CABINET

DATE	29th June 2020
REPORT OF	Councillor Margaret Cracknell Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Stephen Pintus, Director of Health and Wellbeing
SUBJECT	COVID-19 Outbreak Management Plan
STATUS	Open
FORWARD PLAN REF NO.	Not included on the Forward Plan – to be considered under the special urgency rules as set out in the Council's Constitution.

CONTRIBUTION TO OUR AIMS

Covid-19 has brought significant disruption to the local economy and community. In order to respond to and recover from the ongoing pandemic, it is necessary to take action to prevent, identify and contain any future outbreaks of Covid-19. The outbreak control plan sets out how the local authority, working with local and regional partners will protect the health of the local community, as we gradually return to normal life and support the local economy to bounce back.

EXECUTIVE SUMMARY

In order to reduce the spread of Covid-19 and mange any future outbreaks, the local authority will work with local and regional partners, including the voluntary sector, to ensure that sufficient resources and capacity can be mobilised for outbreak response. Local arrangements for outbreak control, for example arrangements for testing and contact tracing, will complement and work alongside national and regional arrangements.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Approves the approach to the prevention and management of COVID-19 outbreaks as detailed in North East Lincolnshire's Outbreak Control Plan and the joint Humber framework for outbreak control
2. Supports the sub-regional governance of outbreak management by the Humber-level Health Protection Board and the local leadership of North East Lincolnshire's Outbreak Control Plan by the Place Board (incorporating the Health and Wellbeing Board)
3. Delegates authority to the Director of Health and Wellbeing to authorise expenditure of the Council's specific allocation of Government funding to support outbreak control, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care and the Section 151 Officer.
4. Refers the North East Lincolnshire Outbreak Control Plan and the joint Humber framework for outbreak control to the Health Scrutiny Panel for consideration and invites any recommendations from that panel.

REASONS FOR DECISION

All upper tier local authorities are required to put in place and publish outbreak control plans as part of the overall strategy to manage and control the impact of Covid-19.

1. BACKGROUND AND ISSUES

1.1 All top tier local authorities are required, by the end of June 2020, to produce an outbreak control plan, setting out their approach to the prevention and management of COVID-19 outbreaks. Since the threat of Covid-19 became apparent early in 2020, the four Directors of Public Health across the Humber region, alongside colleagues in Public Health England, have been working together to ensure a collaborative response to COVID-19. The Humber framework for COVID-19 Prevention and Outbreak Management (at Appendix 1) sets out the collaborative approach that is being taken to outbreak management across the Humber region, including some aspects of outbreak control which have been identified as better arranged on a sub-regional-level. The outbreak control plan for North East Lincolnshire (at Appendix 2) supplements this, detailing how the local authority, working with regional and local partners, will deliver against the seven themes stipulated by the Government:

 Care homes and schools
Planning for local outbreaks in care homes and schools

 High risk places, locations and communities
Identifying and planning how to manage high risk places, locations and communities of interest

 Local testing capacity
Identifying methods for local testing to ensure a swift response that is accessible to the entire population

 Contact tracing in complex settings
Assessing local and regional contact tracing capability in complex settings

 Data integration
Integrating national and local data and scenario planning through the Joint Biosecurity Centre

 Vulnerable people
Supporting vulnerable local people to get help to self-isolate

 Local Boards
Establishing governance structures, including establishment of a Member-led Board to communicate with the general public.

1.2 The government guidance requires the establishment of a Local Board arrangement to "provide political ownership and public facing engagement and communication for outbreak response".

1.3 It is proposed that responsibility for these arrangements is conferred on the Place Board (also acting as the Health and Wellbeing Board).The Leader of the Council and the Portfolio Holders for Health, Wellbeing and Adult Social Care and Children, Education and Young People respectively are chair / members of the Place Board, the membership including representation from key sectors including health and care, business , skills / education and the voluntary sector. This will enable leaders across sectors to have visibility of and support the wider engagement with the community on key issues of health protection, communication and engagement.

2. RISKS AND OPPORTUNITIES

2.1 Although North East Lincolnshire has so far seen the third lowest rate of infection for COVID-19 of all top tier local authorities in England, there is no room for complacency. As indoor businesses re-open, and the area sees increasing numbers of visitors from areas with higher Covid-19 infection rates, there is a heightened risk of Covid-19 spread and outbreaks. North East Lincolnshire's Outbreak Control Plan recognises that some cohorts of the local population and certain settings/workplaces are likely to require greater support, either due to vulnerability to Covid-19 infection or due to difficulty in adhering to social isolation and social distancing guidelines. The Outbreak Control Plan therefore highlights plans for supporting these vulnerable groups and settings, and outlines plans for monitoring the impact of Covid-19 on different population groups.

2.2 Additional capacity is likely to be required to support outbreak management. Our initial intention is to mobilise this additional workforce by drawing from existing resources and continued engagement with key sectors and partners, however there may be a need to bring in additional external capacity to support delivery of the plan. Work is in progress to ensure to ensure that this additional capacity will be available if and when it is required.

3. OTHER OPTIONS CONSIDERED

None.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Outbreak management, as detailed in the outbreak control plan, will include the production of ongoing communications and social marketing campaign(s) to engage with high risk settings on the prevention of COVID-19, as well as a continued focus on communications and information for the wider public about the pandemic and actions being taken to combat it. Having access to up-to-date and accurate health information (such as information regarding the local outbreak situation and disease containment measures) has been identified as a protective factor for mental health in the event of infectious disease outbreaks. It is therefore anticipated that communication arrangements will help to reassure the public and will have a positive effect on the Council's reputation.

5. FINANCIAL CONSIDERATIONS

The Outbreak Control Plan supports the Council's key objective to strengthen the local economy and support recovery. Working preventatively and reactively to prevent, manage and contain Covid-19 outbreaks will enable a gradual return to normal life for the local population and thus is essential if we are to help the local economy bounce back from Covid-19. The net effect on Council reserves over the life of the outbreak response is uncertain as the volume and complexity of activity that might be undertaken on a local level is uncertain. Government funding has been made available to the local authority to support outbreak management locally. Work is in progress to determine how best to prioritise the use and application of the funding. Arrangements will be led by the Director of Health and Wellbeing, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care and the Section 151 Officer. .

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

Following the implementation of a lockdown to suppress the transmission of Covid-19, the country has seen positive reductions in ambient concentrations and emissions of air pollutants and greenhouse gasses. As we gradually return to normal life, supported by a robust and effective approach to outbreak management, it is possible that we could see a reverse in these reductions. However, the outbreak control plan will support the Council to deliver its services to our most vulnerable populations, including those populations who are most vulnerable to the effects of climate change and environmental hazards.

7. CONSULTATION WITH SCRUTINY

The very strict timeframe for the production and approval of a local outbreak control plan has prevented any meaningful engagement with scrutiny at this juncture. It is recommended, however, that this report is referred to the Health Scrutiny Panel for consideration, with any recommendations that follow to be referred to Cabinet.

8. FINANCIAL IMPLICATIONS

8.1 The Council has received a number of separate grants to assist with funding the extra activity arising from the COVID 19 pandemic. The grants range from a S31 grant of £9.6m to grants of around £1m for support to care home providers and test and trace.

8.2 Government has also made funding available to local authorities to support preparation, implementation and delivery of outbreak management plans. North East Lincolnshire Council's allocation is £1m.

8.3 It should be noted that in the event that spend is greater than the allocation, a spending pressure will arise which would need to be managed from within existing budgets.

8.4 Costs associated with implementation and delivery of the outbreak management plan will be collated and monitored as part of the routine monthly reporting process.

9. LEGAL IMPLICATIONS

9.1 Regulatory and legislative changes throughout the COVID crisis have been passed at a terrific rate. It is not clear if further legislation will be passed to augment outbreak control plans.

9.2 The thrust of any required action under the control plan will be predicated upon constructive engagement, support, and communication, escalating through to the upper tiers of the Local Resilience Forum.

9.3 As a default position the Council is able to rely on extant legislation in the form of the Public Health (Control of Diseases) Act 1984, amended by the Health & Social Care Act 2008, which brought into place a raft of measures for dealing with infectious places, articles, persons, and bodies, together with the Health and Safety at Work Act 1974 and subsequent regulations.

10. HUMAN RESOURCES IMPLICATIONS

Where there is a requirement to redeploy existing staff to support on the outbreak management plan or into services which have been identified as business critical and experiencing a shortage in staff, then then appropriate HR advice would be taken. Any decisions made around redeployment of staff are made with the employees safety and wellbeing in mind

11. WARD IMPLICATIONS

All wards in the Borough will have been and will continue to be affected by Covid-19. However, surveillance arrangements, as detailed in the outbreak control plan, will monitor any hotspots in the Borough for Covid-19, as well any potential outbreaks which may be linked to specific places, locations or communities. This will enable rapid response and control measures to be implemented.

12. BACKGROUND PAPERS

None

13. CONTACT OFFICER(S)

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COUNCILLOR MARGARET CRACKNELL
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COVID-19 Prevention and Outbreak Management Framework in the Humber

1 Introduction

This document provides an overview of the steps required to implement the Prevention and Outbreak Management Framework, and includes comprehensive contact tracing approach, as a means of reducing and controlling SARS-CoV-2 (COVID-19) transmission in the Humber area.

