COVID-19
Outbreak Control Plan
For the London Borough of Merton
Foreword: Councillor Tobin Byers, Cabinet Member for Cabinet Member for Health, Social Care and Environment

In Merton, the Health and Wellbeing Board and a dedicated Community Subgroup will provide oversight of local Covid-19 outbreak management.

My overarching aim is to keep all residents safe, and support those who are vulnerable and require our help. As lockdown measures are easing, it is imperative that we can rapidly respond to any increase in local cases of Covid-19 and put effective control measures in place to prevent local outbreaks.

The successful prevention and control of local outbreaks will depend upon our ability to test everybody with symptoms, trace recent contacts when a positive test occurs, and identify, investigate and respond to outbreaks rapidly, working together as a system with local, regional and national partners.

Everyone who lives, works or visits the borough also has a critical role to play by following all the necessary measures to reduce the risk of virus transmission, including isolating when symptoms develop and getting tested, or isolating if identified as a contact of a case.

Clear communication and effective engagement with our community and partners is crucial for our collective success in containing the virus and minimizing its impact on health, wellbeing and livelihoods in our borough going forwards.

In particular, we will do all that we can to protect and support those communities and population groups that we know have been disproportionately impacted by Covid-19 during the pandemic, including our older, more vulnerable residents and people from Black, Asian and minority ethnic groups.

As chair of Merton Health and Wellbeing Board and Cabinet Member for Adult Social Care, Health and the Environment, I recommend Merton’s Covid-19 Outbreak Control Plan.

Councillor Tobin Byers, Cabinet Member for Cabinet Member for Health, Social Care and Environment

Ged Curran, Chief Executive of Merton Council

Dr Dagmar Zeuner, Director of Public Health
1 Summary

1.1 The Department of Health and Social Care (DHSC) has tasked all Local Authorities (LAs) to put together Covid-19 outbreak control plans and publish a document on their website by 30 June 2020.

1.2 This document outlines Merton’s current plan. It complements a number of practical working documents, including draft action plans and various technical supplements, which are being further refined.

1.3 The plan describes how the council will work with Public Health England’s London Corona Virus Resilience Cell (LCRC) and local partners to complement and enhance the effectiveness of the NHS test and contract tracing service (NHST&T) to minimise virus transmission through joint up local outbreak management.

1.4 The plan is part of the national Covid-19 policy to protect from Covid-19 infections, prevent or flatten a potential second wave while coming out of lock-down and restarting economic activity.

1.5 Focusing on local outbreak control acknowledges the emerging epidemiological characteristics of the Covid-19 pandemic with a strong propensity of clustering, where some infected individuals in certain circumstances seem to be able to infect many others and can set off outbreaks quickly.

1.6 The scope of the Merton plan is limited to guide our response readiness for managing Covid-19 outbreaks; the wider work of the council and partners to prevent and mitigate further harm from Covid-19 and recovery work are not included here.

1.7 The anticipated timeline of need for enhanced local Covid-19 outbreak response readiness lasts until at least the end of March 2021 to cover ease of lockdown, including full return to schools in the autumn and higher risk of respiratory infection, including Covid-19, in the winter months. On current assumptions, beyond the spring 2021 LA response readiness will return to a new business as usual norm.

1.8 All LAs have just managed a response to the global Covid-19 pandemic and are now in transition to recovery. That means we have learned about Covid-19 and gained valuable experience of dealing successfully with a large national outbreak with sustained community transmission, which included moving from initial local management to London Gold command. We will build on this experience and keep the same escalation mechanism on stand-by for a potential big surge in local cases.

1.9 The other learning from the pandemic so far is that there are clear differential impacts of Covid-19 on different communities and groups. This is why engagement with community groups for locally effective protection a key element of the LA outbreak plan.

1.10 Although every outbreak is different, outbreak control has a number of generic key steps that are required for response readiness and underpin our local approach:

- Identification of high-risk settings and vulnerable communities in Merton, and refresh of contacts

- Pro-active communication and engagement with high-risk settings/communities for awareness raising, particularly covering NHS testing, contact tracing and infection control measures.
• **Notification / response triggers** – weekdays and out-of-hours arrangements to receive notifications from Public Health England (LCRC) and or other sources (cases themselves, surveillance data)

• **Risk assessment** with LCRC; convening an incident management team (IMT) for complex situations, escalation to the Borough Resilience Forum (BRF)/Gold for larger outbreaks and / or other high risk situations to agree appropriate management and control measures.

