



# **County Durham COVID-19 Local Outbreak Control Plan**

## **11 September 2020**





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<b>Author:</b>	<b>Amanda Healy, Director of Public Health, Durham County Council</b>

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## Foreword from Cllr Lucy Hovvels MBE and Dr Stewart Findlay

We would like to take this opportunity to acknowledge the sadness experienced across our communities for the loss of life there has been and express our thanks to all NHS and social care colleagues, care workers and key workers who have worked extremely hard throughout the pandemic to ensure that service delivery is continued.

We are extremely proud of the way our partners and communities have responded to the challenges of COVID-19. The measures we have needed to take to keep us safe have changed the way that we all live, work, learn and travel.

As we enter the next phase of the pandemic it is crucial for everyone in County Durham to continue to follow government and public health advice and social distancing rules. This may mean that people will be asked to self-isolate for periods in order to help stop the spread of the virus.

The 'County Durham Together' community hub will support those who require additional assistance during this challenging time.

Our County Durham COVID-19 Local Outbreak Control Plan is a working document which will reflect the fast-moving changing circumstances of this pandemic to protect the health of our communities. The Health and Wellbeing Board, as the local Outbreak Engagement Board, will aim to keep local people up to date on the actions taken to reduce health inequalities and the spread of the virus.

The challenges posed and exacerbated by COVID-19 are not going to be resolved quickly. However, by working with our communities and our partners, we will help to protect the health of our residents.



**Councillor Lucy Hovvels MBE**  
Chair of the Health and Wellbeing Board  
Cabinet Portfolio Holder for Adult and  
Health Services



**Dr Stewart Findlay**  
Vice Chair of the Health and Wellbeing Board  
Chief Officer, County Durham Clinical  
Commissioning Group



## Introduction

County Durham is a forward-thinking county with a strong sense of community. It has a population of 526,980 residents and covers 862 miles, from coast to dales, from villages to Durham City.

County Durham has a clear vision for its residents to have more and better jobs, long and independent lives and connected communities that are supportive of one another. There remain significant differences in health across County Durham and between County Durham and England which makes achieving the vision even more important.

The coronavirus pandemic is one of the most profound challenges society and our local communities have faced in more than a generation and with effective vaccines yet to be produced, we have to anticipate that society will be affected by COVID-19 for some time to come.

The council and its partners had emergency and business continuity management planning frameworks in place, which enabled us to respond promptly to the threat as it emerged. However, we have had to respond dynamically and innovatively revising our approach as the national coronavirus action plan and recovery strategy evolved. The Local Resilience Forum (LRF) declared a major incident and instigated the system response to the pandemic. The work has required us to follow national policy and guidance.

The council has worked nationally, regionally and locally to protect our communities and to support those affected by the pandemic, economically, socially and in relation to their own physical and mental health. This has included establishing a 'County Durham Together' community hub to protect those who require additional support.

County Durham communities themselves have been a major force in this and have made an immense contribution to the 'County Durham Together' response. County Durham residents have observed and cooperated with national guidance and while the lockdown restrictions are beginning to be relaxed for many, the council will continue to support the many thousands of residents who are still shielding and self-isolating.

This next phase of the pandemic is crucial for us in County Durham as we seek to fulfil Vision 2035, address the impact that COVID-19 has had on our communities to date and seek to slow the transmission of COVID-19 within our communities with the development of the local outbreak plan.



The plan is built on established and longstanding relationships with Public Health England (PHE) North East Health Protection Team.

The latest publicly available data for the County Durham and Darlington LRF and both local authorities is available via [Durham Insight](#).

## Purpose

In County Durham there are established health protection assurance arrangements with key partners working closely on infectious diseases, environmental hazards and emergency preparedness and response. This work reports annually to the Health and Wellbeing Board and has stood us in good stead to establish rapid partnership arrangements, including with the PHE North East Health Protection Team, for developing the COVID-19 local outbreak plan and preparing for complex cases of COVID-19 and outbreaks.

The overarching focus is to protect the health of local residents from COVID-19 and reduce any onward transmission from COVID-19.

We have also built on the extensive cross Council and partnership planning and response to COVID-19.

## Funding

The Government has allocated £4.5 million to County Durham for managing COVID-19 outbreaks. It is anticipated that this will be required to support:

- *Capacity*. Increasing the capacity to respond rapidly and in a sustained way over the next 12 months. A proposal is in development for this and includes out of hours arrangements and a more dedicated team to co-ordinate and manage outbreaks across the partnership.
- *Contingency to support contact tracing*. This would be if specialist public health capacity and contact tracing expertise was required within Public Health England Health Protection Team.
- *Community engagement*. This will build on our wellbeing principles and existing arrangements including Area Action Partnerships (AAP's) and seek to pro-actively engage residents in prevention of COVID-19 and support to local residents needing to self-isolate. This work will build on existing infrastructures including social prescribing link workers and health advocates.
- *Support for vulnerable people*. This will continue to take place via the 'County Durham Together' community hub.

- *Commissioned services.* Scope to support and enhance key services (infection prevention and control for example) is being explored.

The grant is referred to as ringfenced, meaning it can only be spent for designated purposes (as deemed appropriate by the Department of Health and Social Care). The purpose of the grant - cited as the Local Authority Test and Trace Service Support Grant Determination (2020/21) [No 31/5075] - is to provide support to Local Authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

## The Plan

The Government requires all Local Authorities to produce a COVID-19 Local Outbreak Control Plan

The COVID-19 Local Outbreak Control Plan has the following key objectives:

- Protect the health of our local communities through:
  - Provision of clear prevention messages in relation to COVID-19;
  - Rapid detection of COVID-19 outbreaks;
  - Controlling onward transmission;
- Provide support to those who need to self-isolate building on our population health management approach to the pandemic;
- Develop and apply intelligence, including the knowledge and insight providing by our local communities.

The government has identified seven themes that are addressed in this plan. The COVID-19 Local Outbreak Control Plan will centre on 7 themes:

- Care homes and schools.
- High risk places, locations and communities.
- Local testing capacity.
- Contact tracing in complex settings.
- Data integration.
- Vulnerable people.
- Local boards.

As this is a working document, reflecting a dynamic situation, it is anticipated that it will require updating as appropriate.

## Background

An increase in cases of COVID-19 is anticipated with the relaxing of lockdown measures. This requires a different approach to controlling transmission of the virus. The national NHS Trace and Test Service has been introduced to ensure that anyone who develops symptoms can be tested, and action taken to prevent spread of the virus by promoting isolation of individuals who test positive, and those who have been in close contact with them. An added concern is asymptomatic transmission, which further emphasizes the importance of prevention.

Currently there remains no vaccine for SARS-CoV-2 or cure for COVID-19. Community transmission of the virus continues across the UK and there is the prospect of imported cases as international travel restrictions are eased.

Testing among the public has been extended, in order to identify if an individual is infected with the virus. This process is part of the NHS Test and Trace Service (see Appendix 1).

These new arrangements will be challenging for many of our communities as the impact of COVID-19 infection risk is felt by those directly affected by the virus who will need to self-isolate immediately and may need support to do so, their families and social contacts and their employers. The effects may ripple across the local economy and the local health, social care and welfare system.

### Identification of a suspected outbreak

There are three possible routes through which information flows and an outbreak may be identified:

- NHS Test and Trace. This service receives positive COVID-19 lab tests results, contacts the individual case and seeks information on close contacts.
- Public Health England's local Health Protection Team continue to be notified of suspected cases of notifiable diseases and potential outbreaks in various settings.
- Local intelligence may identify cases that require further investigation and control.

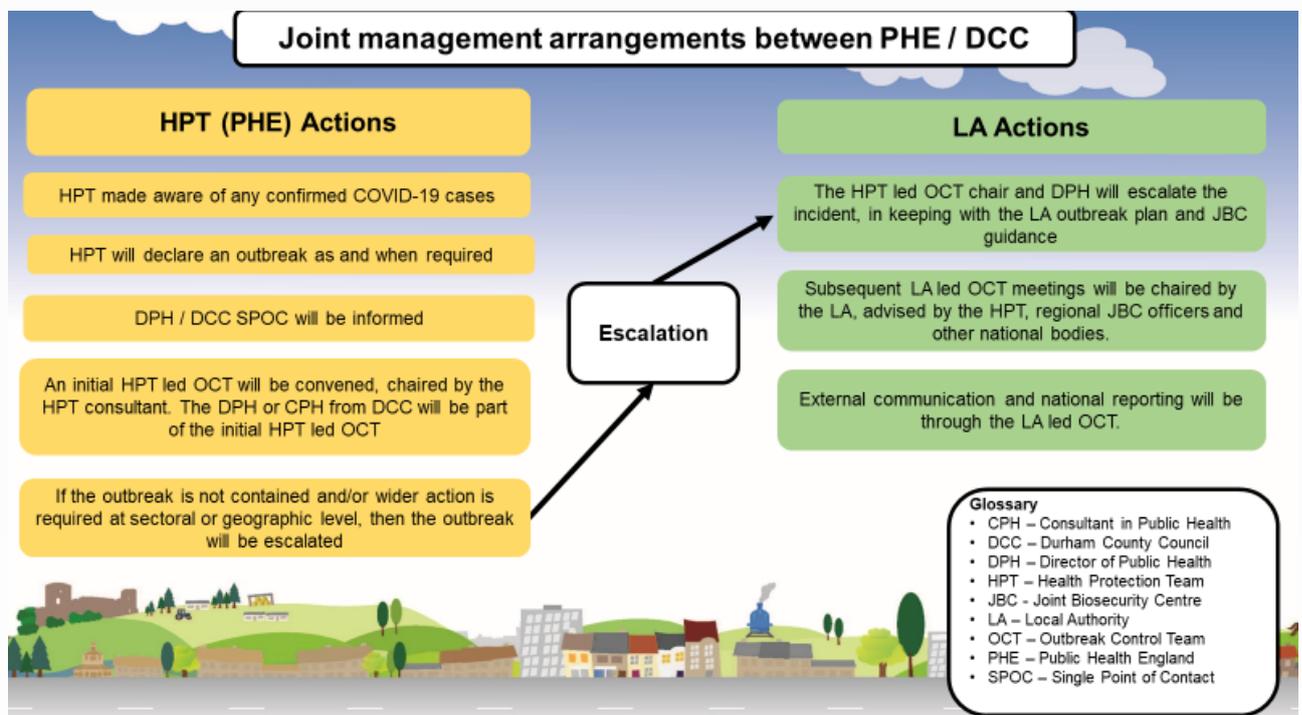
## Outbreak management

At the moment it would usually be the role of the local Health Protection Team in Public Health England to bring together partners to discuss the circumstances around a suspected outbreak in the local area, and for this group to decide whether a formal Outbreak Control Team meeting should be set up. Part of the decision-making process would be agreed definitions of an outbreak (see Box 1).