A comprehensive prevention and outbreak management approach, as part of a wider test, trace and isolate (TTTI) process, plays a vital part in suppressing the basic reproduction number (R0) of the COVID-19 virus which is key to ensuring the avoidance of a 'second peak' as existing restrictions are removed, stimulating longer term socio-economic recovery and ensuring the Humber is a safe place to live, work, visit and do business. In the context of the Humber prevention and outbreak management a whole comprehensive approach will be embedded including testing, risk assessment, prevention through to outbreak management providing support for vulnerable people and communities.

The implementation of a Humber prevention and outbreak management framework is part of an interdependent and integrated approach to testing, tracing, isolation and outbreak management within each Local Authority, and is set within the context of the establishment of the National Contact Tracing Service, the national 'Test, Track and Trace' strategy, and the development of constituent Outbreak Management Plans supplemented by each Local Authority.

This document presents the seven national pillars, immediate/short-term and medium/long-term steps that will be taken to mobilise a whole-system approach to contact tracing activity in the Humber as part of the National Contact Tracing Service (NCTS) and identifies some of the key risks to progression. For prevention and outbreak management to be truly effective it requires a highly effective approach to mass testing, underpinned by clear clinical governance and appropriate targeting of testing activity.

2 National Approach to Prevention and Outbreak Management

The national approach to contact tracing has been highly iterative and remains so, but is proposed to include two main elements:

1. NCTS: This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 tiers:

- Tier 3: A new cohort (c.15000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT).
- Tier 2: A significant number of trained contact tracing specialists providing PBCT, recruited through a national recruitment approach;
- Tier 1b: A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.
- Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

2. NHSX COVID-19 App: This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. Even when fully operational, this feature of the national model with be insufficient as a standalone approach due to limitations in terms of reach and functionality.

An infrastructure and logistics partner will work alongside Public Health England (PHE), Department of Health and Social Care (DHSC) and Cabinet Office on the rollout and delivery of the national approach.

The Humber prevention and outbreak management arrangements contribute to the delivery mechanism for NCTS Tier 1b across the Humber footprint.

Tier 1b with agreed Standard Operating Procedures (SOPs) with PHE will have 3 primary functions:

1. **Complex Contact Tracing** with:
    - Potentially complex settings (For example: Special Schools, Homeless Accommodation; Domestic Violence refuges; Police Stations; Houses of Multiple Occupancy; Day Centre Provision; Ports, COMAH sites, Critical Infastructure businesses, NHS Settings; Social Care settings; Statutory Service HQ's; residential Children's Homes)
    - Potentially complex cohorts (For example: rough sleepers, faith communities, asylum seekers)
    - Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)
2. Providing **direct support** to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.
3. **Consequence management** as a result of managing an outbreak in a complex setting or within a complex cohort.

The NCTS was launched at the end of May 2020. PHE have advised that during these early stages the vast majority of contact tracing activity will take place within Tiers 2 and 3, and within slightly bolstered PHE regional contact tracing function, (i.e. the Yorkshire and Humber footprint). They envisage the requirement of localities to undertake contact tracing activity to be minimal at this stage but expect this to potentially increase as the NCTS model expands and as mass testing approaches are mobilised in earnest. The significant impact on localities at this stage is anticipated to be in identifying local high risk settings and populations, undertaking preventative work, responding to complex cases and outbreaks in line with regional SOPs, supporting vulnerable individuals and populations required to isolate and undertaking local engagement activity.

It is strongly believed that the national-level mobilisation of NCTS, even as a minimal viable product will inevitably generate significant locality level activity in the form of consequence management in complex settings and the need to support complex individuals and households. The local thinking in relation to this will feed into national work, being led by Leeds City Council Chief Executive, Tom Riordan, in his new role as part of the national "Test, Track and Trace" arrangements, to develop local good practice and approaches to the development of Tier 1b and the leadership role of Local Authorities.

Eleven (11) pilot areas have been identified, our nearest being Leeds, and the learning from these pilots will be shared via regular engagement and best-practice sharing sessions. These 11 areas will rapidly develop and test outbreak control plans at a local level, identify common themes and share best practices, innovate to develop faster approaches to testing and tracing, and identify opportunities to scale the programme rapidly.

3 Seven (7) National Planning Pillar Components (themes)

In taking forward the local approach, the Humber Prevention and Outbreak Management Framework will incorporate the seven national themes as part of the overall planning. The seven themes are key to slowing the transmission of COVID-19 and enabling the population of the Humber to adjust as lockdown easement is implemented.

Governance and assurance will be in place as outlined in **Appendix 1** and escalation scenarios have been identified in **Appendix 3**.

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).

Outbreak management and support will be led by Public Health England and the Local Authority through agreed SOPs. Preventative and reactive outbreak management capacity will be supported by the Local Authority Adult Social Care, Public Health and the local Infection, Prevention and Control Team and Community Health Services. Planning to include early warning systems with complexity triggers for escalation.

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)

Localities will lead within their areas the identification of high risk places, locations and communities and subsequent preventative measures under the direction of the DPH.

Outbreak management will be a joint approach between Local Authority and system partners including local businesses and the Port Health Authority in-line with regionally agreed SOPs with PHE. There will be a number of high risk areas across the Humber including Ports, critical infrastructure businesses, public and rail transport, COMAH sites.

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.).

This area will be a Humber level shared response to include flexibility in swab testing and laboratory capacity. This will include Regional Testing Centre flexible use of capacity, Satellite review, oversight of Mobile Testing Units, local stock of swabs, and clarity of agreement with PHE for outbreak management and rapid response for Care Homes and Care settings.

Coordination of this activity will be via the Humber Test, Trace and Isolate Assurance Group.

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).

Contact tracing in complex settings will be led by Public Health England at a Humber-level. Local-level intelligence will be vital to the effective identification and management of COVID-19 outbreaks.

The Humber DsPH will keep the potential need for locality support with contact tracing under constant review in conjunction with PHE and respond accordingly.

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).

Local data analysis capacity and systems will be secured and implemented in order to receive, analyse and act on national data in conjunction with local surveillance data and intelligence. The extent and exact nature of this activity will be dependent on the level of data made available at a local level, including through the Joint Biosecurity Centre.

Local monitoring of data at a Humber and local authority level will enable real-time surveillance of COVID-19 activity. Data integration will provide each DPH the information to understand potential hot spots and overview for consideration of local control measures.

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.

Vulnerable local people will be supported by the Local Authority and system partners on a place basis, although there may be some cross boundary considerations. Partnership working between Local Authorities will provide support to meet the needs of the diverse and transient populations across the Humber area. Clarity of local systems will aid the identification of local vulnerable areas, such as Carers, freight transport through ports (early warning re symptom checking).

7) Local Boards

Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by the Humber Strategic Coordinating Group and a new member-led Board to communicate with the general public.

Governance arrangements are out lined in **Appendix 1**.

Escalation to LRF of response requirements is anticipated to be mainly in two areas; declaration of a major incident to step up SCG and TCG processes and the need to seek legal powers through COBRA, if not delegated by to Secretary of State to Directors of Public Health.

4 The Humber Prevention and Outbreak Management Framework Approach

The Humber approach to prevention and outbreak management will be a whole system endeavour with leadership required from across local government, health, wider public service, PHE, the business community and the voluntary, community and social enterprise (VCSE) sectors. The vision is to ensure the development of the Humber approach maximises the opportunities for Humber level collaboration, whilst also valuing local flexibility.

A governance structure for the Humber Prevention and Outbreak Management Framework can be found in **Appendix 1.** Local Authorities have an incredibly wide and valuable remit in enabling the effective national roll-out of prevention and outbreak management. To ensure a consistent approach across the Humber, a set of core minimum requirements are proposed as part of a nine (9) domain plan as follows:

1. The Local Authority model: core requirements and structures
2. Supporting and protecting vulnerable individuals, household and groups
3. Consequence Management - Understanding and mitigating wider community impact
4. Leading the local partnership response
5. Connecting and engaging local communities
6. Building Humber regional resilience and mutual aid
7. High-level community impact considerations
8. Outbreak control readiness
9. Data/intelligence/surveillance

Further details about potential minimum requirements within these nine (9) domains are set out in **Appendix 2**.

The Humber approach to complex prevention and outbreak management will be a necessarily fluid arrangement driven by the nature of the task, the type and scale and complexity and the overlap with consequence management and support. As such it will require a strong commitment to ongoing joint working and a recognition that the Humber approach is based upon collaboration rather than centralisation.

5 Immediate Actions

There are 3 stages to the roll out of the Humber Prevention and Outbreak Management Framework:

a) Immediate (Upon national mobilisation)
b) Short Term (From national mobilisation until 30th June 2020)
c) Medium to Long Term (Over the next 18 to 24 months)

The 'immediate' phase recognises the need for some activity to be mobilised immediately from within existing resources, in line with the mobilisation of the national programme for contact tracing and a requirement for potential staff to be identified within localities and at a Humber level. This phase also recognises the need for preventative and reactive outbreak management as supportive element to Tier 1b.