• **Control measures** in the event of confirmed cases - following standard & specific protocols agreed with LCRC including:
  - Recommendation for self-isolation of individuals (and offering support if required, for example through our Merton Community Hub)
  - Recommendation for self-isolation of staff (and providing support if required, for example to ensure continuity of essential services such as care homes)
  - Infection prevention and control (IPC) advice and support, including around cleaning, Personal Protective Equipment (PPE)
  - Recommendations, and in extreme situations enforcement of closures/lock downs
  - Enhanced testing, beyond the routine NHST&T route, including for asymptomatic individuals using Mobile Testing Unit or other additional access to testing
  - Enhanced contact tracing / case finding in the community, in addition to routine NHST&T
  - Communication (including with public, members, staff, stakeholders)

1.11 Our governance for Covid-19 outbreak control builds on existing functions and structures. It consists of a cross-council officer group for day-to-day management and coordination that reports into corporate management /Gold, the BRF for working with our main partners, including the NHS, voluntary sector and police, and is overseen by the Health and Wellbeing Board (HWBB). We are setting up a HWBB subgroup with diverse community representation to lead the work on community engagement and outbreak control.

1.12 Merton's plan covers the seven themes as requested by DHSC guidance. They include care homes and schools, other high risk places, local testing capacity, bespoke contact tracing and case finding for community clusters, data integration, vulnerable people and local boards (= governance). We have added communication as a dedicated section in the plan and are preparing a public facing accessible summary version.

1.13 There is a national assurance framework that LAs are requested to submit once a week to demonstrate progress made in Covid-19 outbreak response readiness. Currently we are achieving partial readiness. We have developed outline action plans for all above themes and are expecting to complete readiness during July and August.

1.15 The main longer-term risks identified are low uptake of the NHS testing and contact tracing service and potential for a sharp increase in cases that might overwhelm LCRC and consequently our joint outbreak control management. We will refine a more detailed risk register and mitigation plan, including surge capacity.

1.16 This is our outline plan for publication by deadline of 30 June; it is underpinned by a full working document, including action plans for all DHSC themes, and we are collating a supplement for appendices that contain specific technical information, including Standard Operating Procedures developed with LCRC.
1.17 We are collaborating closely with the London and national Good Practice Network, LCRC and national PHE, are sharing learning, including scenario planning sessions, and are engaged in development of pan London interventions and services such as the Mobile Testing Unit and a bespoke testing and contact tracing service for homeless people.
2 Background
2.1 The Department of Health and Social Care (DHSC) has tasked all Local Authorities (LAs) to put together outbreak control plans and publish a document on their website by 30 June 2020.

2.2. All Local Authorities together with Public Health England (PHE) and their partners have just managed a response to the global Covid-19 pandemic and are now moving from regional Gold arrangements into transition and recovery.

2.3 Local outbreak control plans are part of the national Covid-19 policy to protect from Covid-19 infections, prevent or flatten a potential second wave while coming out of lock-down and restarting economic activity.

2.4 Focussing on local outbreak control acknowledges the emerging epidemiological characteristics of the Covid-19 pandemic with a strong propensity of clustering, where some infected individuals in certain circumstances seem to be able to infect many others and can set off outbreaks quickly.

2.5 The NHS testing and contract tracing service (NHST&T) is the national cornerstone of outbreak control, led by DHSC and supported by (PHE). Its effectiveness depends on individuals with symptoms of Covid-19 to promptly get a test, using the universally available NHS testing service; and if positive engage with the national contact tracers and adhere to recommendation of self-isolation. NHS call handlers are following up all routine positive cases, whereas all complex cases and outbreaks automatically transfer to PHE who engage with LAs. The diagram below describes the basic steps of NHST&T.
NHS Test and Trace Service

Got coronavirus symptoms?

1. Start isolating
   - you for 7 days
   - household for 14 days

2. Book a test
   • NHS.uk/coronavirus
   • or call 119
   negative for COVID-19
   → positive for COVID-19
   • Household stops isolating immediately
   • You stop isolating if you feel well

3. Share contacts via NHS Test and Trace

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If you have been in close contact with someone who tests positive

1. You may be alerted by NHS Test and Trace

2. Isolate for 14 days after close contact

3. If you develop symptoms
   • Household isolates for 14 days

   Book a test
   • Household isolates for 14 days
   • You begin new 7 day isolation
   • Household completes 14 day isolation

STAY ALERT • CONTROL THE VIRUS • SAVE LIVES
3 Purpose, objectives, scope and timeline

3.1 The purpose of the Local Authority-led Covid-19 outbreak control plan is to complement and enhance the effectiveness of NHS test and contact tracing service (NHST&T) to minimise Covid-19 transmission through joint up local outbreak management with Public Health England’s London Coronavirus Resilience Cell (LCRC) and partners.

