

Contain Outbreak Management Fund: use and lessons learned

What is the Contain Outbreak Management Fund (COMF)?

The Contain Outbreak Management Fund (COMF) provides local authorities with financial support to reduce the spread of coronavirus through test, trace and contain activity.

The funding is distributed to local authorities by the Department of Health and Social Care (DHSC). The government distributed £300m to local authorities in 20/21 (from July 2020) and in £400m in 21/22 based on the Relative Needs Formula weighting population and deprivation.

In 2021 the Covid 19 Test and Trace and COMF combined were £11.060m and the COMF in 21-22 was £3.350m.

The specific public health activities that the funding can be used for are left to local discretion based on the local outbreak plan.

Suggested uses include targeted testing, additional contact tracing, compliance activity, communications and marketing, capacity building, outbreak management, non-financial support for people self-isolating, support for groups that are disproportionately impacting, and support for people who are clinically vulnerable.

Through the pandemic, there have been other Covid related funding streams including the Test and Trace Support Scheme (means tested financial support for people self-isolating) and the Adult Social care Infection Control and Testing Fund.

The focus of this report is the use of the COMF and lessons learnt.

How has the COMF been used in Tower Hamlets?

The use of COMF since July 2020 has been informed by national priorities, the London Outbreak Plan, and the Local Outbreak Management Plan (responding to the specific local picture of need in Tower Hamlets).

This has reflected the introduction of major national programmes including the introduction of PCR testing, Lateral Flow Device (LFD) rapid testing, surge testing for Variants of Concern (VOC), shielding of Clinically Extremely Vulnerable (CEV), lockdown measures (national and regional) and the vaccination programme.

Throughout the pandemic, the basic interventions of physical barriers to transmission (eg facemasks), hygiene, social distancing, testing, contact tracing, self-isolation and vaccination have been the foundations of the response.

This has been in the context of significant disparities in impact of the pandemic linked to factors including ethnicity, deprivation, and disability.

The use of COMF in the Tower Hamlets is set out below in the context of the strategic aims of the Tower Hamlets Local Outbreak Management plan (Safe Tower Hamlets)

1. Understanding the local picture

Strategic aim

To have a robust COVID-19 surveillance system that integrates national, regional, and local data sources providing insight into the local epidemiology of COVID-19, early warning of outbreaks, and enables future forecasting.

Use of COMF

The pandemic response has required a new level of public health analysis requiring daily synthesis of national and local datasets to deliver the granularity of datasets needed to understand the local picture, emerging trends and disparities based on population subgroups and neighbourhoods.

This has required additional investment in specialist analytic support as well as communications capacity to disseminate information to stakeholder.

Learning

The granularity and timeliness of Covid data is unprecedented. At the same time, there are non-communicable disease epidemics (eg heart disease, diabetes, obesity) in the Borough which would benefit from the analytical approach taken to the pandemic.

2. Keeping background virus levels low

Strategic aim

To support people in the borough to follow social distancing and hygiene measures to limit transmission both in public and private spaces

Use of COMF

Measures such as social distancing, wearing of face masks, enhanced hand hygiene were new to the public. In addition, national guidance to the public often changed, required further clarification and local interpretation.

This required new and dedicated roles to add to the existing capacity around compliance and enforcement in the public realms with flexibility to support targeted action in response to local hotspots.

For these reasons, four Covid-19 marshals were employed to add to existing environmental health capacity and a team of 'Stay Safe ambassadors' was recruited and deployed.

'Stay Safe' ambassadors have been recruited from the local community and they have been deployed flexibly across the borough to engage directly with residents. In the initial stages after the first wave, their primary role was to engage directly with the public on social distancing and face masks. This has since developed to promotion of testing and vaccination. There are currently 15 Covid Ambassadors working in locality-based teams across the borough

Additional resource was commissioned to support faith settings and markets to be Covid secure given the risk from gatherings and the range of sites across the borough.

Learning

The Covid ambassadors programme has highlighted the value of local recruitment to respond to an ongoing emergency. Local knowledge and the ability to speak the first language of many residents has been a key asset particularly when there has been a significant policy change or the need to respond rapidly (eg surge testing).

