County Durham COVID-19 Local Outbreak Management Plan 2021/2022

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Introduction

The main aim of the County Durham COVID-19 Local Outbreak Management Plan is to set out arrangements for the protection of the health of the local population in the context of COVID-19. This document represents a review of the plan originally published in July 2020 and gives an update on actions and activities since the original was written and outlines Durham's response to the government documents COVID-19 Response – Spring 2021 and the refreshed Contain Framework.

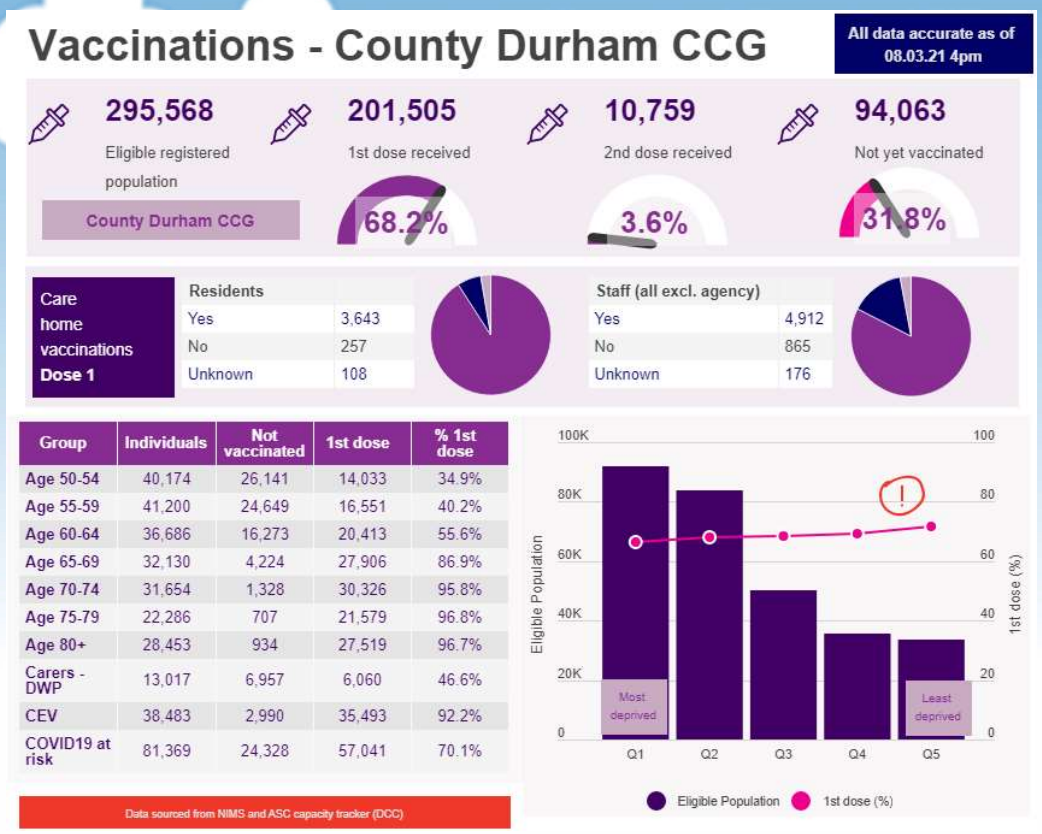
County Durham is unique, covering an area of 862 square miles, sharing a border with eight other local authorities and with almost 540,000 residents. Reflecting the diverse needs and assets of the population, the county hosts a university, 214 primary and 33 secondary schools, around 14,000 businesses, almost 180 care homes, four prisons,one main and five community hospital sites, 13 Primary Care Networks and 63 GP practices.

COVID-19 has taken its toll on local residents. Since the pandemic began and as of 4 March 2021, there have been 36,428 positive cases of COVID-19 and 1,183 COVID-19-related deaths registered. As various studies have shown, the impact of COVID-19 has been unequal across society and that the consequences of the pandemic will worsen this for some time. Improving and protecting the health of residents, including tackling the social determinants of health and health inequalities have been front and centre to our response. However, communities have also demonstrated remarkable resilience and support for each other during the pandemic

Data and surveillance have been central to informing our understanding and response to the pandemic. Further information on local COVID-19 infection rates, hospital admissions and deaths can be found on the Durham Insight web pages: InstantAtlas Durham – Covid 19 (durhaminsight.info)

In addition to this public facing dashboard, further, more granular surveillance and monitoring have also been carried out via a Local Resilience Framework dashboard.