The Health Protection Team at Public Health England provide support to prevent and reduce the effect of infectious diseases.

The following diagram shows how outbreaks in the North East are jointly managed between Health Protection Team and Local Authorities (see Figure 2).

Figure 2 joint management arrangements between PHE/DCC



## Box 1: Definition of an outbreak in a non-clinical setting

### Definition of an outbreak of COVID-19 in a non-clinical setting

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 more than 15 minutes) during the infectious period of the presumed index case.

OR

(When there is no sustained community transmission or equivalent risk level assessed by the Joint Biosecurity Centre) - absence of alternative source of infection outside the setting for initially identified cases.

### Closure of Outbreak

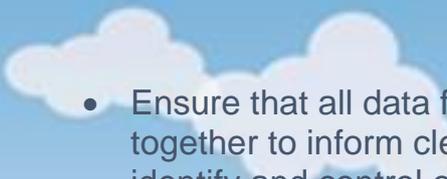
The decision to declare the outbreak over should be informed by on-going risk assessment and when:

No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters).

## Data

The integration of both national and local data and intelligence is essential for scenario planning, rapid response to outbreaks in order to inform and support more effective targeting of interventions to prevent and manage outbreaks. and performance review. The COVID-19 Local Outbreak Control Plan will set out the arrangements, including national, regional and local roles and responsibilities, for monitoring and reporting available testing and tracing data. This will:

- Be used to identify and manage local outbreaks.
- Be based on existing and developing data sharing and reporting arrangements.
- Will include the necessary information governance protocols and arrangements.
- National guidance specifically identifies care homes and schools as requiring outbreak management plans.

- 
- Ensure that all data from national, local and NHS sources are brought together to inform clear and decisive decision making to prevent, identify and control outbreaks and identify high risk settings, locations and communities.

NHSX have provided updated COVID-19 Information governance advice for IG professionals relating to the sharing of data which advises ‘the legal framework has flexibility when it comes to the processing of information. Information relating to the COVID-19 outbreak should be shared as needed to support individual care and to help tackle the disease through research and planning during the COVID-19 situation. The focus should be to ensure the risk of damage, harm or distress being caused to individual residents and service users is kept to a minimum and that data is only processed where it is necessary to do so and in an appropriate manner.’

Further to this a COVID-19 Testing Rapid Data Sharing Contract between Public Health England and Durham County Council has been signed to allow for the provision of a weekly feed relating to point level positive testing data (Pillars 1 and 2). This agreement states that for all positive tests recorded from June 1<sup>st</sup> 2020, assigned to the local authority, PHE will provide the following data items on a weekly basis:

- Record ID
- Sex
- Age
- Postcode
- Ethnic Group
- Occupation (patient occupational group)
- Key worker (Patient key worker status)
- Test Date (date of COVID-19 test or specimen test)
- Pillar (COVID-19 test location type - laboratory, mobile testing station, home test)

COVID-19 tests in the UK are currently carried out through two main routes:

**Pillar 1:** Local swab testing in NHS hospitals for those with a clinical need, and health and care workers, processed in PHE laboratories. Pillar 1 data for England is provided by the NHS and PHE.

**Pillar 2:** Swab testing for the wider population, as set out in government guidance. Pillar 2 swab testing and processing is carried out in partnership between the Department of Health and Social Care (DHSC), commercial organisations and the military. Swab testing through takes place through regional testing sites, mobile testing units, and self-testing.

Durham County Council is developing an interactive mapping tool which presents location specific lab-confirmed tests (via the PHE positive testing data set) combined with a broad range of spatial data relating to settings and risks. This Risk and Outbreak map will be used to help identify and manage outbreaks over time spatially and by setting, and populations at risk of further outbreak whilst providing intelligence to support prevention activity: The following settings and risks have, or are in the process of, being identified and added to the developing mapping tool:

- Durham County Council owned premises including office buildings and depots, libraries, leisure centres and day centres.
- Schools.
- High risk accommodation settings including care homes, children’s homes, prisons, houses of multiple occupation, hospitals and hospices.
- High risk employer or business settings that are workplaces including business type (such as manufacturing), hospitality venues (restaurants, pubs), tourism and leisure venues (such as major tourist attractions, cinemas, theatres) and sports venues. This also includes other workplaces and private commercial properties such as retail, offices and leisure services (such as gyms, hairdressers, barbers, beauticians etc).
- High risk communities including older people, Black and Minority Ethnic (BAME), Gypsy Roma Traveller (GRT).
- Population density by small area level.
- Index of Multiple Deprivation.
- The Small Area Vulnerability Index (SAVI)<sup>1</sup>

Currently, there several different data sources and organisations that feed into local surveillance. The different data feeds are collated centrally by the DHSC. Access to national datasets has been evolving over time and has been changing on a regular basis, culminating in the recent access to granular level positive testing data via PHE as previously detailed.

Incoming data to Durham County Council relating to testing can be seen in table 1.

*Table 1. Current incoming testing data by frequency and source*

Frequency	Name	Coverage	Source
Daily	PHE C19 report (P1 and P2)	North East LA	PHE
	PHE Exceedance report (P1 and P2)	North East LA	PHE
	PHE Contact Tracing UTLA Report (P2)	North East LA	PHE
	COVID-19 Testing (P1, local feed)	County Durham, P1, LSOA	CDDFT

<sup>1</sup> Small Area Vulnerability Index, Place Based Longitudinal Data Resource. June 2020. <https://pldr.org/dataset/e6kl0/small-area-vulnerability-index-savi>

	CDDFT COVID-19 care homes testing (P1)	Care Home	CDDFT
<b>Daily dashboard</b>	COVID-19 LA Testing dashboard (P1 and P2)	National LAs	NHS Digital
<b>Weekly reports and data</b>	PHE Test and Trace weekly report (P2)	North East LA	PHE
	PHE Weekly Care Home Outbreaks	National LA	PHE/CQC
	PHE Weekly C19 report (P1 and P2)	North East LA	PHE
	COVID-19 Positive Test Data	County Durham, individual level	PHE
<b>As required</b>	PHE HPT escalated issues	By setting	PHE HPT

NB: P= Pillar

## Risks

- There is a requirement to fully understand the various national data feeds that are available to local authorities, and to ensure consistency across the various reporting platforms (PHE Surveillance reports, NHSD COVID-19 dashboard, local intelligence).
- Data identified via Data Sharing Agreements must be consistent and timely.
- Identification of data gaps in national and local data sets should continue to be prioritised.
- The developing Outbreak and Risk map and testing dashboard must be able to present critical information and analysis to inform local decision making, community support activity and performance review.

## Next steps

- Continued development of the local risk and outbreak map.
- A local testing dashboard is being developed building on the intelligence contained in the various daily and weekly reports to enable daily monitoring of key measures. This will be as pro-active and transparent and accessible as possible in relation to the wide range of data.
- Further develop reporting specifications for the developing dashboard ensuring coverage of all themes.
- Continue to ensure appropriate use of terminology such as outbreak or cluster.

## Principles

The plan has been developed in line with the four principles, based on the work of the Association of Directors of Public Health and Public Health

England, for the design and operationalisation of Local Outbreak Plans and arrangements, including local plans for contact tracing. These will be used to ensure that arrangements have been developed in a way which will enable maximum impact and effectiveness.

The prevention and management of the transmission of COVID-19 should:

- be rooted in public health systems and leadership;
- adopt a whole system approach;
- be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence;
- be sufficiently resourced.

These principles have been supplemented with our local wellbeing principles, which are part of the County Durham Vision 2035 and which recognise that good mental and physical health is essential for individuals, families and communities to thrive. Six principles have been developed, which provide a framework to ensure that all policies, guidance and services are developed with wellbeing in mind (see Figure 3).

Figure 3. The Wellbeing Principles



Legal and policy elements relevant to the current work are described in Appendix 2.

## Communications

Clear and timely communication plays a key part of any effective outbreak response. This is even more important now, given the heightened community concerns brought on by coronavirus. The aim of the outbreak communication is to communicate in ways that build and maintain trust between local communities and the Local Health Protection Assurance Group/Local Outbreak Engagement Board. Without this trust, our communities will not believe, or act on, the health information that is communicated by Public Health during a local outbreak and will be less inclined to work with us to develop local intelligence on infection risks and control.

Local communications and actions are aligned with Public Health England and always work with local, regional and national partners as appropriate and when required for the best outcomes for our communities and the reduction of community transmission.