3. Limiting transmission in infected cases (test, trace, isolate)

Strategic aims

- To communicate and engage with residents on testing, contact tracing and self-isolation support
- To ensure sufficient and equitable symptomatic and asymptomatic testing capacity across the borough
- To normalise testing in the longer term by increasing access to testing in familiar sites such as primary care and pharmacy
- To better integrate the pathway across testing, contact tracing (national and local) and self-isolation support

Use of COMF

The pathway from infection (asymptomatic or symptomatic), testing, identification of contacts and then self-isolation of cases and contacts is an essential element of limiting transmission. However, it has had huge challenges from operational, individual, household, and institutional perspectives. This became increasingly complex with changing self-isolation advice, introduction of asymptomatic testing,

expansion of options to access testing, a changing interface between national and local testing, surge testing for variants, and ongoing policy discussions about self-isolation support.

This has been an area of significant investment of the COMF including the following:

- Rental costs of testing sites
- Additional communication resource to address low testing uptake
- Staff capacity to promote and support testing in schools, higher education, workplace, and care settings
- Commissioning of the local test and trace service (this was initially commissioned externally but has now been brought in house)
- Lateral Flow Device (rapid) testing delivery (this was initially commissioned externally but has now been brought in house)
- Deployment of the council call centre to support self-isolation needs of individuals (with enhanced support during the shielding programme)
- Dedicated team supporting the financial and non-financial needs of people self-isolating (eg test and trace support payment, discretionary payment, resident support scheme, welfare advice, help with ordering and collecting food shopping, collection of medication or personal protective equipment, social isolation)

Learning

There are two examples of programmes that were initially commissioned externally and then delivered in house (local test and trace, rapid testing). Local test and trace is now delivered through call centre staff and the rapid testing programme is staffed through local recruitment. Whilst external commissioning enabled rapid mobilisation, the inhouse models have enabled greater flexibility of response.

4. Preventing and controlling outbreaks in high-risk settings and situations

Strategic aims

- Ongoing review of infection control procedures in high-risk settings and support where needed
- Daily surveillance of data to identify potential outbreaks or community hotspots
- Rapid response to outbreaks working across Public Health England, the Council and site of outbreak
- Review of underlying reasons for outbreaks and learning to prevent further outbreaks
- To ensure preparedness for surge testing

Use of COMF

The pandemic has surfaced the need for a step change in infection control procedures in high-risk settings to prevent and respond to outbreaks. This has required partnership work between Public Health England (through the London Coronavirus Response Cell), the settings and the council.

The intensity of the need to respond at the height of successive waves meant that resources were particularly stretched for both Public Health England and the council.

The COMF funding has been used to provide additional specialist staffing resource to develop and implement standard operation procedures and outbreak control plans for high-risk settings and to engage with these settings. These settings have included care homes, school, university, workplace, community, housing, residential care, hostels, and faith settings.

It has also been used to fund targeted testing where needed eg care homes, homelessness services, hostels and educational setting.

Learning

The work across the range of high-risk settings has established new norms and greater awareness of the importance of infection control. It will be important to sustain this for prevention and response to outbreaks from a range of causes as well as future pandemics. With the dissolution of Public Health England and the establishment of the UK Health Security Agency (UKHSA) on the 1st October it will be important to ensure that the working practices and relationships developed through the pandemic remain strong with clarity on roles and responsibilities.

5. Vaccinating the population

Strategic aim

The aim is for all eligible residents in Tower Hamlets to be vaccinated against Covid-19.

Use of COMF

The Covid-19 vaccination programme is being delivered and funded through the NHS. However, the council plays a critical role in promoting the vaccination in the borough, providing reliable, clear information, targeting communities with low uptake and supporting delivery (eg community clinics, identification of vaccination sites and marshalling clinics).

The COMF funding has been used to set up a dedicated vaccination helpline (through the council call centre to advise the public and book appointments), provide additional staffing to coordinate the vaccination programme, commission additional communication/engagement support (particularly for 18-29 year olds and more recently schools), support specific engagement events (eg webinars), support the delivery of community clinics (such as those at East London Mosque, Granby Hall, Queen Marys), provide a vaccination bus (to promote and deliver vaccines) and fund the rental of specific vaccine sites (eg the Art Pavilion, Albert Jacob House).

Learning

The rollout of the vaccination programme has highlighted the importance of local networks and trusted sources (eg peers, friends, GPs, pharmacists) in promoting the vaccination and disseminating reliable information. This has required deep engagement in communities with low uptake and a step change in approaches to communication on public health issues. Linked to this is the importance of the model of delivery of vaccination being inclusive and enabling local access in familiar settings (eg local GP practices, pharmacies, community settings). There is significant transferable learning for other health issues where uptake can vary between groups eg screening programmes.