The recent steady decreases in rates of infection – now at their lowest since late September 2020 – are testament to the collective efforts and sacrifices of the community and organisations working together to control the spread of the virus and provide vaccinations. Again, data and surveillance have been key to this programme. A vaccinations dashboard can be found on InstantAtlas Durham – Covid 19 (durhaminsight.info)



Since September 2020, we have experienced a mixture of restrictions, including tiered approaches to local authorities, and two national lockdowns. During this time, we have learned more about the virus and the range of conditions it can cause, have witnessed the emergence of new variants, and seen the roll out of the COVID-19 vaccination programme at remarkable speed.

Right now, it is clear that government wishes the exit from national lockdown to bring irreversible changes in relaxing restrictions, with an expectation that society will live with COVID-19 rather than seek elimination of the virus and meet and manage the challenges of variants of concern and enduring transmission. This updated plan sets out how the council and partners will work together within this context.

Good Practice

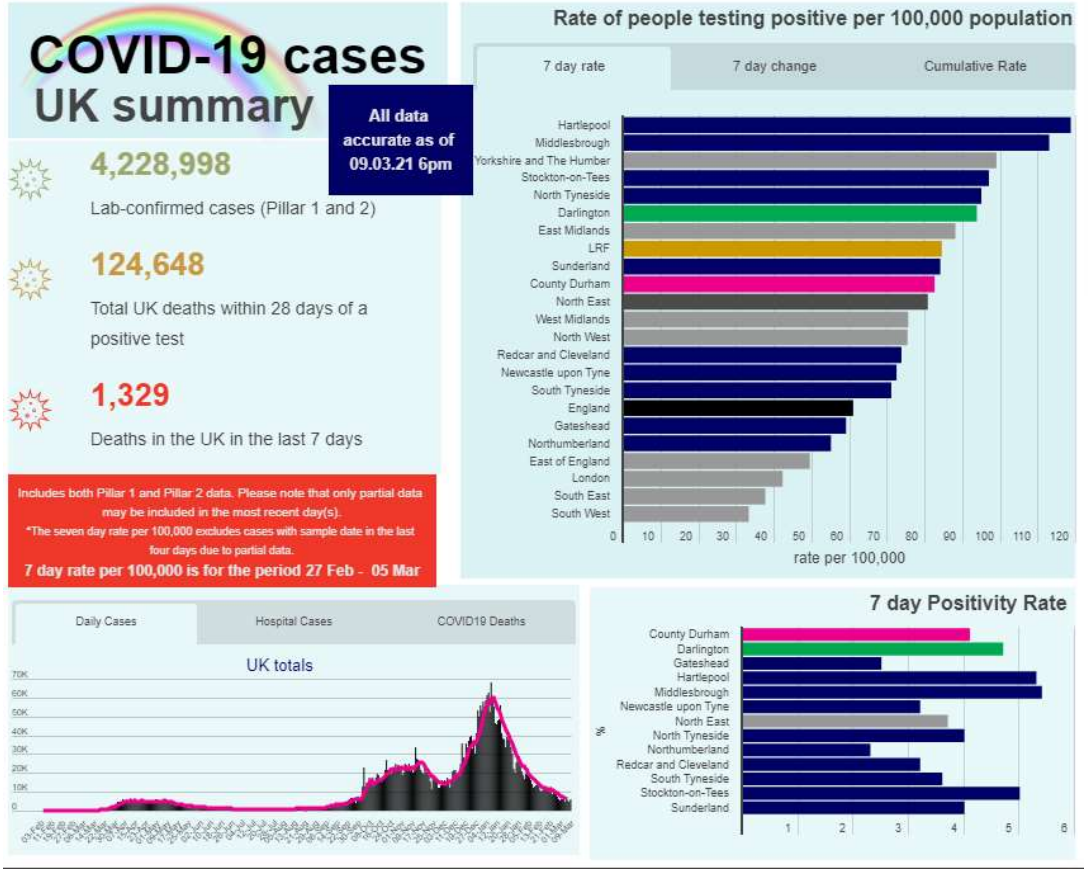
Within the council, we have built upon our existing specialist public health expertise to ensure that Public Health and all service areas were ready and able to work together to prevent, manage and contain multiple COVID-19 outbreaks, as well as responding to COVID-19 enquiries and translating guidance and policy into practice. In addition, funding provided by central government has allowed us to increase capacity within Community Protection, Communications, Infection Prevention and Control and to establish a dedicated Outbreak Control Team within Public Health. Overall, this has enabled the council to set up a new model for health protection – one which

does not just tackle outbreaks or incidents, but also responds to the impact on individuals, and harnesses the power of our fantastic local communities.

