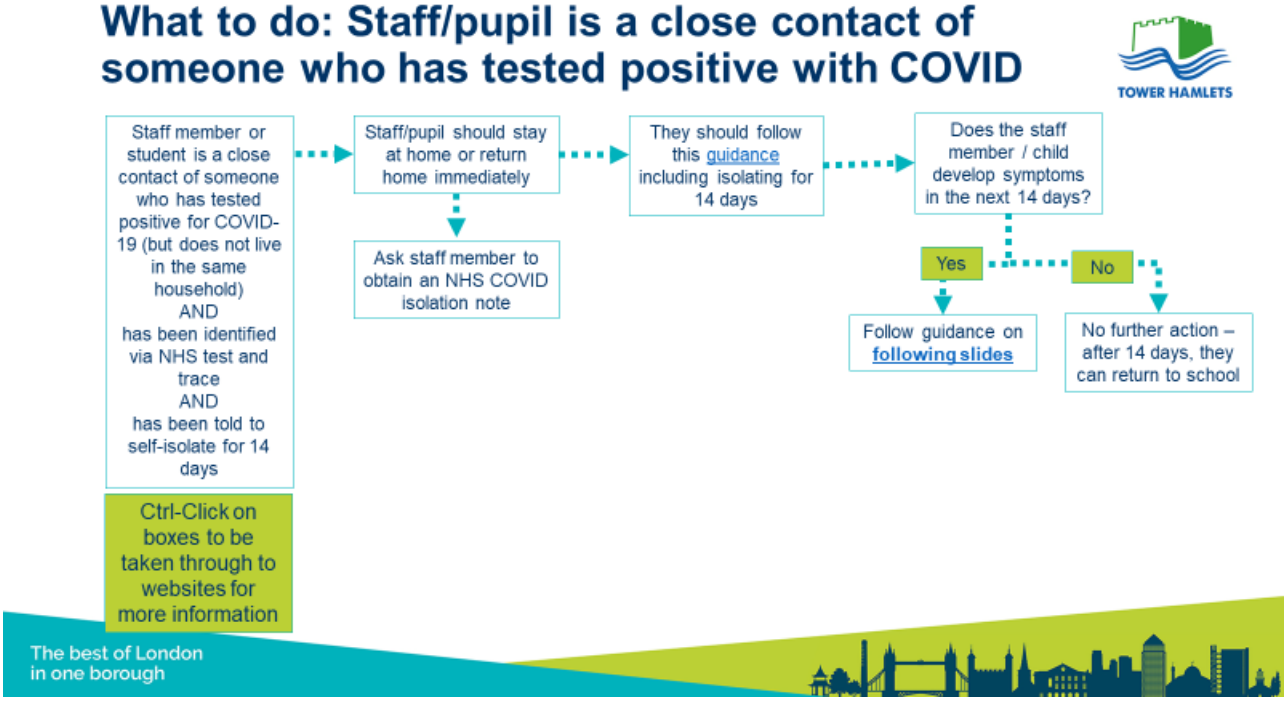
What to do: Staff with coronavirus symptoms



What to do: Household member of staff/pupil develops coronavirus symptoms







Acting on negative test results

- People with negative results should only return to school/work if they feel well enough to do so.
- If everyone with symptoms who was tested in their household receive a negative result, the individual can return to work immediately, providing they are well enough, and have not had a fever for 48 hours.
- If a household member tests positive, but the eligible worker tests negative, the worker can return to work on day eight from the start of their symptoms if they feel well enough and have not had a fever for 48 hours.
- If the individual does not have symptoms but a household member tests positive, they should continue to self-isolate in line with national guidance
- If, after returning to work/school, they later develop symptoms they should follow national guidance and self-isolate.

- If any member of the household receives a positive result, please continue to follow the national guidance.

Acting on positive test results

- Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days.
    - The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.
- As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take.
- In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group.
- Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.
- The national Track and Trace programme will integrates testing with contact tracing
- Schools will be supported by Tier 1 staff (public health professionals) in a similar way to other infectious diseases, including:
    - Undertake a risk assessment
    - Identify, notify and advise close contacts (see definition in notes below)
    - Identify any further actions needed
    - Support on communications to the school community
- Actions for schools
    - Encourage staff/families to inform the school as soon as test results are returned
    - Encourage anyone who tests positive to complete contact tracing information and include the school's details
    - Notify the health protection team immediately of any positive cases in schools
        - lcrc@phe.gov.uk or call 0300 303 0450
    - Notify the local authority of any positive cases
        - Public health team: phcov19@towerhamlets.gov.uk

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Public Health update: COVID-19 in schools and early years settings

15th July 2020

Version 7

Please send comments and queries to phcov19@towerhamlets.gov.uk

Introduction

- This slide-deck aims to support LBTH educational settings in preparing for the phased reopening of schools and early years settings in June 2020
- It aims to complement rather than duplicate other LBTH guidance, and should be read alongside this e.g. health and safety risk assessment template
- The majority of content seeks to summarise and link to existing government guidance
- There are additional slides to explain some of the rationale behind current guidance
- Government guidance is frequently updated so please check gov.uk regularly and sign up for alerts
- There is further detail in the Notes section below including hyperlinks to other guidance

Contents

Updated

- COVID19 data updated **(Slides 6-8)**
- Greater clarity on testing for under 5s – same message **(Slide 57)**
- Infographic on BAME inequalities – more detail **(Slide 15)**
- Further information on testing locations **(Slide 61)**

New

- Summary of the evidence relating to the transmission of COVID in schools **(slide 18)**

Changes from June 2020 onwards

Subject to the government's **five tests*** being met:

***for the five tests** see Section 1.2 in the Government's recovery strategy*

Setting	From June 1st	From June 15th	September 2020
Early Years	Nursery classes/ schools, childcare and childminders to welcome back all children		Nursery classes/ schools, childcare and childminders to continue to welcome back all children
Primary Schools	**Year 1** and **Year 6** to return from 1st June		**All year groups to be welcomed back.**
Secondary Schools		Some face-to-face support to supplement remote education for **Year 10 and Year 12** taking key exams next year	**All year groups to be welcomed back.**

Impact of COVID-19: infection and control strategies

UPDATED

Daily COVID-19 cases in England

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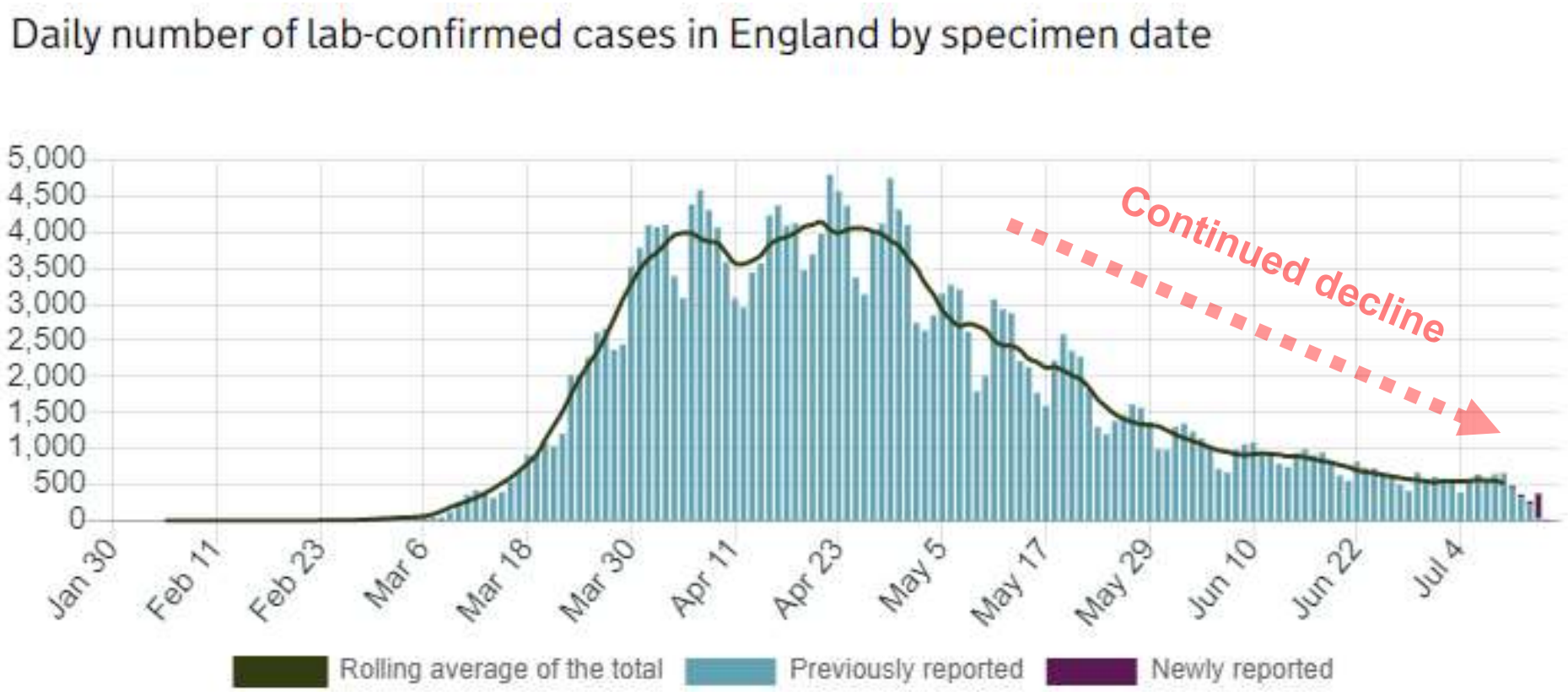
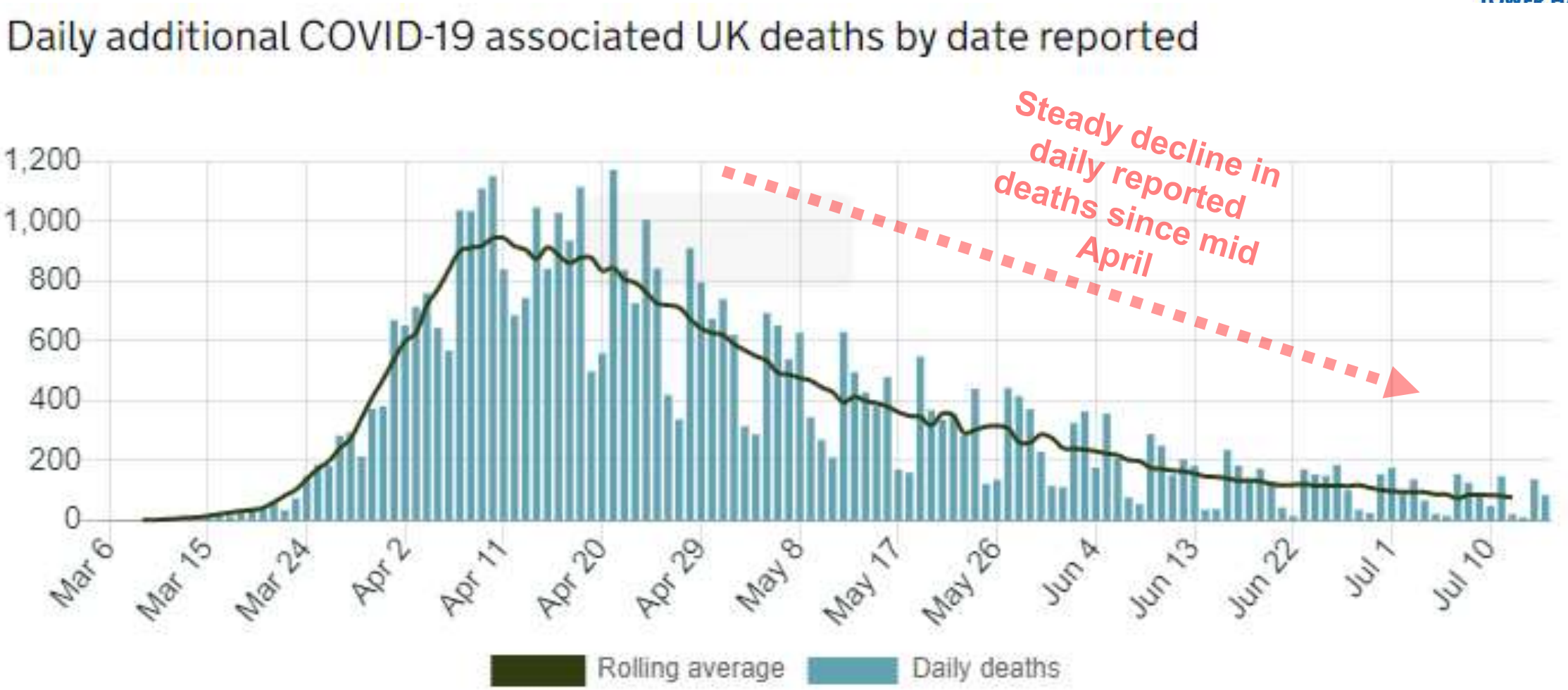