The 'short term' phase acknowledges that the pre-COVID-19 model for outbreak management and contact tracing was insufficient to meet the needs of a NCTS and thus this immediate mobilisation from existing resources was not sustainable and would need bolstering early on with additional resources. The Local Authority outbreak management plans iare currently in development alongside this framework.

The 'medium to long term' phase acknowledges that this approach will be a fundamental part of the Humber COVID-19 pandemic response and recovery for the next 18 to 24 months and that it could also provide an opportunity to establish a future-proofed blueprint for health protection, prevention and outbreak management within Local Authorities and in the Humber beyond COVID-19.

The roll out of a minimal viable product of the NCTS, and the anticipation that this will generate demand for Local Authorities which will grow significantly, moves Humber into the 'immediate' mobilisation phase of the Humber Prevention and Outbreak Management Framework.

Within this phase there are several actions that will be progressed with immediate effect:

1. The Humber Directors of Public Health COVID-19 Group will provide the single interface between the NCTS (Tiers 1a and 2) and the Humber LRF. This will be integrated with staff and resources from PHE Yorkshire and the Humber.
2. Local Authorities will take steps to establish a local contact tracing single point of contact to liaise with the Humber Directors of Public Health COVID-19 Group.
3. Local Authorities will map and identify existing resources and assets who can provide consequence management and support that will be required as a result of contact tracing taking place within NCTS. This will include through existing arrangements that are in place, through the existing trained contact tracing workforce that exist locally, through the local VCSE and through existing services who are able to provide bespoke support to complex settings, cohorts, individuals and households.
4. A Local Surveillance System will be established which builds upon the existing COVID-19 analytics and intelligence, and which allows an early indication of changes to infection rates and the emergence of geographical of demographic 'hot-spots' and "cold-spots". This will enable resources to be directed where required across the system and take a more proactive case finding approach when necessary. This will also provide a valuable enabling function to the wider national testing strategy which can also draw upon this asset and will be developed in partnership with key system stakeholders.
5. Steps will be taken to refine the governance and design arrangements across mass testing and contact tracing to ensure a truly integrated Humber approach to Track, Test and Trace.
6. Steps will be taken to establish a live data flow between NCTS and the local Test, Trace and Isolate Coordination and Assurance Group.
7. A suite of system-agreed SOPs with PHE, guidance notes and policies will be collaboratively developed to ensure consistency of approach across the Humber. Where possible these will build upon national and regional guidance. These will help to shape the roles of local systems in responding to complex contact tracing and consequence management activity.
8. We will work with the national Local Government Chief Executive lead for test, trace, isolate and track to shape best practice guidance in relation to the establishment of Outbreak Management Local Plans.

In parallel we will mobilise, with system approval, plans to progress the 'short term' actions that will be required in order to bolster the Humber system beyond immediate mobilisation. This will include:

1. Bolstering the short-term workforce required within a collaborative Humber prevention and outbreak management approach. This will also include bolstering additional capacity and roles to support Local Authorities to undertake their functions within the Humber Prevention and Outbreak Management Framework. Across the Humber this will include specialist Public Health advice and guidance, locality co-ordination, consequence management and support, business support, data and analysis, digital and ICT, operational management and strategic leadership. The initial focus will be on bolstering capacity by seeking to enhance staffing resources through the establishment of virtual teams from the following sources:
    - Existing public service employees in each Local Authority area who are shielded, furloughed or who could be redeployed;
    - Staff that could be redeployed from Provider services (Sexual Health, Public Health Nursing etc.), Environmental Health, Public Protection, other appropriate services;
    - Employees in organisations contracted in each Local Authority area (and their supply chains) who are currently furloughed or shielded.
    - Other commissioned CCG, NHS and Local Authority services as appropriate
2. Consider establishing a Humber training programme in line with PHE, based upon the national training programme, but tailored for the Humber and delivering this at pace and scale. This programme can and will be launched as the national Test and Trace develops in discussions with PHE if assessed to be necessary.
3. Establishing Humber access to the national contact tracing, prevention and outbreak management digital architecture.
4. Continuing ongoing dialogue with Humber Directors of Adult Social Services about how the mobilisation of Test, Track and Trace for the Local Authorities can be integrated with the recently announced infection control support for care homes.
5. Continuing ongoing dialogue with the 'Everyone Matters' Boards to understand the impact on workforce and business continuity of staff having to self-isolate as a result of the national roll out and establishing local and Humber mitigation measures.

6 Features of the Humber Prevention and Outbreak Management Framework Approach

There are a number of features that will form part of the overall planning in the Humber. These include:

- Not duplicating activity in other levels of geography. We do not have enough of the skills or infrastructure to reinvent what will be being done nationally. Scale is critical – we cannot do the volume locally.
- Working on a timeframe of 18-months to 2-years.
- Building a system around traditional methods of Health Protection and Contact Tracing.
- The local Test, Trace and Isolate Coordination and Assurance Group led by the Director of Public Health with delegation to nominated Public Health senior member(s) of staff.
- Draw on staff and expertise from across the district (Council, NHS and beyond). This will include logistic and IT support.
- A small core team within each locality which can be stood up and down as needed. This team will have an expert element (including dedicated professional(s) with Infection Prevention and Control (IPC)/communicable disease expertise and experience of contact tracing) and provide wider support, in some respects built on the national model – Contact Tracing experts, Tier 1 and logistics.
- A strong connection with the PHE centre for complex cases and outbreaks.
- To provide community outreach and boots on the ground to support the PHE led functions and provide additional surge capacity, including consideration of the role of volunteers.

- Targeted local testing may be required – care homes/schools/workplaces. This might require local intelligence and local boots on ground delivery.
- It is likely a 7-day operation will be required.
- Dedicated administrative staff will be needed to keep a log of requests and delegation within Public Health to respond with timely replies.
- Standard Operating Principles offer advices on IPC and support and provided professional oversight of staff called to assist with contact tracing. This will support and augment the national efforts.
- A register should be kept at locality-level of all local residential and other high risk and or closed establishments.
- A register should be kept at locality-level of staff that could potentially be called up for a local testing and contact tracing incident.
- There is an important point about local ownership and fit into local systems in this - Promoting and legitimising the contact tracing service to the local population, and recognition that messages will need to be targeted to ensure salience for particular population groups
- May require locally oriented public health action (such as temporary closures), and recognition of the political sensitivity of such actions
- Complex cross border management of contacts will be needed.
- Ensure working in line with Mental Capacity Act implications.
- Identification of language issues or who may be suspicious of authority such as the Roma population or illegal immigrants.
- Consideration of gatherings that have occurred in breach of lockdown regulations where people could be less willing to disclose information.
- Identification of groups such as rough sleepers, drug users and sex workers where contact information could be harder to obtain.
- Provide follow up and support with an interface with wider community support, especially support to vulnerable and link to community hub or similar.
- Identification of type and nature of roles needed and competencies needed, for example, specialist Contact Tracing staff, support and logistics, link to enforcement, link to community support.
- Set up as a project turning into an ongoing service, i.e., oversight group, systems and processes, outbreak management protocols (all based on the PHE guidance), link to testing (and ability to control some of this), communications functions, interface and intelligence sharing with PHE Centre.
- Identification of skills and competencies within our councils continues to be important.
- Working within the principles established by ADPH - Whole systems approach / Subsidiarity / Localism / Minimum viable products etc.

7 Risks and Issues

The scale and complexity of this programme is significant and there are some key risks and issues which could hinder timely and efficient mobilisation and implementation.

7.1 National 'Unknowns'

This work has been constrained throughout by the iterative nature of the national model and the lack of key national decisions around several critical factors. These continue to include, but are not exclusive to:

- The modelled estimates of numbers that will enter the national system
- The modelled estimates of numbers of contacts per case
- The definition of 'complex'
- The articulation of 'complex contact tracing'
- The criteria and process for escalation from Level 2 (national) to Level 1b (local)
- The modelled estimate of the number of cases that might be escalated
- The lack of a clear articulation of the integrated whole system response required under Level 1b across LA, PHE and NHS especially around consequence management

- The lack of clarity about the financing of the resources required to build additional capacity at a Humber and Local Authority level
- The lack of any current national guidance, policies and toolkits, and SOPs to support delivery of Level 1b within a NCTS.

The approach will be to continue to work alongside PHE and other key stakeholders to resolve these issues.

7.2 Workforce Pressures

Mobilising the 'immediate' workforce that may be required across the Humber will be a considerable effort, as it will need to draw from existing resources. Many of the key staffing cohorts required for this endeavour are already working on other COVID-19 activity and the level of capacity within the system is limited.

The feasibility of mobilising a 'short term' bolstered workforce across the Humber is untested. It is not clear how many people could be mobilised via this route at low cost or no cost, or how soon they could be in place.

The risk of current capacity being reduced in some areas as a result of efforts to increase 'health protection' capacity in all localities and within PHE and current staff potentially being recruited elsewhere.

Each Local Authority has reviewed the capacity requirements and collaboration with local NHS/Local Authority Commissioners and Providers, Public Protection, and Infection Control has been established. The current and enhanced capacity has been identified within each Local Authority.