The existing plan has enabled the county to adapt and respond to the demands of increasing case rates. This has built on long established and trusted relationships with Public Health England (PHE) North East Health Protection Team (HPT) and includes agreeing new ways of working, which have resulted in local authority staff providing initial case investigation across a number of settings including schools and workplaces, whilst maintaining close oversight by PHE HPT.

Key to the success of County Durham's response has been the deployment of public health skills in epidemiology, data analysis and evaluation. This intelligence-led approach has ensured the systematic monitoring, analysis and reporting of cases, rates, clusters, outbreaks, admissions, deaths, excess deaths. Our interactive dashboards and maps provide residents, elected members and partners with access to timely data, which enables them to understand the demand on services and impact on our communities.

Dedicated briefing sessions have been held with elected members and the dashboard was presented by the Director of Public Health to the 14 Area Action Partnerships which cover the county during the autumn of 2020 which also served to update and engage local partners in Covid-19 response.



We developed a spike detector tool which flags areas that have more cases than expected and areas that have seen a sharp rise in cases. Data is analysed twice a week to detect any areas that appear to have a spike in cases. Two dimensions are monitored for unusual case rates (exceedance) - place and time. This is then discussed at the Community Spike Outbreak Management Group to seek to understand what is driving any local spike in cases, such as a care home outbreak, a workplace outbreak, or community transmission - each of which would need a different type of intervention. In addition, we have held several workshops and desktop exercises to plan for different scenarios and exercise Outbreak Control Group procedures and spike and surge testing responses.

Effective collaborations locally, within the region, across systems and places provide local learning to inform future planning and delivery of health protection and resilience functions. An early reflection from practice review is that there should be a shift to more localised delivery and place-based approaches, with the emphasis on individuals and communities affected.

The council has risen to the challenges the pandemic has posed our residents, especially the most vulnerable, for example by quickly establishing the County Durham Together Community Hub. This involved using a population health management approach to identify and then offer support to people who are clinically extremely vulnerable (CEV) and those with multiple social vulnerabilities (MSV). For example, the Gypsy Roma Traveller

A Specialist Nurse has proactively engaged with members of these communities ensuring they are able to access testing, self-isolation support and vaccinations.

In addition to the hub helping to meet the physical, social, and medical needs of the local community, the council has also established its own contact tracing service in the form of the Local Tracing Partnership. This enables the local authority to provide support to those lost to follow up by NHS Test and Trace, increasing the opportunity to access positive cases earlier and provide additionality to the national service via the wrap- around support offer to increase compliance and address inequalities.

Positive partnerships and system working arrangements have facilitated the response to the pandemic, these include the Local A and E Delivery Board and Integrated Care Board, strong relationships with the community and voluntary sector who have supported the rapid response and provided resource throughout the pandemic from mutual aid, food provision, community testing and vaccination delivery. There has also been close collaboration and joint investment across the north east LA7 providing scale and strength to key aspects of the work, such as communications campaigns and liaison with central government. Finally strong working arrangements between Directors of Public Health, Public Health England and regional teams liaising with government have proved invaluable in early response and joint action.

Regional Collaboration LA7

The seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland have been working as a collective LA7 since September 2020 focusing on a joint approach to COVID-19.

This has included political leadership to seek early intervention and restrictions in September 2020 when infection rates were increasing rapidly across the area, coupled with lobbying for increased financial support.

The approach is based on a deep understanding of our local communities and informed by data and intelligence which centeres around the inequalities that local communities face, either directly or indirectly due to COVID-19.
The joint approach has centered around a small set of priorities, informed by Directors of Public Health:

1. Engage our communities and work with them to address inequalities;
2. Localised, regionally coordinated Test, Trace and Isolate programme;
3. Roll-out of targeted community testing;
4. Protection of vulnerable individuals in the community;
5. Rapid implementation of a vaccine programme.