Total confirmed cases showing those previously reported and newly added cases separately. New cases are attributed to the day the specimen was taken.

UPDATED

Daily COVID-19 deaths in UK



Impact on children

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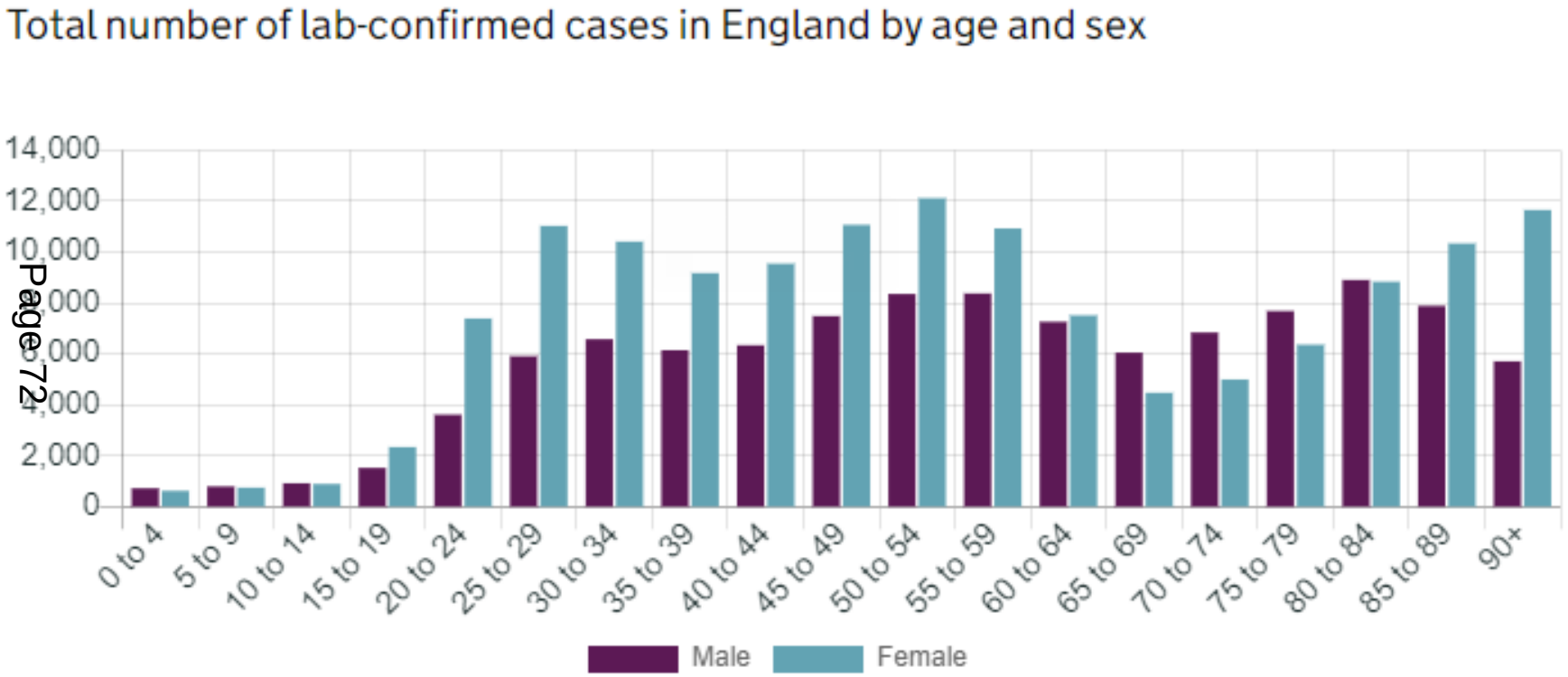


Nationally, six deaths in children aged 14 years and below.
Two were infants and four were children aged 1-14 years

Summary of current evidence:

- Evidence suggests that symptoms of COVID19 in children are generally milder than in adults
- Children are half as likely to catch COVID 19
- The current evidence is inconclusive about whether they are less likely to pass it on

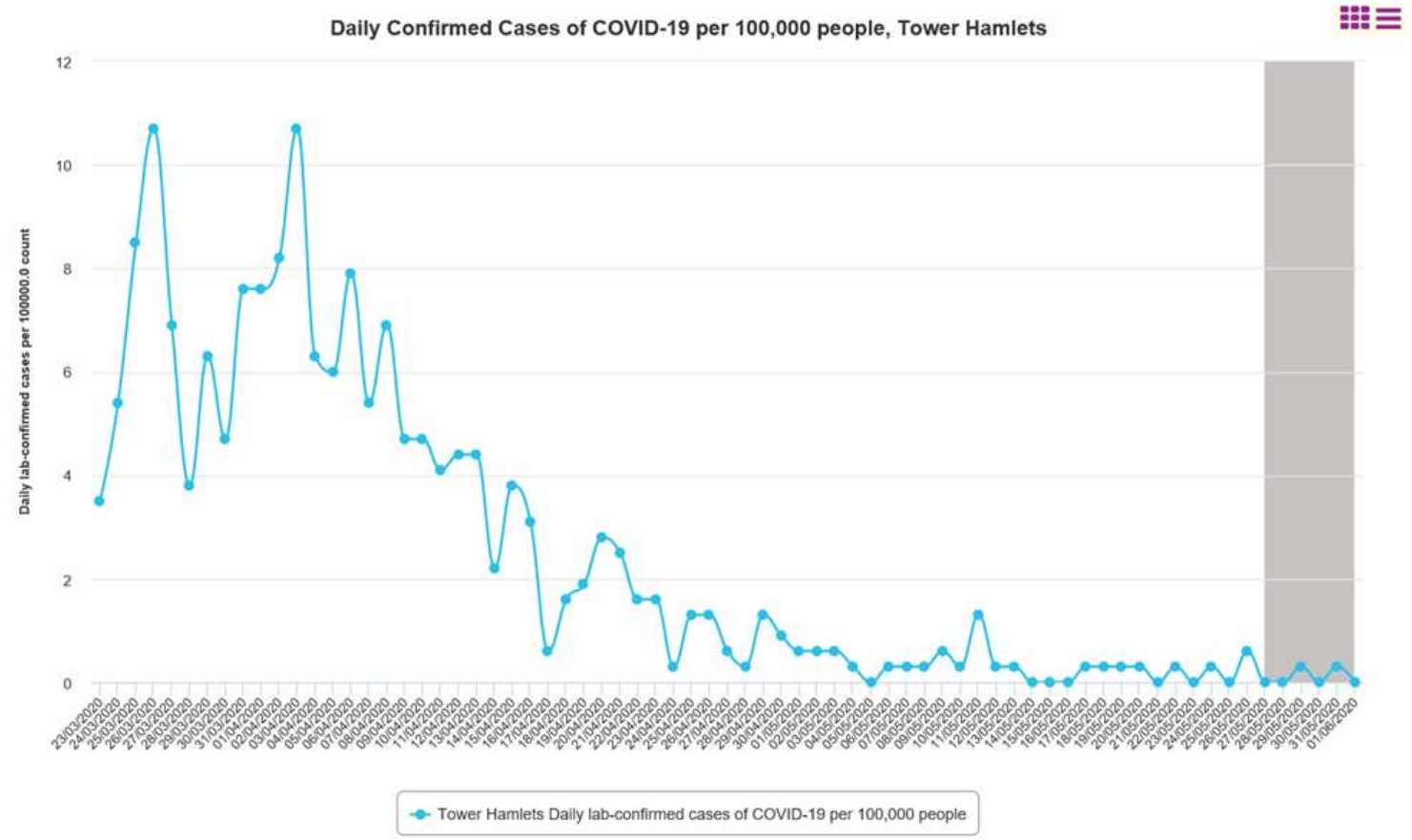
Impact on Tower Hamlets

As of 1st July 2020:

- 703 lab-confirmed COVID-19 cases
- Estimated 2000 suspected cases by GPs
- Self-managed cases – being researched
- 280 confirmed or suspected deaths
  - No child deaths

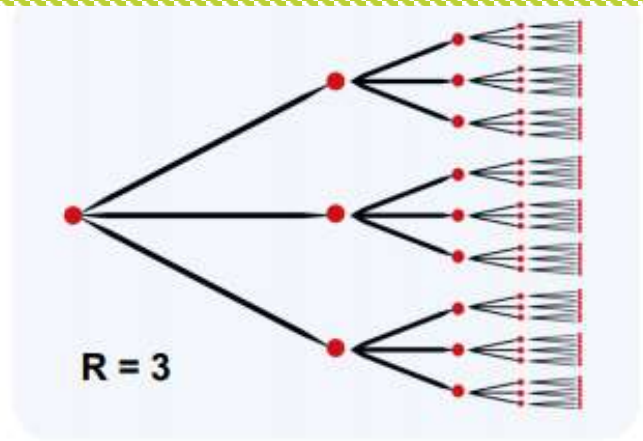
Daily confirmed cases in Tower Hamlets

Note: the area of the chart in grey indicates provisional data. Not all cases tested for in this period have yet been incorporated into the data, and as such case numbers in the grey area are likely to be significantly higher than they currently appear to be.

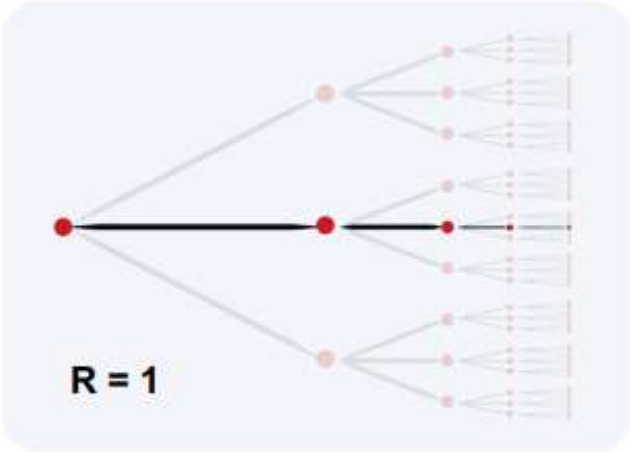


R – reproduction number

- **If R is below one:** then on average each infected person will infect fewer than one other person; the number of new infections will fall over time.
- **If R is above one:** the number of new infections is accelerating; the higher the number the faster the virus spreads through the population.
  - Estimated R number for the UK : **0.8 - 0.9 (3rd July)**
  - Estimated R number for London: **0.92 (6th July)**



R over 1 = virus spreads



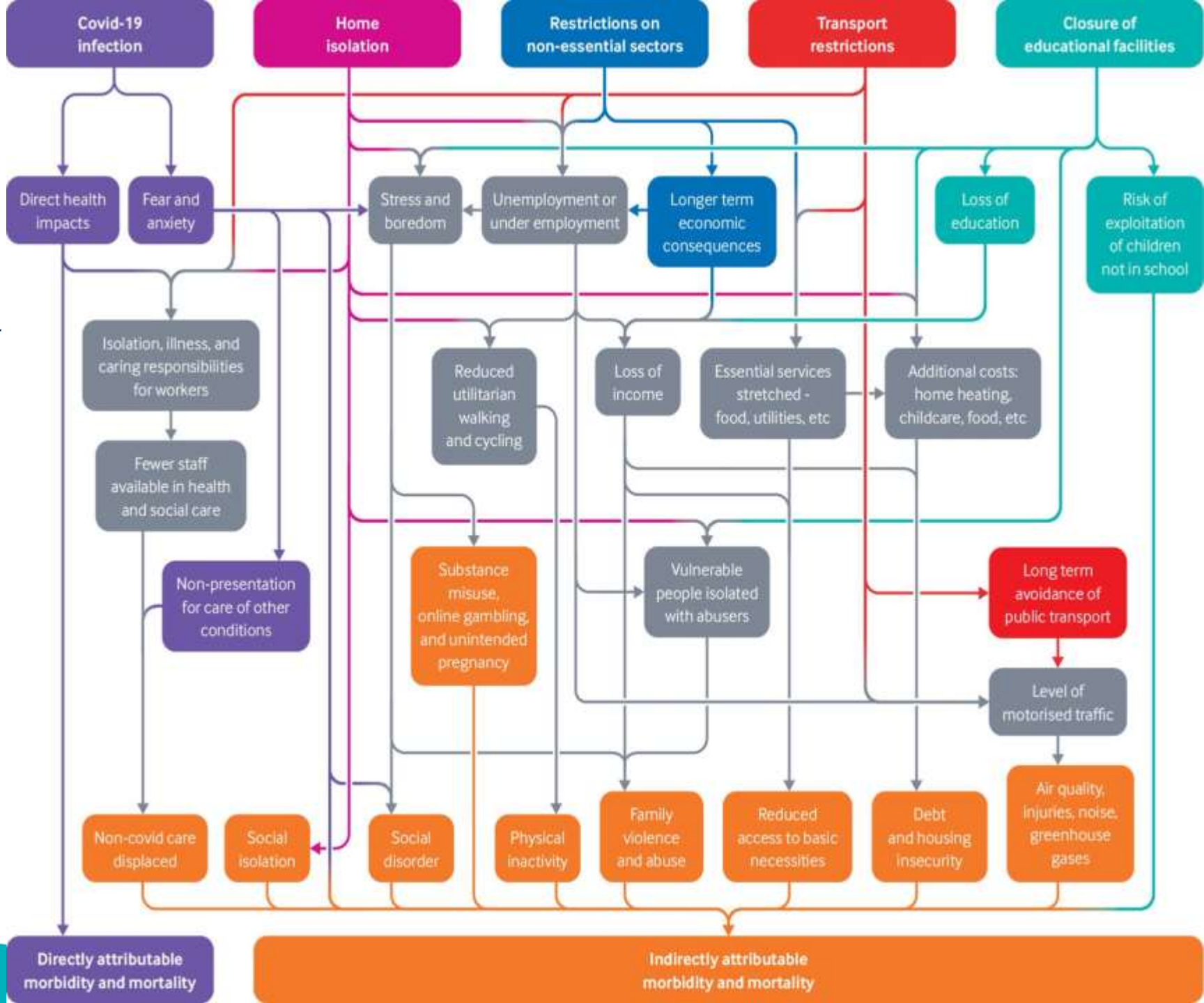
R of 1 or under = cases of the virus are steady or decreasing

Wider impact of COVID

The impact of COVID on **mortality** (death) and **morbidity** (disease) is a combination of:-

Directly attributable impacts– those that are a direct result of COVID19 infection.

Indirectly attributable impacts– those impacts that are indirectly caused by COVID19 (i.e. reduced physical activity due to lockdown measures)



PHE Disparities Report: Findings

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Age and sex	Geography	Deprivation	Ethnicity	Occupation	Inclusion health	Care Homes	Comorbidities
• Diagnosis and death rates increase with age • Working age men twice as likely to die as females • Those > 80 70x more likely to die compared to <40s	• London had highest diagnosis rates • Death rates in London 3x higher than South West	• Mortality rates in most deprived areas more than double least deprived areas • This adjusts for age, sex, region and ethnicity)	• Diagnosis highest in Black ethnic group • Death rates highest in Black and Asian (particularly Bangladeshi) ethnic group	• Higher death rates in men working as security guards, taxi drivers, chaffeurs, drivers, chefs, retail assistants, construction and processing plans • Higher death rates in men and women working in social care	• Higher death rates in people born outside UK (especially parts of Africa and South East Asia • Likely to be much higher infection rates in rough sleepers	• Deaths in care homes accounted for 27% • 2.3x deaths from all causes compared to previous years	• Diabetes on 21% of death certificates • Higher for BAME Groups (43% Asian and 45% Black)

PHE Disparities Report: Tower Hamlets

- Tower Hamlets has the 4th highest death rates in London (when adjusted for age
- Report highlights the overlapping and interconnected narratives in Tower Hamlets impacting on the pattern of Covid-19 in the borough
  - Deprivation
  - Older population with worse health than elsewhere
  - Ethnicity (BAME and White subgroups)
  - Occupation
  - Diabetes as a major cause of poor health

