

Redcar and Cleveland Borough Council Covid-19 Local Outbreak Management Plan

DRAFT

30 June 2020

1. Purpose

The aim of this Outbreak Management Plan is to prevent resurgence of Covid-19 in Redcar and Cleveland through community-level and specialist prevention measures and by identifying and suppressing any local outbreaks early.

The objectives of our Plan are to:

- Prevent or minimise the number of outbreaks of Covid-19 in Redcar and Cleveland;
- Minimise the number of new and secondary Covid-19 cases in the event of outbreak; and
- Ensure appropriate support is in place for all those who need it when they are affected by an outbreak.

If we are able to achieve this across agencies, businesses and our communities we will save lives, save jobs and help to rebuild a flourishing Redcar and Cleveland.

1.1. What is Covid-19?

Covid-19 is a type of virus that causes disease of the respiratory system and can be passed from person to person. The most common symptoms of Covid-19 are recent onset of a new continuous cough or a high temperature or a loss of, or change in, normal sense of taste or smell (anosmia). There are steps that you can take in order to protect yourself and others:

- Stay at home as much as possible;
- Work from home if you can;
- Limit contact with other people;
- Keep your distance if you go out (keep 2 metres apart where possible); and
- Wash your hands regularly;

Do not leave home if you or anyone in your household has symptoms.

1.2. Impact of Covid-19 on Redcar and Cleveland

It has been said that Covid-19 is a "great leveller", with even the Prime Minister and Royalty succumbing to the virus. However, pandemics expose underlying health inequalities, with mortality rates reflecting both the general poor health of the population (reflected in a 9 year difference in life expectancy between the wealthiest and poorest areas of Redcar and Cleveland) and the differential risk of exposure.

The less affluent a person or family is the more likely they are to be in a job where they can't work from home and reduce potential exposure; where their living circumstances make physical distancing more difficult and weekly shopping or ordering on line are not possible through lack of income or digital exclusion.

More than 600 people have tested positive for covid-19 in Redcar and Cleveland; and this has translated into more than 115 deaths registered as covid-19 related since 01 April 2020.

Section 7 describes our approach to supporting vulnerable people in Redcar and Cleveland to stay safe.

As our communities are more at risk of infection from covid-19 and more at risk of serious complications from that infection, it is even more vital that everyone in Redcar and Cleveland does everything they can to protect their neighbours - by following social distancing guidelines, self-isolating when there is a case in their household and washing their hands

regularly. The council will continue to amplify those national messages, as well as targeting communications through community networks and leaflet drops.

Redcar and Cleveland Borough Council has mobilised extensive support for businesses and communities since lockdown measures were implemented and anyone who requires additional assistance to protect themselves and their families should contact the Community Hub.

1.3. Community Hub Contact Details

Anyone in Redcar and Cleveland needing support or advice relating to Covid-19 or seeking the help of community groups and volunteers can contact 01642 774774 (Redcar and Cleveland Borough Council call centre is also now handling all calls for the Community Hub), email support@redcar-cleveland.gov.uk or join the Redcar and Cleveland Coronavirus Support Group on Facebook.

Website link: <https://www.redcar-cleveland.gov.uk/News/Pages/Helping-people-isolated-by-Coronavirus.aspx>

1.4. What is an Outbreak?

An **outbreak** can broadly be defined as any of the following:

- an incident in which two or more people experiencing covid-19 are linked in time or place; or
- a greater than expected rate of infection is observed compared with the usual background rate for the place and time (generally two or more suspected cases (showing symptoms) or confirmed cases (positive laboratory test) of covid-19 arising within the same 14-day period in a shared setting or location).

The declaration of an outbreak and associated action is highly context-dependant and will be determined following discussions between the North East PHE Health Protection Team and the local team.

Definitions agreed between PHE and the Joint Biosecurity Centre support surveillance and inform local alerts and action and provide consistency with how areas describe and manage clusters and outbreaks.

1.5. How are Outbreaks Managed?

The process of managing an outbreak involves establishing preventive measures to reduce incidence identifying cases and their contacts or clusters of affected individuals for isolation and /or treatment in order to contain and reduce spread of infection.

Importantly outbreak management also involves providing support to reduce or prevent additional adverse impact on affected individuals, families, communities and the wider population.

1.6. Prevention

The best approach to outbreak management is to aim to prevent outbreaks occurring. There are five strands to our approach:

1. **Communication Strategy:** the Council will continue to take a pro-active approach to encourage residents to balance the risk of COVID-19 and adopt measures to stay safe. The local Outbreak Plan communications will be backed up by practical support and clarity of expectations for communities and individuals. We will build a citizen-led approach which clearly communicates risk, shares power and resources with communities, builds and targets local messaging effectively for our most vulnerable, uses local voices and stories and creates opportunities to hear and respond to barriers.

The Communication Strategy will build on other partners' communications (e.g. PHE, NHS, Cleveland Police) and support will be requested from multi-agency partners to support the messaging.

2. **Engagement:** we will establish a mechanism to engage the community so we can ensure the action we take, and in particular the message we use, are effective (see section 7.3).
3. **Targeted work with complex settings:** key settings such as care homes and schools already receive support and advice from the Council and NHS partners on issues including infection control, health and safety, PPE and welfare. We will develop model risk assessments for all high-risk settings describing the measures they should take to minimise infections.
4. **Promotion of testing for symptomatic residents:** we will actively promote testing for Covid-19 to encourage maximum local uptake, including increasing accessibility through deployment of the Mobile Testing Units. This will put us in a better position to identify those who are infectious and prevent them passing the infection on to others (see section 4).
5. **Enforcement:** as a very last resort, where engagement and community building has not succeeded in the adoption of prevention matters in particular settings or communities, we will consider the use of enforcement powers to prevent the spread of infection only where other measures have failed (see section 8.2).

2. Care Homes and Schools

2.1. Care Homes in Redcar and Cleveland

Redcar and Cleveland has 52 care homes with 1,424 registered beds.

2.2. Protecting Care Homes in Redcar and Cleveland

All Care Homes have clear, formal channels of communication with the Council's Commissioning Team to ensure consistent circulation and understanding of the guidance to prevent infection and transmission and to resolve issues as they arise and share learning.

Support to care homes is intelligence-led, through consideration of data from the National Care Home Capacity Tracker and regular calls with all homes, to provide assurance that the staff and residents are safe and identify areas of concern and required action quickly.

The whole-system response to protect care homes includes:

- **Infection prevention and control:** the Tees Valley Clinical Commissioning Group (TVCCG) Adult Safeguarding Nurse has trained as a "super trainer" and has provided "train the trainer" sessions to clinical staff across agencies in Redcar and Cleveland to deliver direct training to care home staff (face to face and virtual sessions). Infection Control Specialists are also available for advice and guidance, providing reassurance on measures and action required and dealing with day to day queries provide further assurance.

Specialist staff from South Tees Hospitals NHS Foundation Trust provide additional advice and guidance on Infection Prevention and Control including detailed risk assessments, settings management and further in-depth training for staff in care homes where required.

- **Personal Protective Equipment:** the training described above includes the use and quality of PPE, and interpretation of relevant national guidance.

Testing: Where residents are showing symptoms the Community Nursing Team will visit the Care Home to take swabs for testing; if additional residents start to show symptoms the Team will return to take further swabs. Staff who show symptoms attend the drive through facility at James Cook University Hospital for a test. The Care Home can use the national portal to access tests for staff and residents who are showing no symptoms but may be infected.

All Care Homes have access to testing of all staff and residents through the national scheme, however this is a single offer. We will work to establish more frequent testing in Care Homes (see section 4).

- **Clinical Support:** The CHESS (Care Home Enhanced Support Service) service provides urgent primary care response and support for the management of any unwell covid-19 positive or suspected positive care home resident through rapid support from an Emergency Care Practitioner or Advanced Nurse Practitioner.

Safe isolation of residents who have tested positive or showing symptoms without causing distress has been challenging. Tees, Esk and Wear Valleys NHS Foundation Trust, our local mental health trust, provides face to face and virtual clinics with open referral system by the Intensive Community Liaison Team to advise on the support for residents who lack mental capacity to take decisions relating to their care and treatment.