## Community engagement

In the current situation, many people are feeling that they do not have control within their lives, and many of the fundamental enhancers to life have been removed, such as access to family and friends and other social activities. Many of the requirements of lockdown have come from government, with no discussion with local people as to what it means to them or how they will cope. Most people locally have accepted the restrictions placed on them, recognising that this is critically important if the pandemic is to be curbed. Indeed, there have been huge numbers of people who have volunteered to help support overcoming the crisis, which has become a key part of the 'County Durham Together' response and based on the Wellbeing Principles.

The plan has been developed under tight time constraints, which has meant that there has been limited involvement of local people. However, the public's views have been sought through a range of methods, including staff and resident surveys. This will continue and where possible, there will be further methods of including the public as the plan progresses, is monitored and reviewed.

### Risks

- People refuse to co-operate, having lost trust with the government and/or local authority.

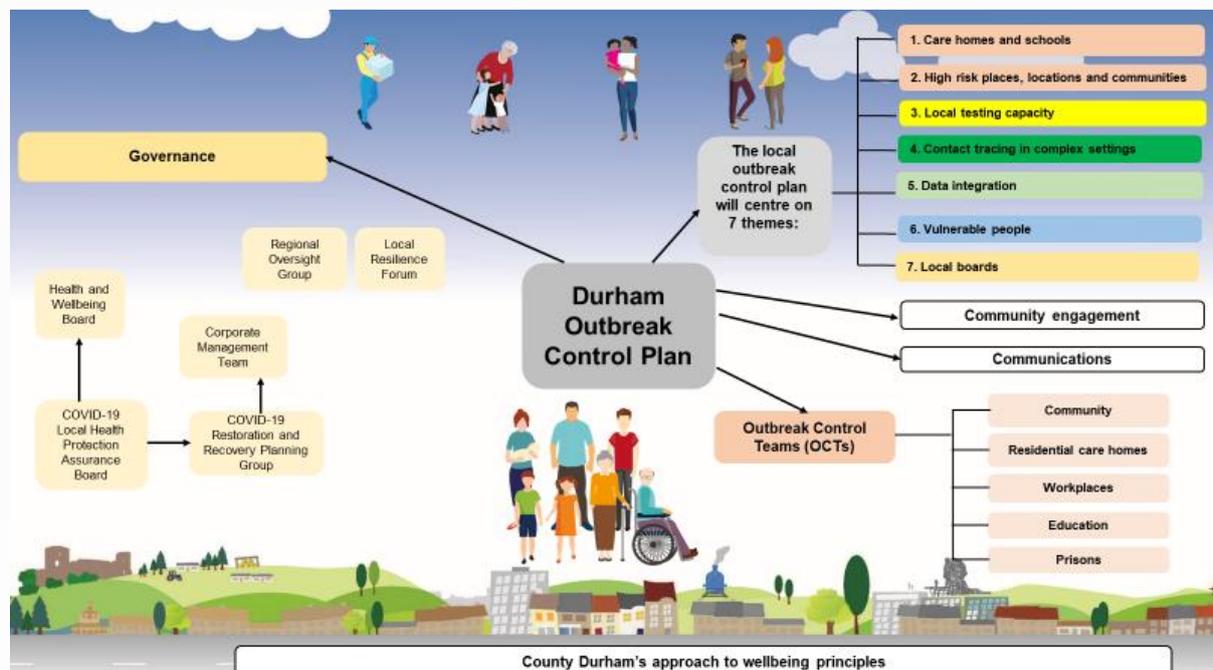
## Next steps

- Residents is being adapted for current situation and will be administered in the near future.
- A clear communications plan is being developed in order to inform residents of current situation and will be adapted as required.

## Governance

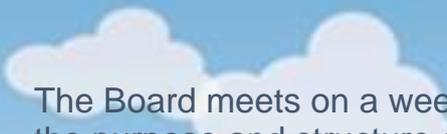
Figure 4 summarises the overall governance framework for COVID-19 outbreak control within the context of managing the county's wider response to the pandemic.

Figure 4: Durham COVID-19 Local Outbreak Control Planning and Governance



## Local Health Protection Assurance Board

The key purpose of the Local Health Protection Assurance Board is to lead, co-ordinate and manage work to prevent the spread of COVID-19. As such it links with and supports wider work to help the county and its communities recover from the pandemic and restore some normality.



The Board meets on a weekly basis and the Terms of Reference which define the purpose and structure of the Board are attached as Appendix 3. It has developed the County Durham COVID-19 Local Outbreak Control Plan (the current document) to provide a framework for leading, coordinating and managing the outbreak prevention and control process.

The key priorities of the Board are to:

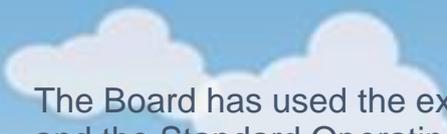
- provide a framework for leading, co-ordinating and managing the spread of COVID-19 including prevention and outbreak control and management;
- establish the support mechanisms Durham County Council (DCC) will provide to the Public Health England (PHE) Test and Trace Service;
- build on the established public health protection role and responsibilities of the local authority to manage outbreaks in specific settings;
- identify further action that might be required, including considering the impact on and needs of local communities;
- understand the local health, social and wellbeing challenges of COVID-19;
- support the role of the Health and Wellbeing Board in engaging the public, led by Cabinet Portfolio for Adult and Health Services.

The Board is chaired by the Director of Public Health and supported by a Consultant in Public Health (health protection) and Public Health Programme Manager.

Key strategic stakeholders are part of the Board to span the elements of the local outbreak plan including:

- NHS Clinical Commissioning Group (CCG) and NHS system lead.
- Health and Safety Executive (HSE).
- Durham University.
- LRF Data Cell interface.
- DCC – public health, community protection, community support hub, partnerships and community engagement, emergency planning, and response, commissioning, education and communications.

Clear roles and responsibilities have been set out for key stakeholders.



The Board has used the existing PHE North East Outbreak Control Guidance and the Standard Operating Procedure for outbreaks, developed by PHE in collaboration with local authorities to develop terms of reference.

There is an established and very strong arrangement between the Director of Public Health, Head of Community Protection and PHE Health Protection Team and our professional colleagues in neighbouring authorities.

## **Health and Wellbeing Board**

The Health Protection Assurance Board reports formally to the Health and Wellbeing Board.

The Health and Wellbeing Board will be the Member-led board engaging with residents about the County Durham COVID-19 Local Outbreak Control Plan.

The Health and Wellbeing Board is well placed to fulfil this function with a wide range of partners including Healthwatch, NHS Foundation Trusts, County Durham and Darlington Fire and Rescue Service, Police and Crime Commissioner, Clinical Commissioning Group, Corporate Directors for Adults, Children and Director of Public Health

The Board is Chaired by Cllr Lucy Hovvels MBE, Cabinet Portfolio Holder for Adult and Health Services. In addition, there are two other Cabinet members on the Health and Wellbeing Board, Cllr Olwyn Gunn Portfolio Holder for Children and Young People's Services and Cllr Joy Allen, Portfolio Holder for Transformation, Culture and Tourism.

The County Durham COVID-19 Local Outbreak Control Plan will also be shared with the Adult and Health Overview and Scrutiny Committee and will be the focus of a future scrutiny committee.

## **Corporate Oversight**

Internal to Durham County Council, the outbreak control arrangements report to the existing Restoration and Recovery groups to ensure close linkage to all COVID-19 plans and to Corporate Management Team to provide clear corporate oversight of the work.

## Local Resilience Forum

There is also a clear interface with the County Durham and Darlington Local Resilience Forum (LRF). The forum has stood-up a Strategic Co-ordinating Group (SCG) and supporting cells and groups, under the overall strategic command of the Deputy Chief Constable for Durham and Darlington. Durham County Council strategic command has been provided by the Chief Executive and Corporate Directors who have been key members of the SCG. The council's Director of Public Health has also been a member of the LRF SCG.

LRF strategic oversight will transfer from the SCG to a Strategic Recovery Group (SRG) at the end of June 2020, which will be chaired by the Chief Executive of Durham County Council. This will enable close oversight of testing and outbreak management arrangements and coordination with wider recovery planning.

## Regional Oversight Group

A regional oversight group for Local Outbreak Plans is being stood-up. The Chief Executive of Durham County Council will be the LA7 Lead Chief Executive on this regional oversight group. The council's Director of Public Health, the North East chair of the Association of Directors of Public Health will also be a member of this group.

## Outbreak communication principles

A set of outbreak communication principles that shape and inform our communication plan have been developed by WHO<sup>2</sup>. These include:

- ensuring identified and at-risk populations have the information they need to make well-informed decisions and to take appropriate actions to protect their health during a local outbreak;
- supporting coordination and the efficient use of communication resources among local partners and stakeholders;

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<sup>2</sup> <https://www.who.int/ihr/publications/outbreak-communication-guide/en/>

- providing relevant public health information to identified audiences;
- minimising sensationalist media;
- minimising social and economic disruption;
- maintaining and building public trust in public health communications.

## Outbreak communication plan

A local communication plan has been developed to cover the following themes:

- Infection prevention measures;
- Awareness raising, promotion and signposting of NHS Test and Trace;
- Engagement and call to action for everyone to play their part;
- Communication support for the Local Health Protection Assurance Group / Local Outbreak Engagement Board;
- Pro-active communication support for outbreak teams and outbreak themes, based on our wellbeing principles;
- Support for those in self-isolation;
- Support for the community experiencing an outbreak;
- Reactive communications to promote factual coverage of issues, limit rumour and provide wrap-around support for affected communities.

### Risks

- Lack of clarity in national to local responsibility of both proactive and reactive communications.
- National / Local repeated or misaligned communications.
- Slow or unclear communication.
- Media sensationalising an outbreak / Fake news / testing myths.
- Poor communication reach resulting in low engagement with testing and self-isolation.
- Over saturation on coronavirus messaging leading to public confusion / apathy.
- Lost trust with the government and/or local authority.