PHE Beyond the data report

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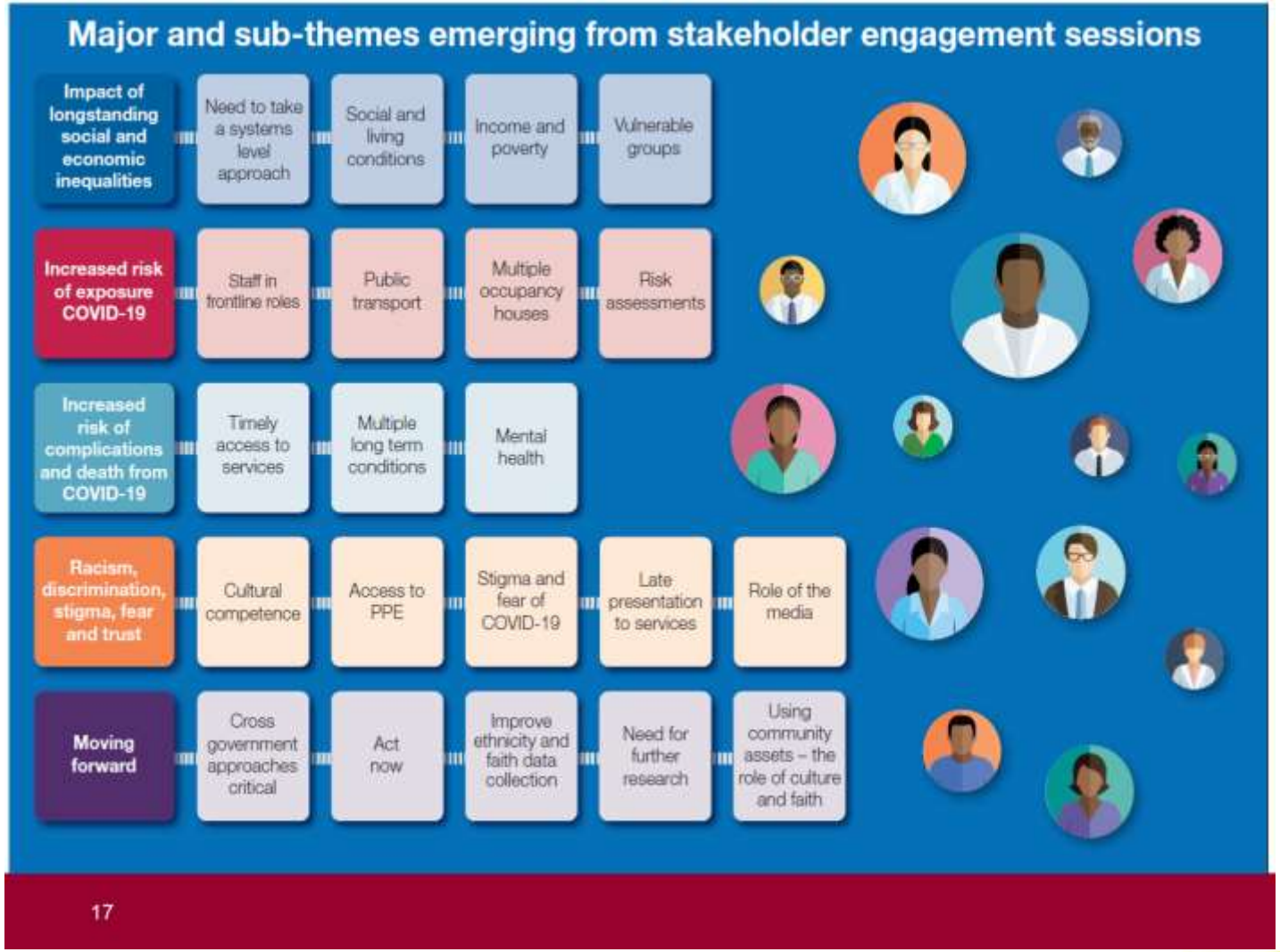

PHE Disparities Report: Themes

- Inequalities exacerbated by COVID-19
  - Economic disadvantage
  - Opportunity for fast and sustainable change
- Risk of exposure
  - High proportion of BAME groups in occupations that place them at greater risk
  - Value and respect work of key workers
    - Risk assessment, tackling racism, all concerns to be expressed
- Complications and death from COVID-19
  - More needed to improve early diagnosis and management chronic diseases
  - Targeted health promotion
  - Culturally competent strategies to support better symptom recognition
- Racism, discrimination, stigma, fear and trust
  - Impact on mental health
  - Stigma with COVID-19 impacting on health seeking behaviours
  - Role of communities, anchor institutions, faith communities, supportive workplace

PHE Disparities Report: Recommendations

1. Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
3. Improve **access, experiences and outcomes of NHS, local government and integrated care systems commissioned services** by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
4. Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
6. Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
7. Ensure that **COVID-19 recovery strategies** actively **reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

How easily does COVID-19 spread in education settings?

There have been very few outbreaks in schools and research in the area is limited to case reports. These appear to show limited spread when there have been cases associated with schools.

Country	Primary Cases	Contacts	Contacts tested	Secondary cases (infected by primary cases)	Deaths
New South Wales, Australia (High school)	12	695	235	0	0
New South Wales, Australia (Primary schools)	6	168	53	1	0
Republic of Ireland	6 (3 adults and 3 children)	1025		0	0
Singapore (Pre-school)	1	Unknown	34	0	0

Benefits of returning to school

The coronavirus pandemic risks exacerbating existing inequalities in society:

- **Educational attainment**
  - Significant risk of reversing recent achievements in closing the gap for disadvantaged pupils
- **Child health and wellbeing**
  - Incl. physical health through opportunities for play and exercise and mental wellbeing through social interaction
- **Safeguarding**
  - Schools present opportunities for disclosures and early interventions for families who need support

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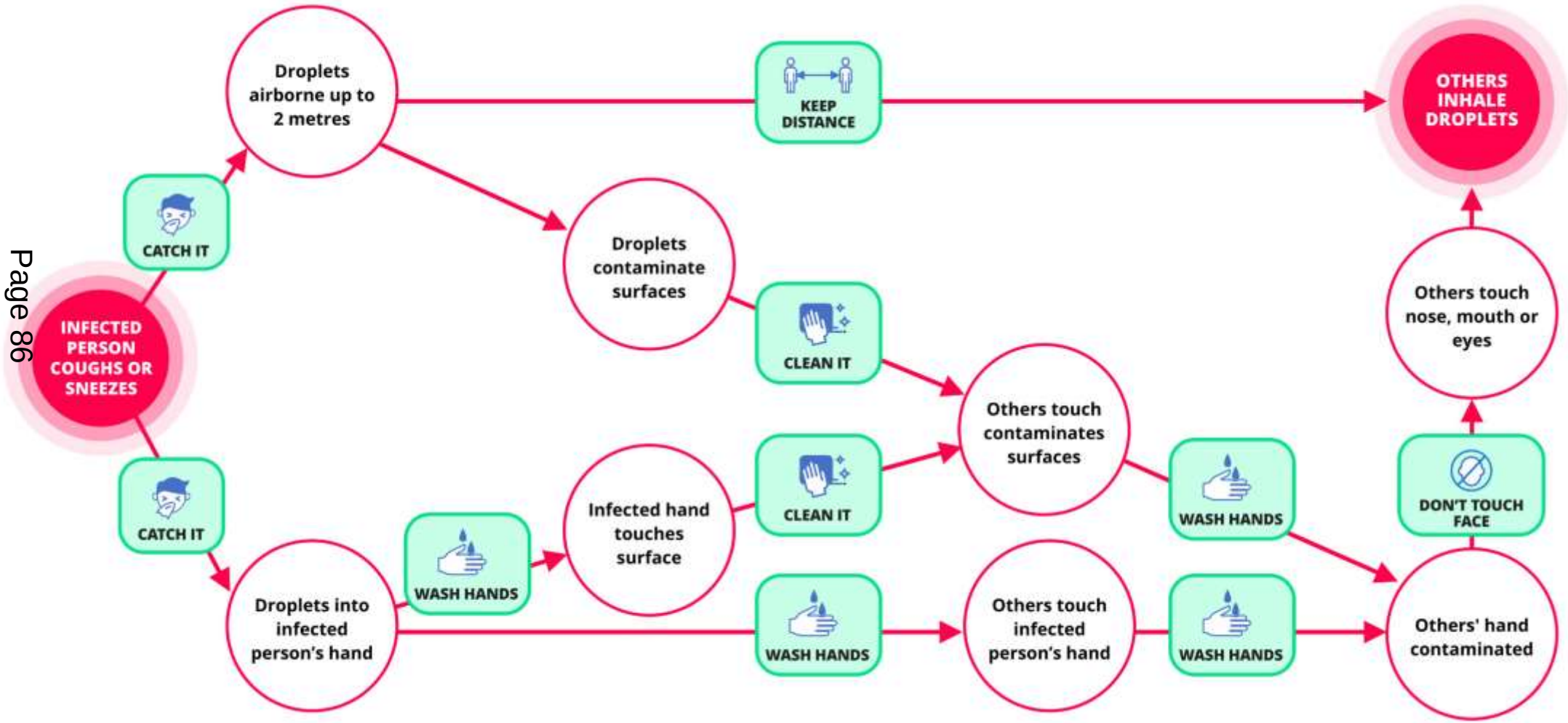
Infection protection and control