It has included funding and delivery of a well evaluated public facing campaign Beat COVID NE informed by insights from local people. This has given a joint message across the LA7 geography. https://www.beatcovidne.co.uk/

A focus on health inequalities, taking our communities with us and representing the needs of those most affected by COVID-19 has been central to our work with communities and our COVID community champions have been core to this work.

The development of a more localised test and trace programme has centered on the Integrated North East Integrated COVID Hub and the move towards a more regional and local focused test and trace programme. This has included local tracing partnerships, support for testing and has drawn additional funding into the North East.

A joint approach to testing based on a set of principles has also been developed for the LA7 to ensure the roll-out of targeted community testing. This is based on protecting the most vulnerable, supporting safe working arrangements and contributing to action to reduce COVID-19 transmission and COVID-19 related health inequalities.

Dedicated work with our care homes has formed part of this work, including the production of materials to support guidance, quality assurance and support for testing arrangements within care homes.

More recently we have supported the implementation of the vaccination programme by seeking a core data set, providing leadership into the oversight

of the vaccination programme and undertaking insight work on vaccine hesitancy. A dedicated group to ensure high uptake of the vaccination programme has been established, alongside operational coordination groups.

Finally, the LA7 is now also taking a joint approach to recovery, embedding health and wellbeing as a key outcome of economic recovery.

Purpose

The purpose of this plan is to prevent, manage and contain COVID-19 and minimise the resulting impact on residents. This is our 12-month plan to protect the people of County Durham ensuring we can manage any new threats including enduring transmission, Variants of Concern (VoC) and multiple concurrent outbreaks, as well as respond to changes in testing arrangements and the government's response plan.

Principles

The underpinning principles below are the core factors to pave the way out of lockdown:

- Transmission of the virus needs to be kept as low as possible.
- Surveillance of transmission and variant emergence must be optimal.
- Test, Trace and Isolate needs to work effectively, with a clear testing strategy.
- The vaccination programme should be delivered effectively and equitably.

Objectives

- Protect the health of our local communities through:
    - Provision of clear prevention messages in relation to COVID-19.
    - Rapid detection of COVID-19 cases, clusters and outbreaks including any new variant of concern or interest.
    - Preventing onward transmission.
- Provide support to those who need to self-isolate.
- Develop and apply intelligence, including the knowledge and insight provided by our local communities.

Outbreak Management

The council's Public Health Team led by the Director of Public Health has and continues to work closely with the PHE HPT who have supported the strengthening of our health protection capabilities via the provision of training, weekly review meetings, escalation arrangements and the management of outbreaks across key settings and geographical areas.

The team follows agreed joint management arrangements with PHE and national guidance.

Box 1: Definition of an outbreak 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 an 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).

https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings

Joint Management Arrangements

The joint management arrangements with PHE and local authorities have been revised throughout the course of the pandemic. The current position is s follows:

Setting	Lead team / organisation*
Care Homes	HPT
Children's Homes	LA
Domiciliary Care providers/Supported living services	HPT
Primary Care/Dental practices	HPT
Schools	LA
Universities	LA
Workplaces	LA
Emergency Services	HPT
Prisons (and secure children's facilities)	HPT
Hostels	LA

Further details of can be found in Appendix A.

Outbreak Management Arrangements

Outbreak Control Team

Early in the pandemic it was agreed that the COVID-19 outbreak funding would resource the appointment of additional staff including an outbreak control team and additional capacity in Community Protection, Communications, Human Resources and the Data and Intelligence Team.

This core team was originally conceived as a supporting and coordinating unit that would oversee and facilitate the work of convened outbreak control teams (OCTs) established within the different settings outlined in the local outbreak control plan (e.g. education, care homes, community, workplaces, and prisons).

Since its establishment, the Outbreak Control Team has worked across the council and with partners to respond to the rising numbers of cases and outbreaks. We have put in place a range of procedures, including a triaging system, staff rotas in and out of hours, initial investigations of cases across all settings and have worked closely with the Health Protection Team, supporting formally-convened Outbreak Control Teams. The council has committed to continue to fund the team until March 2022. The team has also:

- developed a case management system and internal infrastructure for escalating concerns;
- provided regular situation reports to COVID CMT and the Local Health Protection Assurance Board for oversight; attended PHE HPT training and weekly review meetings to keep abreast of guidance and policy

developments and updates, cascading this learning to the wider public health team and partners.