2.3. Declaration of an Outbreak in a Care Home

In the event of a suspected outbreak (where there are two or more confirmed or suspected cases of covid-19), Care Homes first contact the PHE North East Health Protection Team for advice and then notify the South Tees Hospitals NHS Foundation Trust for the community nursing team to undertake swabs for the initial cases. The Trust will also arrange to take swabs for any subsequent residents or staff who become symptomatic. The Care Homes Enhanced Support Service (CHESS), provided by the local GP Federation will also provide ongoing support to residents with symptoms during an outbreak.

Following the notification of exposure in a Care Home from the NHS Test & Trace service to the PHE North East Health Protection Team, or a care home contacting the Team directly, the Team will undertake initial data gathering, provide advice regarding the management of the outbreak and infection prevention and control measures. The Team will undertake a risk assessment to identify possible exposures in the care home and check on procedures in place in the home regarding isolation, social distancing and PPE for staff. If the Team are assured that all appropriate measures are in place no further action will be taken.

Declaration of an outbreak is highly context-dependant; in a Care Home setting the PHE North East Health Protection Team will inform the Director of Public Health via a report to the local Operational Response Team single point of contact when:

- There is a new outbreak declared in a care home with one or more cases of Covid-19 who have not had cases in the preceding 28 days;
- All cases where there is one or more cases in staff or residents since the last report was issued; or
- Where there is concern about a home e.g. failing to adhere to control measures, staffing or resource issues.

The Local Response Team are responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given. When further local action is required, the Director of Public Health will be responsible for convening the appropriate Outbreak Response Team.

The Public Health Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual wrap around team to manage local responses based on the existing multi-agency support team to Care Homes.

The response could include any or all of the following:

- Infection prevention and control support
- Additional or different PPE supplies
- Support for reduced staffing capacity at an outbreak site following staff self-isolation
- Support with business continuity planning
- Cohort isolation within a setting
- Mobilisation of additional testing

The team will include representation from: the Care Home; Council Commissioning, Public Health and Public Protection and Communications teams; NHS Community Teams.

Expert technical advice will be provided by the PHE North East Health Protection Team and where necessary the Health Protection Board.

If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration will be given to the declaration of an emergency or major incident and escalated to Council's gold command and the Local Resilience Forum Strategic Command Group, and activation of the Emergency Response process as per the Council's Major Incident Plan. The most likely escalation scenario in a Care Home setting is if large numbers of the Care Home staff group are infected or required to self-isolate or where the safe operation of the Care Home and safety of residents is under threat.

This is described in the PHE North East Health Protection Team Standard Operating Procedure for Care Homes (see appendix 2).

2.4. Testing in Care Homes

All patients discharged from hospital to a Care Home are tested for covid-19 and the results shared with the home to support safe management of their residents.

There are agreed processes for testing for care home residents and staff. The process differs slightly for those who have symptoms and for those without symptoms:

- **Symptomatic staff and residents:** if a Care Home identifies a resident with symptoms, they will notify South Tees Hospitals NHS Foundation Trust for the community nursing team to undertake swabs for those residents.

Staff who become symptomatic can also book a test through the drive through arrangements provided at James Cook University Hospital, or through the Regional Testing site at Middlehaven.

- **Asymptomatic staff and residents:** have access to mobile testing units that complements tests that are provided through the national portal to enable testing for asymptomatic staff and residents. All Homes in Redcar and Cleveland are engaging with the national portal with support from Local Authority to access testing to establish a baseline position.

NHS England & Improvement is undertaking a needs assessment to help understand demand and need for testing in Care Homes, considering frequency of testing required and implications for the volumes of testing that would generate. NHSE&I are also assessing testing capacity for the region so ensure that we are able to cope and respond effectively in the event of a local outbreak.

2.5. Schools in Redcar and Cleveland

There are currently 44 primary schools in Redcar and Cleveland, 10 secondary schools, three special schools and one pupil referral unit. More than 13,000 pupils attend primaries in Redcar and Cleveland, with over 8,000 at secondary schools.

2.6. Protecting Schools in Redcar and Cleveland

Significant mitigation measures have been implemented by schools:

- Hand sanitiser and frequent hand washing throughout the day
- Consistent social distancing
- Teaching in “bubbles” of staff and pupils and ensuring that staff and pupils do not leave those bubbles
- Removal of resources and materials that cannot be easily sanitised
- Rotas for use of shared spaces and large equipment with deep cleaning in between uses
- Increased ventilation (weather permitting)
- Wash stations for pupils to place equipment (use once, drop in the station for cleaning)
- Phased drop off and pick-ups including limiting site access to one per family
- Phased lunch times and lunches served in classrooms where appropriate
- Arrangements for pupils showing symptoms: isolate, send home, test and appropriate arrangements for other pupils and staff in the bubble
- PPE for intimate care and staff waiting with pupils showing symptoms

Since 23 March 2020 education and childcare settings have only been open to priority groups (vulnerable children and children of critical workers), to ensure that pupils and staff attending could do so safely. These settings are now open to more children, but it is essential that appropriate control measures remain to help keep covid-19 transmission rates low.

Current evidence about safety and transmission of the covid-19 in educational settings indicates that the risk to children is much lower than the general population. The risk to parents, while there are individual factors that need to be considered, most parents of primary school children are also in an age group that is not at significantly greater risk of harm from covid-19. There is also some evidence that children are less likely to spread the virus than adults – however this evidence is not conclusive. In order to continue to protect pupils and staff it is also important that risks to individual members of staff are considered.

Whilst it is the responsibility of school governing bodies to determine when and how individual schools re-open, the Council has worked with schools, Trade Unions and others to provide data and intelligence, guidance, model risk assessments and advice in supporting schools’ preparations and on-going management in these difficult circumstances.

The Council’s Education Team has provided support and advice on guidance interpretation and implementation.

The North East Association of Directors of Public Health have developed a frequently asked questions document to address some of the concerns that schools might have, and this has been shared with all schools.

2.7. Declaration of an Outbreak in a School

Declaration of an outbreak is highly context-dependant; in a school setting the PHE North East Health Protection Team will escalate to the local Operational Response Team when:

- Whole or part school closure is required
- Linked cases are identified in other schools

- Increase in cases across several schools

In the event of a declared outbreak a “wrap-around team” will be mobilised to implement the Outbreak Management Plan and support the school, staff, pupils and parents. The team will include representation from: the school; RCBC Education, Health and Safety, Public Health and Public Protection and Communications teams

The wrap-around team will manage the operational response to the outbreak where further action may be required at a local level. Expert technical advice will be provided by the PHE North East Health Protection Team and where necessary the Health Protection Board.

Covid-19 cases with links to schools will be identified in two ways:

- Individual confirmed cases are reported to the NHS Test and Trace service who provide advice on self and household isolation and undertake contact tracing (with contacts also being advised on isolation). If the case has contact with a school (for example as a pupil, staff member or visitor) the PHE NE Health Protection Team is notified.
- Cases may also be found through schools identifying symptoms. Schools will then contact the PHE NE Health Protection Team directly, for example:
 - to report suspected or confirmed cases among staff or pupils where there are two or more suspected cases in a “bubble” or
 - there are concerns that the school is observing unusually high numbers of absences due to illness compared with background levels of absence.

School staff and visiting professionals such as School Nurses will need to be alert to suspected cases and individuals with symptoms in the school community and notify the PHE NE Health Protection Team.

The Team will contact confirmed cases (or their parent or guardian) and establish the onset date of their illness, the date on which they were tested, and their attendance at school. They will also contact the Headteacher and advise on the members of the school community who should be self-isolated for 14 days. The school will send a standard letter to the parents of those close contacts (i.e. those within the “bubble”) about isolation and testing, and broader information to other members of the school community for reassurance.

Close contacts in school will be advised to arrange to be tested for Covid-19 through the mobile testing units. The School Nursing Service will provide advice to the school and parents on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit will be considered by the Outbreak Response Team and the Health Protection Board depending on the nature of the outbreak.

The joint management protocol (between PHE North East Health Protection Team and the Middlesbrough Team) for responding to outbreaks in schools is detailed in appendix 2.

3. High Risk Places, Locations and Communities

3.1. What do we mean by High Risk or Complex Settings?

Different settings create different risks for the transmission of covid-19 infection dependant on the vulnerability of people in the setting, their ability to take preventative measures and the support available.