How COVID-19 is transmitted

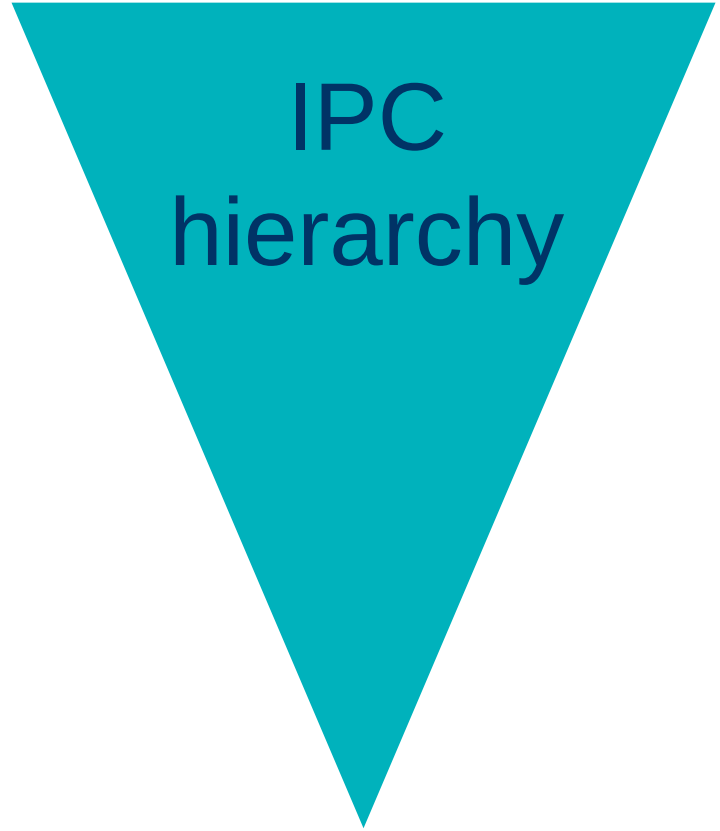
- Coronavirus is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks.
- These droplets are too heavy to hang in the air.
- They quickly fall on floors or surfaces.
- Fact check: COVID19 is NOT airborne.

How COVID is transmitted



How to stop the spread of coronavirus

1. **Symptomatic people stay at home**
2. **Cleaning hands more often than usual** - using alcohol gel if handwashing facilities aren't available
3. **Respiratory hygiene** – "Catch it, Bin it, Kill it"
4. **Cleaning frequently touched surfaces with standard products**
5. **Minimising contact and mixing as much as possible**



Handwashing

- Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap
- Ensure handwashing takes place regularly throughout the day
- Ensure everyone washes their hands as soon as they enter the school
- There are plenty of resources available to teach children to do this effectively
- Place posters on effective handwashing technique above every sink

Handgel

- Handgel can kill coronavirus but does not remove the (dead) virus from the hands – **effective handwashing is more effective and should be prioritised.**
- Handgel can cause skin irritation when used frequently
- Handgel is less effective on cracked/broken skin and can sting, creating a disincentive to engage in effective hand hygiene
- Handgel has a role to play in situations where no handwashing facilities exist - this is not the case in education settings
  - **Handgel should not be over-used in schools and should not be a replacement for handwashing**
  - Developing and normalising effective handwashing practice is key

Cleaning – frequency and extent

Key message: Clean and disinfect regularly touched objects and surfaces more often than usual using standard cleaning products

- Cleaning an area with normal household disinfectant will reduce the risk of passing the infection on to other people.
- Disposable or washing-up gloves and aprons should be worn for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Using a disposable cloth, hard surfaces need to be cleaned with warm soapy water. Surfaces should then be disinfected with the cleaning products normally used. Particular attention should be paid to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles

Social distancing strategies

- Maintaining a two metre distance is one of number of effective transmission control strategies.
- It is not always possible to remain two metres away at all times.
- There are plenty of strategies that schools can implement to increase the **average** distance between people in the school.
- Social distancing is one of a number of infection control interventions which together can substantially reduce the risk of COVID transmission
- Aim to create an environment where social distancing requires minimal conscious thought
- Where social distancing is not possible, implement other infection control strategies afterwards to reduce the risk of COVID transmission (e.g. handwashing), being mindful of the ways that COVID is transmitted.

Protective Measures for Settings – 9 Key Actions

Government guidance has been updated with the 9 key actions that **schools** and **early years settings** should take in re-opening, divided between **"Prevention"** and **"Response to any infection"**

- **Numbers 1-4** must in place at all times during re-opening.
- **Numbers 5 and 6** should be applied as appropriate in the local context.
- **Numbers 7-9** should be followed as need arises following an infection.

Prevention

Response

1. **Minimise contact with individuals who are unwell** by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school
2. **Clean hands thoroughly more often than usual**
3. **Ensure good respiratory hygiene** by promoting the 'catch it, bin it, kill it' approach
4. **Introduce enhanced cleaning**, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
5. **Minimise contact between individuals** and maintain social distancing wherever possible
6. **Where necessary, wear appropriate personal protective equipment (PPE)**
7. **Engage with the NHS Test and Trace process**
8. **Manage confirmed cases** of coronavirus (COVID-19) amongst the school community
9. **Contain any outbreak** by following local health protection team advice

Practical Steps to Reduce Risk

(from the Government's Primary School Planning Guidance)

The key aim is to reduce contact between different groups – consider taking the following actions:

- **Stagger start and end times** to reduce volumes at entrances
- Encourage parents and carers to **limit public transport** where possible and avoid peak times
- Use **clear signage** to identify drop off/pick up sites
- **Stagger play times** so ideally only one group of 15 children is in an area at once.
- **Ensure staff maintain social distancing** during breaks
- **Rework larger gatherings** like assembles for smaller classes

Temperature Checking

Schools are advised not to implement routine temperature checking – this is not a reliable means of identifying COVID19.

Routine temperature checking may also incentivise children with potential fever to attend school for confirmation when they should self-isolate and so may increase the risk of transmission.

If schools do still choose to use a routine temperature check despite the lack of supporting evidence - **there must be a clear pathway for children with raised temperatures** including:

1) Child to return home immediately
2) Self-isolate with their family for 14 days as per national guidelines
3) Order a COVID19 test for confirmation

Creating behaviour change in schools

Behaviour change principle	How it works	What it means for COVID-19
Create a mental model	People remember and accept advice more readily when they have a mental model of how one thing causes another and can see how their actions can prevent this	It may be useful to embed advice in a diagram showing how each protective behaviour blocks the route from the infected person to other people's airways
Create social norms	We are strongly motivated by what other people think of us. Use media and professional advice to build strong norms around behaviour	Make protective behaviours seem normal and expected and encourage polite giving and receiving of feedback
Create the right level and type of emotion	Emotions are strong drivers of behaviour but have to be used with care and coupled with advice about protective action.	Aim to create a sweet spot between complacency and anxiety, as well as moderate disgust and accompany all such messaging with information about how people can protect themselves
Replace one behaviour with another	Replacing a behaviour with another one is often more effetive that just stopping it	Advise people to keep hands below shoulder level to help them avoid touching their face
Make the behaviour easy	The less effort it is to adopt a new behaviour, the more likely it is people will do it. This includes planning and preparations for possible barriers to the behaviour	Advise on how to build protective behaviours into everyday routines and prepare for anticipated problems e.g. if people are concerns about frequent handwashing causing dry skin, advise to carry moisturiser

PPE – Personal Protective Equipment

Personal protective equipment (PPE) in schools/educational and childcare settings

- Wearing a face covering or face mask is not recommended
  - Face coverings may be beneficial for **short** periods indoors where social distancing etc cannot be maintained e.g. public transport/shops
    - This does not apply to schools or other educational settings
- Settings should therefore not require staff, children and learners to wear face coverings
- Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus
- The majority of staff will not require PPE beyond what would normally need for their work
  - Even if they are not always able to maintain a 2 metre distance

PPE is only needed in a very small number of cases

- Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting **and** needs direct personal care until they can return home
  - A face mask should be worn by the supervising adult **if** a distance of 2m cannot be maintained
  - If contact is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

Accessing personal protective equipment for schools

Supplies of PPE are limited, where possible please source supplies from your usual supplier.

Other Options:

- Amazon has opened up its PPE supply route to schools. This is a non-profit service by Amazon and stock is available immediately for next day delivery or close to it.

If you cannot access supplies via normal routes:-

- If you cannot access supplies via your normal routes Tower Hamlets Council can provide emergency 7 day supplies through its mutual aid scheme.
- Within the **"LBTH Covid-19 Secure"** risk assessment, set out the circumstances for which PPE will be required and ensure answers do the following:
  - Set out your school's PPE needs within the wider infection control measures taken
  - Outline contexts for use of PPE that depart from current national guidelines - *DfE Coronavirus (COVID-19): implementing protective measures in education and childcare settings*
- Complete PPE request form setting out what PPE and what volume is required
- Send risk assessment and request form to ppe@towerhamlets.gov.uk cc-ing PHCov19@towerhamlets.gov.uk
- PPE will be issued against risk assessment following confirmation of appropriate training on use, removal and disposal.
- PPE can be collected in person from John Onslow House or can be delivered to the school by arrangement
- Any reordering of PPE needs to be undertaken along with receipt of updated risk assessment
- This process will be continually refined and may be subject to changes