### Next steps

- Test and Trace Awareness Raising Campaign.
- Play your part campaign.
- Communication support for outbreaks teams.
- Ongoing communication support for any outbreaks.

## Local testing capacity

The reason for testing for infectious diseases is to determine whether someone is infected with that disease. This can help in both the control of transmission of the infection and help the management of suspected cases and situations. Further detail can be found in Appendix 4.

As noted above, our outbreak control arrangements will use two pillars from the national testing framework:

- Pillar 1: Scaling up NHS swab testing for those with a medical need and, where possible, the most critical key workers.
- Pillar 2: Mass-swab testing for critical key workers in the NHS, social care and other sectors.

### Risks

There are two key risks associated with testing: a) lack of local testing capacity to rapidly respond to local outbreaks and contribute to control measures, and b) potential delays in the timeliness and accuracy of notifications through Pillar 2 to enable a sufficiently rapid local response to an active outbreak.

### Next steps

There are ongoing developments in the following areas:

- Mobile testing units - it is expected that the number of these units within the Region will double during the course of June/July, and there are ongoing discussions as to how they can support local outbreak management;
- Testing in care homes - there is currently a proposal being considered on using Pillar 1 to conduct testing in whole homes;
- Pilots in schools - under the auspices of the Department for Education, schools are being asked if they would like to participate in a prevalence study of COVID-19.

## Escalation and local lockdown restrictions

The Health Protection Team and the Director of Public Health will escalate the incident, in keeping with the agreed joint management of COVID-19 working arrangements if:

- 
- There are increased numbers of cases in a workplace or healthcare setting.
  - There are linked cases in the community or supply chain.
  - Media / political interest.

The Government (as of 3rd July) have developed an approach for controlling future local outbreaks which has five principle components: monitoring, engagement, testing, targeted restrictions and finally, as a last resort, lockdown.

- **First, monitoring.** Public Health England, working with the Joint Biosecurity Centre, will examine carefully data on the spread of the disease and people's behaviour across the country. They will look out for emerging trends, rising case numbers and other indicators, while taking into account local factors and work closely with the Director of Public Health.
- **Second, engagement.** If monitoring identifies local problems, NHS Test and Trace and PHE will work with the relevant local authority to develop a deeper understanding of the problem and identify solutions. Communication with residents will be a key part of this, ensuring that residents are informed and know what is happening. This ties in closely with the communications and engagement work.
- **Third, testing.** Substantial testing capacity is being developed nationwide and this should provide the ability to target capacity at local areas in order to support emerging outbreaks as appropriate. Scaled-up testing at a local level, combined with contract tracing through NHS Test and Trace and the local PHE Health Protection Team, will seek to implement control measures as rapidly as possible to slow the spread.
- **Fourth, targeted restrictions.** If the virus continues to spread, activities will be restricted at certain locations and close individual premises. This will be combined with local testing of contacts. Further guidance is awaited from Government of the legal powers required to carry this out.
- **Fifth, local lockdown.** If the previous measures have not proven to be enough, the Government will introduce local lockdowns extending across whole communities. That could mean shutting businesses venues that would otherwise be open, closing schools or urging people once more to stay at home. Local lockdowns will be carefully calibrated depending on the scientific and specific circumstances of each outbreak and we are continually exploring smarter means of containing the virus.

Further detail is expected from Government in relation to this escalation process.

## Outbreak Control Teams (OCTs)

COVID-19 outbreaks will follow the Public Health England (PHE) joint management arrangements as agreed, which are based on well established guidelines. Arrangements between PHE and the Local Authority have been agreed via an overarching Standard Operating Procedure and then several Standard Operating Procedures (SOPs), based on different settings.

In the case of an unusual number of cases or particularly complex situation (e.g. multiple cases in a setting; high levels of anxiety or interest from media or other organisations), a multi-agency Outbreak Control Team (OCT) will be set up by PHE to review the situation and agree actions/required leadership of the situation. It is difficult to predict the likely frequency of occurrence of such critical incidents that PHE will lead on an OCT.

The Director of Public Health and the Health Protection Assurance Board will work closely with PHE if an OCT is required. In anticipation of key outbreaks identified in the PHE SOP the proposed governance is set out in Figure 5.

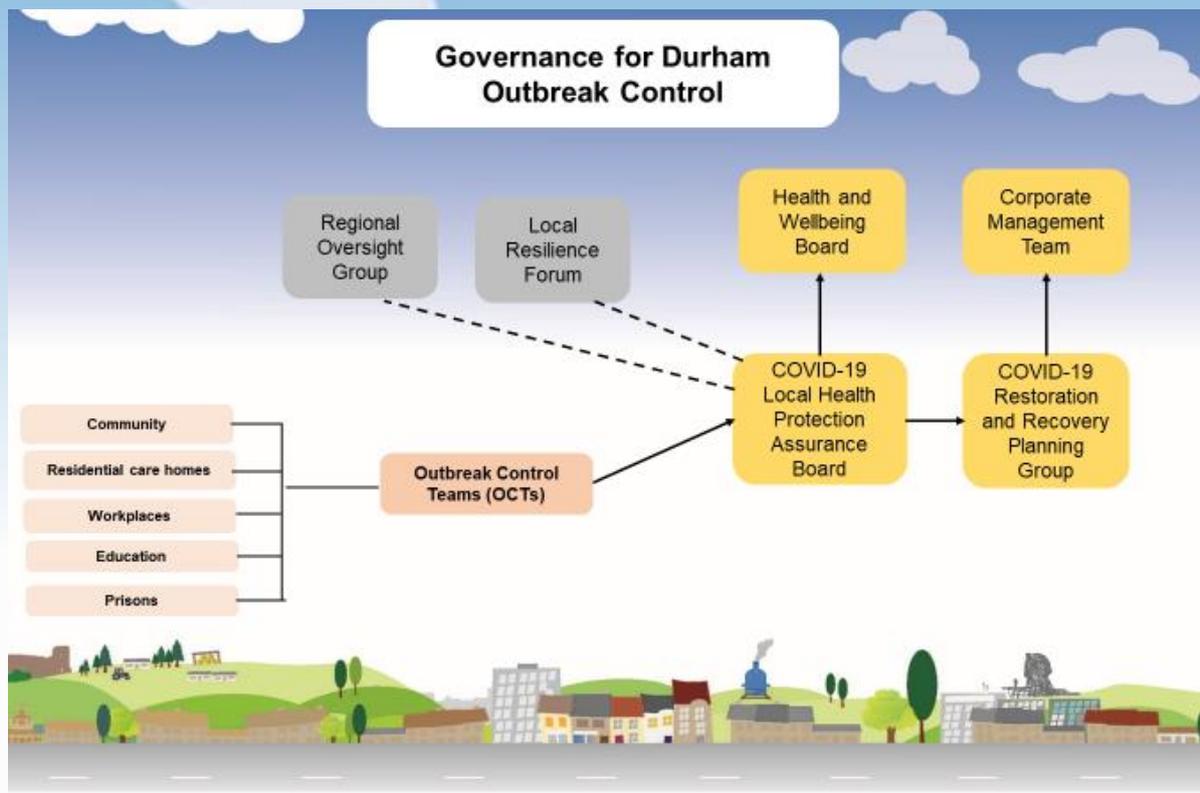
Each OCT will have standard OCT guidance agreed. It is the intention to draw on existing local authority expertise depending on the setting or group of people affected, such as school, workplace, prison etc. This will align to the existing COVID-19 guidance being used in key settings and with the general public.

Plans are in place in readiness for a call from PHE to convene an OCT. These are supported by a suite of papers for each setting, which include:

- Relevant SOP.
- Terms of Reference and membership.
- Agendas, Action and Decision log, Update forms.

The governance structure for OCTs is summarised in figure 5.

Figure 5. Governance around Local OCTs



It is unclear what local arrangements would be for any 'lockdown' situation and further clarity is required nationally in relation to this.

## Out of hours arrangements

The contact tracing cell at Public Health England will be operational 8am-8pm 7 days a week and need to be multi-agency arrangements with a Single Point of Contact (SPOC) in place to support this.

A SPOC is in place with a dedicated email address for intelligence and escalation from Public Health England to the Local Authority. An out of hours rota is also in place to support any incident.

While incidents in healthcare settings will be managed by the healthcare organisation there is an expectation that the Director of Public Health, Deputy Director of Public Health or Consultant in Public Health will be part of an Outbreak Control Team

Out of hours arrangements are a risk due to senior capacity within the Public Health Team and Environmental Health Team as well as other service areas. This is being addressed.