The criteria to categorise settings according to infection and transmission risk (high, medium and low) is described below:

- Vulnerability of residents, service users, staff, customers (see section 7 that describes vulnerability)
- Nature of setting and impact on ability to reduce contacts (ie shared facilities in a House of Multiple Occupancy)
- Support in place to setting
- Quality of risk assessment completed and
- Assurance process to provide confidence in the mitigation measures proposed and implemented

Considering these criteria, it is clear that a number of settings, whilst comprising vulnerable people, significant support, setting management and assurance processes are in place:

- **Schools:** significant mitigation measures understood and implemented by schools, supported by the Education Team including support to complete risk assessments. Assurance process in place.
- **Care Homes:** significant mitigation measures understood and implemented by Care Homes, supported by the Council's Commissioning Team with a full support offer in place, including NHS support. Risk assessments completed and assurance process in place, including support for infection, prevention and control and appropriate use of Personal Protective Equipment
- **Retail:** significant mitigation measures understood and implemented by retail and other premises in line with Government guidelines; with the onus on businesses to adhere to these guidelines and operate safely. The Council is supporting this through displaying awareness signage and notification on the public realm and highways and working with businesses to allow greater outdoor retail floorspace where it is safe to do so.

3.2. High Risk Settings in Redcar and Cleveland

The criteria to categorise settings will be used to assess as high risk or complex, and will guide the work of the Operational Response Team preventative work for other settings – building confidence in the risk assessment and management of the vulnerable settings.

3.3. Building Prevention in High Risk Settings

The local support available to settings is detailed in appendix 5, and will continue to be developed further.

In addition to this local support a range of national resources have been developed, including Action Cards for settings, and we will work with these to build confidence in settings in Redcar and Cleveland.

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4. Test, Trace & Isolate

4.1. NHS Test & Trace Programme: National, Regional and Local

The national NHS Test and Trace programme forms a central part of the government's Covid-19 recovery strategy. The aim is to identify outbreaks early, reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy. This requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary and community organisations and our communities.

Local planning and response is an essential element of the NHS Test and Trace programme, and Redcar and Cleveland Borough Council has a central role to play in the identification and management of infection in order to reduce the spread of the virus in our area.

National: The National NHS Test and Trace system will lead on **contact tracing** of new laboratory confirmed covid-19 cases. National contact tracers and call handlers will provide isolation advice to new cases and their identified contacts. More complex cases will be escalated to the North East Health Protection Team.

A '**close contact**' is a person who has been in close contact with someone who has tested positive for COVID-19 anytime from 48 hours before the person was symptomatic up to 7 days from onset of symptoms. Examples include (without PPE):

- people who spend significant time in the same household as a person who has tested positive for COVID-19;
- sexual partners;
- a person who has had face-to-face contact (within 1metre) with someone who has tested positive for COVID-19 including: being coughed on, having a face-to-face conversation within 1metre, having skin-to-skin physical contact, or any contact within 1metre for 1minute or longer without face-to-face contact;
- a person who has been within 2metres of someone who has tested positive for COVID-19 for more than 15 minutes; or
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19.

Regional: The Public Health England North East Health Protection Team (HPT) will support the management of more complex cases and settings as outlined below, where people have:

- attended educational or childcare setting while infectious
- attended work while infectious and who are unable to identify their contacts who will require follow up
- attended healthcare for non covid-19 reasons
- attended Day Care Centres for older or vulnerable people
- attending or working in special schools

Settings where people are living or working in:

- a care home or long term care facility or other care facility for those with complex needs
- living or working in Prison or other places of detention
- living in homeless hostels or shelters or refuges and similar residential settings

Cases where people are working in: Healthcare; Emergency Services; Border Force and Immigration

Cases where contacts can't be identified without disclosure of name to employer or other third party; and where cases or employers are unwilling to provide information

The Health Protection Team work with Redcar and Cleveland Borough Council and partners where additional issues relating to an outbreak are identified.

Joint Management Protocols outlining the role of the Regional PHE Health Protection Team and the local team have been agreed for specific settings and more are in development (see appendix 2).

Local: This Plan describes the necessary measures the Council will establish with partners to deal with the consequences of local outbreaks. These issues could include media or political interest, staffing issues in schools and care homes, PPE, welfare concerns, support for those isolating etc.

Depending on the complexity for locating contacts, local authorities might be expected to provide local intelligence and support for contact tracing on a minimal number of occasions.

There are three key levels of implementation for the Test and Trace programme. Appendix 1 outlines the local, regional and national leadership roles.

4.2. Local Testing Capacity

There are currently a number of routes available to people who live and work in Redcar and Cleveland to access tests for Covid-19.

- **Regional Test Site:** Middlesbrough hosts a regional testing site capable of testing up to 800 people a day. The site is located at Middlehaven and is provided by the Department for Health and Social Care (DHSC) as part of the national testing programme.

The site is operates 08:00 – 20:00 7 days per week. The preferred and normal route is for people to pre-book a test using 111 or the national website and to then attend the site using a private vehicle. The site doesn't currently actively promote but has some capability if people self-present at the site without booking or without private transport.

The tests are self-administered, but assistance can be provided if required.

- **Mobile Testing Unit (MTU):** are provided nationally by the Department for Health and Social Care (DHSC). There will be 12 mobile testing units across the North East region; with decision on deployment the responsibility of DHSC; supported by advice from a regional coordinating group attended by Directors of Public Health, DHSC and Local Resilience Forum operational planners.

MTUs can be deployed in response to local outbreaks (specific hotspots in communities, or specific settings (Care Homes, businesses, schools)) as required and can be mobilised at any time of the day.

In the event of an urgent need for MTU testing in response to an outbreak / Potential Outbreak a 24 hour number has been provided to Directors of Public Health and is held by the local authority emergency planning officers.

For booked testing MTUs generally operate 10:00 – 15:00 from a single site, however they do have the capability to cover two locations in a day. A number of sites have been identified and pre-planned to aid deployment and a proposed rota is provided to DHSC for approval, once confirmed this is shared with the Director of Public Health, Council and police.

The MTUs are generally drive through and as with the Regional Test Site ideally attendees should have pre-booked on the national portal or via 111, although the sites can register self-presenters who haven't booked in advance.

- **National Testing Service:** all people who live in Redcar and Cleveland who show symptoms of Covid-19 can also get tested. The test kit will be posted to a home address with instructions on how to return the sample for processing. Whole Home testing for Care Homes is also arranged through the national testing service.
- **NHS Testing:** all patients admitted into hospital, and those discharged from hospital to a care home are tested by the local NHS labs. The Community Nursing Team also attend care homes and undertake swabbing for symptomatic residents, and Care Homes can arrange for a test for residents by dialling the Single Point of Access (SPA)

All NHS Trusts also provide testing for their staff. All other health and social care staff who do not work for NHS Trusts, and essential workers in the independent sector or voluntary sector can arrange for tests at an NHS lab or the mobile testing unit through a single email.

4.3. Booking Tests

You can book a test through the national testing service (regional test site, mobile testing or home testing) through this link <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested> or dial 119 to arrange a test.

Care Homes can arrange for a test for residents by dialling the Single Point of Access on 01642 065070 between 8am – 8pm. Care home staff who show symptoms and their household members are also able to attend a drive through facility at James Cook University Hospital to access Covid-19 tests. Staff can access this service by emailing Steas.covid19staffreferrals@nhs.net.

Other health and social care staff who do not work for NHS Trusts, could also email <https://nhscovidtestne.onk2.com>. Through this route a test will be arranged for them at an NHS lab or the mobile testing unit.

4.4. Local Testing Demand

NHS England and Improvement (NHSE&I) is conducting a needs assessment for testing in the Health and Care sector in the North East. This assessment will support our understanding of the volume and frequency of testing required to prevent further transmission of covid-19 in those high risk settings.

NHSE&I is also completing a review into inequalities experienced in accessing Covid-19 tests. This report will inform our decision for mobilising satellite testing arrangements, using the mobile testing unit, to help ensure equity of access to tests across Redcar and Cleveland

To help predict additional tests that might be required in the event of need for mass testing in other high risk settings, we have collated staffing, pupil and resident numbers for all schools and care homes across Redcar and Cleveland.

5. Contact tracing in Complex Settings

Contact tracing is managed locally through the expanded PHE North East Health Protection Team, at tier 1 (as described in section 4.1) with little anticipated local contact tracing except in exceptional circumstances.