The Humber has been given access to the regional training package and limited access to national training package upon which to develop a Humber version which can be rolled out at pace and scale.

7.3 Digital Challenges

The lack of national clarity around whether Level 1b will have access to the national contact tracing digital architecture operating across Levels 2 and 3, and the lack of engagement from the national team on planning for this, creates a significant risk. An inability to access these systems would cause significant challenges as it would prevent live data flow, require the establishment of an entirely new standalone Humber system and surface a myriad of data protection and information governance issues.

Complex contact tracing/outbreak management at scale is treading new ground and undertaking this activity within a national framework and in a collaborative way involving a range of city-region and locality partners will undoubtedly pose some data protection and information governance issues that will need to be overcome.

At present the Local Authorities across the Humber are attempting to manage the response to COVID-19 in the absence of timely and accurate data and information.

7.4 Resourcing and Finance

The current range of the national 'unknowns' has placed significant limitations on the Humber Framework as there is no clarity at all on the volume and complexity of activity that might be escalated to Tier 1b from the NCTS Tier 2. This has made demand modelling and workforce planning highly speculative and prevented the development of a coherent business proposition at this stage.

The amount of potential funding is currently unclear and the potential cost of funding for each Local Authority Prevention and Outbreak Management Plan remains an issue. However, the rapid pace of mobilisation means that any resourcing required might need to be made available within a very short timescale to prevent programme slippage.

The UK Government has announced additional funding of £300 million for local authorities to support to COVID-19 Test and Trace and Outbreak Management services in their local communities.

The UK Government has also announced a new £600 million Infection Control Fund has been introduced to tackle the spread of COVID-19 in care homes. This fund, which is ring-fenced for social care services, will be given to local authorities to ensure care homes can continue to halt the spread of the coronavirus by helping them implement infection prevention and control measures.

The aspiration is to build the capability across the Humber to ensure a robust surveillance system to support the overall approach to prevention and outbreak management.

8 Collaborative Arrangements and Mutual Aid between the Humber Directors of Public Health and the Public Health Departments:

As a part of the requirement for Outbreak Control Plans at Local Authority level, the Humber Directors of Public Health have identified a number of requirements within the Outbreak Control Plan guidance that are better arranged on a Humber level. This includes

- Governance through a Health Protection Board
- The management of intelligence and data flow with the Biosecurity Centre, PHE Health Protection Team and the CTAS service.
- Access to and timely availability of testing to individuals and the initiation of mobile testing in the event of large outbreaks/sharp increase in the infection rate.
- High risk settings common to all 4 areas, e.g. Ports

Provision can be made for formal mutual aid if required but in the current circumstances a less formal memorandum of understanding serves to reflect our collective commitment to supporting each other through this local emergency.

The main operational mechanism for collaboration is through the membership and functioning of the Test Trace and Isolate Coordination and Assurance Group which connects all four departments. Requests for support can be overseen by this group.

In the event where a local Director of Public Health considers the situation in consultation with PHE to have reached the criteria to declare a major incident, they may make a request to their neighbouring Director of Public Health for additional staff resources to respond to the outbreak. Any staff provided as part of mutual aid would be assured as “fit for purpose”.

This will also be relevant if any of the four areas are having to deal with cross boundary elements of any large/complex outbreak involving Local Authorities outside of the Humber.

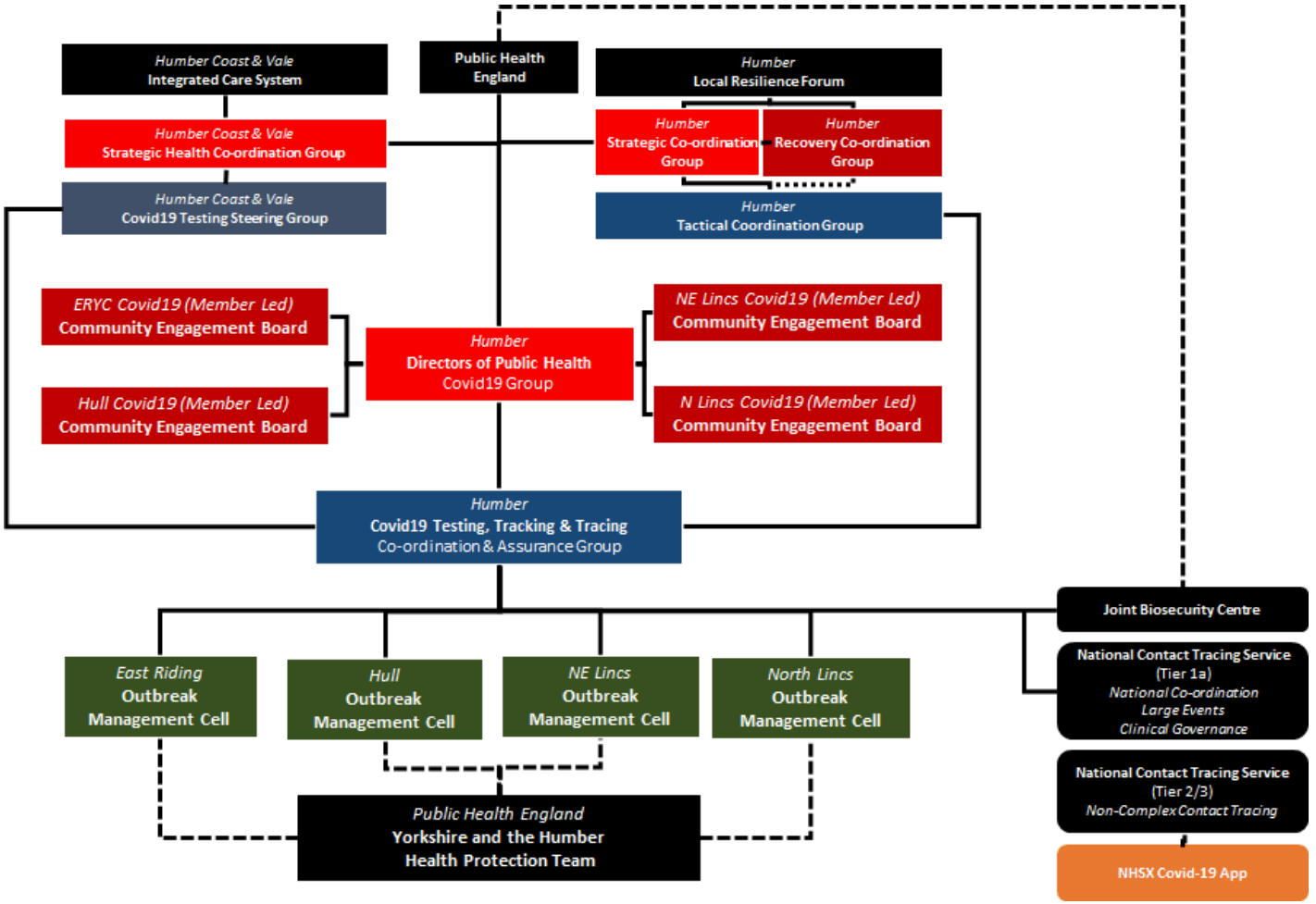
This support may also be considered in relation to the recovery phase of any larger scale/complex outbreak particularly any follow up “wellbeing check-in”.

If staff are involved locally for a prolonged period in managing a complex outbreak in collaboration with PHE, there may be some call for “back fill” for some routine functions and/or access to technical service specific support.

Directors of Public Health should also consider personal and professional support to each other as being a component part of this collaborative approach across Public Health departments.

APPENDICES

Appendix 1 – Humber Prevention and Outbreak Management Framework



Appendix 2 – Local Authority Plan Assurance Considerations

<table>
<tr><th>9 Domain Plan</th><th>Summary actions</th></tr>
<tr><td>1) The Humber Local Authority model: core requirements and structures</td><td>Core requirements for engaging/co-ordinating with the national tracing model:

Identify a Local Authority Contact Tracing and Outbreak Management Lead (guidance strongly suggests that this should be the local Director of Public Health)

Consider COVID-19 Health Protection Board responsible for the development of local outbreak control plans by Directors of Public Health.

Establish Strategic Co-ordinating Group gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g., Public Health, Humber Emergency Planning Service, Police, Fire, NHS etc.).

The recently established Test, Trace and Isolate Coordination and Assurance Group will provide assurance on some of these requirements.

Each ‘place’ to establish local COVID-19 Health Protection Groups to oversee the local process for Outbreak Management Plans.

Review the requirements of a Local Outbreak Engagement Board to provide political ownership and public-facing engagement and communication for outbreak response. Across the Humber Local Authorities, the Engagement Board approaches will be:
<table><tr><td>East Riding of Yorkshire</td><td>Cabinet Sub Committee</td></tr><tr><td>Hull</td><td>Health and Wellbeing Board Sub Committee</td></tr><tr><td>North East Lincolnshire</td><td>Place Board</td></tr><tr><td>North Lincolnshire</td><td>Health and Wellbeing Board</td></tr></table>
Consider all partners involvement at all levels of governance, i.e. Local Authority Contact Tracing Lead, Public Health leads for infection control and outbreak management, Environmental Health services, Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police), Consideration of representation from local VCS and faith groups)</td></tr>
<tr><td>2) Supporting and protecting vulnerable individuals, households, and groups</td><td>Consider specific residents and groups who may need additional support as a result of being asked to self-isolate.