## Supporting vulnerable people: The Community Hub

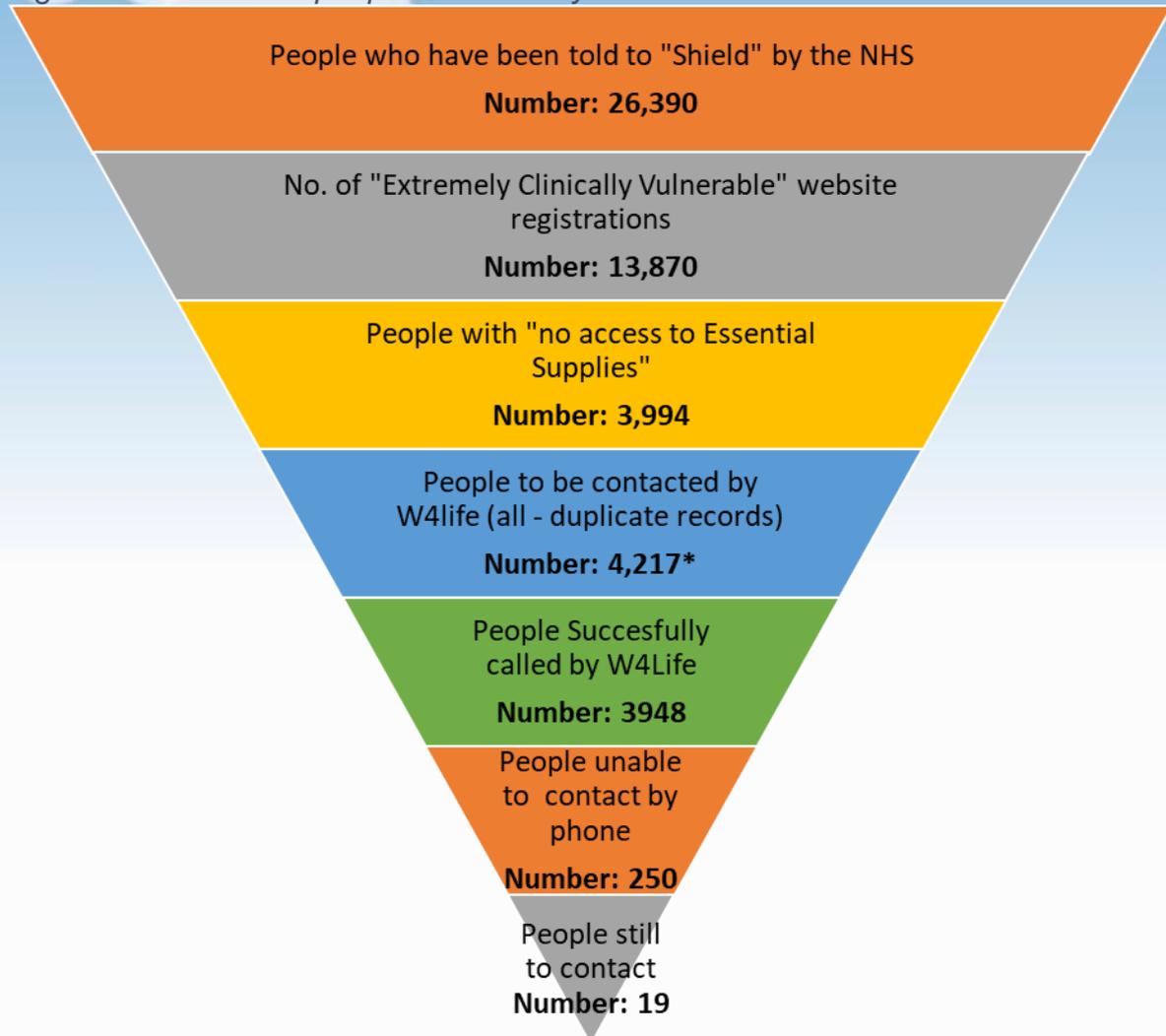
The LRF declared a major incident in March 2020 and instigated the system response to the pandemic. A community support cell was established and tasked with setting up a community hub (County Durham Together Community Hub) to protect those both clinically vulnerable to COVID-19 (shielded) and those who had become socially vulnerable due to the virus infection containment measures. The hub was established to coordinate food provision, social contact, welfare support, volunteering and to provide central coordination of voluntary and community sector (VCS) support.

The hub offers support and guidance to County Durham residents who are shielded, vulnerable and have needs related to COVID-19, linking them to existing local services where possible and supporting with essential aid where necessary (for numbers of individuals identified, see Figure 6).

The Hub has two client pathways:

- (a) Proactive pathway – outgoing calls made by CDDFT NHS Wellbeing for Life from NHS lists to those residents who meet all below criteria:
  - (i) Identified by NHS (letter to home) as clinically vulnerable to COVID-19;
  - (ii) As instructed in this letter, self-registered on the Government ‘clinically vulnerable’ website;
  - (iii) When registering stated that they do not have support with essential supplies.
- (b) Reactive pathway – incoming contacts received via a dedicated online form / contact centre phonenumber from residents who self-identify or are referred by third parties (e.g. family, neighbours, Tees Esk and Wear Valley (TEWV) NHS Trust, Adult Health Services, Housing Organisations, Probation) as needing support around issues linked to COVID-19.

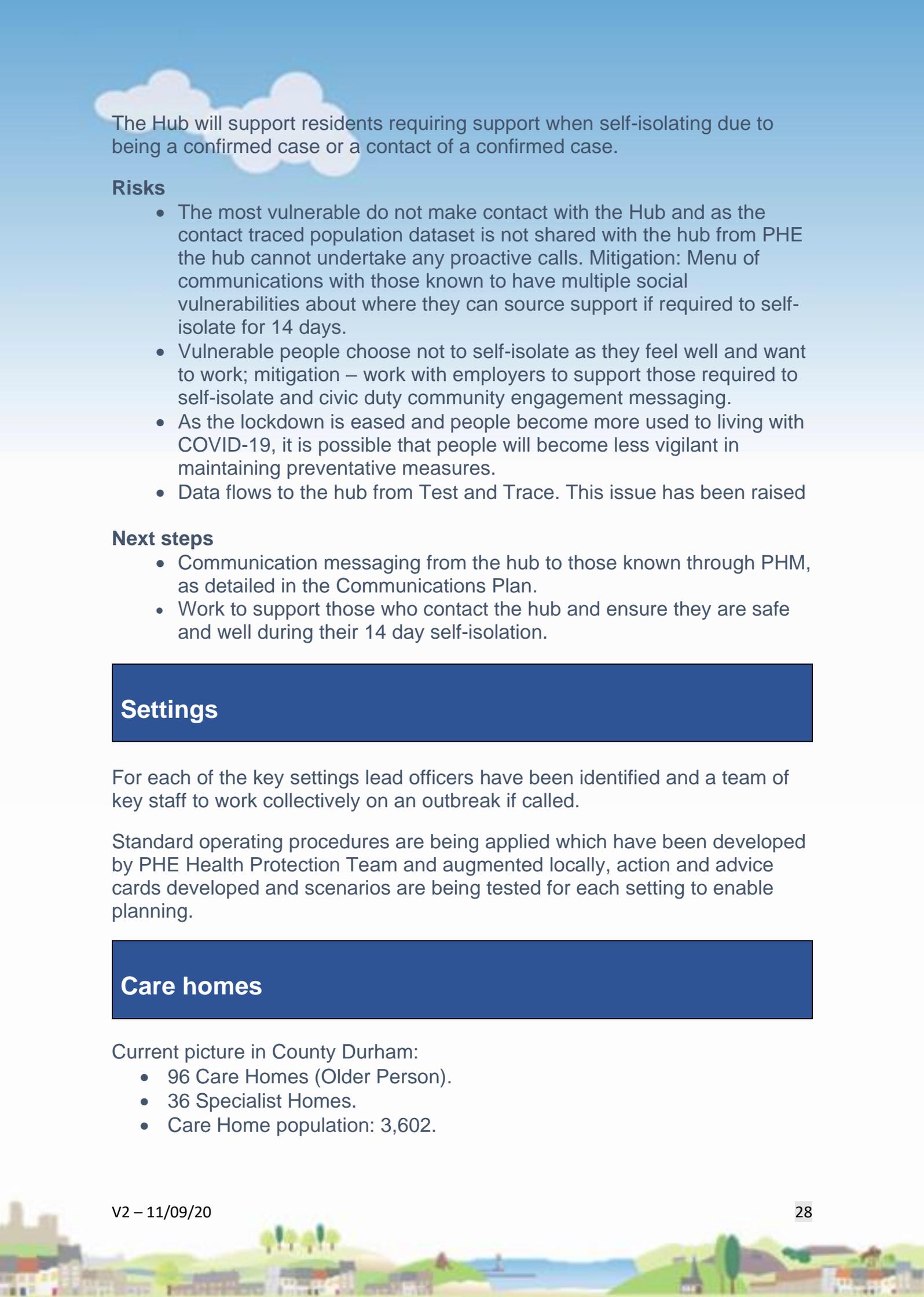
Figure 6. Numbers of people identified by the Hub



In order to maximise awareness of the Hub across the county a communications plan is in place which includes print, radio and social media elements. Key partner organisations including TEWV, Primary Care, Adult Health Services also raise awareness of the Hub with their client populations. Direct mailshots have been sent out at various intervals to the shielded population and those identified as living with multiple social vulnerabilities.

The Hub was set up to provide additional support around COVID-19, not to replace existing service provision and where necessary Hub staff link clients (both new to and known by) to specialist providers and services via established, co-produced referral pathways where necessary.

The Hub has key contacts with key vulnerable populations and communities of interest such as faith communities. In County Durham a network of 14 Area Action Partnerships (AAP's) are in place. The AAP's have extensive knowledge of the local area, understanding of the health needs and assets and have played a key role in supporting local residents during the pandemic. This will continue with outbreak control.



The Hub will support residents requiring support when self-isolating due to being a confirmed case or a contact of a confirmed case.

### Risks

- The most vulnerable do not make contact with the Hub and as the contact traced population dataset is not shared with the hub from PHE the hub cannot undertake any proactive calls. Mitigation: Menu of communications with those known to have multiple social vulnerabilities about where they can source support if required to self-isolate for 14 days.
- Vulnerable people choose not to self-isolate as they feel well and want to work; mitigation – work with employers to support those required to self-isolate and civic duty community engagement messaging.
- As the lockdown is eased and people become more used to living with COVID-19, it is possible that people will become less vigilant in maintaining preventative measures.
- Data flows to the hub from Test and Trace. This issue has been raised

### Next steps

- Communication messaging from the hub to those known through PHM, as detailed in the Communications Plan.
- Work to support those who contact the hub and ensure they are safe and well during their 14 day self-isolation.

## Settings

For each of the key settings lead officers have been identified and a team of key staff to work collectively on an outbreak if called.