For complex settings (for example care homes or schools) the Health Protection Team will assess the likely source of infection; for instance, if the case is a pupil or staff member at a school or workplace setting, it will be important to establish whether there is a plausible source of infection other than that setting (i.e. household contact of a previously identified confirmed case). If there is no other plausible source of infection, the Health Protection Team will review the setting in more detail.

Confirmed cases may also be reported directly to the Health Protection Team (sometimes in advance of electronic laboratory reporting to the NHS Test & Trace service). In this instance the Health Protection Team will contact the confirmed case, carry out contacting tracing and provide isolation advice to the case and any associated setting as required. The case will be advised that they and their contacts may be contacted again by tier 2 or tier 3 contact tracing (see 4.1) for completion of follow-up.

Where complex cohorts are referred to the local team the expertise is available within the Operational Response Team and they would work with the setting using standardised protocols, escalating as described in 8.2.2 where appropriate.

The local approach to complex cohorts is also described in section 3 (High Risk Places, Locations and Communities) and section 7 (Vulnerable People).

6. Data

6.1. Data and Reporting

Ongoing monitoring is a critical to help identify and contain outbreaks. The local teams and PHE NE Regional Health Protection Team will have good understanding of issues in local communities and are best placed to monitor and identify potential issues in local areas. Redcar and Cleveland Borough Council will also be able to draw on information and resources provided by the Joint Biosecurity Centre, a national body that has been established to provide analytical support and advice on outbreak control measures.

As part of this role, the Joint Biosecurity Centre will act as an independent analytical function to provide real-time data and analysis to local authorities, helping to identify and respond to outbreaks as they occur. Joint Biosecurity Centre staff will also form part of the NHS Test and Trace Local Teams, which will act as a link between local and central government.

Where data and analysis raise concerns, PHE NE Regional Health Protection Team will work with Redcar and Cleveland Borough Council local team to confirm the issue and actions in place to address it. If action is required at a national level, the Joint Biosecurity Centre will work with local authorities to develop options and recommendations that can be put to Minister(s).

6.2. Availability of Testing Data

Good quality and timely data is important in the development of our understanding of the epidemiology and surveillance of disease patterns.

Intelligence would ideally include testing data aggregated between pillar 1 (local NHS) and pillar 2 (Regional Test Centre, Mobile Testing Unit and Home Testing) available at a granular level (ideally postcode) and supporting identification of sources of outbreaks (for example outbreaks).

The Data Dashboard currently provides the following reports:

- The “exceedance report” which compares the sum of the number of laboratory confirmed COVID-19 cases over the 10-day investigation period and compares it with the expected number of laboratory confirmed covid-19 cases over the 10-day investigation period (derived from a forecast from the log-linear quasi-Poisson model used in the exceedance algorithm).
- The NHS Track & Trace Report – which shows pillar 1 and 2 confirmed cases, numbers of contacts identified and success rates at tracing these contacts.
- NE PHE Surveillance Report (pillar 1 only) – high level data which is largely covered in the daily tracker
- NHS Digital COVID Testing Dashboard showing numbers and rates of pillar 1 and pillar 2 cases at an LA level and trends over the previous 1, 3, 7, 14 and 30 days.

It is anticipated that more granular data will be available upon completion of the data protection agreements required to share data at that level.

6.3. NHS Data

Data on NHS utilisation and ad hoc detailed demographic information for inpatients is also available; and ad hoc analysis of covid-19 diagnosis in primary care.

6.4. Information Governance

We are committed to upholding data standards and information governance.

Access to personally identifiable clinical and non-clinical data is restricted to Public Health and council professionals identified by the Director of Public Health to be used solely for the purposes of implementing Covid-19 control arrangements outlined in this document.

Identifiable information will be subject to strict data sharing agreements to ensure protection of individual data and appropriate legal use for purposes of infection control.

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7. Vulnerable People

7.1. What do we mean by “Vulnerable”?

There are four overlapping considerations in terms of risk of covid-19 related harm which need to be considered in the management of covid -19 related harm and outbreak management.

Individuals may be subject to one, two, three or all four of these vulnerabilities.

Increased Mortality Risk (Clinical)

In clinical terms, increased risk to COVID-19 is defined from the perspective of the characteristics of infected individuals which increase mortality risk. The key characteristics associated with increased clinical risk are:

- being older;
- having existing health conditions (including obesity) and
- those from Black and Asian ethnic groups

Increased Risk of Transmission

There are a number of groups who are at increased risk of catching and passing on the virus as a result of their circumstances. Many of these individuals will also be in the higher risk clinical group.

This group includes people:

- who may live in Houses of Multiple Occupation or over-crowded accommodation;
- who are homeless;
- unable to work from home and in roles which it is difficult to follow social distancing;
- with addictions and
- who struggle to comply with social distancing measures for financial, social and psychological reasons

Access Risk

There are also a number of groups who may find it difficult to access timely advice support and care including people:

- with disabilities or impairments,
- with mental health problems,
- older people,
- whose first language is not English

Increased Risk of Indirect Harm

This includes groups who may not be infected or at higher risk of transmission but who disproportionately experience indirect covid-19 related harm such as financial hardship and social isolation. These groups require special consideration in outbreak management as they may have more barriers to compliance with isolation as required.

In order to mitigate these complex and interrelated risks it is important to broaden the concept of “vulnerability” to the disease beyond that of clinical risk to include the hidden vulnerable.

Locally specific consideration will be given the BAME communities, those with multiple morbidity and associated risk (linked to geographies of high deprivation), mental health and

substance misuse. However all the groups outlined in the table below will need to be considered.

DRAFT

	Health risk	Access risk	Transmission Risk	Indirect Harm
Demographic				
Older Population	Red	Red	(Dependant on setting)	Yellow
BAME communities	Red	Red	Yellow	Yellow
Health				
Shielded group	Red	Red	Green	Red
Clinical risk groups (including multiple morbidity)	Red	Yellow	Green	Red
Social & Financial				
Economic instability	Green	Green	Yellow	Red
Employment instability	Green	Green	Yellow	Red
Homelessness	Yellow	Red	Red	Red
cramped/overcrowded accommodation	Yellow	Yellow	Red	Red
Addiction	Red	Red	Red	Red
Domestic abuse	Green	Yellow	Green	Red
Carers	Green	Green	Yellow	Yellow
Asylum seekers/ refugees	Yellow	Red	Yellow	Red
High risk occupations	Yellow	Yellow	Red	Red
Gypsies / travellers	Yellow	Red	Red	Yellow
LGBT	Green	Green	Yellow	Green
Single parents	Green	Yellow	Green	Red
Learning and sensory impairment	Green	Yellow	Yellow	Yellow
Low literacy	Green	Yellow	Yellow	Yellow
People who are confused or lack the capacity to understand the current situation	Green	Yellow	Yellow	Yellow
Vulnerable young people	Green	Yellow	Yellow	Red
Wards with high levels of deprivation	Red	Red	Yellow	Red

7.2. Approach to Supporting Vulnerable People

The system should aim to support stability at point of crisis, connect people with source of support (services and within community and family) and link to the wider placed based and recovery work on creating the conditions for wellbeing:

- Existing pathways set up through Redcar and Cleveland Community Support Hub will be utilised as part of outbreak management;
- Existing and new connections will be established with VCS and Community Groups to ensure communication reaches deep into communities, and equally to ensure that communication from communities informs the development of the Outbreak Management Plan and our broader response to Covid-19.
- For those with increased clinical risk arrangements will be made for health services to contact them directly where there is an outbreak which leads to a requirement for shielding or restricted movement to recommence. This will need to be aligned to national advice on statutory sick pay for these groups once the national coverage ceases.
- For those identified as high health or transmission risk, at the point of outbreak identification there will be enhanced and targeted communication through the channels outlines in the table below.

This approach includes identification of and support to vulnerable people and high risk or complex settings (see section 3).

The voice of the community is key in understanding barriers to isolation and ensuring effective outbreak management. This will be informed by work in communities to understand barriers to isolation in our communities so that the system can be adapted to ensure those who need to be isolated have the knowledge, resources and ability to comply with isolation and contain the outbreak. For example where there are financial barriers to complying with isolation e.g due to wage loss there should be emergency help in place to manage the short term isolation period.

Support for Vulnerable People and Groups: Redcar and Cleveland Community Support Hub

To provide the infrastructure to support vulnerable people needing to isolate; following the development of symptoms; a positive test or due to contact tracing advice through the NHS Test and Trace Service.