6. Engaging with communities and taking action on health inequalities

Strategic aim

To address inequalities in the impact of COVID-19 on individuals and communities and ensure that our COVID-19 response is led by residents and communities

Use of COMF

COVID-19 has surfaced longstanding structural inequalities that have underpinned health inequalities. These disparities were outlined in the June 2020 Public Health England report (Beyond the Data). The ethnicity, occupational and socioeconomic characteristics linked to vulnerability to the impacts of COVID-19 are particularly high in the Tower Hamlets population and this has been reflected in local data.

The recommendations of the PHE report have been used as a framework for how the COMF funding has been used. Additional resources have been used to strengthen the analysis of surveillance data to focus on inequalities, provide qualitative community insight (including participatory research), commission outreach programmes with high-risk groups (eg Bangladeshi, Somali, Black African, Black Afro-Caribbean, people living with disability faith groups, carers,

homeless people, new migrants) and develop the resilience of the voluntary sector to address inequalities.

The Covid-19 Community Champions has been a particularly important resident led programme providing a channel for ongoing dialogue, engagement, information sharing and dissemination through networks.

Learning

The inequalities that have emerged through the pandemic have highlighted the importance of creating conditions to enable coproduction of responses with communities that have been disproportionately affected by Covid-19. This has required approaches to commissioning that have needed to be shaped by coproduction at all points in the process. The Covid-19 Community Champions programme approach has provided a successful model of direct engagement enabling residents to share concerns, engage with information and policy and shape the local response. The learning from this form of engagement could clearly be applied to other health and wellbeing issues.

7. Governance and coordination of the response

Vision

Tower Hamlets is a place where coronavirus infection is kept as low as possible, uptake of vaccination is maximised and those who are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption.

Use of COMF

The overall governance of the response to COVID has been through Corporate Leadership Team (CLT) Gold leading the council response and the Health Protection Board/ Local Engagement Board leading the partnership response (reporting into the Health and Wellbeing Board). Reporting into the Health Protection Board have been numerous bronze groups covering specific elements of the response. Through the pandemic there have been periods where the intensity of work has been particularly heavy with daily meetings, weekly Health Protection Boards and CLT Gold meetings.

The COMF funding has provided additional staffing resource through the Covid-19 hub to support the coordination of this governance structure.

Learning

Due to the intensity and complexity of the response, a dedicated coordination resource with streamlined reporting arrangement has been essential. In addition, communication of a single point of contact for Covid response both within the council and with partners has been important to ensure issues are identified and acted upon efficiently.

8. Budget allocation

The table below sets out the broad allocation of budget in 20/21 and estimated 21/22 based on existing programmes (subject to change).

Table 1 Expenditure on Covid-19 Local Outbreak Plan implementation

Category of spend	20-21 spend (£)	21-22 estimate (£)
Public Health Capacity	636,000	1,042,000
Public Helpline (3030) and food support	748,000	388,000
Community Mobilisation	518,000	621,000
Communications	239,000	375,500
Business Support	142,000	241,000
Substance misuse - additional costs	162,000	38,000
Homelessness	14,300	25,000
Vaccination Deployment Support	0	400,000
Testing - PCR	30,000	370,000
Testing - LFT	960,000	2,626,000
Local Test and trace	152,000	145,000
PPE	474,245	175,000
Street Markets support		70,000
Total	4,075,545	6,516,500

Conclusions

The availability of COMF funding has been essential to enable an effective local response to the pandemic in Tower Hamlets. The need to respond flexibly and at times urgently has driven innovation and new ways of working. Across all the elements of the response there are some broad themes including the following

- The critical role of the council call centre as a single point of contact for residents through the pandemic and the deployment of staff to support changing roles eg shielding, self isolation support, testing and vaccination.
- The importance of being able to rapidly recruit local people to support direct engagement with people who live and work in the borough
- The importance of coproduction as a guiding principle in engaging with communities to codesign approaches to addressing inequalities
- The value of direct engagement with residents as part of an ongoing dialogue as evidenced through the Covid Champions programme
- The need for insight driven tailored communications to shape approaches for different communities and groups within the borough

Overall, the pandemic response has highlighted the critical role of the council and partners in responding to a global emergency. This has been unprecedented, but it is important to recognise that Covid-19 continues to remain active in the population and in future there may be further threats. At this point it is uncertain what funding may be available post March 2022 to recognise the ongoing role local authorities will need to play in responding to Covid as well as preparing and responding to future pandemics.