Supported by the wider Public Health team and the capacity and capabilities built across the council including the Community Hub, the team has responded to and supported 3,088 reports of positive cases, stood up 23 OCTs, and responded to over 10,000 enquiries.

Cases supported to date

Setting	Number of self-reported to date
Education (all ages)	**1,900**
Nursery/day-care	**333**
Other residential care	**32**
Domiciliary social care providers	**40**
Healthcare/NHS	**17**
Hotel/caravan park	**6**
Gym/leisure centre	**20**
Sports club	**15**
Beauty Industry	**20**
T&T/Testing/Vaccine	**7**
Pub/club	**85**
Restaurant	**19**
Workplace -DCC	**193**
Business	**382**
Community Centre	**8**
General/Community	**11**
Care Homes	***261***
Prison	***10***
Total	**3,088**

**NB Prison and care homes cases are escalated to PHE HPT, figures above not accurate and not included in total*

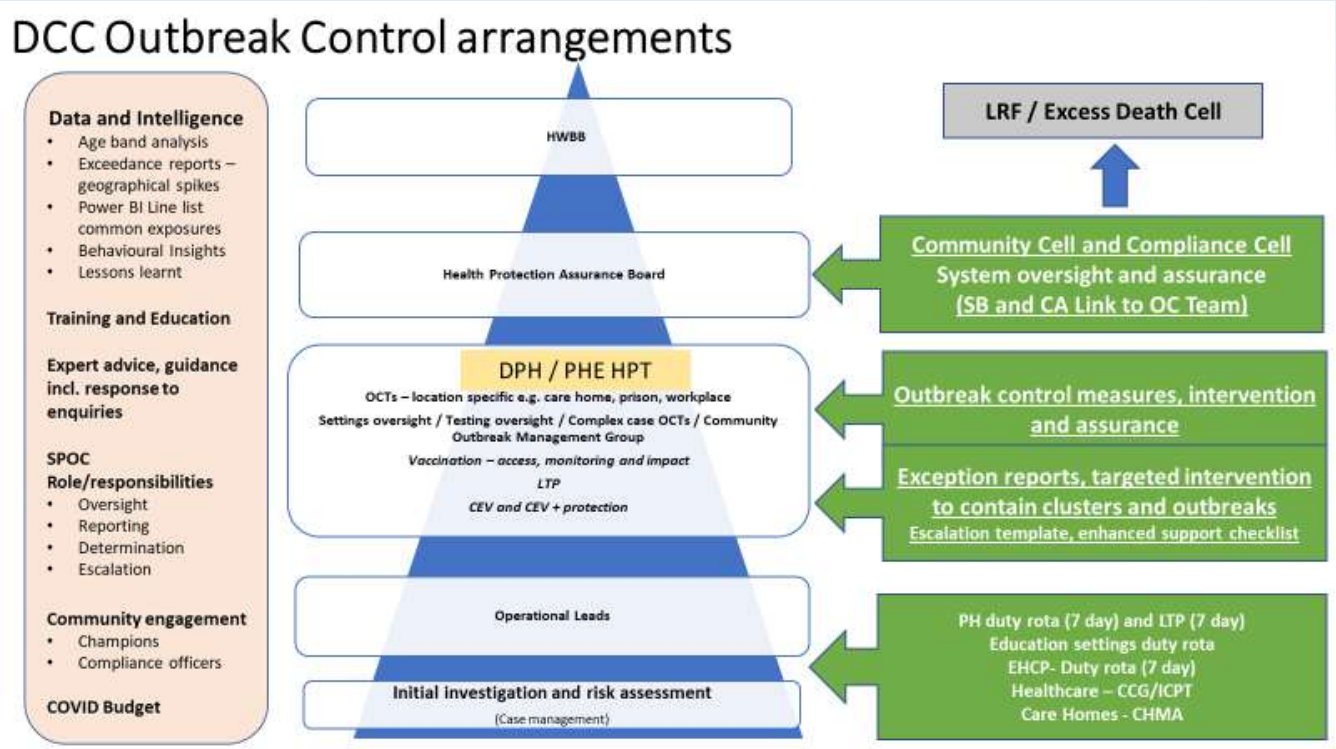
Stood Up Outbreak Control Teams to date

Setting	Total
Care Home	7
Children's Home	2
Extra Care	1
Prison	4
Secure Children's Home	1
University	3
Workplace	5
Total	**23**