This infrastructure will be provided in a tiered way to enable an appropriate response to uncertain demand, and to support the scaling up or down of activity in response to demand:

- The assumed capacity at **Tier One** would be a maximum of 20 cases per day.
- The assumed capacity at **Tier Two** would be a maximum of 50 cases per day
- The assumed capacity at **Tier Three** would be a maximum of 200 cases per day

Tier One support is in place now.

People identified for testing or shielding will be provided with the Council's Community Support Hub phone number to call. The manned helpline will provide people with advice on potential sources of support around all issues arising from the need to isolate.

The needs of people will be assessed through the initial call (and any follow up calls) to ensure that vulnerable people with no support infrastructure can be appropriately identified. People who are able to help themselves will be encouraged to do so. People with a potential support structure will also be encouraged to seek help through those routes.

The existing infrastructure that has been established through the recent Covid-19 lockdown is available in the first instance; this includes:

- **Priority Shopping Slots:** those able to access on line shopping at major supermarkets can now get emergency parcels within 24 hrs, and undertake normal weekly shopping with a variable lead in time. This will provide an acceptable solution for the majority of people.
- **GoodSam App:** the app established by the Royal Voluntary Service to match people in need, and local volunteers should be able to satisfy the majority of residual or specific requests. This has been used extensively by the Council throughout the Covid 19 crisis. Call handlers would enter the requests on to the app, rather than the individual.
- **Food Parcels:** for those most in need, a stock of food parcels are held by the Council for emergency deliveries. These can be supplemented easily now that food supplies, and supermarket quantity restrictions have eased. A requirement for mass production would be facilitated through restarting supply chain arrangements with local restaurants, using existing agreements.
- **Prescriptions:** All requests for prescriptions can be managed through the GoodSam app. Demand for prescription collection during the Shielding period was fairly low with an average of less than 10 per week. We managed them by utilising Key Workers but as they assume the responsibilities of their usual role any requests would be directed to the GoodSam app.
- **Mental Health:** the referral arrangements established through the Community Support Hub with TEWV and a range of VCS organisations would be utilized, and all requests for support will be managed through this route.
- **Other:** all other requests for support would be managed through the GoodSam app.

Management

The process will be overseen by Frances White (Assistant Director Communities and Health) and managed by Alison McKenna (Service Manager (Health Improvement)).

Escalation to Tiers Two and Three would see additional capacity drawn from managers and personnel used in the previous Covid 19 operation.

Call handling for Tier One will be managed through existing arrangements with the Council's call centre. Escalation to Tiers Two and Three would require additional capacity drawn from the pool of trained call handlers used in the previous Covid 19 response.

Recording and Reporting

The system currently used to record the Community Support Hub activity will be used to record calls, interactions, and needs assessments. Daily reporting on cases is already provided, and those identified through NHS Test and Trace would be identified separately.

7.3. Building Connections with Communities

We are developing a resource pack that describes the key community groups, messages and leads within the Council and partners. The greatest harm to many of these groups is the indirect harm which will be addressed through the Health and Wellbeing Recovery Group planning.

The table below outlines specific communication routes for those groups identified as a red as a health or transmission risk. Access and indirect risks will be addressed through the work of the Recovery Group as it has a broader remit than outbreak response.

DRAFT

Vulnerable group	Communication/Message	Specific Channels	Specific Methods	Lead
Older population	All COVID messages	Ageing Well Alliance Age Friendly Communities Carers Together Age UK Independent Age Dementia Friendly Communities Community Hubs Places of worship	Emails Phone calls (VCS) Leaflets Social media/Web Community Information Boards Zetland FM Radio	Victoria Wilson
BAME Communities	All COVID messages (some translated) Asylum claim Related info Relevant support Accommodation Benefits/work Support Available Volunteering Affordable food/warmth Benefits/employment Excess deaths/burials/cremations	Redcar and Cleveland Multi-Agency Migration Group North East Migration Partnership Faith Groups MFC VCS Partners mailing lists Refugees/Asylum Seekers Unaccompanied Asylum Seeking Children Community Development Officers Faith Leaders Youth Service Providers Redcar and Cleveland and Prior Pursglove Colleges Methodist and Asylum Project	Emails Phone calls (VCS) Leaflets WhatsApp audio/video Posters in relevant businesses Zetland FM radio Face to face (via wardens /staff) Translated letters community facebook pages	Erika Grunert
Shielded and clinical risk groups	Targeted messaging – higher risk	GPs, clinical and social care providers Community Support Hub	Letters, face to face contact Social Media	PCNs
Vulnerable young people	All Covid messages Volunteering Mental Health Support	Every Mind Matters website The Junction The Link Faith based youth providers Headstart School Links School Nursing Service Early Help Service	Web base, social media, face to face contact with services Schools	Linda Bulmer

Learning/physical Disabilities(including visual impairment)	All Covid messages Support Available Volunteering Affordable food/warmth Benefits/employment	SEN service Relevant VCS Social Care mailing lists/groups Social Inclusion Group Public Health Contacts/Groups	Schools Social Media Face to face contact with services	Sue Beevers
Addictions	Targeted messaging – higher risk	We are With You Living Sober Relevant VCS	face to face contacts with services Social media	Jonathan Bowden
Wards with high levels of deprivation	All Covid messages Support Available Volunteering Affordable food/warmth Benefits/employment Access to health services	Health Improvement team – Priority Places Key Workers Empowering Communities team Relevant VCS	targeted messaging on social media and the local groups' own regular leaflets, community champions,	Frances Anderson

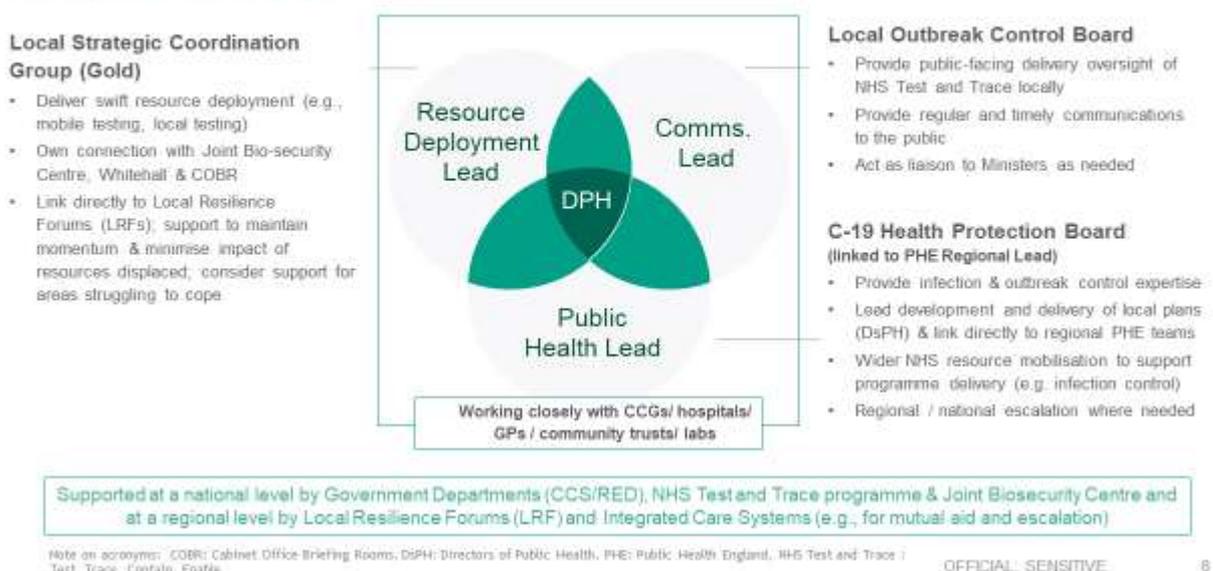
8. Governance Arrangements

Managing an outbreak often requires extra human and financial resources and may also rely on additional partners, agencies and other sectors. Strong coordination is essential at all times to ensure that all those resources and partners are working effectively together to control the outbreak.

National guidance describes the three critical local roles in outbreak planning: **public health leadership**; **resource deployment** and **communications**.

Community leadership is an additional critical element, to develop broad community support for any necessary measures to manage local outbreaks and support the economic recovery of Redcar and Cleveland. These elements and the governance infrastructure to ensure their delivery are illustrated in the diagram below which also outline how arrangements inter-link locally, regionally and nationally.