Standard operating procedures are being applied which have been developed by PHE Health Protection Team and augmented locally, action and advice cards developed and scenarios are being tested for each setting to enable planning.

## Care homes

Current picture in County Durham:

- 96 Care Homes (Older Person).
- 36 Specialist Homes.
- Care Home population: 3,602.



The Government's number one priority for Adult Social Care is for everyone who relies on care to get the care they need throughout the COVID-19 pandemic. Millions of people rely on this care and support every day. As the pandemic progresses, these vital services must remain resilient.

Staff working in the care sector face significant challenges in continuing to provide a safe, caring and stimulating environment. There is a huge amount of work already underway in care homes and in local areas to support and protect residents but as a local care system there is more that can be done.

Local teams involve health and social care professionals that are already embedded and known to care providers, and membership is dependent on local need and context.

Building on the mutual aid work in County Durham the local team consists of the following organisations: TEVV, CDFFT, DCC, CCG and NECS. This covers a range of skills and experience to provide the most appropriate local advice and support. System calls are convened three times a week to share information, highlight concerns and agree support offer.

The team already offers support to care providers in complying with health protection advice in preventing and managing individual cases and outbreaks of COVID-19, and assurance to the local system that care providers are protecting their residents. The team will be able to identify any gaps/needs for support and where practical offer additional support, training and advice.

## **Risks**

- An outbreak is 'open' until a home is 28 days free from infection according to current outbreak management guidance. This may present a challenge in this setting given the possible transmission in the home, and the fact it may be in 'outbreak' for an extended period. This may affect the operations of an OCT.
- As there are different testing routes into care homes, it is difficult to know the current incidence of infection in the home. The 'capacity tracker' monitors infections at a point in time, but not whether they are new or existing infections.
- Whole home testing has presented challenges due to delays in national distribution.
- Track and trace could have implications for the staffing of care homes if a care home is heavily impacted.
- Admissions to care homes from the community and from primary and secondary care can be complex due to infection status.

- Adherence to strict PPE use is promoted and championed by all partners consistently, but given the vulnerability of this cohort, then small pockets of poor practice could have a significant impact.

### **Next steps**

- Continuation of the mutual aid group approach and its response to outbreaks.
- Awaiting the care home SOP from PHE to understand when it 'passes over' to DCC.
- A regional group is looking at a possible regional SOP across LAs for consistency.
- Continued efforts with all care homes around infection control and support for testing using the whole mutual aid group.

## **Schools**

Within County Durham there are currently:

- Over 250 schools.
- Over 100 private nursery providers.
- Approximately 300 childminders.

These school and early years settings are supporting over 101,000 children and young people aged 0 – 17 equating to almost 20% of the County Durham population.

Since the start of the pandemic, schools across County Durham have remained open where possible throughout lockdown to support vulnerable children and the children of key workers.

Since the 15<sup>th</sup> June, County Durham schools are taking a cautious and measured approach to welcoming larger numbers of children back to school in line with national guidance whilst ensuring children and staff are as safe as possible at all times. This includes providing advice and support to interpret national guidance in relation to reducing the transmission of the virus.

Local working arrangements with schools and early years settings are well established with public health representation at the local Education Department's COVID-19 processes, at both a strategic and operational level. Information, advice and guidance is provided on COVID-19 related issues including the interpretation of national guidance into practice, test and trace related issues and general public health guidance. Head teachers in education settings are kept informed of government updates impacting on



education settings and a process has been established for the escalation of any concerns raised by schools to the local public health team.

Additional testing processes have been established to quickly ensure children and young people who are looked after and living in residential care settings receive a test as soon as possible by appropriately trained nursing staff.

### **Risks**

- County Durham is a large county with many early years and education settings. There is a potential for families to have children accessing several education settings with an increased risk of linked cases across schools / settings.
- Adherence to strict social distancing presents challenges for younger children.
- Testing for children under 12 years old is only available through the national (NHS) home testing process unless the child is currently living in a residential care home setting and this is available aged 5+. This may require extra support in ensuring testing happens, which is not available in times of reduced staffing.
- Children with complex health needs of children in special schools requiring multi-agency health support and increased PPE access for those children with aerosol generating procedures (AGPs).
- Children regularly present with high temperatures for many different reasons therefore large volumes of testing routinely will be required
- Delay in informing schools and settings of an outbreak could result in uncoordinated and varied school responses and confusion.
- Parental concern regarding safety of children to return to school.

### **Next steps**

- Continue to develop an Outbreak Control Team (OCT) for schools and education settings and ensure early help and community support processes are established for families self-isolating.
- Development of a SOP for schools to ensure a clear and consistent approach.
- Inclusion of public health outbreak processes into schools business continuity plans.

## **Higher Education Establishments**

There are over 20,000 students attending Durham University, New College Durham or University Technical College (UTC), South Durham, though many will not be currently resident in the local area. There are International students



who have been resident throughout the pandemic who will have particular issues.

### **Risks**

- Unsure about timescales of reopening of colleges.
- Potential issues of multi-occupancy halls of residence and private accommodation.

### **Next steps**

- OCT being developed to deliver support to PHE as required.
- Work with staff on prevention measures on return of students.
- Dedicated planning with Durham University.

## **Healthcare settings**

Healthcare services within County Durham:

- County Durham and Darlington Foundation Trust (CDDFT) provides secondary hospital care from three main hospitals, two community hospitals and provide outpatient, community and outreach services from several other sites. The Trust has around 7,500 whole time equivalent staff and 1,200 beds.
- Tees, Esk and Wear Valley Foundation Trust provides mental health and learning disability services at two local hospitals and a range of community settings, including clinics, health centres and homes.
- There are approximately 55 general practitioner surgeries in Durham and 15 dental practices.

Healthcare providers face particular challenges, having responsibility for a large staff and for patients that are vulnerable for a range of reasons. Many will be dealing with COVID-19 directly, and already have wide experience of dealing with the consequences.

The Healthcare providers have wide experience of dealing with incidents and outbreaks, in partnership with PHE and the local HPT. They now have a responsibility to undertake risk assessment of any positive COVID-19 cases in their patients and / or staff to reduce the risk of transmission of infection. This includes assessing the contacts / exposures in healthcare settings and providing advice about isolation and exclusion from work. Within hospital and clinic sites this is proceeding.

CDDFT provides local swab testing for those with a clinical need, for NHS staff, and for other organisations including council workers, schools, and care homes.



When a case is confirmed, the healthcare provider undertakes a risk assessment of workplace-based contacts. This involves identifying close contacts and advising on isolation and exclusion from work.

### **Risks**

- Easing of lockdown resulting in increased infection and subsequent increased demand on staff and resources.
- Increased demand on local testing.
- Possible transmission of virus between the health care setting and wider community.
- Community settings, particularly primary care may not have the experience of dealing with outbreaks.

### **Next steps**

- Ensuring Outbreak Control Teams are aware of their responsibilities should PHE/local HPTs request local support.
- Work with primary care settings to ensure appropriate preventive measures are in place.
- Ensure communication plans are in place in case of particular media or political interest.

## **High risk places, locations and communities**

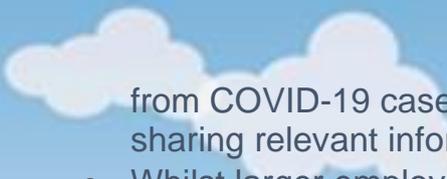
Work is underway in identifying and planning how to manage high risk places, locations and communities of interest.

Risk profiles are currently being developed using various data sets to highlight potentially high risk places including workplaces, public spaces, forthcoming events other locations across the County where early and targeted interventions can be developed and implemented to control the incidence and spread of infection.

In addition, communities of interest will be a key feature in any outbreak strategies to ensure that the needs of our communities are properly addressed and that our most vulnerable individuals and groups are provided with help and support in the event of a local outbreak.

### **Risks**

- Understanding the early signs /indicators of an outbreak in terms of increased absenteeism in the workplace and incidence of cases within the community. The infection control measures rely on co-operation



from COVID-19 cases in reporting symptoms, accessing test and trace, sharing relevant information e.g. close contacts, employment etc.

- Whilst larger employers may have established teams and available resources to support the development of their own infection control plans, many of our small and medium enterprises will have limited resources and capacity and may need additional business support to ensure compliance with public health control measures and cope in the event of a local outbreak.
- Being able to clearly define the scope of a community outbreak: mitigation – scope out the definition and assess against it for when an outbreak is declared by PHE.
- Being able to put a geographical ‘ring’ around the outbreak if it’s a neighbourhood outbreak for prevention and control measures: mitigation – clear understanding of contact tracing undertaken by PHE.
- Due to nature of society opening back up and restrictions being eased and/or people’s fears about employment then some contacts may not wish to comply and within the community the same levels of restrictions cannot be applied as in a workplace, school or care home: local lockdown measures to be agreed and tested.

### Next steps

- Develop and deliver a range of targeted interventions in our highest risk places, locations and communities of interest to promote effective infection control and prevent local outbreaks.
- To define the scope of the OCT and relevant representation for particular settings.
- To refine the detail of the standard operating procedures (SOP) for particular settings including workplaces and communities.
- To run scenario exercises with key stakeholders to test the action cards.
- Review and sign off the SOPs and Action Cards.
- To be proactive in community engagement around civic duty to work with us if there is a community outbreak.

## Workplaces

There are 50-100 workplaces in County Durham with 50 or more workers (including 5 Durham County Council locations); 9 workplaces have over 1000 workers, 9 between 500 and 1000 and 23 between 250 and 500. The remainder have fewer than 250 workers. Of the 73 largest workplaces 6 are food processing or distribution.

The Health Protection (Coronavirus Restrictions) Regulations 2020 impose restrictions on some workplaces which should remain closed.