LBTH PPE queries - 0207 364 3656

Managing specific issues

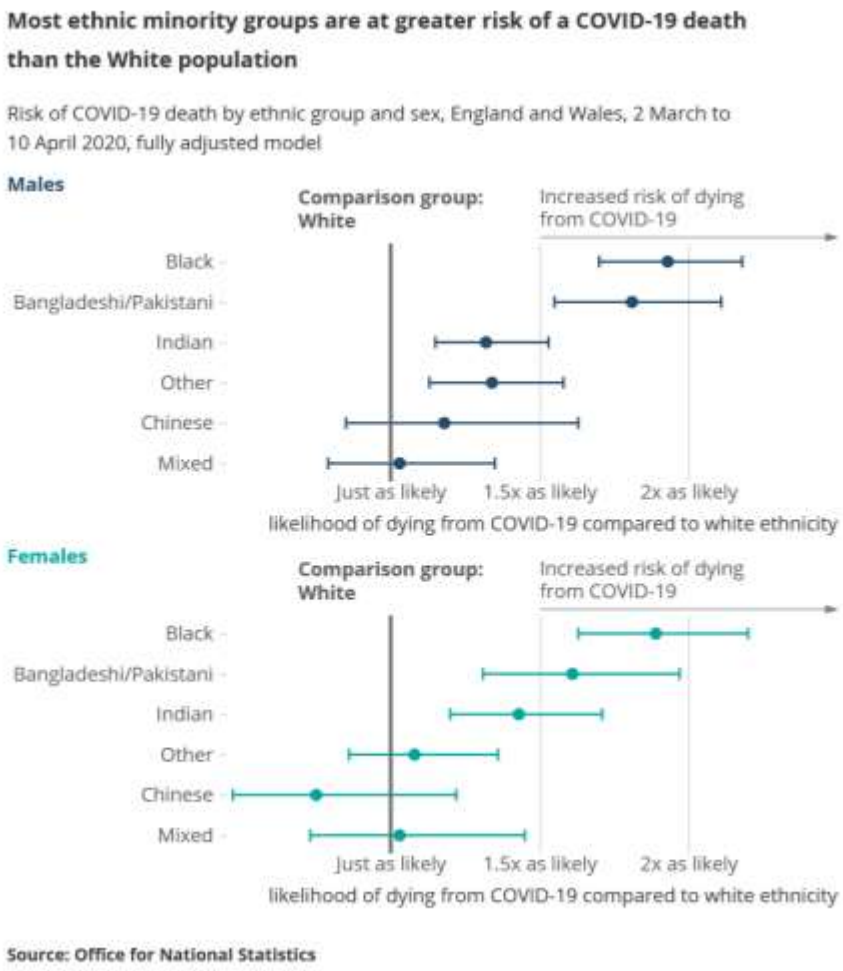
Increased risks to BAME pupils/staff (1)

Most ethnic minority groups are at greater risk of a COVID-19 death than the White population

PHE have conducted a review (June 2nd) into how different factors affect COVID19 risks and outcomes:

- After accounting for sex, age, deprivation and region, those of Bangladeshi ethnicity have around twice the risk of death than the white population, and Chinese, Indian, Pakistani, other Asian, Caribbean and other black ethnicities had between 10%-50% higher risk of death.
- Causes are likely to be a complex combination of factors, including: the increased risks of underlying health conditions and other health inequalities, the impact of socioeconomic factors, barriers to accessing services and occupation.

Further research is being conducted to understand the causes and any need response more clearly – currently the data doesn't fully account for occupation and comorbidities.



Increased risks to BAME pupils/staff (2)

- Government guidance for individuals working/attending educational settings does not differ for different ethnic groups.
- There is no additional level of infection control advice that can be taken for at-risk groups beyond increased social distancing.
- Staff, pupils and parents will need to make their own assessment of risk, taking into account their health status, pre-existing medical conditions, shielding status and that of household members to inform a decision about whether to return to educational settings. They can discuss with this with their GP or specialist.
- All staff, regardless of their personal risk, should take equal responsibility and show equal leadership in implementing infection protection and control measures for the protection of everyone
- Those with lower risks, for whatever reason, should be sensitive to heightened anxieties amongst certain groups and use any additional privileges/resources they have to support others.

Changing nappies

Is PPE required for tasks involving changing nappies or general care for babies?

- Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

Dealing with fights

Staff may have concerns about how they can maintain social distance when fights might break out.

First, consider how COVID-19 might be transmitted in those situations, when staff may need to touch or come closer to pupils to break up a fight.

Theoretical transmission routes are:

- A child has COVID and staff touch students' clothes where there is virus on those clothes
- A child has COVID and staff inhale large droplets following shouting/spitting
- Being directly spat at into mucous membranes

Remember:

- Students should not be in school if they or household members are symptomatic
- Washing hands and cleaning surfaces after an incident will reduce infection risk
- Infection risk increases with length of exposure – breaking up fights is a short exposure
- If spitting does occur, implement immediate first aid e.g. washing eyes, nose, mouth with water
- In situations where children are known to have a high risk of spitting (e.g. special needs), risk assessments should be completed to assess the suitability of PPE
- Evidence suggests that the risk of transmission from *asymptomatic* children is low.

Caring for children who regularly spit

- If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE.
- To reduce the risk of coronavirus transmission, no additional PPE is necessary, but additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

What to do if you hear a child cough

- Children cough for lots of reasons:
  - Clearing throat
  - Coughs/colds
  - Hayfever (postnasal drip)
  - Asthma etc
- New and continuous coughs are a symptom of COVID
- If you hear a child coughing:
  - Ask the child if they are OK and can explain the cough
  - Observe the child to see if it appears to be persistent
  - Ensure that there is stringent adherence to infection protection and control measures
  - Take action when the cough appears to be new and persistent
  - Exercise sympathetic curiosity and avoid stigmatisation

What to do if a child becomes unwell with COVID-19 symptoms

If anyone develops a new persistent cough or high temperature, they should be sent home and advised to follow the “stay at home” guidance along with their household.

Children awaiting collection should be moved somewhere they can be isolated behind a closed door with an open window (w/ adult supervision depending on child’s age). Otherwise they should be moved to an area 2 metres from others. They should use a separate bathroom if possible which should be cleaned and disinfected before being re-used by others.

What about staff and other pupils? Other pupils and members of staff do not need to be sent home unless they develop symptoms themselves or the child tests positive for COVID19. If the child does test positive, their immediate class/staff members should be sent home to self-isolate for 14 days (NB: their households do not need to self-isolate unless their child/staff member also develops symptoms)

PPE guidance: If direct personal care is needed and 2m distance cannot be maintained then a fluid resistant face mask should be worn by the supervising adult. If contact is necessary then disposable gloves and apron should also be worn. If a risk assessment determines there is a risk of splashing to the eyes (from coughs, sneezes etc) then eye protection should be worn.

What to do: Pupil with coronavirus symptoms

Pupil/staff with new continuous cough, fever and/or change of taste/smell (with or without other symptoms)

Unsure? Use the NHS COVID symptom checker

Ctrl-Click on boxes to be taken through to websites for more information

Move child to a safe space awaiting collection (see "Additional questions" in linked guidance)

Consider staff using PPE if unable to maintain 2m distance

Clean areas where the person has been that day and frequently touched surfaces across the school

Contact family to ask them to collect the child and any siblings

Restock PPE supplies if required

Other children in the same bubble to continue attending the setting.

Consider informing close contacts of the child in the last 48 hours so they can be alert for symptoms.

Sample text in Notes section below

Symptomatic child should stay at home for at least 7 days

Siblings / family without symptoms must self-isolate for 14 days

Advise the family to use NHS 111 website to order tests for all household members **with symptoms**

Positive test result, see: **See following slides**

Negative test result, see: **See following slides**

What to do: Staff with coronavirus symptoms

Staff member with new continuous cough, fever and/or change of taste/smell (with or without other symptoms)

Unsure? Use the NHS 111 symptom checker

Staff should return home immediately in line with self-isolation guidance

Clean areas where the person has been that day and frequently touched surfaces across the school

Ask staff member to use NHS 111 website to order tests for all household members (even if no symptoms)

Ask staff member to obtain an NHS COVID isolation note

Staff member should usually stay at home for at least 7 days

Siblings / family without symptoms usually need to self-isolate for 14 days

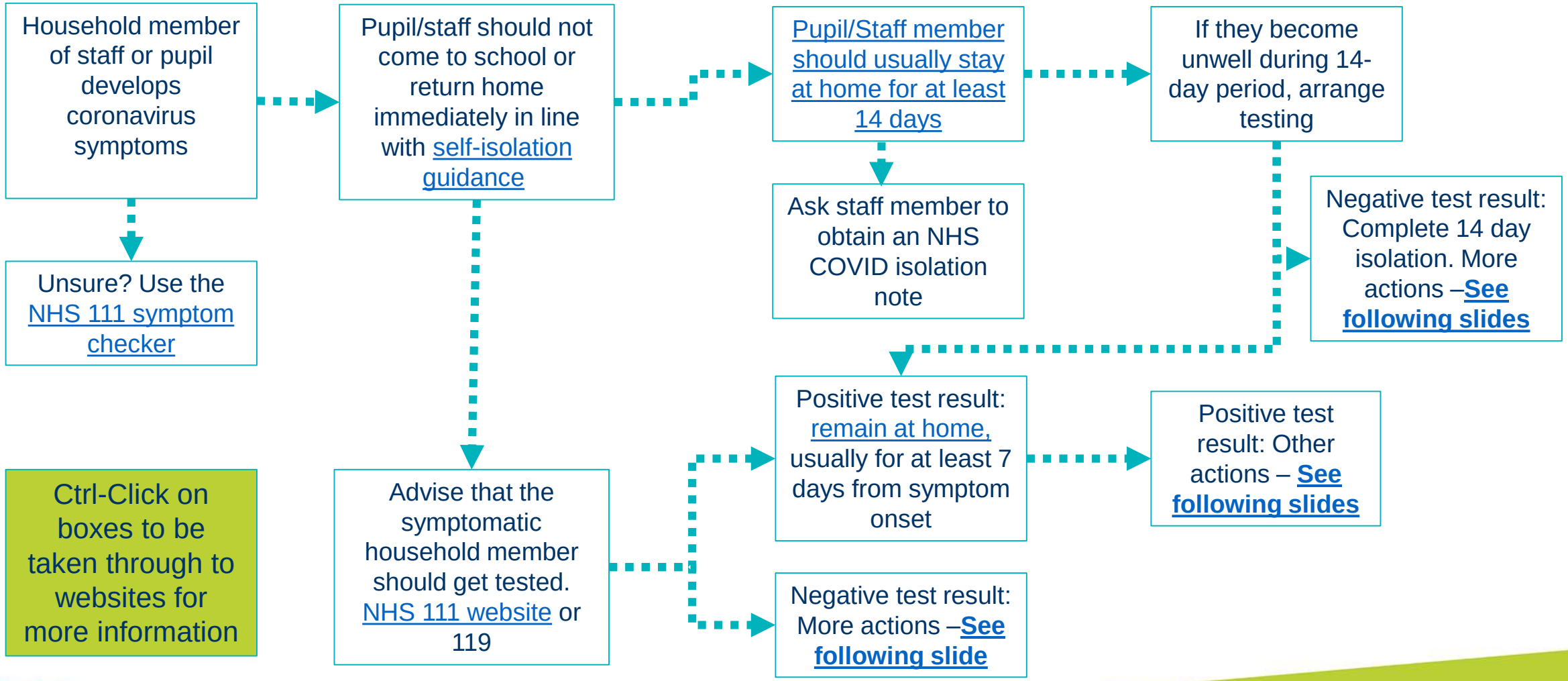
Positive test result: remain at home for 7 days or until asymptomatic – whichever is longer