Three critical local roles in outbreak planning, alongside community leadership:



Development and delivery of the outbreak management plan will be led by the Director of Public Health through the multi-agency **Covid-19 Health Protection Board**. The group provides advice and is accountable to the **Strategic Coordination Group (SCG)**, Chaired by the Council Chief Executive and including key partners across NHS, police, fire and other local agencies. The SCG is the decision making body, responsible for deployment of resources across agencies to reduce the spread of the virus resulting from an outbreak, considering advice from the Health Protection Board on the identification and management of infection.

The Health Protection Board has established an **Operational Response Team**; that receives and acts on the daily data shared by the PHE Health Protection Team through a single point of contact and delivers the prevention programme for identified complex settings (see sections 3 and 5).

A **Local Outbreak Control Board**, Chaired by the Leader of the Council, provides community leadership in the delivery of the Communication Strategy.

Appendix 6 details the terms of reference for the COVID-19 Health Protection Board and the Operational Response Group.

8.1. Leadership

The local, regional and national leadership roles are described in appendix 1; more detailed local roles are described below:

- The Chief Executive of the Council act as the connection with Joint Bio-security Centre, Whitehall & COBR and links directly to the Cleveland Local Resilience Forums to ensure control of any outbreak where the footprint of infection is broader than Redcar and Cleveland Borough Council.
- The Leader will provide liaison with Ministers as required.
- The Director of Public Health acts as the liaison officer between the Health Protection Board and the national outbreak control advisory board as well as the PHE Centre North East.

8.2. Roles and Responsibilities

Whilst Covid-19 presents an unprecedented challenge, there are well established local and national arrangements for public health and emergency planning that are being used to respond to this challenge. PHE North East Health Protection Team will provide an additional resource to ensure an effective link between national and local decision makers, and to help drive continuous improvement and share best practice, for example on data requirements or governance.

There are three broad groupings of outbreak decisions and actions:

1. **Local:** Manageable within the Outbreak Management Plan, covering the bulk of outbreaks, where local Public Health England and Council teams are dealing with outbreaks in settings and the NHS Test and Trace Local Teams are helping in the background;
2. **Local/National:** Borderline where capacity of the local arrangements tested, using the Support and Assurance team to help link national and local structures and capacity;
3. **National:** Clearly not manageable within local arrangements and/or of national significance, these are likely to be the exception, with the Support and Assurance team heavily involved and bringing national capacity.

Local - Outbreaks Manageable Locally

PHE North East Health Protection Team will use the Tier 1 Contact Tracing capacity to deal with outbreaks in individual settings such as care homes, hospitals, schools and workplaces. A regular assurance survey will monitor progress and issues, with NHS Test and Trace Local Teams providing any advice required and influencing measures that will help (e.g. mobilising local testing or facilitating additional communications).

This Local Outbreak Management Plans has been developed to ensure a “whole place” approach to support local Public Health teams. In order to bring together government guidance in one place and encourage preventative action, Action cards have been

produced. The Action Cards will develop as guidance evolves and understanding of the virus improves, as will the data available to manage outbreaks.

Local/National: Outbreaks Managed Between Local and National

In those circumstances where an outbreak spreads into a local community, a wider set of resources may need to be deployed, and greater engagement will be needed with the local community and stakeholders. The role of well-established emergency planning arrangements, with strategic coordinating groups at a Local Resilience Forum footprint, will be key where local arrangements, even with increased capacity, are tested. For example: where local capacity is exhausted and mutual aid is required, local capability is exhausted and additional expertise is needed, or where the outbreak crosses geographic boundaries.

In these situations, tried and tested Local Resilience Forum arrangements, along with the role of the NHS Test and Trace Local Teams will be key to draw in national additional national capabilities as needed.

Joint decision-making arrangements will be considered to ensure local authorities have access to the powers they need to contain outbreaks in these circumstances.

National: Local outbreaks with National Implications

There will be some situations where local outbreaks will be of national significance. The NHS Test and Trace Local Teams will liaise between the local and national arrangements to develop a joined up and collaborative approach. Joint decision-making arrangements will be established to ensure local authorities have access to the powers they need to contain outbreaks in these circumstances.

Examples include where:

- powers held by the local authority are exceeded and a request for intervention from national government is required (e.g. a sectoral decision is required at a national level)
- multiple outbreaks require resource prioritisation by Ministers (e.g., where an outbreak requires more resources than local decision makers can access through their own systems or mutual aid, including supplies of items such as PPE or additional staff)
- outbreaks raise issues of national importance (e.g., impact on national infrastructure, the national economy or on important sectors such as food or energy production); or
- local capabilities and controls are exceeded (e.g., local community protection actions are not effective, or local decision makers have not been effective in their management of them)

Types of Decisions in Each Grouping

Redcar and Cleveland Borough Council has a specific and distinct range of legal powers under public health, environmental health or health and safety laws which allow temporary closure of public spaces, businesses and venues for a specific reason and period. Under the recent Coronavirus Act 2020 Councils may also temporarily close schools or limit schools to set year groups, but only if these powers are delegated by the Secretary of State for Education.

While it is expected that local authorities will adopt a consensus-based approach and take decisions in consultation with key stakeholders, it is recognised that additional powers may be needed where this approach is insufficient and this will be kept under review.

Setting-Specific Outbreaks

Responsibility for decision making lies primarily with the individual or group responsible for that setting (e.g., Head Teacher, restaurant owner). However, setting owners will need to comply with actions that are agreed at a national, cross-boundary or local level where those actions have been sanctioned under law. Reports of confirmed cases (e.g., by a student, employee or customer) should be communicated by the setting owner to the PHE North East Health Protection Team as quickly as possible using agreed pathways.

Advice and support is available from:

- Relevant Action Cards for preventative measures, health protection measures, outbreak management and subsequent recovery;
- PHE North East Health Protection Team, Operational Response Team, the Director of Public Health teams and Education and Care Home Commissioning Teams will support with risk assessments and advice about measures, such as social distancing, regularly clean hands for 20 seconds, cleaning and surfaces, additional testing, engagement with contact tracing and minimising contact.

Sectoral or Geographic Outbreaks

When outbreaks, both confirmed and potential, arise in similar settings (e.g., restaurants, sports grounds, offices) accountability for decision making lies primarily with Redcar and Cleveland Borough Council, though powers will be retained by the relevant national Minister(s). In practice, Councils will have the power to close multiple individual premises or events as necessary and proportionate and will work closely with national decision makers to implement actions where multiple settings are affected (e.g., wider sectoral or cross-boundary actions).

In situations where decision-making powers are retained by Ministers (e.g., broad sectoral outbreaks, issues concerning strategic assets), joint decision-making arrangements will be established to ensure local authorities have access to the powers they need to contain outbreaks.

Geographic actions that may be implemented locally are outlined below.

8 Geographic actions could be considered to contain local outbreaks

All actions would be implemented temporarily

- A Accelerate testing of asymptomatic individuals around the outbreak**
(e.g., students, customers, staff who may have been exposed but are not showing symptoms)
- B Close certain businesses and venues**
(e.g., shops, cafes, gyms, recreation centres, offices, labs, warehouses)
- C Cancel organised events involving gatherings of people**
(e.g., sporting events, concerts, weddings, faith services)
- D Close outdoor public areas**
(e.g., parks, playgrounds, beaches, esplanades, outdoor swimming pools)
- E Encourage working from home¹**
(e.g., instigating working from home measures where this is feasible)
- F Limit schools to set year groups**
(e.g., reception, year 1 and year 6 at primary level and support for year 10 and year 12 at secondary level)
- G Close schools**
(e.g., close schools with the exception of vulnerable children and children of critical workers)
- H Issue guidance to improve preventative measures**
(e.g., increase the frequency of hand washing or cleaning in response to a potential outbreak)



Other actions such as deep cleaning, transport limitations and stay at home measures are not currently proposed at the UTLA / LRF level due to communication, enforcement and behavioural impact challenges



¹ National regulations have not explicitly required people to work from home, this has been achieved through guidance. It is not expected that powers will be sought for UTLAs to require this.