As restrictions are relaxed however more workplaces are reopening and in doing so employers have a legal responsibility to protect their employees and other people on their premises from risks to their health and safety.

Government guidance exists for certain workplace settings to assist employers in making reasonable adjustments to their working arrangements to keep people safe during the coronavirus pandemic.

There are circa 14,000 workplaces within County Durham. Over 7700 workplaces are regulated under health & safety legislation by the Local Authority with the remainder being regulated by the Health & Safety Executive.

## **Risks**

- Non-compliance with health protection legislation and failure to adhere to closure restrictions.
- Non-compliance with health & safety legislation and failure to make adequate arrangements to promote safe working.
- Understanding the early signs /indicators of an outbreak in terms of increased absenteeism in the workplace. and incidence of cases within the community. The infection control measures rely on co-operation from COVID-19 cases in reporting symptoms, accessing test and trace, sharing relevant information e.g. close contacts, employment etc.
- Whilst larger employers may have established teams and available resources to support the development of their own infection control plans, many of our small and medium enterprises will have limited resources and capacity and may need additional business support to ensure compliance with public health control measures and cope in the event of a local outbreak.

## **Next steps**

- Develop and deliver a range of targeted interventions in our highest risk workplaces to promote safe working practices and effective infection control to prevent local outbreaks.
- To define the scope of the OCT and relevant representation for particular settings.
- To develop escalation procedures to the relevant enforcing authority to enable early intervention and COVID-19 compliance checking.
- To refine the detail of the standard operating procedures (SOP) for particular settings including workplaces.

## Prisons

Guidance on the prevention and control of COVID-19 in prisons and other prescribed places of detention is subject to national guidance<sup>3</sup>. There is also specific national guidance on the multi-agency management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England<sup>4</sup>. National guidance has also been published on contact tracing in prisons.

Following national guidance, each prison has an outbreak plan, which provides for a range of control measures. Prisons also undertake infection prevention and control audits through health care providers with whom they contract.

Should there be an outbreak in a local prison, an Outbreak Control Team may be called to meet. This would be organised by Public Health England Health Protection Team and chaired by one of their Consultants in Communicable Disease Control. The Director of Public Health would be invited to attend or to send a representative. It is assumed that attendees have decision-making capacity on behalf of their organisations.

The meeting would follow a standard agenda including amongst other things case definition, epidemiology, working hypothesis, further investigations, risk and control measures, and communications.

### Risks

Particular risks in prison settings include any underlying health conditions of inmates, willingness to disclose symptoms (which may lead to isolation), and compliance with hygiene and social distancing amongst staff (within and without the workplace).

### Next steps

Continue to fully engage with national, regional and local partners in the monitoring and management of complex cases and outbreaks in prisons and other places of detention.

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<sup>3</sup> <https://www.gov.uk/government/publications/COVID-19-prisons-and-other-prescribed-places-of-detention-guidance/COVID-19-prisons-and-other-prescribed-places-of-detention-guidance>

<sup>4</sup> <https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons>

## Next steps

The Public Health Assurance Board will continue to meet on a weekly basis to:

- Ensure continued leadership, co-ordination and management of the work to prevent the spread of COVID-19.
- Provide ongoing assurance to the Health and Wellbeing Board that the key issues identified by the plan are addressed and reported on appropriately.
- Update the plan as required, acknowledging that it is a dynamic process, working with regularly changing circumstances.

## Conclusion

The COVID-19 Local Outbreak Control Plan has been developed to protect the health of our local communities by clear prevention messages in relation to COVID-19, rapid detection and management of COVID-19 outbreaks and the provision of support to those who need to self-isolate. Developing and applying intelligence is crucial to this process, in order to understand where added resources are needed to maintain population safety. The importance of ensuring that local people understand what is required of them and providing them with timely and appropriate information is key to preventing the spread of the virus, which the communication plan in this document will aim to ensure happens.

## Feedback

If you would like to feedback on the draft County Durham COVID-19 Local Outbreak Control Plan please email [PublicHealth@durham.gov.uk](mailto:PublicHealth@durham.gov.uk) with your comments and suggestions.

### Guidance NHS test and trace: how it works<sup>5</sup>

The NHS test and trace service will help to control the rate of reproduction (R), reduce the spread of the infection and save lives. An overview of the NHS test and trace service, including what happens if you test positive for coronavirus (COVID-19) or have had close contact with someone who has tested positive.

#### Test and trace service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus

#### Key actions to help stop the spread:

- if you develop symptoms, you must continue to follow the rules to self-isolate with other members of your household and order a test to find out if you have coronavirus
- if you test positive for coronavirus, you must share information promptly about your recent contacts through the NHS test and trace service to help us alert other people who may need to self-isolate
- if you have had close recent contact with someone who has coronavirus, you must self-isolate if the NHS test and trace service advises you to do so

#### Practical steps in the following situations:

- for someone with symptoms of coronavirus
- if you are contacted by the NHS test and trace service because you have been in close contact with someone who has tested positive for coronavirus

#### Guidance for people who develop symptoms:

- When to self-isolate
- How to order a test
- Testing negative or positive
- Health care workers
- Telling people about your result
- Sharing information about recent contacts
- Contact from NHS tracers
- What you will be asked – how the info will be used

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<sup>5</sup> [https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?utm\\_source=62c084ed-8a21-47f3-aba6-0026b5bc0ec0&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?utm_source=62c084ed-8a21-47f3-aba6-0026b5bc0ec0&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)



**Guidance for people who have had close contact with someone with coronavirus:**

- If you are told to self-isolate
- How you will be told to self-isolate
- What happens next
- How we contact you

**The NHS COVID-19 App:** We are currently developing our NHS coronavirus app, which is being trialled on the Isle of Wight. When rolled out nationally this app will supplement the other forms of contact tracing

**Support for people self-isolating:**

We will direct you to your local authority helpline if you need the following during the period of self-isolation:

- practical or social support for yourself
- support for someone you care for
- financial support

### Health Protection: Legal and Policy Context<sup>6</sup>

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups<sup>2</sup> to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of

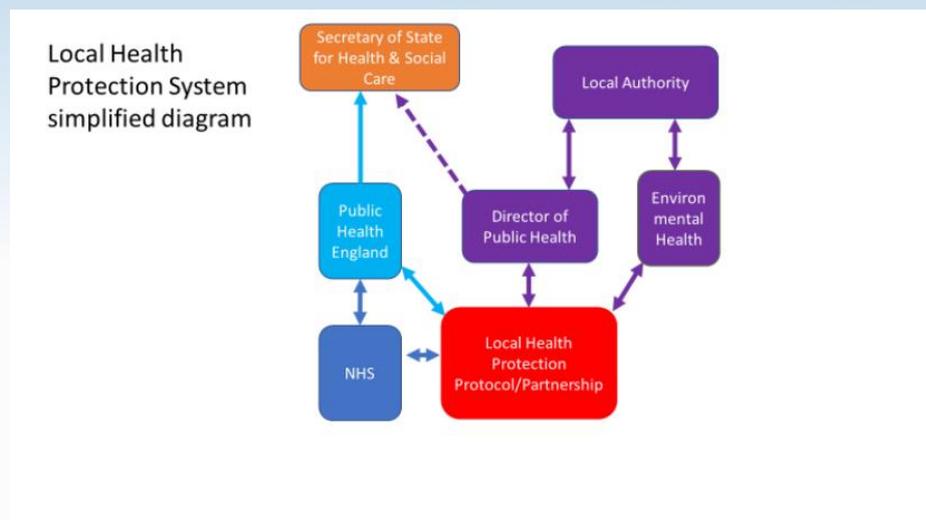
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<sup>6</sup> ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level*. <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

the local Director of Public Health. The Director of Public Health will report to the Local Authority Chief Executive.

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors (see Figure 7).

Figure 7: A simplified diagram of the Local Health Protection System.



### Data Sharing: Legal and policy context<sup>7</sup>

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

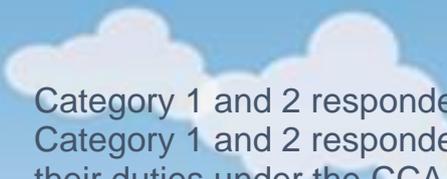
The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found at

<https://www.gov.uk/government/publications/coronavirus-COVID-19-notification-of-data-controllers-to-share-information>.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations,

<sup>7</sup> ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level*. <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>



Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.



### Durham County Council COVID-19 Local Health Protection Assurance Board Terms of Reference

#### **Purpose:**

The Local Health Protection Assurance Board has been convened to provide oversight and leadership in the management of COVID-19. A COVID-19 Local Outbreak Control Plan has been developed to provide a framework for leading, co-ordinating and managing the spread of COVID-19. (The Plan clarifies how Durham County Council (DCC) will support the Test and Trace Service, a key element of the outbreak management process, which is being delivered by Public Health England (PHE). It builds on the established public health protection role and responsibilities of the local authority to manage outbreaks in specific settings. It identifies further action that might be required, including considering the impact on local communities and understanding the local challenges of COVID-19.