Understand local vulnerability and develop local approach to address these.

Consider the role of existing COVID-19 response provision such as locality hubs for vulnerable and shielded groups and how these can support local response.</td></tr>
</table>

	Consider the role of existing services for vulnerable individuals, households and groups including those provided by the VCSE and proactively establish support pathways. Consider the need to establish contingency plans to house individuals for whom self-isolation requires them to move from their primary household.
3) Consequence Management - Understanding and mitigating wider community impact	Understand and plan to mitigate impacts of extended scope of self-isolation in your area, potentially through a high-level impact assessment. These impacts include impacts on local economies, businesses and enterprises, community groups, essential services and workforce, and local enforcement. Engage with local employers (within public service and beyond) and encourage the development / updating of local business continuity plans to prepare for scenarios where large proportions of the local workforce are asked to self-isolate (especially those required to deliver critical face-to-face or in-office services). Map potentially complex settings and establish a plan for proactive preventative infection control advice and guidance. Contribute to the establishment of Humber-wide standard operating procedures for potentially complex settings and cohorts. Additional considerations: local level SIT rep reporting (for high risk services), sharing of best practice, planning for the next phases of the easing of restrictions and regular engagement with critical local businesses in key sectors etc.
4) Leading the local partnership response	Ensure locality level understanding of and 'buy in' to the agreed Humber Contact Tracing and Outbreak Management Framework. Ensure a 'whole-area' approach is taken to responding to the potential expansion of self-isolation and general increased risk as lock-down is incrementally eased. Consider inviting key partners to be part of the proposed Test, Trace and Isolate Coordination and Assurance Group (CCG, Police, Fire, VCS etc.), supporting local area-based data hub to co-ordinate local information, and /or developing joint-action plans between all partners. Commit to the proposed approach to mutual aid and support.
5) Connecting and engaging local communities	Consider level of support LAs are able to provide in supporting the local uptake and outreach of the national testing and tracing model. Develop understanding of the potential outreach and engagement gaps. Consider mitigating the risk of low-take up and engagement with hard-to-reach groups and communities. Develop a local communications strategy.
6) Building Humber regional resilience and mutual aid	It appears highly likely that this variation may continue into the future and as such developing regional resilience within the Humber appears to be a critical consideration e.g.

	• Voluntary secondment of resource into Virtual Teams to support rapid regional deployment of resource to areas of pressure and need. • Establishment of more formal mutual aid and sit-rep reporting within localities (Local Authority areas) in the Humber.
7) Outbreak Control Readiness	Review local outbreak control readiness, processes and structures and begin considering undertaking scenario planning on how outbreaks will be managed within key or complex settings (e.g. Care Home, Schools, and Hospitals etc.) Make the workplaces and settings safe by ensuring social distancing and core H&S requirements and reporting are being managed and adhered to.
8) Data/Intelligence/ Surveillance	Establish a local data-hub to co-ordinate and communicate local information and data on tracing and testing in the Humber area.

Domain 9: High-level community impact considerations

Theme	Area of Impact
Local economy	Impact on small and medium-sized enterprises (extended self-isolation); Communication and enforcement of social distancing in high-footfall retail environments (shopping centres, high-streets etc.); Pressures emerging on local infrastructure (and implications for tracing and social distancing) arising from increased re-introduction of retail and business sectors. Impact on inward investment
Community impacts	Economically vulnerable individuals (e.g. zero hours contracts) and groups required to self-isolate without financial support through furlough or other schemes; Increased pressure at scale on those groups who are identified as vulnerable; Impact of extended self-isolation on VCS and mutual aid groups.
Essential services and workforce	Impact of extended self-isolation on public services, health, LA, Fire and Police; Enhanced business continuity planning for scenarios of significant self-isolation (10, 20, 30%) rapidly occurring; Knock-on impacts on local economy and community of disruption to local services.
Local enforcement	Consider approaches for responding to non-compliance of self-isolation in complex cases;

	Consideration of joint enforcement plans with local partners (police) to plan and mitigate scenarios of significant non-compliance; Place-based problem-solving solutions around hot-spots (retail, high-streets, parks etc.)
Workforce	Consider existing business continuity plans and prepare for scenarios where large proportions of the local workforce (especially those required to deliver critical face-to-face or in-office services) are required to self-isolate with short-notice.
Cross boundary impacts	Consider school population movements and business locations across Local Authority boundaries. Review and understand workforce commuting across Local Authority Boundaries. Identification of hospital patient flows across boundaries and the link with social care requirements.

Appendix 3 – Escalation Scenarios

The scenarios outlined below are a flexible and proportionate approach to support outbreak management decision making, guided PHE SOPs and local circumstances. These may be superseded in the future by the 'Play Book' in development by the Joint Biosecurity Centre.

Scenario	**Criteria to declare**	Management	Criteria to end
Small local (Cluster)	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 14 days
Local high risk	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Increasing High risk	Ten or more confirmed cases of COVID-19 among individuals associated with more than one specific setting with onset dates within 14 days OR Identification of absence of alternative source of infection outside the settings for initially identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Major High Risk	50 or more confirmed cases of COVID-19 among individuals associated with a number of different settings such as Schools, Care Homes and NHS Premises with onset dates within 14 days OR Identification of alternative source of infection outside the settings for identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Local Complex Medium Risk	100 or more confirmed cases of COVID-19 among individuals and small number of deaths associated with a variety of settings, including Schools, Care Homes, Businesses and NHS Premises with onset dates within 14 days	Local Authority alongside PHE and actions as per SOPs	Reduced confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Complex High Risk	200 or more confirmed cases of COVID-19 among individuals and increasing number of deaths associated with a variety of settings with onset dates within 14 days with an impact on across the 'place' area	Local Authority alongside PHE and actions as per SOPs. Potential request for mutual aid to support in more than one 'place' area.	Reduced confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident Standby	There is an impact to the community and resources across a range of locations – numbers of infections have increased (10% of population), increased number of deaths (2%), complex contact tracing (5-10%) due to exposure from positive cases.	LRF precautionary review meeting to consider potential rising issues: Need for resources, maintenance of essential services for community, access to testing, BCP beginning to be exceeded	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident (1)	Whole Village, Town or City Lockdown due to multiple outbreaks across a large number of locations – numbers of infections have increased (25% of population), high number of deaths (4%), complex contact tracing (15%) due to exposure from positive cases. There is a significant impact to the community and resources implication to the responding organisations.	LRF declaration of major incident as per EPM due to: Need for resources, traffic management, cordon control, implementation of fines, maintenance of essential services for community, access to testing, use of legal powers, military support	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident (2)	Outbreak in a large organisation, for example, Hospital where there is sustained local transmission across a community with significant impacts to all local businesses and the community. The significant impact to the community is requiring resource deployment from all responding organisations.	LRF declaration of major incident as per EPM due to: Need for resources, traffic management, cordon control, implementation of fines, maintenance of essential services for community, access to testing,	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

North East Lincolnshire Council COVID-19 Outbreak Control Plan.

1.0 North East Lincolnshire: The Place

North East Lincolnshire is a unitary authority area in the ceremonial county of Lincolnshire within the Humber sub-region. It borders the unitary authority of North Lincolnshire, the non-metropolitan county of Lincolnshire and the Humber estuary. It contains the towns of Grimsby, once the biggest fishing port in England, now a big centre for food production and off shore wind energy, the resort of Cleethorpes and the town of Immingham which contains one of the largest ports in the UK. In addition it has many smaller towns and villages and extends into the Lincolnshire Wolds area of outstanding natural beauty. It is also home to a number of key COMAH sites including oil refineries and chemical industries.

The population of the North East Lincolnshire is 160,000. It is served by a co-terminous local authority and clinical commissioning group which have formed an innovative 'Union' including a joint Chief Executive and executive leadership team.

2.0 Local COVID-19 Epidemiology

North East Lincolnshire has so far seen the third lowest rate of infection for COVID-19 of all top tier local authorities in England. As of the 21st June a total of 165 cases of COVID-19 have been confirmed in North East Lincolnshire residents on the Government's Coronavirus dashboard, representing a rate of 103 per 100,000 population, compared with the rate of 276 per 100,000 for the Yorkshire and Humber region and 284 per 100,000 for England.

This position has been confirmed by the much lower impact on health and social care services of COVID-19 in North East Lincolnshire. Although our local hospital was under considerable pressure with over 30 COVID-19 positive cases in the hospital at one point in early April, this situation had largely resolved by early May and today there are just two people in Diana Princess of Wales with positive COVID-19 infection. Our care homes have seen the lowest infection rate of all top tier authorities in the country with 17% having so far experienced COVID-19 outbreaks compared with 40% in England as a whole.

We have seen far fewer deaths associated with COVID-19. Office for National Statistics report that 34 residents of North East Lincolnshire have so far died with COVID-19 on the death certificate. Age was the main factor locally with over 60% of COVID-19 deaths in North East Lincolnshire occurring in people over the age of 80. We have also not experienced higher numbers of deaths in our more deprived population or in our ethnic minority population as has been reported elsewhere. Overall number of deaths that have occurred over the last three months is only slightly higher than that seen in previous years.