9. Appendices

Appendix 1: Local, regional and national leadership roles¹

Level	Place-based leadership	Public health leadership
LOCAL	<p>LA CE, in partnership with DPH and PHE HPT to:</p> <ul style="list-style-type: none"> a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board (<i>or other chosen local structure</i>) 	<p>DPH with the PHE HPT together to:</p> <ul style="list-style-type: none"> a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the daily data on testing and tracing c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	<p>Regional Lead CE in partnership with national support team lead, PHE RD and ADPH lead</p> <ul style="list-style-type: none"> a) Support localities when required when there is an adverse trend or substantial orcross-boundary outbreak b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of issues and pressures across the region especially cross-boundary issues 	<p>PHE Regional Director with the ADPH Regional lead together</p> <ul style="list-style-type: none"> a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	<p>Contain SRO and PHE/JBC Director of Health Protection</p> <ul style="list-style-type: none"> a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p>PHE/JBC Director of Health Protection (including engagement with CMO)</p> <ul style="list-style-type: none"> a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

¹ Guiding principles for effective management of covid-19 at a local level.

Appendix 2: Agreed Joint Outbreak Management Protocols between North East PHE Health Protection Team and Local Teams

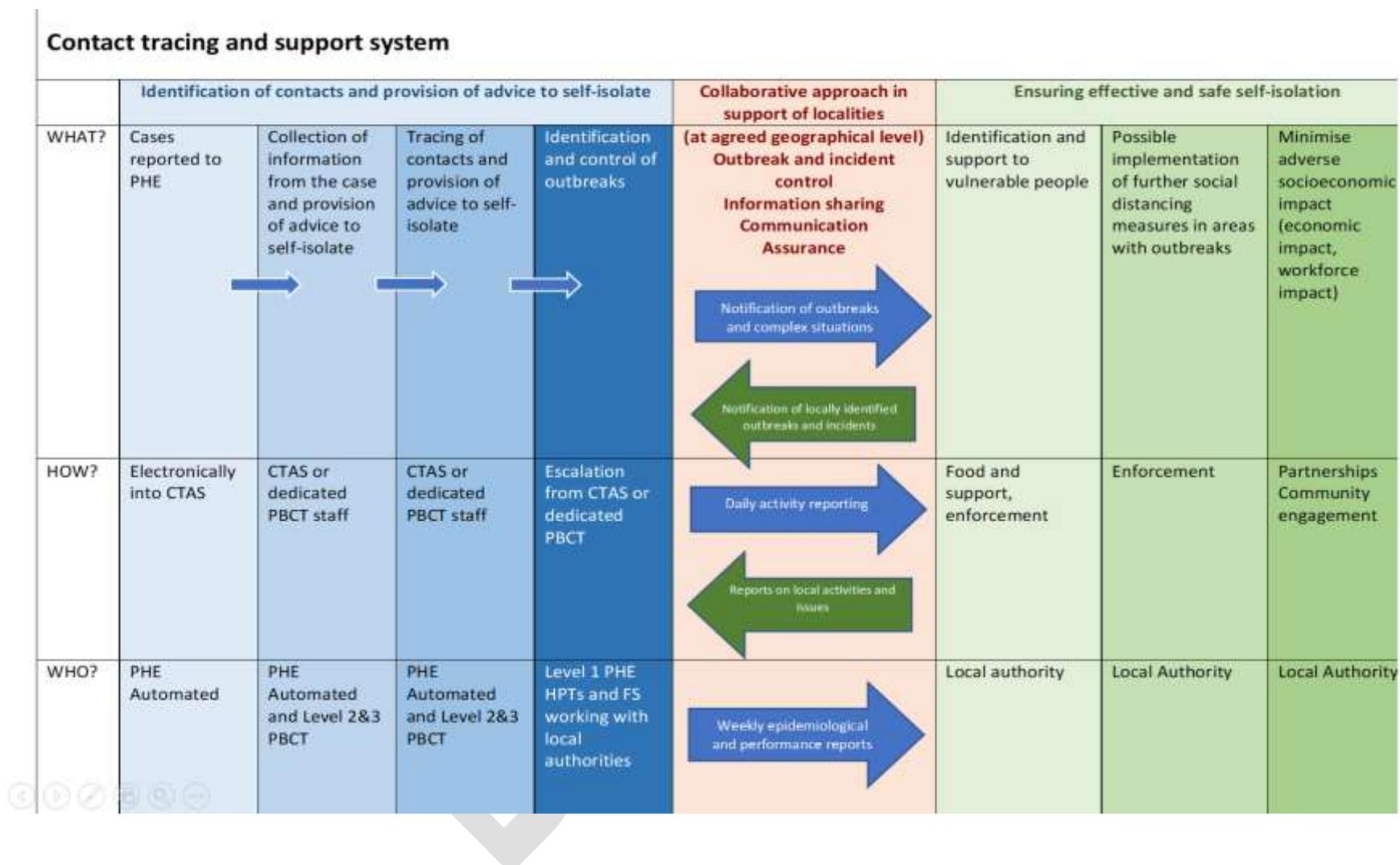
The Joint Outbreak Management Protocols embedded in the table below describe the relationship between the initial case handling by NHS Test and Trace; escalation to the PHE Health Protection Team (HPT); actions the HPT will take on escalation; reporting to the single point of contact in the Council (twice a day) and the circumstances where escalation to local action under this plan are required.

Setting	Management protocol	Date	Draft/Final
Schools	 SCHOOLS joint management TC 12-0	12/6/20	Final
Outbreak investigation	 Joint management of outbreaks DRAFT 22-1	22/6/20	Draft
Workplace	 WORKPLACE joint management 12 June	12/6/20	Draft
Care Homes	 Care Home joint management DRAFT	18/6/20	Draft
Healthcare setting	 HEALTHCARE SETTINGS joint management	13/6/20	Draft
Emergency services	 PHE NE Emergency Service Worker Test a	5/6/20	Draft

Appendix 3: Resource Analysis

COVID-19 testing																																																																																																																																																																																										
NHS Labs	<p>NHS Labs - North 1 Network *Note - Information collected week beginning 15/06/2020</p> <p>Current Antigen PCR Test and Serology Antibody Test Capacity</p> <table border="1"> <thead> <tr> <th rowspan="3"></th> <th colspan="8">Antigen PCR test</th> <th colspan="8">Serology Antibody test</th> </tr> <tr> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>Today's</th> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>Today's</th> </tr> <tr> <th>8th</th><th>9th</th><th>10th</th><th>11th</th><th>12th</th><th>13th</th><th>14th</th><th>Capacity</th> <th>8th</th><th>9th</th><th>10th</th><th>11th</th><th>12th</th><th>13th</th><th>14th</th><th>Capacity</th> </tr> </thead> <tbody> <tr> <td>Newcastle</td> <td>333</td><td>697</td><td>390</td><td>216</td><td>274</td><td>367</td><td>277</td><td>600</td> <td>419</td><td>523</td><td>867</td><td>1,407</td><td>1,062</td><td>400</td><td>0</td><td>1,500</td> </tr> <tr> <td>North Tees</td> <td>150</td><td>197</td><td>167</td><td>166</td><td>154</td><td>154</td><td>154</td><td>427</td> <td>78</td><td>178</td><td>84</td><td>166</td><td>141</td><td>71</td><td>58</td><td>300</td> </tr> <tr> <td>South Tees</td> <td>454</td><td>376</td><td>421</td><td>376</td><td>442</td><td>297</td><td>268</td><td>450</td> <td>105</td><td>263</td><td>275</td><td>376</td><td>278</td><td>129</td><td>\</td><td>350</td> </tr> <tr> <td>Gateshead</td> <td>279</td><td>413</td><td>391</td><td>319</td><td>279</td><td>425</td><td>301</td><td>425</td> <td>360</td><td>811</td><td>570</td><td>989</td><td>1,065</td><td>1,092</td><td>189</td><td>1,600</td> </tr> <tr> <td>Northumbria</td> <td>25</td><td>249</td><td>200</td><td>212</td><td>148</td><td>337</td><td>144</td><td>373</td> <td>292</td><td>645</td><td>603</td><td>524</td><td>571</td><td>16</td><td>0</td><td>1,000</td> </tr> <tr> <td>CDD</td> <td>90</td><td>103</td><td>47</td><td>40</td><td>92</td><td>88</td><td>52</td><td>123</td> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>North Cumbria</td> <td>161</td><td>173</td><td>221</td><td>134</td><td>134</td><td>172</td><td>165</td><td>742</td> <td>\</td><td>\</td><td>302</td><td>463</td><td>463</td><td>339</td><td>218</td><td>550</td> </tr> <tr> <td>Total</td> <td>1,492</td><td>2,208</td><td>1,837</td><td>1,463</td><td>1,523</td><td>1,840</td><td>1,361</td><td>3,140</td> <td>1,258</td><td>2,420</td><td>2,791</td><td>3,925</td><td>3,580</td><td>2,047</td><td>465</td><td>5,300</td> </tr> </tbody> </table> <p>NB. Monitored by NHSE&I</p>		Antigen PCR test								Serology Antibody test								Mon	Tue	Wed	Thu	Fri	Sat	Sun	Today's	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Today's	8th	9th	10th	11th	12th	13th	14th	Capacity	8th	9th	10th	11th	12th	13th	14th	Capacity	Newcastle	333	697	390	216	274	367	277	600	419	523	867	1,407	1,062	400	0	1,500	North Tees	150	197	167	166	154	154	154	427	78	178	84	166	141	71	58	300	South Tees	454	376	421	376	442	297	268	450	105	263	275	376	278	129	\	350	Gateshead	279	413	391	319	279	425	301	425	360	811	570	989	1,065	1,092	189	1,600	Northumbria	25	249	200	212	148	337	144	373	292	645	603	524	571	16	0	1,000	CDD	90	103	47	40	92	88	52	123	0	0	0	0	0	0	0	0	North Cumbria	161	173	221	134	134	172	165	742	\	\	302	463	463	339	218	550	Total	1,492	2,208	1,837	1,463	1,523	1,840	1,361	3,140	1,258	2,420	2,791	3,925	3,580	2,047	465	5,300
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CDD	90	103	47	40	92	88	52	123	0	0	0	0	0	0	0	0																																																																																																																																																																										
North Cumbria	161	173	221	134	134	172	165	742	\	\	302	463	463	339	218	550																																																																																																																																																																										
Total	1,492	2,208	1,837	1,463	1,523	1,840	1,361	3,140	1,258	2,420	2,791	3,925	3,580	2,047	465	5,300																																																																																																																																																																										
Mobile testing units	 <p>Guidance for RCGs and Deploying MTU F</p>																																																																																																																																																																																									
Support for food/medications/finance																																																																																																																																																																																										
Community Hub	See appendix 6 (support for vulnerable groups and individuals)																																																																																																																																																																																									