Positive test result: Other actions – **See following slides**

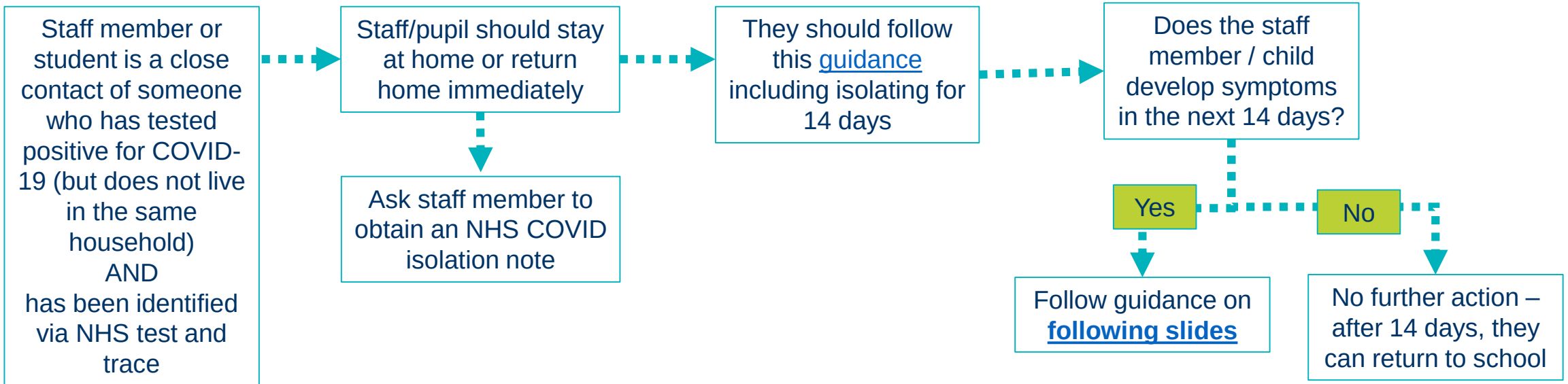
Negative test result: More actions –**See following slide**

Ctrl-Click on boxes to be taken through to websites or slides for more information

What to do: Household member of staff/pupil develops coronavirus symptoms

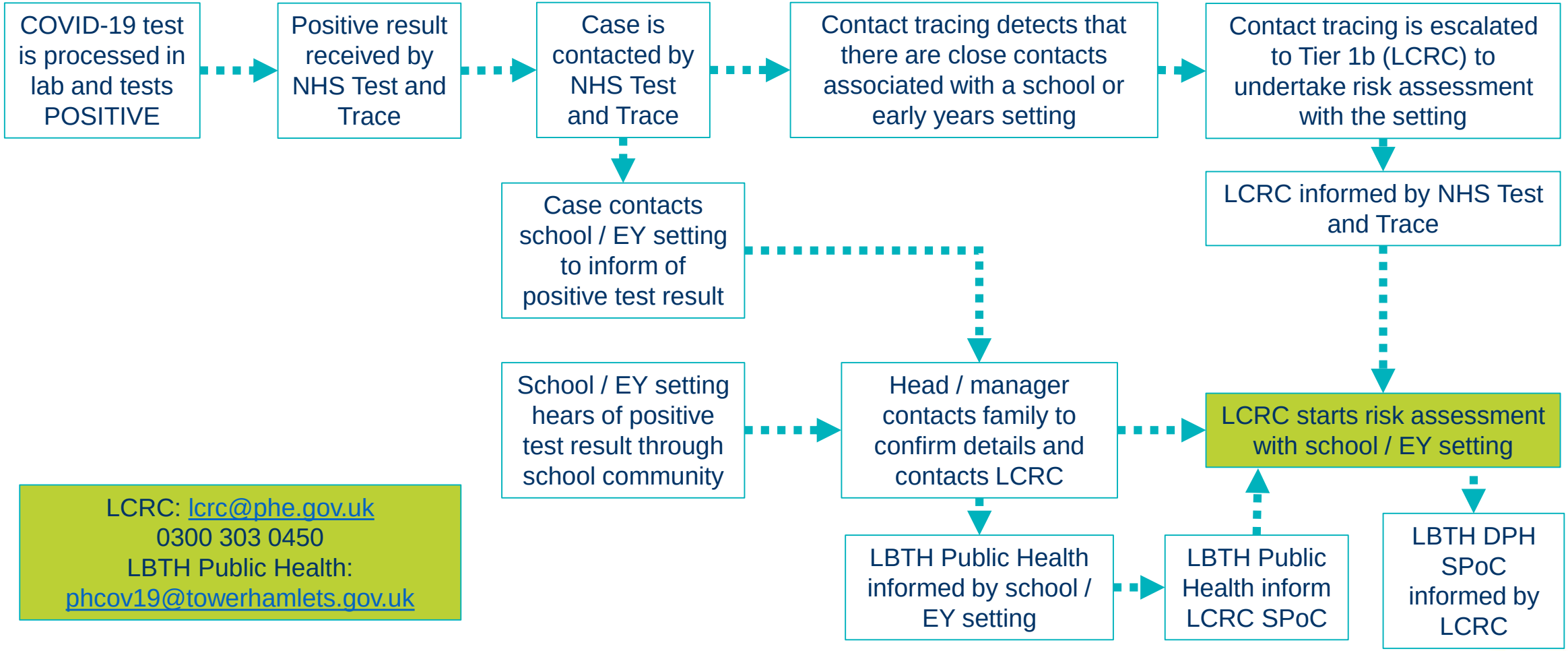


What to do: Staff/pupil is a close contact of someone who has tested positive with COVID



Ctrl-Click on boxes to be taken through to websites for more information

Notification of positive test result to risk assessment - schools and educational settings



LCRC: lcrc@phe.gov.uk
0300 303 0450
LBTH Public Health:
phcov19@towerhamlets.gov.uk

Flowchart for outbreaks in schools and early years settings

School has had either:
- Two or more confirmed cases of COVID-19 among students or staff in the setting within 14 days

OR

- An overall increase in sickness absence reporting where staff/parents report illness with suspected COVID-19 (but where no tests have been done or results are not available)

School contacts LCRC and LBTH Public Health

LCRC obtain further information from the school to inform a risk assessment

Information includes:
Setup of the school/EY setting, total number of staff and student unwell, vulnerability of children, number of potential contacts, current infection control arrangements

LCRC helps setting to identify contacts who need to isolate

LCRC will provide setting with letters to send to contacts and non-contacts

Risk assessment determines severity and spread of outbreak, effectiveness of control measures and wider context (e.g. anxiety, media interest)

LCRC will inform the local authority and jointly consider the need for a Outbreak Control Team (OCT)

LCRC may advise widespread swabbing of staff and children – primarily for research purposes. This will be arranged with local partners.

LCRC: lcrc@phe.gov.uk or 0300 303 0450
LBTH Public Health: phcov19@towerhamlets.gov.uk

Testing and contact tracing

COVID-19 testing

- There are two *potential* types of tests:

1) Swab tests that detect the presence of the **virus**
   These tests are currently available

2) Tests to see if you have previously had the virus and developed a **'memory' to the virus – antibody tests**
   These tests are being developed and are increasingly available to selected groups

Swab tests

- Swab tests detect ‘antigen’ – part of the virus itself in the body
- The test only works if you have enough virus to be detected
- People who have symptoms tend to have higher levels of the virus inside them (viral load)
  - This means the test is more likely to identify the virus and be positive
- The test is more accurate when it is used on people who have symptoms
- Once people recover, they have fought off the virus and won’t have any virus left in their body so will test negative even if they had the infection
- Testing is most effective within three days of symptoms developing, although testing is considered effective until day five.
- No testing should be undertaken after day five, unless it’s for a specific reason agreed on a case by case basis.

Antibody tests

- When people have an infection, their bodies make antibodies to that infection.
- Antibodies help the body rapidly fight a specific infection.
- IgM is an antibody that is like a ‘short-term’ memory and its detection on a antibody tests shows a current or recent infection.
- IgG is an antibody that lasts longer in the body after an infection and is like a ‘long-term’ memory. Its detection on an antibody test shows a recent or past infection.
- Antibody tests can detect whether someone has had an infection regardless of whether or not they had symptoms.
- Scientists are trying to develop and scale up tests that detect antibodies to COVID-19
- A positive antibody test does not necessarily mean the person has immunity to future infection. Research is being conducted to understand this better.

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  - Ask the child if they are OK and can explain the cough
  - Observe the child to see if it appears to be persistent
  - Ensure that there is stringent adherence to infection protection and control measures
  - Take action when the cough appears to be new and persistent
  - Exercise sympathetic curiosity and avoid stigmatisation

What to do if a child becomes unwell with COVID-19 symptoms

If anyone develops a new persistent cough or high temperature, they should be sent home and advised to follow the “stay at home” guidance along with their household.