Despite the big fall in the number of new cases we continue to see cases being diagnosed in the borough on a regular basis so the disease has not gone away. Based on numbers of cases being

confirmed through Pillar 1 and Pillar 2 testing since the beginning of June we estimate that between 4 and 8 new cases of COVID-19 are occurring in our population each day.

2.1 The Risks

North East Lincolnshire's relatively positive position to date with COVID-19 must not encourage complacency. There have been other parts of the UK with similar social and geographical circumstances to North East Lincolnshire that have experienced much higher numbers of COVID-19 in their population and if the virus was to gain a significant foothold in our population we could see extensive spread in a short time. The following risks are particularly relevant:

- Low infection rate to date in NEL means that the vast majority of our population (almost certainly >90%) have not been exposed to COVID-19 and will therefore have little or no immunity

- The gradual lifting of lockdown is seeing ever increasing numbers of visitors from other areas with higher COVID-19 infection rates into the Borough, especially the resort. For instance parts of the East Midlands and South Yorkshire currently have amongst the highest incidence of new infections in the country and they are one of the main sources of visitors to Cleethorpes. Equally, some of our population travel out of the borough into areas with higher infection rates for leisure, work or education.

- As indoor businesses, in particular those associated with the leisure and hospitality industry, begin to reopen and more people return to the work environment there is a heightened risk of COVID-19 spread

- Complacency may encourage a view that the infection is no longer a risk and people fail to abide by hygiene and social distancing principles

- Respiratory viruses such as COVID-19 are typically much more prevalent in Autumn/ winter conditions. There is therefore a risk that a significant spike or second peak may occur from September onwards and co-occur in flu season when the health and care system usually sees significantly increased demand.

3.0 Outbreak Control Plan

All top tier local authorities are required to produce an Outbreak Control Plan for their place setting out the approach for prevention and management of COVID-19 outbreaks going forwards. This will form a significant element of the Government strategy to enable a return to normality over the coming months. The plans are designed to clarify how local government works with the NHS Test and Trace service, so that the whole local system is geared up to contain the virus. There are three important elements of governance:

- Leading the public health response locally at an Upper Tier LA level through Directors of Public Health and Health Protection Boards, working closely with Public Health England. Directors of Public Health (DsPH) will be responsible for producing the plans.
- Managing the deployment of broader resources and local testing capacity to swiftly test local people in the event of an outbreak and liaising with the Joint Biosecurity Centre.
- Providing political oversight of the local delivery of plans, and communicating and engaging with residents and communities through a member-led Board. This can be a new or existing forum such as a Health and Wellbeing Board or COVID-19 Recovery Board.

3.0.1 Humber Strategic Approach

Ever since the threat from COVID-19 was recognised early in the new year the four directors of public health across the Humber have been working together to ensure a collaborative response to COVID-19 along with colleagues in Public Health England, NHS England, the Humber Coast and Vale Integrated Care System, the Recovery Oversight Group of Local Authority Chief Executives and senior officers of organisations within the Humber Local Resilience Forum. This has ensured that a joined up approach has been pursued and we have been able to share resources to ensure that an effective and, when necessary, 24 hour response, 7 days week service has been available.

The **COVID-19 Prevention and Outbreak Management Framework in the Humber** sets out the overall approach that is being taken to outbreak management across the Humber building on our longstanding approach to general outbreak management. This has identified a number of requirements within the Outbreak Control Plan guidance that are better arranged on a Humber level. This includes

- Governance through a director of public health led Health Protection Board
- The management of intelligence and data flow with the Biosecurity Centre, PHE Health Protection Team and the Contact Tracing Advisory Service
- Access to and timely availability of testing to individuals and the initiation of mobile testing in the event of large outbreaks/sharp increase in the infection rate
- High risk settings common to all four areas, e.g. Ports.

The directors of public health have also agreed that in addition to the overall framework each local authority will produce an additional place plan setting out how it will deliver against the seven themes that have been stipulated. This document represents the place-based Outbreak Control Plan for North East Lincolnshire Council.

Government guidance has indicated that the COVID-19 Outbreak Control Plans should cover the following seven themes:

- **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)

- **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)

- **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)

- **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)

- **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)

- **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

- **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.

Our approach in North East Lincolnshire will be described in the following section.

3.1 Care homes and Schools

Care homes and schools are settings that are particularly vulnerable to COVID-19 outbreaks. They are predominantly indoor settings where significant numbers of people spend many hours in close proximity to others and where maintaining social distancing at all times can be almost impossible to maintain. They also include people who will come and go from their home environments on a daily basis and who may unknowingly bring in the virus in to the setting.

Care home residents in particular are amongst the most vulnerable to COVID-19 infection and require particular protection from the virus. They often require ongoing medical and nursing care and frequently have conditions which mean that exposure to COVID-19 is likely to cause more serious illness, frequently requiring hospitalisation.

School children are usually more resilient to COVID-19 infection but some children do become seriously ill and there are concerns that when outbreaks occur they may spread into families and into the community leading to much larger outbreaks.

3.1.1 Humber Strategic Approach:

Outbreak management and support will be led by Public Health England and the Local Authority through agreed Standard Operating Procedures (SOPs). Preventative and reactive outbreak management capacity is supported by the Local Authority Adult Social Care, Public Health and the local Infection Prevention and Control team and Community Health Services. Planning includes early warning systems with complexity triggers for escalation.

3.1.2 North East Lincolnshire Operational Arrangements and Actions

Extensive work has been underway since the beginning of the COVID-19 pandemic to support care homes and schools in the prevention of COVID-19 in their settings and in planning for management of outbreaks.

Priority/ Action	***Lead***	***Status***
Covid-19 tracker dashboard for care homes to be introduced	BB/MR/GB	Implemented
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire care homes	BB/GB	July 20
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire domiciliary care	BB/GB	July 20
Prevention based support programme to care homes including advice on risk assessment and mitigation	BB	Implemented
Weekly webinar with all provider care homes providing direct support and advice including public health and nurse quality support and advice	BB	Implemented
All nursing homes to be been prioritised for Testing with all care homes to be tested by July 2020	GB/ BB/ LC	July 20
Care homes to be visited by nurse quality and advised on COVID-19 infection prevention and control	JHa	Implemented
Residents of care homes who show symptoms of COVID-19 to be tested quickly through community testing hub with results usually available within 24 hours	LR	Implemented
Community Urgent Care Team contact every care home daily to offer nursing advice to the care home and obtain understanding of the following: o care/wellbeing of the residents including access to COVID-19 testing; o workforce - safe staffing, staff wellbeing and signposting to relevant training; o equipment and resource; o Infection prevention and control	JHa	July 2020
Individual Patient Support (delivered by Community Nursing Team affiliated with the residents GP practice): • Face to face post discharge nursing/AHP review (for covid+/suspected covid+ patients). • Nurses contribute to a weekly MDT for vulnerable residents	JHa	July 2020

• Monitoring of covid+/suspected covid+ patients when concern that the resident is not getting better		
Daily correspondence from Director of Children's Services to all schools providing updated information and guidance	SJa	Implemented
Domiciliary, residential and supported living providers receive a weekly bulletin with updated/ useful information and guidance related to COVID-19	BB/ NM	Implemented
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire schools (inc. child care settings)	SJa/DH	July 20
School liaison officers in regular contact with every school to ensure early warning of potential COVID-19 related issue	SJa	Implemented
School nurse cohort identified and trained for outbreak surge capacity in school settings	KG/DH/ GB	August 20
COVID-19 tracker dashboard for schools to be introduced	SJ/ DH	July 20
Undertake scenario planning identifying likely scenarios for outbreaks in care homes and schools, the best approach for data collection and the numbers of people required to assist in outbreak management	GB/DH/BB	July 20

3.2 High risk Places, Locations and Communities

COVID-19 is a highly contagious virus than can spread easily in certain settings, populations and environments. We have created a matrix that sets out the settings, populations and environments in North East Lincolnshire which we believe to be particularly high risk for COVID-19. Indoor settings where it can be difficult to maintain social distance are considered particularly high risk. The presence of shared living spaces or sleeping areas, non-compliant population groups, the presence of alcohol and drugs and the inability to implement rigorous cleaning regimes can all increase the risk.

In addition as has become clear from national epidemiological studies that have been undertaken on the impact of COVID-19 to date, certain groups and ethnicities have suffered disproportionately in terms of risk of serious illness and death from COVID-19. These include people from Bangladeshi backgrounds who have double the mortality rate seen amongst white people. Chinese, Indian, Pakistani, other Asian, Caribbean and black backgrounds also have significantly elevated risk of death from COVID-19. People living in deprived parts of the country and people working in certain occupations such as social care workers, bus and taxi drivers and shop workers also have significantly elevated mortality. Homeless people and rough sleepers are also believed to be at heightened risk from COVID-19 infection and outbreaks are a high risk in these populations.