Appendix 4: Contact tracing and escalation protocol



Appendix 5: Local arrangements for infection prevention and control support and advice for settings.

High Risk or Complex Settings

Different settings create different risks for the transmission of covid-19 infection dependant on the vulnerability of people in the setting, their ability to take preventative measures and the support available.

The criteria to categorise settings according to infection and transmission risk (HML) is described below:

- Vulnerability of residents, service users, staff, customers (see section 7 that describes vulnerability)
- Nature of setting and impact on ability to reduce contacts (ie shared facilities in HMO)
- Support in place to setting
- Quality of risk assessment completed and
- Assurance process to provide confidence in the mitigation measures proposed and implemented

The criteria to categorise settings will be used to assess as high risk or complex, and will guide the work of the Operational Response Team preventative work for other settings – building confidence in the risk assessment and management of the vulnerable settings.

The local support available to settings is detailed below, and will be developed further. In addition to this local support a range of national resources have been developed, including Action Cards for settings, and we will work with these to build confidence in settings in Redcar and Cleveland.

Setting	
Generic checklist for settings	 checklist for settings.docx
Care homes	 South Tees offer to protect the care sector
Work place/business	 Test and Trace workplace guidance (
Transport hubs	 COVID OCPs and transport hubs cc 09 (

South Tees Covid -19 Health Protection Board

Terms of Reference

Purpose

- Build on existing health protection plans and put in place measures to identify and contain outbreaks and protect the public's health in Middlesbrough and Redcar & Cleveland.
- To provide technical and professional advice to the Strategic Coordination Group and Local Outbreak Engagement Board
- To lead the development of Local Outbreak Plan
- To liaise with PHE
- Deliver advisory and executive functions as described in "Guiding Principles for Effective Management of COVID-19 at a Local Level" (PHE and ADPH, May 2020)

Objectives

- To lead the planning of the local outbreak response
- To coordinate the development of the Local Outbreak Management Plan to respond to the key themes that have been identified by the national team:
 1. **Planning for local outbreaks in care homes and schools** (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
 2. **Identifying and planning how to manage other high-risk places, locations and communities of interest** including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
 3. **Identifying methods for local testing to ensure a swift response that is accessible to the entire population.** This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
 4. **Assessing local and regional contact tracing and infection control capability in complex settings** and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
 5. **Integrating national and local data and scenario planning** through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
 6. **Supporting vulnerable local people to get help to self-isolate** (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
 7. **Establishing governance structures** led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.
- Manage outbreaks through the Outbreak Management Teams including rapid deployment of testing
- Support the implementation of Regionally developed Standard Operating Procedures, in particular for Care Homes and Schools

- Develop local Standard Operating Procedures as required and ensure the refinement of the Outbreak Management Plan.
- Act as the conduit with the national outbreak control plans advisory board

Membership

Mark Adams (Chair)	Director of Public Health	Public Health South Tees
Esther Mireku	Public Health Consultant	Public Health South Tees
Glen Wilson	Public Health Consultant	NHS England
Richard Bellamy	Infection Control Lead Consultant	South Tees Acute NHS FT
Shaun Mayo	Service Manager	Tees, Esk & Wear Valley NHS MH FT
Janet Walker	GP Representative	Tees Valley Clinical Commissioning Group
Graeme Niven	Projects (& Testing Lead)	Tees Valley Clinical Commissioning Group
Judith Hedgley	Head of Public Protection	Middlesbrough Borough Council
Erika Grunert	Service Manager (Health Protection)	Public Health South Tees
Alistair Stewart	Public Health Intelligence Specialist	Public Health South Tees
Angus Hoy	Communications	Middlesbrough Borough Council
Christopher Webber	Communications	Redcar and Cleveland Borough Council

Governance Arrangements

The Board will meet on a weekly basis in the first instance. Administrative support will be provided by Public Health South Tees. There will also be ad hoc virtual meetings arranged as may become necessary depending on the needs of the South Tees Population.

The group is accountable to the Strategic Command Group for each local authority and will also report to the Cleveland Local Resilience Forum Strategic Coordinating Group.

The Board will establish a daily **Operational Response Team** that will receive and act on the daily data shared by the PHE Health Protection Team

Operational Response Team

Objectives

- Review the daily data on testing and tracing
- Manage specific outbreaks and advise the Health Protection Board on the rapid deployment of testing
- Develop operational response in line with the Outbreak Management Plan; including:
 - Make contact with cases or individuals in isolation to identify the need for social or clinical support for individuals
 - Provide or coordinate support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc)
 - Provide advice and support to businesses regarding continuity issues following closure or particular closure of a setting or high levels of absenteeism
 - Make contact with cases where there are issues regarding engagement with advice provided / loss to follow-up.
 - Receive and respond to local media issue, working jointly with PHE and other partners to provide a joint response.
 - Receive the daily summary table listing of situations in each Local Authority area and share the information with the relevant local authority departments to aid operational management.
 - Provide a contact telephone number and email address which will be monitored and responded to 7 days a week. Where an urgent response is required, additional contact telephone numbers will be made available.
 - Provide updates to the PHE HPT on the action taken at a local level and will report back any significant concerns regarding ongoing risk of spread of infection.
- Provide advice and learning back to the Health Protection Board to support the development of Standard Operating Procedures and the refinement of the Outbreak Management Plan.

Membership

Jonathon Dicken; Kathleen Foreman; Richard Shuttleworth; Andrew McAlpine	Environmental Health Officers	Public Health South Tees
Lianne Smith; Leona Waite; Helen Crowe; Leon Kaye	Environmental Health Officers	Middlesbrough Borough Council
Wayne Flowers	Public Protection Manager	Middlesbrough Borough Council
Emma Tindall	Principal Public Protection Officer	Middlesbrough Borough Council

Governance Arrangements

The Team will meet on a daily basis to develop the local response to the intelligence shared by the PHE Health Protection Team.

The group is accountable to the Health Protection Board, and will be managed on a day to day basis by the Head of Public Protection for Middlesbrough Council and the Service Manager (Health Protection) for Public Health South Tees.