#### **Objectives:**

- a) Close liaison with Public Health England (PHE) in line with standard operating procedure (SOP)
- b) To develop a strategy (COVID-19 Local Outbreak Control Plan) to deal with communicable disease outbreaks and complex cases during the pandemic
- c) To review the epidemiology of COVID-19 in County Durham in the context of international, national and regional trends including soft intelligence
- d) To plan, implement and monitor outbreak management and control for other communicable diseases in County Durham during the pandemic
- e) To plan contingency contact tracing measures and coordinate with all partners
- f) To maintain oversight of the setting based OCTs
- g) To report to CMT any resurgence in cases of COVID-19 and any risks
- h) Ensure access to the Community hub for residents needing to self-isolate.
- i) Liaise with PHE to develop a communications plan
- j) To produce regular reports from outbreak management and control and contact tracing activities and outcomes
- k) To ensure engagement with communities to ensure local residents understand the implications of outbreaks
- l) Maintain oversight of the risk register

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- m) To liaise with and support the Local Outbreak Engagement Board (Health and Wellbeing Board) to ensure local community engagement and public understanding of the implications of any local outbreaks
  - n) To ensure all decisions are underpinned by the Wellbeing Principles

### **Membership:**

- Chair: Director of Public Health
- Vice Chair: Consultant in Public Health
- Head of Community Protection
- Environment and Health Protection Manager
- PHE Consultant or representative
- Research and Public Health Intelligence Manager
- CCG/NHS rep
- CCG Infection Prevention and Control
- DCC Community Hub
- Public Health Strategic Manager - interface with social care
- Public Health Strategic Manager - interface with education
- Occupational Health and Safety Manager
- Strategic Manager Executive Support
- Communications
  - Business Partner
  - Public Health Practitioner
- Human Resources
- Public Health Programme Manager
- Health and Safety Executive
- Business support
- Locum Consultant in Public Health
- Partnerships
- As and when required representatives from Restoration and Recovery Groups depending on outbreak situation

## **Frequency of meetings**

Meetings will be held weekly. This will be reviewed and when required further meetings will be arranged.

## **Governance arrangements/links with other groups**

The COVID-19 Local Health Protection Assurance Board will report to COVID-19 Restoration and Recovery Planning Group.

The Health and Wellbeing Board will be used as the member-led board to communicate with the general public.

## **Durham COVID-19 Local Outbreak Control Plan**

The COVID-19 Local Outbreak Control Plan will centre on 7 themes:

1. Care homes and schools
2. High risk places, locations and communities
3. Local testing capacity
4. Contact tracing in complex settings
5. Data integration
6. Vulnerable people
7. Local boards

The relevant leads to provide a weekly update on the themes above by close of play every Monday that will feed into the COVID-19 Local Health Protection Assurance Board.

## **Outbreak Control Teams (OCTs)**

The Outbreak Control Teams (OCTs) are accountable to the COVID-19 Local Health Protection Assurance Board.

### Testing within the context of outbreak control in relation to Local Authority requirements

#### Purpose

The purpose of testing for infectious diseases is to determine someone has contracted an infectious agent. This can help in both the control of transmission of the agent and aid the clinical and environmental management of suspected cases and situations.

#### Systems and processes

If an individual is suspected of contracting an infectious disease, a confirmatory test would usually be requested by a Registered Medical Practitioner (RMP).

In accordance with the [Notification of Infectious Diseases](#) (NOID) guidance and [Health Protection \(Notification\) Regulations \(2010\)](#), the RMP should notify the Proper Officer of the Local Authority when there is a suspected case of infectious disease covered by the regulations. The regulations and guidance list a range of notifiable diseases and causative agents.

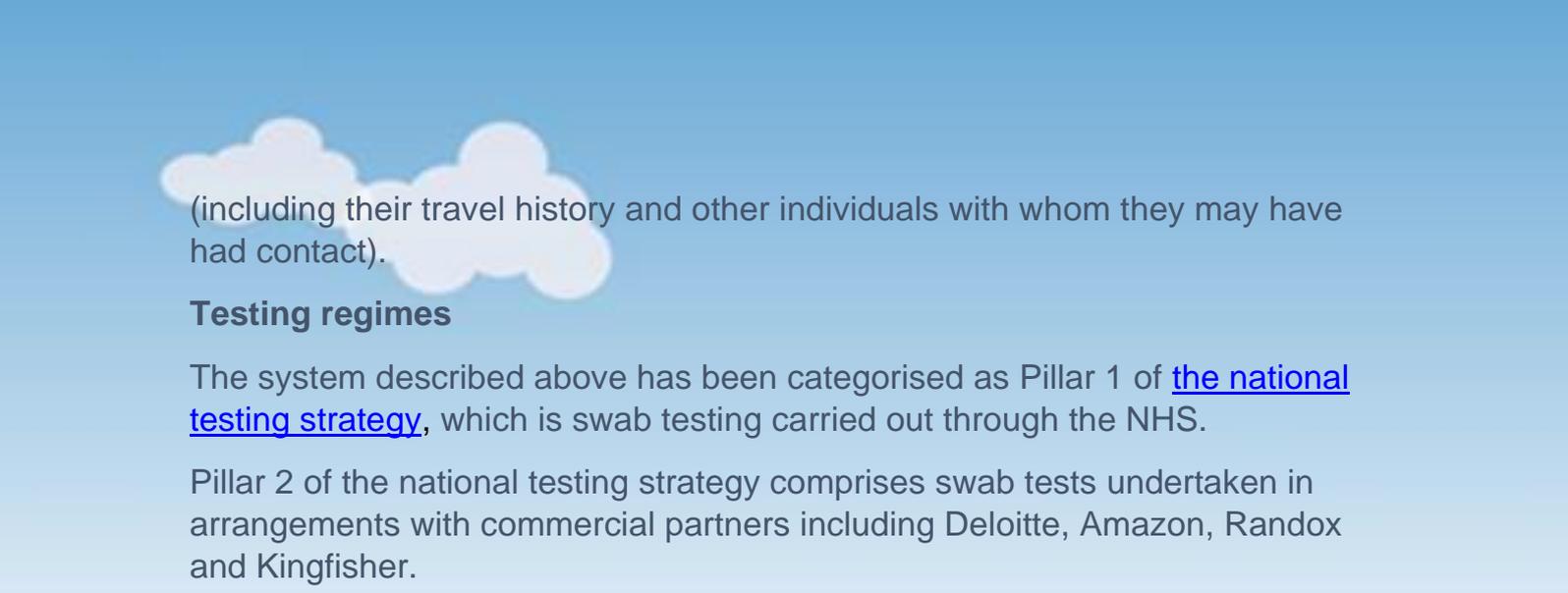
In County Durham, the Proper Officer is a Consultant in Communicable Diseases who works for Public Health England (PHE) Health Protection Team (HPT) and has a patch responsibility for the local area.

When a sample is processed through local laboratories, the result is passed through [an established microbiological surveillance system](#) and through this process, the HPT are notified of confirmed cases. This is in keeping with the NOID regulations.

This surveillance system helps HPT to calculate a) incidence (new cases) of infectious disease and b) determine whether an outbreak has occurred. An outbreak can be defined as a significant exceedance of incidence beyond that usually observed, or if there are two or epidemiologically linked cases within a certain setting and timeframe.

In March 2020, the Health Protection (Notification) Regulations [were amended](#) to include COVID-19 as a notifiable disease and SARS-CoV 2 as a causative agent.

Under the [Coronavirus Act 2020](#), it is a legal requirement for an individual to provide a microbiological sample if directed to do so by a public health officer who suspects that an individual may be infectious. It is also a legal requirement for an individual requested by a public health officer to answer questions and provide information about their health or other relevant matters



(including their travel history and other individuals with whom they may have had contact).

## Testing regimes

The system described above has been categorised as Pillar 1 of [the national testing strategy](#), which is swab testing carried out through the NHS.

Pillar 2 of the national testing strategy comprises swab tests undertaken in arrangements with commercial partners including Deloitte, Amazon, Randox and Kingfisher.

Lab test results through both Pillar 1 and 2 are collated at national level and fed into the NHS Test and Trace service via the [National Pathology Exchange](#) and [NHSX](#). Further detail on how this system works is available in the Government's [privacy notice](#).

There are two types of tests for COVID-19: 1) antigen and 2) antibody. The antigen test checks for the presence of the genes of SARS-CoV 2 in swab samples taken from the back of the throat and nose. The antibody test checks for an immune response present in blood.

Locally, the antigen test is available through Pillar 1 to all patients and staff in County Durham and Darlington Foundation Trust. It is also available to staff and household members in primary care, and to symptomatic residents and staff in local care homes, and to symptomatic staff through occupational health routes in various organisations such as the County Council, to staff in schools, and in the police and fire service.

Under this arrangement, individual swab tests are undertaken at drive-through sites based at the hospitals in Darlington and Durham. Community nurses can take swab tests from residents on site in care homes.

The antigen test is available through Pillar 2 to [all symptomatic residents in England aged 5 and above](#). Care homes can also apply for testing kits to [cover all staff and residents regardless of symptoms](#). At the time of writing, care homes could do this just once.

Swab tests through Pillar 2 can be undertaken by individuals at home, by staff or individuals on site at care homes, or by staff on site at regional and mobile testing units.

Antibody tests are being gradually rolled out, beginning with NHS Acute Trust staff and patients.

On 12<sup>th</sup> June 2020, the privacy notice above was updated to say that 'if you test positive, you may be contacted by text message to see whether you wish to donate blood plasma, as part of the potential treatment for coronavirus'.

## **Outbreak Management**

There are currently 3 possible routes to identifying cases and contributing to the control of an outbreak.

1. NHS Test and Trace. This service collects lab results from Pillars 1 and 2, contacts the individual case and seeks information on close contacts.
2. HPT continue to be notified of suspected cases and potential outbreak and will initiate investigation in newly reported suspected outbreaks by issuing a set of sample swabs.
3. Local intelligence may identify cases that require further investigation and control.

## **Ongoing developments**

There are ongoing developments in the following areas:

1. Mobile testing units. It is expected that the number of these units within the Region will double during the course of June/ July, and there are ongoing discussions as to how they can support local outbreak management.
2. Testing in care homes. There is currently a proposal being considered on using Pillar 1 to conduct testing in whole homes.
3. Pilots in schools. Under the auspices of the Department for Education, schools are being asked if they would like to participate in a prevalence study of COVID-19.