We have so far identified the following sorts of places, locations and communities in North East Lincolnshire as being potentially high risk:

Resort of Cleethorpes, e.g. Thorpe Park	Workplaces (esp. those where it is difficult to maintain social distance)
Childcare settings	Shopping centres, markets, e.g. Freshney Place
Further and higher educational settings, e.g. GIFHE	Tourism & entertainment centres, e.g. arcades
Healthcare settings, e.g. DPoW, Harrison House (Navigo)	Pubs, hotels and restaurants
Vulnerable Populations, e.g. homeless, carers	Leisure centres, libraries and faith based settings
Housing related , e.g HMOs, supported housing	COMAH sites/ critical infrastructure
Public transport, e.g. buses, railway stations	Events

3.2.1 Humber Strategic Approach

Localities will lead within their areas the identification of high risk places, locations and communities and subsequent preventative measures under the direction of the locality Director of Public Health (DPH). Outbreak management will be a joint approach between Local Authority and system partners including local businesses and the Port Health Authority in-line with regionally agreed SOPs with PHE. There will be a number of strategically high risk areas across the Humber including Ports, critical infrastructure businesses, public and rail transport and COMAH sites. Outbreak management will be coordinated through joint Humber arrangements for these locations.

3.2.2 North East Lincolnshire Operational Arrangements and Actions

We have engaged in managers across different organisations to identify the high risk places, locations and communities and plan the ongoing interventions that will be implemented in these settings in order to prevent COVID-19 outbreaks and to respond effectively if and when outbreaks occur. Leads have been identified and these leads will be part of the weekly outbreak control steering group.

Priority/ Action	***Lead***	***Status***
Develop a risk matrix to quantitatively assess the risk of different settings against the key risk criteria, thus enabling prioritisation of different settings for intervention	GB	June 20

Based on the above determine which businesses need to be proactively contacted and indicate timescales	CBo	July 20
Based on the above determine which healthcare settings need to be proactively contacted and indicate timescales	LC	July 20
Based on the above determine which housing related settings need to be proactively contacted and indicate timescales	MN	July 20
Based on the above determine the best approach for engaging with our vulnerable populations	CBa/HI	July 20
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire workplaces	GB/CBo	July 20
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire (under-served groups)	GB/KN	July 20
Produce and agree Standard Operational Procedure for managing outbreaks in North East Lincolnshire (vulnerable populations within residential settings)	CBa/MN	July 20
Ensure that homeless people provided with temporary accommodation during the COVID-19 emergency do not return to the streets after June 30th when current arrangements end. Secure rooms in shared houses for all of these individuals and set up provision and then floating support.	MN	July 20
Undertake regular contacts with workplaces, businesses, healthcare and housing settings and vulnerable populations identified as high risk to provide advice and support, ensure compliance with guidance and obtain early warning of potential COVID-19 related issues through situation reporting.	CBo/LCP/MN	July 20 onwards
Agree an approach to monitoring outbreak risk in key healthcare settings within the Borough including Diana Princess of Wales Hospital, primary care centres and Navigo centres, e.g. Harrison House	GB/MM/EE/JL	July 20
Identify lead individuals from within the place based partnership to coordinate response in each high risk setting/ population. These individuals will also be part of the Outbreak Management Group	SP/GB/DH	June 20
Engage with the voluntary sector and recruit to a number of roles that will support engagement, enforcement and promotional activities in relation to COVID-19 who will also receive training in contact tracing techniques to provide surge capacity in the event of outbreaks in high risk settings	CBo/GB/HI	August 20
Community and voluntary sector engagement to support compliance and soft intelligence	HI/IL	Ongoing
Produce ongoing communications/ social marketing campaign(s) to engage with high risk settings on the prevention of COVID-19 (joined up with wider Humber approach), as well as continuing to focus on communications and information for the wider public about the pandemic and actions being taken to combat it	IL/GB	Ongoing
Ensure surveillance can quickly identify potential outbreaks that may be linked to specific places, locations or communities	GB/ Humber/ PHE	July 20

Implement weekly outbreak management group to ensure preventative approach across settings with rapid action to double down on outbreaks if and when they occur	SP	July 20
Undertake an equality based impact assessment to assess and monitor the broad impact of COVID-19 on different population groups in North East Lincolnshire	GB/DH	Sept 20

3.3 Local Testing Capacity

Ensuring easy access to testing for COVID-19 with rapid turnaround of results is critical to enable quick diagnosis of cases and ensure that contacts can be quickly identified and advised to self-isolate. Delay in testing can expose more people to risk and may mean that people who are not exposed are required to self-isolate for longer than necessary. An enormous amount of work across the Humber and within North East Lincolnshire has gone in to ensuring that testing is widely available and accessible in our area. The initial focus has been on ensuring access to diagnostic testing for people who have current symptoms of COVID-19. We are now extending access to antibody testing, initially focused on healthcare workers. This will identify whether people have previously been exposed to the virus, perhaps unknowingly, and have developed antibodies which are likely to ensure they have some immunity to the virus.

3.3.1 Humber Strategic Approach

There will be a Humber level shared response to include flexibility in swab testing and laboratory capacity. It will include flexible use of Regional Testing Centre capacity and oversight of mobile testing units and obtaining agreement with PHE on outbreak management and rapid response for care homes and other care settings. Coordination of this activity will be via the Humber Test, Trace and Isolate Assurance Group.

3.3.2 North East Lincolnshire Operational Arrangements and Actions

The approach to testing in North East Lincolnshire is part of the overall Humber approach shown in the table overleaf. Specifically within North East Lincolnshire tests are available to healthcare staff and some key workers through a local drive through service in Grimsby. Swabbing is completed by Northern Lincolnshire and Goole NHS Trust community nurses, with the administration of referrals and results being completed by Care Plus Group (CPG) via the NEL Covid-19 Community Hub (CHUB). An outbreak testing service is also provided by CPG to care and residential homes enabling rapid testing to take place with results collated by the CHUB for local intelligence and allowing a single point of contact for all test results and referrals. This has helped to prevent extensive outbreaks from occurring in our care homes. A mobile testing unit provided through Pillar 2 usually attends a venue in Grimsby on a weekly basis and additional support will be requested in the event of a significant outbreak. The majority of COVID-19 testing is now provided through Pillar 2 Testing

which is as described in the table overleaf. Since the commencement of the outbreak we have operated a weekly telephone call for key managers across the place to engage and discuss issues relating to extending access to COVID-19 testing.

Pillar 1 (Local)	Pillar 2 (Regional and National)	Pillar 3 (Antibody Testing – Local)
<u>Staff Testing</u> • Tests available through local drive through services in Northern Lincolnshire (two locations – Grimsby and Scunthorpe). Swabbing is completed by NLaG Community Nurses, with the administration of referrals and results completed by Care Plus Group via the NEL Covid-19 Hub • Will test symptomatic key workers and/or people they live with who are also symptomatic. • Primary objective to allow key workers to return to work. • Results collated by the NEL CHUB for local intelligence and allowing a single point of contact for all test results and referrals <u>Outbreak Testing</u> • A local service is also available in NEL to care homes/residential settings to test symptomatic residents to assist with outbreak prevention, delivered by Care Plus Group. • This service is also available through the Pillar 2 regional testing by contacting the Health Protection Team, but we have found retaining our own local capacity to do this has been hugely beneficial. • The service will be contacted by the setting to inform them of symptomatic residents. A swabbing professional will be sent out to collect the swab and take it to local labs for processing through the Pillar 1 capacity. This allows for responsiveness and quick turnaround, as well as retaining local intelligence on outbreaks. • The PHE service in Pillar 2 is also limited in the sense that it can only send out kits to those reported to be symptomatic at the point of contact. The local service ensures that any residents that go on to develop symptoms after the initial report can be swabbed quickly and effectively. • The service is able to work flexibly through unusual situations that do not neatly fit within regional or national testing schemes. • The service can also be used to swab people admitted to care homes from settings other than hospital (resident's own home, or another care home).	<u>Staff/UK Resident Testing (Regional)</u> • Tests available for any symptomatic person in the UK, and NHS workers whether or not they have symptoms • This can be through any regional drive through testing site (our nearest is at the Humber Bridge Car Park), through a Mobile Testing Unit, or through a postal testing kit. • All Pillar 2 testing for key workers can be accessed through the gov.uk portal online, and tests for UK residents can be accessed via the NHS Website or by calling 119. <u>Whole Home Care Home Testing (National)</u> • Any adult care home can now log onto the government care home portal to order tests for their residents & staff whether they have symptoms or not. • The CCG Quality Team alongside the Care Plus Group Infection Prevention and Control Team rolled out a package of training for care homes, which included how to perform swab tests on residents. • After registering for kits online, homes will have these delivered and collected by courier. • The CCG alongside the DPH submitted prioritisation forms for both the care homes that had not yet ordered kits on submission and the top 5 specialist care homes in the area. • The CCG contracts team calls homes weekly for updates on various matters including progress with whole home testing. • The CCG Care and Independence Team holds weekly calls with all care homes to update them on guidance and answer queries. <u>Outbreak Testing</u> • Care Homes can contact the Health Protection Team at Public Health England if they have one or more symptomatic individuals. Kits will be couriered out to the home for use and collection for all symptomatic residents at the time of the report.	<u>NLaG Antibody Testing</u> • The Anti-SARS-CoV-2 immunoassay for the qualitative detection of antibodies against SARS-CoV-2 is available and provided by the Path Links Blood Science laboratory, Diana Princess of Wales Hospital, Grimsby • Supply levels provided the equivalent of 650 tests per day; this figure rising to 1150 per day from 9th June and should significantly increase over coming weeks • Current testing capacity is being used mainly for NHS Staff as per national direction; however the test can be completed for patients that are already having bloods performed for other reasons if they wish to. There is no guidance on what a clinical "need" for the test would be at present, so the local focus is on staff testing. • NLaG have divided their daily testing capacity between all NHS organisations in Lincolnshire depending on the overall staff headcount. • NHS organisations have the responsibility for co-ordinating phlebotomy internally for their own staff members through appropriately trained professionals. Samples are sent to the NLaG lab at Grimsby for processing. • Results are returned to the employing organisation to feed back to the staff member, and the staff member's GP if this is requested. • NLaG report to Public Health England total numbers of tests completed, positives and negatives. • Antibody testing will be rolled out further as capacity increases and further guidance is published.