Good practice:

- Daily Outbreak Control team meetings to review rates, Power BI line list data, self-reported cases, soft intelligence
- Rapid escalation of concerns via SPOCs
- Community Spike Detector Tool (see data and surveillance section)

- Community Spike Outbreak Management Group
- Settings based oversight groups to monitor and respond to cases and concerns across high-risk settings
- SPOCs Operational leads group including Community Hub, Local Tracing Partnership and Community Champions
- Scenario exercises both internal and with partners e.g. Durham University, VCSE colleagues
- Escalation to Director of Public Health



Outbreak Control Teams (OCTs)

COVID-19 outbreaks continue to follow the PHE joint management arrangements as agreed. Arrangements between PHE and the local authority have been agreed via an overarching Standard Operating Procedure and then several more specific Standard Operating Procedures (SOPs) based on different settings.

The Director of Public Health and the Local Health Protection Assurance Board work closely with PHE if an OCT is required. The OCT draws on existing local authority expertise depending on the setting or group of people affected, such as school, workplace, prison etc. These are supported by a suite of papers for each setting, which include:

- existing outbreak guidance and joint management arrangements and SOPs
- Terms of Reference and membership
- Agendas, action and decision log, update forms

In County Durham, working closely with PHE we have been able to support and most importantly contain a number of high profile local outbreaks including Stanley Empire Working Men's Club, Burnside Working Men's Club, Durham University, HMP Durham and HMP Frankland, care homes and smaller outbreaks in a number of workplaces. Colleagues within health care have managed health care outbreaks seeking advice and input from PHE and the Director of Public Health as appropriate.

Good practice:

- Daily systematic review of data;
- Rapid escalation of concerns via SPOCs;
- Speed of response to arising concerns;
- Responsive stand up of OCTs and engagement of partners;
- Strong relationships with key partners across all settings to mobilise response;
- Rapid mobilising of testing via PHE, mobile testing units (MTUs) or community testing programme;
- Rapid lessons learnt, sharing these as regular agenda items at the Local Health Protection Assurance Board and other groups as appropriate.

Next steps

- COVID-19 rapid response and outbreak management (including enhanced contact tracing)

Out of hours arrangements

The contact tracing Incident Control Centre at PHE is operational 8am-8pm, seven days a week and is aligned to multi-agency arrangements with a Single Point of Contact (SPOC) in place to support this.

The council established robust out-of-hours (OOH) arrangements and a seven-day rota from September 2020, building on existing on-call arrangemenst for DPH/CPH. This has been supported by the Public Health team and Environmental Health and Community Protection.

Data and Surveillance

Decision-making in public health, from routine responses to acute public health threats and long-term planning of interventions to improve the public's health, is increasingly reliant upon the efficient use of data.

The key area of focus in terms of data and surveillance during the pandemic has been to integrate effectively national and local data and intelligence to provide the best available understanding and insight into the situation in County Durham, in order to inform the actions of the County Durham Health Protection Assurance Board.

The provision of pro-active, high quality, detailed, timely and locally focussed data and surveillance has underpinned decision-making at all levels and has been a critical factor in enabling the Board to take informed action. This is essential for scenario planning, rapid response to outbreaks and to inform and support more effective targeting of interventions to prevent and manage outbreaks.

This intelligence also supports the actions of numerous other groups including the Local Outbreak Management Group, various Outbreak Control Teams, the LRF Data Cell, Complex Cases OCT, Community and Restoration and Recovery Groups, the LRF Excess Deaths Cell and the Immunisations Board which oversees the COVID-19 vaccination programme.

Since the publication of County Durham's COVID-19 Local Outbreak Control Plan, the arrangements of national, regional, and local data flow and reporting have been established and undergone many developments and improvements as the response to the pandemic has developed, including:

- the creation of the PHE Local Authority Report Store;
- the development of the national GOV.UK Coronavirus dashboard and data store;
- continued development of the PHE BI Situational Awareness Tool incorporating various individual level line lists;
- the National Immunisation Management Service (NIMS) Covid Vaccine Uptake dashboard and report.