Children awaiting collection should be moved somewhere they can be isolated behind a closed door with an open window (w/ adult supervision depending on child’s age). Otherwise they should be moved to an area 2 metres from others. They should use a separate bathroom if possible which should be cleaned and disinfected before being re-used by others.

What about staff and other pupils? Other pupils and members of staff do not need to be sent home unless they develop symptoms themselves or the child tests positive for COVID19. If the child does test positive, their immediate class/staff members should be sent home to self-isolate for 14 days (NB: their households do not need to self-isolate unless their child/staff member also develops symptoms)

PPE guidance: If direct personal care is needed and 2m distance cannot be maintained then a fluid resistant face mask should be worn by the supervising adult. If contact is necessary then disposable gloves and apron should also be worn. If a risk assessment determines there is a risk of splashing to the eyes (from coughs, sneezes etc) then eye protection should be worn.

Who can be tested?

The national testing programme for people with COVID-19 symptoms is rapidly expanding

On 11th June 2020, eligibility was:

- Anyone who has symptoms of coronavirus, whatever their age (different requirements in Scotland/NI)
- For children
  - 0-11 year olds can only have the test administered by a parent/guardian
  - 12-17 year olds can self-administer a test or have their parent/guardian do so on their behalf

Priority testing is available to all essential Workers and members of their household who have symptoms and including care homes staff and residents (details on how to access this testing on the next slide)

How to access priority testing for school staff

As a priority schools should register with the national "employers' referral portal". This will allow settings to arrange testing for staff members directly.

Testing site options in NEL: Lea Valley Athletics, 02 Arena, "pop-up testing" and home testing kits

If schools are not registered with the portal and there is an urgent need for testing: LBTH can support settings to access urgent testing. A referral form (available from council intranet) needs to be completed and emailed to: coronavirus@towerhamlets.gov.uk

How families can access testing

TOWER HAMLETS

Two testing options:

- Drive-through or walk-through test site
- Home test kit – delivered to the home

How to order a test (5 years+ and adults):

- NHS Online for more information and to ask for a coronavirus test
- Call 119

Children under 5:

- Tests should only be ordered after clinical assessment to rule out other more serious infections.
- Call NHS 111 or go to NHS Online, or if unwell speak to the GP or call 999.

Test Centre Locations in Tower Hamlets

Regional Test Centres:

Test centres are for drive-through access in a vehicle only and booked by appointment only.

- O2
- Lee Valley

Mobile Testing Units:

Mobile Testing Units are available in London, and accessed by booking an appointment through the national testing portal.

- Located at Mile End Leisure Centre (subject to change)
- Opening times: 10:30am-4:00pm (two days every eight days)
- Tests available for those in vehicles and for pedestrians by appointment.

Testing for under 5s

Test kits are now available for use for children under 5 in England and so children of any age can be tested. Children of essential workers are able to access priority testing through gov.uk or through the Employers Portal

- Call 111 if you're worried about a baby or child.
- If they seem very unwell, are getting worse, or you think there's something seriously wrong, call 999.
- Do not delay getting help and testing if you're worried. Trust your instincts.

You can find further information on the NHS guidance: https://www.nhs.uk/conditions/coronavirus-covid-19/

Acting on negative test results

- People with negative results should only return to school/work if they feel well enough to do so.
- If everyone with symptoms who was tested in their household receive a negative result, the individual can return to work immediately, providing they are well enough, and have not had a fever for 48 hours.
- If a household member tests positive, but the eligible worker tests negative, the worker can return to work on day eight from the start of their symptoms if they feel well enough and have not had a fever for 48 hours.
- If the individual does not have symptoms but a household member tests positive, they should continue to self-isolate in line with national guidance
- If, after returning to work/school, they later develop symptoms they should follow national guidance and self-isolate.
- If any member of the household receives a positive result, please continue to follow the national guidance.

Acting on positive test results (1)

What happens if there is a confirmed case of coronavirus in a setting?

- Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days.
  - The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.
- As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take.
- In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group.
- Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.
- The national Track and Trace programme will integrates testing with contact tracing

Acting on positive test results (2)

- Schools will be supported by Tier 1 staff (public health professionals) in a similar way to other infectious diseases, including:
  - Undertake a risk assessment
  - Identify, notify and advise close contacts (see definition in notes below)
  - Identify any further actions needed
  - Support on communications to the school community
- Actions for schools
  - Encourage staff/families to inform the school as soon as test results are returned
  - Encourage anyone who tests positive to complete contact tracing information and include the school's details
  - Notify the health protection team immediately of any positive cases in schools
    - lcrc@phe.gov.uk or call 0300 303 0450
  - Notify the local authority of any positive cases
    - Public health team: phcov19@towerhamlets.gov.uk

Clinically vulnerable staff and pupils

Extremely clinically vulnerable vs. clinically vulnerable

Clinically **extremely** vulnerable (high risk)

- Solid organ transplant recipients
- Specific cancers
- Severe respiratory conditions including **severe asthma**
- Some metabolic conditions
- Some immunosuppressives
- Pregnant women with significant heart disease

Clinically vulnerable (moderate risk)

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as **asthma**, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Extremely clinically vulnerable staff and pupils

- People in the extremely vulnerable group should have received a letter from the NHS or have been contacted by their GP or hospital specialist
  - If there is any uncertainty, then staff or parents should speak with their GP or specialist immediately
- Partners in health and LBTH have been working to develop holistic support for individuals and families who are shielding including:
  - Food, housing/finance advice, parenting support, play bags

Supporting shielding children

Children classed as clinically extremely vulnerable should be supported to follow the national shielding guidelines.

Major changes to the shielding guidelines are planned for July and August.

Priorities for supporting shielding children:

- Maintaining contacts with friends, family and peer groups through technology
- Spending time doing indoor activities to maintain physical wellbeing and eating and drinking healthily
- Taking time for hobbies and enjoyable activities to maintain mental health

Changes from July 6th

- Shielding individuals can meet up to 6 other people outdoors, including those of other households (while maintaining social distancing)
- Social distancing is no longer a requirement with other members of their household
- Single adult households (including those w/ children) can form a "support bubble" with one other household, allowing them to spend time in each other's homes together and stay overnight.
- Central government food boxes and medicine delivery will continue for those who need it.
- Further guidance to be published.

Changes from August 1st

- Shielding programme effectively "paused".
- **Shielding children can return to education settings if they are eligible, where possible maintaining social distancing and personal hygiene**
- Shielding individuals can go outside to buy food, exercise and to places of worship while maintaining social distancing
- There is still a risk of severe illness, so shielding individuals should main cautious, staying at home where possible or following strict social distancing.

Children who are clinically vulnerable

If a child is clinically vulnerable, they should follow the medical advice of their GP or lead hospital clinician as to whether they should attend school.

If attending school settings, there are no additional measures that clinically vulnerable children must take, beyond following social distancing/personal hygiene guidelines and the same advice as for all children attending school. There is no need for additional PPE.

Guidance for Children with Asthma

Asthma UK has published specific guidance and advice for parents and children with asthma on returning to school : www.asthma.org.uk/about/media/news/advice-for-parents

- Asthma does not make you more likely to catch or transmit COVID19, but it may increase the risk of more severe symptoms. The number of children with asthma becoming unwell due to COVID19 is low.
- Parents with concerns about their child attending school should discuss with their GP/lead clinician.
- The priority is for asthma to be well-controlled and managed, that school staff are aware of any care needs and that children have access to their inhaler, including regular use of preventative inhalers.

Staff who are shielding or clinically vulnerable

From the 1st August, staff that are classed as **clinically extremely vulnerable** will be able to return to work if they cannot work from home **and** their setting is implementing strict social distancing and personal hygiene measures.

There is still a risk of severe illness for extremely vulnerable individuals so employers should:

- Be supportive of staff members that do not feel able to return to the workplace
- Continue to support remote working where possible

Staff that are **clinically vulnerable** are advised to take extra care in ensuring they follow social distancing, and work from home if possible.

What does this mean for schools? Clinically vulnerable staff should be supported to work remotely if feasible (i.e. taking on roles that don't require working on site). If not possible, these staff members should be offered the safest available on-site roles that allow them to maintain the social distancing guidelines.

Children whose household members are shielding

Children and staff that live with someone who is **clinically vulnerable** (including those who are pregnant) can attend a school setting.

Currently, children living in a household with someone who is **extremely clinically vulnerable** and shielding should only attend education settings if:

A) Stringent social distancing is implemented.

B) The child is able to understand and follow these instructions (e.g. this may not be possible for very young children or those with additional needs)

If either of the above are not met, the child is not expected to attend a setting and should be supported to learn from home.

From August 1st: shielding individuals will be able to return to work if they are not able to work remotely and their workplace is implementing social distancing and personal hygiene measures.

Shielding children and those living with shielding individuals will also be able to return to school if they are eligibile, while continuing to practice social distancing and personal hygiene measures.

Travelling to educational settings

Travelling to educational settings

- Avoid public transport if possible
  - If unavoidable, use a face covering, stay 2m apart
- Walk or cycle (or scoot, hop, skip) to school if at all possible
  - Fantastic way to improve mental and physical health
  - Low/no cost
  - COVID transmission risk is lower outdoors
    - Facemasks are only suggested for short periods, indoors (e.g. public transport)
  - Help preserve our unprecedentedly good air quality
    - Prevent asthma onset and exacerbations etc.
- Guidance on parking is in development

What protection is needed when transporting children?

- If the children or young people being transported do not have symptoms of coronavirus, there is no need for a driver to use PPE.
- In non-residential settings, any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:
  - use a vehicle with a bulkhead
  - the driver and passenger should maintain a distance of 2 metres from each other
  - the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so

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