3.4 Contact Tracing in Complex Settings

Contact tracing is a fundamental part of outbreak control management used by public health professionals to control the spread of infectious disease. If a person tests positive for an infection such as COVID-19 (or there is strong evidence from symptoms that the person may be infected), the patient is contacted to identify anyone who has had close contact with them during the time they are considered to be infectious. Those people will then be traced and provided with appropriate advice and/or receive tests to see if they have been infected. If they are in groups considered to be a higher risk, additional measures can be taken to support them. If they become unwell we are then able to assess them quickly and take appropriate action.

The initial wave of COVID-19 has now passed. The lockdown measures introduced across the UK have been successful in dramatically reducing the incidence of the disease and it has ensured that our health services were not overwhelmed. However the disease is still endemic across England with almost all parts of the country continuing to experience cases at reduced levels.

It is anticipated that going forwards COVID-19 in England is likely to be a disease of outbreaks and hotspots that we need to identify rapidly and respond to with our partners across the Humber and with PHE. Rapid response will ensure that outbreaks can be contained and prevent extensive spread within our community and hopefully negate the need for any further lockdowns.

The national approach to contact tracing is described in COVID-19 Prevention and Outbreak Management Framework in the Humber. This has involved the establishment of a Contact Tracing Advisory Service (CTAS) with the recruitment of around 15,000 call handlers working for a private company and 3000 trained contact tracing specialists employed by Public Health England to deliver a predominantly telephone contact tracing service. Within the Humber area and in North East Lincolnshire we will supplement this through a regional and local network of contact tracers who can provide support in relation to complex settings, cohorts and individuals/ households.

3.4.1 Humber Strategic Approach

Contact tracing in complex settings will be led by PHE at a Humber-level. Local-level intelligence will be vital to the effective identification and management of COVID-19 outbreaks. Humber directors of public health will keep the potential need for locality support with contact tracing under constant review in conjunction with PHE and respond accordingly.

3.4.2 North East Lincolnshire Operational Arrangements and Actions

COVID-19 is a highly infectious disease which can be contagious before symptoms arise. Therefore outbreaks in certain settings such as workplaces can result in considerable number of infections in a short timescale. In crowded settings this could lead to many hundreds of people needing to be contacted in a short time. Whilst CTAS will have the primary responsibility for this, there are limitations to a telephone based approach so additional capacity is needed within localities to support this. Environmental health officers traditionally undertake local contact tracing and they

will be available to support COVID-19 outbreaks. However the need for additional capacity is anticipated. We have engaged with a number of managers and providers of nurses in North East Lincolnshire to ensure the additional capacity will be available if and when it is required. In addition we are looking to recruit to a number of roles through the voluntary sector to support contact tracing. Training will be required for this additional capacity.

Priority/ Action	***Lead***	***Status***
Estimate local surge capacity required to support CTAS in the event of complex outbreaks in North East Lincolnshire	GB	June 20
Agree additional capacity from public health nursing (school nurses, health visitors, sexual health nurses) and infection control nursing to support outbreak management surge capacity	GB/KG/ CBa/ LR	June 20
Engage with the voluntary sector and recruit to a number of roles that can support contact tracing to provide surge capacity in the event of outbreaks in high risk settings	CBo/GB/HI	August 20
Work with Public Health England to put into place contact tracing training packages	GB/ PHE	August 20

3.5 Data integration

High quality data and intelligence is key to preventing and managing future outbreaks of COVID-19. Rapid access to reliable data on testing will help to ensure that the correct people are advised to self isolate and we can quickly respond to possible outbreaks ensuring that they do not spread significantly within the setting and into the community.

3.5.1 Humber Strategic Approach

Local data analysis capacity and systems will be secured and implemented in order to receive, analyse and act on national data in conjunction with local surveillance data and intelligence. The extent and exact nature of this activity will be dependent on the level of data made available at a local level, including through the Joint Biosecurity Centre.

Local monitoring of data at a Humber and local authority level will enable real-time surveillance of COVID-19 activity. Data integration will provide each DPH the information to understand potential hot spots and overview for consideration of local control measures.

3.5.2 North East Lincolnshire Operational Arrangements and Actions

North East Lincolnshire has operated a highly effective COVID-19 data intelligence system since the COVID-19 pandemic began. We have utilised a range of local, regional and national data to provide a clear picture of local epidemiology in the borough. This includes a weekly epidemiology report produced by Public Health on the epidemiology of the disease in North East Lincolnshire providing

context and insight into the patterns of the disease in the borough. In addition the CCG produces a COVID-19 tracking report and has a restricted access platform providing a wide range of COVID-19 intelligence related to health and social care and clinically shielded patients.

Priority/ Action	***Lead***	***Status***
Continue to produce weekly surveillance report with a greater focus on insight emerging through Pillar 2 testing	GB	June 20
Continue to develop local surveillance system and heat maps and develop early warning capabilities in high risk settings	GB/ JR/ MR	August 20

3.6 Vulnerable people

Local Authorities will continue to have a major role supporting vulnerable people who are informed that they need to self isolate. There are a broad range of vulnerabilities that need to be included including (amongst others) carers and the people they care for, people living alone, some older people, people with particular clinical needs who may struggle to access their medication, people with learning disabilities and people with mental health needs. We also need to consider how we support our diverse communities who may be particularly vulnerable to COVID-19. These communities include black and ethnic minority communities, travellers, homeless people and asylum seekers.

It is likely to be necessary that we continue to ensure that support is provided to people who are required to shield due to clinical vulnerabilities.

3.6.1 Humber Strategic Approach

Vulnerable local people will be supported by the Local Authority and system partners on a place basis, although there may be some cross-boundary considerations. Partnership working between Local Authorities will provide support to meet the needs of the diverse and transient populations across the Humber area. Clarity of local systems will aid the identification of local vulnerable areas, such freight transport through ports (early warning re symptom checking).

3.6.2 North East Lincolnshire Operational Arrangements and Actions

North East Lincolnshire Council has operated a highly successful shielding service through its longstanding partnership with the voluntary sector since the beginning of the lockdown period in March 2020. This has ensured that everyone who was required to shield at home and who needed support, including access to food and medical supplies, has been able to obtain it quickly. Work is ongoing to identify how we will continue to support our vulnerable populations over the coming months to minimise the risk of outbreaks in these populations and to support them to self-isolate when required.

Priority/ Action	*Lead*	*Status*
Single one stop phone number to be provided to people advised to self isolate to obtain support if required	HI	July 20
Engagement with the voluntary sector to ensure there is clarity over what support is available, when it is available and who is responsible for delivering it	HI	July 20
Ensure that additional support, in particular proactive contacting is provided to those self-isolating who need to be safeguarded	JHa (adults) LA (children)	July 20
Ensure continued provision of mental health support to those who are vulnerable	DP/ (Navigo)	Ongoing
Ensure there is a mechanism in place to ensure that carers who are advised to self isolate can access support for themselves and the people they are required to care for	NM	July 20

3.7 Local Boards

We need to establish 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.

3.7.1 Humber Strategic Approach

Governance arrangements are outlined in Appendix 1 of the COVID-19 Prevention and Outbreak Management Framework in the Humber document. Escalation to Local Resilience Forum of response requirements is anticipated to be mainly in two areas; declaration of a major incident to step up Strategic Coordinating Group and Tactical Coordinating Group processes and the need to seek legal powers through COBRA, if not delegated by to Secretary of State to Directors of Public Health.

3.7.2 North East Lincolnshire Arrangements and Actions

North East Lincolnshire has operated a COVID-19 committee since March 2020. This will now evolve into our Outbreak Control Steering Group. The North East Lincolnshire Place Board (which incorporates our Health and Wellbeing Board) will become our Member Led public engagement Board for COVID-19.

Priority/ Action	*Lead*	*Status*
North East Lincolnshire Place Board to adopt role of Member led Community Engagement Board for COVID-19	SJo	June 20
New Humber DsPH Covid-19 Board (Health Protection Board) established	SP on behalf of Humber DsPH	June 20
North East Lincolnshire Covid19 Local Outbreak Control Plan - Steering Group established	SP	June 20