3.2 The objective of the plan is to reduce viral spread from infective cases, especially in high-risk settings and among vulnerable communities.

3.3 The plan is part of the national Covid-19 policy to protect from Covid-19 infections, prevent or flatten a potential second wave while coming out of lock-down and restarting economic activity.

3.4 The scope of the Merton plan is limited to guide our response readiness for managing Covid-19 outbreaks; the wider work of the council and partners to prevent and mitigate further harm from Covid-19 and recovery work are not included here.

3.5 The anticipated timeline of need for enhanced local Covid-19 outbreak response readiness lasts until at least the end of March 2021 to cover ease of lockdown, including full return to schools in the autumn and higher risk of respiratory infection, including Covid-19, in the winter months. On current assumptions, beyond the spring 2021 LA response readiness will return to a new business as usual norm.

4 Principles, key steps and roles and responsibilities

4.1 The Local Authority (LA) has routine duties of outbreak management for infectious diseases, jointly shared with Public Health England (PHE), and guided by standard protocols. The main teams involved in the LA are public health and environmental health / regulatory services. Since the Covid-19 pandemic, PHE in London has set up the London Coronavirus Response Cell (LCRC) for collaboration with LA and partners.

4.2 The LA is the convener of the statutory Borough Resilience Forum that meets regularly to ensure emergency preparedness, including for infectious diseases; it will coordinate partners in the event of a larger outbreak/pandemic. The LA civil contingency team manages the BRF on a day-to-day basis, the Director of Public Health chairs when it functions as outbreak control committee. In the event of a regional or national civil emergency due to pandemic, such as the global Covid-19 pandemic, London command and control (Gold) will take over the local response.

4.3 The principles for outbreak control for Covid-19 in Merton are to build on existing functions and structures rather than to set up new bespoke ones.

4.4 Although every outbreak is different, outbreak control has a number of generic key steps that are required for response readiness and underpin our local approach:

- Identification of high-risk settings and vulnerable communities in Merton, and refresh of contacts
• **Pro-active communication and engagement with high-risk settings/communities** for awareness raising, particularly covering NHS testing, contact tracing and infection control measures.

• **Notification / response triggers** – weekdays and out-of-hours arrangements to receive notifications from Public Health England (LCRC) and or other sources (cases themselves, surveillance data)

• **Risk assessment with LCRC**; convening an incident management team (IMT) for complex situations, escalation to the BRF/Gold for larger outbreaks and / or other high risk situations to agree appropriate management and control measures.

• **Control measures** for confirmed cases following standard & specific protocols agreed with LCRC and including:
  
  o Recommendation for self-isolation of individuals (and offering support if required, for example through our Merton Community Hub)
  o Recommendation for self-isolation of staff (and providing support if required, for example to ensure continuity of essential services such as care homes)
  o Infection prevention and control (IPC) advice and support, including around cleaning, Personal Protective Equipment (PPE)
  o Recommendations, and in extreme situations enforcement of closures/lock downs
  o Enhanced testing, beyond the routine NHST&T route, including for asymptomatic individuals using Mobile Testing Unit or other additional access to testing
  o Enhanced contact tracing / case finding in the community, in addition to routine NHST&T
  o Communication (including with public, members, staff, stakeholders)

4.5 The following flowchart and table are describing the key steps of Covid-19 outbreak control and agreed roles & responsibilities between LAs and LCRC.
### Roles and responsibilities between LA and LCRC in outbreak management

<table>
<thead>
<tr>
<th>Setting-specific outbreak</th>
<th>PHE LCRC</th>
<th>Merton</th>
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<tbody>
<tr>
<td></td>
<td>• Receive notification of outbreak from the setting and/or the Test and Trace system</td>
<td>• Prevention work e.g. proactively sharing guidance &amp; supporting with its implementation</td>
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<td></td>
<td>• Gather information and undertake a risk assessment with the setting</td>
<td>• Respond to enquiries</td>
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<td></td>
<td>• Provide advice and manage cases and contacts, testing and infection control</td>
<td>• Support vulnerable contacts who are required to self-isolate</td>
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<td></td>
<td>• Provide information materials to the setting</td>
<td>• Liaise with setting to provide ongoing advice and support for testing, communications, infection control and PPE</td>
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<td></td>
<td>• Recommend ongoing control measures</td>
<td>• Participate in IMT, if convened</td>
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<td></td>
<td>• Convene Incident Management Team (IMT) if required</td>
<td>• Local communications</td>
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<tr>
<td></td>
<td>• Contact local authority for information or to request additional support</td>
<td>• Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting and affected individuals, as appropriate</td>
</tr>
<tr>
<td>Community cluster</td>
<td>• Identify community cluster through Test and Trace system or other surveillance systems</td>
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<td></td>
<td>• Support Local Authority in their risk assessment of and response to an identified community cluster</td>
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Covid-19 Outbreak Control Plan

Standard flowchart of outbreak management

Query from settings or member of the public re. school, workplace, prison, hostel, care home

Information from Local Authority, Other PHERegions, Devolved Adm, International office

All positive results reported into the SGSS (second generation surveillance system). Results flow into CTAS. Complex case or setting identified at Tier 2 and referred to Tier 1

Notifications from GP or other healthcare settings

London Coronavirus Response Cell (Tier 1) receive notification/information/query from setting, LA or GP or referral from Tier 2

Information on case, outbreak or community cluster uploaded to HPZone (PHE case management system)

Clinical team gather information and conduct risk assessment with the case or setting

OUTBREAK (2 OR MORE CASES) IN A SETTING OR A CASE IN A COMPLEX SETTING

Hospital

Hospital lead outbreak response; LCRC provide advice and support

Prison and prescribed places of detention

Arrange IMT with setting and relevant stakeholders including Healthcare, MoJ or Home Office.

hostel/homeless services

hostel/homeless services

school/educational settings

school/educational settings

workplaces

workplaces

care homes and other care settings

care homes and other care settings

community clusters

community clusters

Faith and other settings

Arrange incident management meeting when required with setting and relevant stakeholders including Local Authority (DPH, EHOs, adult social care, children and young persons services)

Coordination and lead for outbreak agreed

RESPONSE - case finding, contact tracing, isolation, testing (if appropriate by PHE/NHS pillar 1, 2, MTU or Find and Treat), decontamination, advice and communication
5  **Themed action plans**

5.1 The Department of Health and Social Care (DHSC) guidance describes seven themes for local outbreak control plans to cover.

5.2 They include care homes and schools (theme 1), other high risk places (theme 2), local testing capacity (theme 3), bespoke contact tracing and case finding for community clusters (theme 4), data integration (theme 5), vulnerable people (theme 6) and local boards (theme 7), see graphic below.

5.3 There is a national assurance framework that LAs are requested to submit once a week to demonstrate progress made in Covid-19 outbreak response readiness.

5.4 We have developed prioritised action plans for all above themes that are following the key steps outlined in section 4 and taking account of the national assurance criteria for response readiness. They are part of our full working document, including various technical appendices. We are currently partially meeting the criteria, anticipating achieving full readiness during July / August. We have covered Governance (theme 7) as a separate section this report (see section 6).

**DHSC local outbreak control themes**

1. **Care homes and schools**
   Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)

2. **High risk places, locations and communities**
   Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)

3. **Local testing capacity**
   Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc.)

4. **Contact tracing in complex settings**
   Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)

5. **Data integration**
   Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages)

6. **Vulnerable people**
   Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities

7. **Local Boards**
   Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public
6 Governance
6.1 This section sets out the multi-agency oversight and accountability across Merton for the development and implementation of our Covid-19 outbreak control plan. It corresponds to theme 7 in the DHSC framework described in section 2 above.

6.2 The Government has asked local outbreak control be overseen by a local Covid-19 Health Protection Board, reporting to Gold command, and a public facing, member-led Local Board to have political oversight, provide direction and leadership for community engagement and be the public face of the local response in the event of an outbreak.

6.3 In Merton, the governance builds on existing infrastructure and there is a specific focus on supporting our vulnerable communities.

6.4 Governance structures for Merton are set out in the graphic below.

6.5 In Merton, the member-led local board is the Community Sub-Group of Merton Health and Wellbeing Board (HWBB). The chair of the HWBB, who is currently the Cabinet Member for Adult Social Care, Health and the Environment, will chair this Sub-Group, with membership of other local councillors and representation from the local community. It will
report to the HWBB which itself works closely with Merton Health and Care Together (MHCT) Board which is our local health and care integration partnership with the NHS.

6.6 The HWBB Community Sub-group will meet more regularly than the statutory HWBB, and will particularly focus on protecting vulnerable communities in line with Merton HWBB’s core principle to reduce health inequalities.

6.7 The Community Sub-group also has oversight of action research and engagement on the impact of Covid-19 on vulnerable communities, involving ‘lived experience’ and on-going community dialogue, which Merton is currently undertaking. This work will cover outbreak prevention and control.

6.8 LBM Corporate Management Team (CMT) / Gold is responsible for determining the Council’s overall response to Covid-19, including policy and strategy, directing resource deployment and liaising with the Sub Regional Transition Co-ordination Group and London LA Gold as needed. It is chaired by LBM’s Chief Executive and currently meets twice weekly. LBM Gold will support the Outbreak Control Officer Group in delivering the local outbreak control plan.

6.9 Merton Outbreak Control Officer Group has responsibility for day-to-day co-ordination and implementation of the plan. Membership includes senior representatives from across all council departments. The group has nominated leads for the DHSC themes and is developing corresponding action plans. The Group is chaired jointly by the Director of Public Health and the Assistant Director of Public Protection.

6.10 The group has good reach across the council, links with wider partners, including the BRF, and reports to LBM CMT/Gold. This group will also be responsible for completing the weekly national survey for outbreak readiness, signed off by the chairs, escalated, as required, to LBM CMT/Gold and/or the BRF for problem solving and where necessary reported in summary to Merton Health and Wellbeing Board.

6.11 The Outbreak Control Officer Group receives further support by a core group of the Borough Resilience Forum (BRF) that acts as the Covid-19 Health Protection Board in Merton. The BRF Core Group will review the outbreak control plan and has a scenario planning session in July. Merton BRF is a multi-agency group facilitating cooperation and information sharing between resilience partners. The BRF also has a reporting line to the SWL Transitional Co-ordination Group (which includes NHS and Police) in case mutual aid is required across SWL or there is need for London Gold command arrangements.

6.12 The core BRF group supports the implementation of the Local Outbreak Control Plan bringing together senior representatives of the Council, South West London CCG, Merton CCG Borough Committee, Merton GP Federation, Central London Community Healthcare, Merton Voluntary Service Council, Merton Chamber of Commerce, Head of Thames College Merton, Metropolitan Police, Fire Service, PHE/LCRC and St George’s Hospital. This core BRF group stands in readiness to be broadened, as required, to include wider agencies providing specific support and assurance, and to liaise / escalate with regional structures as required.
6.13 The existing terms of reference for the various groups are being reviewed to ensure that they are fit for purpose and align to the Outbreak Control Plan, while terms of reference for the Outbreak Control Officer Group are currently being drafted.

7 Communication Plan
7.1 Merton’s Communications Team will lead on the development of a communication plan to support outbreak control, including a suite of messages developed around the following themes:

- National and local test and trace proactive communications will focus on messages to ensure that residents know what NHS Test and Trace is, how to access a test, what to do if asked to self-isolate, how to access support if needed, and the importance of complying with advice given as well as how to avoid fraud.
- Key messages for specialist settings e.g. schools, care homes and high risk businesses to support the outbreak management theme leads in managing individual and bespoke outbreaks across various settings.
- Communications to reassure, and allay community concerns, provide relevant information to residents, politicians and community groups in the event of an outbreak in Merton.

7.2 The messages will build on current communication work preparing the public for a safe ease of lockdown in Merton.

7.3 The communication team is working closely with LCRC and the national and London Good Practice network communication group to align common messages, and complement any national and pan London communication campaigns.

8 Equalities Assessment
8.1 The outbreak control plan explicitly focuses on the protection of vulnerable groups and communities (see theme 6).

8.2 Merton Health and Wellbeing Board, through its Health and Wellbeing Strategy, have a clear focus on reducing health inequalities in the borough and oversee the implementation of the outbreak control plan, including a specifically formed Community Sub-group with diverse representation (see section 6 governance).

8.4 The focus of protection of vulnerable groups in the outbreak control plan is complementary to wider work of the Health and Wellbeing Board about better understanding and mitigating the differential Covid-19 impact on Merton’s community.

8.5 We are committed to drafting an Equalities Assessment by the end of July 2020 and to sharing that with key stakeholders and the Merton Equalities Board to ensure that the plan promotes fairness, equality and diversity.
9 Sharing learning resources

9.1 LBM has utilised a range of shared learning resources that have been developed by the national and London Good Practice network, including Standard Operating Procedures with LCRC, to support the local outbreak control plan across the seven DHSC themes.

9.2 LBM will continue to use shared learning resources effectively to inform evidence based decision- making and practice.

9.3 Sharing of learning resources will support effective and cost-effective response readiness across various levels, including national, pan-London, sub-regional and local, as well as to reduce duplication.

9.4 To manage the large volume of available learning resources, LBM has established a local SharePoint site to collate all resources in one location, to enable easy access to reliable and up to date information for the Outbreak Control Officer Group and its partners.

9.5 The Merton local outbreak control plan has utilised learning resources from the core sources below:

### Learning resources used for Merton

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Source</th>
<th>Description of resources</th>
</tr>
</thead>
</table>
| 1 Public Health England - LCRC | LCRP SharePoint site | • LCRC / LA outbreak SoPs and ways of working  
• Other LCRC guidance documents  
• LCRC protocols and procedures |
| 2 The Association of Directors of Public Health | ADPH London COVID-19 Knowledge Hub Site | • Local Authority toolkit  
• Resources shared by local authorities including example LOCP plans  
• Outputs from best practice networks (in development) |
| 3 The Local Government Association | LGA - Testing, Contact Tracing, and Outbreak management Knowledge Hub Site | • Minutes from the Local Outbreak Plan Advisory Board  
• Sharing of resources through the document library  
• Best practice examples  
• Information on the LGA’s support offer  
• Webinars  
• Forum discussions for shared learning |
10 Current and next steps

10.1 This document outlines Merton’s current plan. It complements a number of technical documents, including a series of Standard Operating Procedures developed in conjunction with LCRC; as well as a dynamic working document with detailed action plans for all themes to achieve response readiness during July / August.

10.2 The Outbreak Control Officer Group will continue to work closely with the national and London Good Practice Network to learning resources and expertise. We are also collaborating across London with LAs and LCRC exploring further mutual aid and surge capacity plans in case of sudden and sharp increases of cases, as well as developing specific pan London services as briefly described in section 10 (for example a test and trace service for homeless people, the hosting/deployment service for the Mobile Testing Unit).

10.3 We have provisionally identified requirement for additional capacity to ensure resilience and enhanced response readiness until at least March 2021. This includes data management and surveillance, infection control expertise / expansion of train the trainer programme, dedicated communication support, community outreach and engagement, sustaining some community hub activity, and some increase in environmental health officer capacity. We are currently looking to source through most effective and cost-effective arrangements, including pan London arrangements were required (see above).

10.4 The main longer-term risks identified are low uptake of the NHS testing and contact tracing service and potential for a sharp increase in cases that might overwhelm LCRC and consequently our joint outbreak control management. We will refine a more detailed risk register, covering risk rating and mitigation for our themed action plans, and including increase in local capacity and mutual aid (see above).
## 11. Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ADPH</td>
<td>Association of Directors of Public Health</td>
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<tr>
<td>BAME</td>
<td>Black, Asian and Minority Ethnic groups</td>
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<td>BRF</td>
<td>Borough Resilience Forum</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CMT</td>
<td>Corporate Management Team</td>
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<td>COVID-19</td>
<td>Coronavirus – 2019</td>
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<td>DHSC</td>
<td>Department of Health and Social Care</td>
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<td>DPH</td>
<td>Director of Public Health</td>
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<td>EHO</td>
<td>Environmental Health Officers</td>
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<td>GLA</td>
<td>Greater London Authority</td>
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<td>HWBB</td>
<td>Health and Wellbeing Board</td>
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<td>IPC</td>
<td>Infection Prevention and Control</td>
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<td>IMT</td>
<td>Incident Management Team</td>
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<td>LA</td>
<td>Local Authority</td>
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<td>LGA</td>
<td>Local Government Association</td>
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<td>LOCP</td>
<td>Local Outbreak Control Plan</td>
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<td>London Borough of Merton</td>
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<td>LCRC</td>
<td>London Coronavirus Response Cell</td>
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<td>Merton Health and Care Together</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MTU</td>
<td>Mobile Testing Unit</td>
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<td>National Health Service</td>
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<td>NHS Test and Trace Service</td>
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