These national developments have been augmented by several local surveillance developments, aimed at different target audiences (some in the public domain, others confidential and restricted) including the creation of:

- an interactive public-facing COVID-19 dashboard on Durham Insight seeking to maximise transparency of local decision-making, and informing elected Members, MPs and the general public (including cases and rates, by age band and small area, hospital bed and ICU occupancy, and deaths (by setting, based on weekly ONS deaths data). Updated twice a week;
- a COVID-19 landing page on Durham Insight, not only housing the above dashboard but also containing intelligence relating to our Clinically Extremely Vulnerable population (CEV) and infographics for each Area Action Partnership relating to the COVID-19 Health Impact Assessment plus a library of useful links. Updated as required;
- an interactive CMT (Corporate Management Teams, Durham County Council and Darlington Borough Council) and LRF (Local Resilience Forum) dashboard covering case numbers and rates, age distributions and deaths and comparing rates against other NE Local Authorities and various regions and changes over time. Updated daily, six days a week.
- an interactive Restoration Risk and Recovery mapping tool visualising cases over 7 and 14 days combined with a broad range of spatial data relating to settings and risks. Updated daily, six days a week;
- a real time death surveillance system and accompanying dashboard based on data direct from County Durham and Darlington Registrars (informing not only the Health Protection Assurance Board but also the LRF Excess Deaths Cell). Data is provided by date of registration, date of death, by setting and updated daily, five days a week1;
- a real time GIS (Geographic Information System) dashboard based on PHE line list data, showing the distribution of cases daily and those in care homes specifically, by bespoke geography (MSOA, settlement), age and gender and over 7 and 14 days. Updated daily, 6 days a week;
- a two-dimensional (place and time) local Case Exceedance or Spike Detector Tool, run twice a week to identify exceedance within small areas (MSOAs). The tool flags potential spikes in community transmission and potential outbreaks if case numbers that exceed the expected number given background levels of infection or have significantly increasing cases. This is then triangulated against the GIS dashboard in terms of age and case date distribution, possible care home links etc. Updated twice a week.
- the review, prioritisation and escalation of venues and premises flagged in PHE's Common Exposure and Postcode Coincidence reports on a daily basis to inform outbreak prevention, containment, and response. Updated daily or as required, data dependent.

To continue to combat the pandemic at a local level, it is vital we ensure 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. To assist this a regional

[1] There are no registrations over a weekend

network of intelligence leads has been established through the Northern & Yorkshire PHE LKIS team creating strong local and regional links and providing a forum for intelligence and information, and issue escalation and professional support.

Table 1. Key sources of data by frequency

Frequency	Name	Coverage	Source
Daily Line Lists	Positive tests and cases	County Durham	PHE
	Negative and void tests	County Durham	PHE
	Contact Tracing	County Durham	PHE
	Enhanced contact tracing	National	PHE
Daily dashboards and data	NIMS Vaccine uptake report Capacity Tracker ASC in NHS Foundry Local Registrars		
Weekly reports and data	ONS deaths	National	ONS
	ONS excess deaths		ONS
	PHE LA report		PHE
	Regional Epi slides	North East	PHE
As required	PHE HPT escalated issues	By setting	PHE HPT

Risks

- There is a requirement to fully maximise the usefulness of the various new national data feeds made available to local authorities with little or no notice (this includes the QR Venue app data which is expected in March 2021).
- In some areas there is no 'single version of the truth' which risks duplication of effort and potentially mixed messages and inconsistent analysis. There is a need to ensure consistency across the various reporting platforms (PHE, NHS), local intelligence, including resident versus registered populations.
- The lack of a vaccine line list at individual level in PHE Power BI, or access to patient level vaccine data via either NIMS or the NHS Foundry.

Next steps

- Develop a reporting mechanism into the local Immunisations Board regarding vaccine take-up, with a particular focus on inequalities.
- Explore the possibility of a minimum data set with health partners focussing specifically on resident postcode, age, and gender of admitted patients and ICU bed occupants.
- Work with primary care partners to develop a 'long COVID' patient register.

- Continue to advocate for a vaccine ‘line list’ including refusals. This would allow us to link un/vaccinated individuals to hospital admissions.
- Continue to build the data and surveillance capacity to facilitate the monitoring of VoC, vaccine uptake, wastewater testing, testing and local tracing partnership contact tracing.

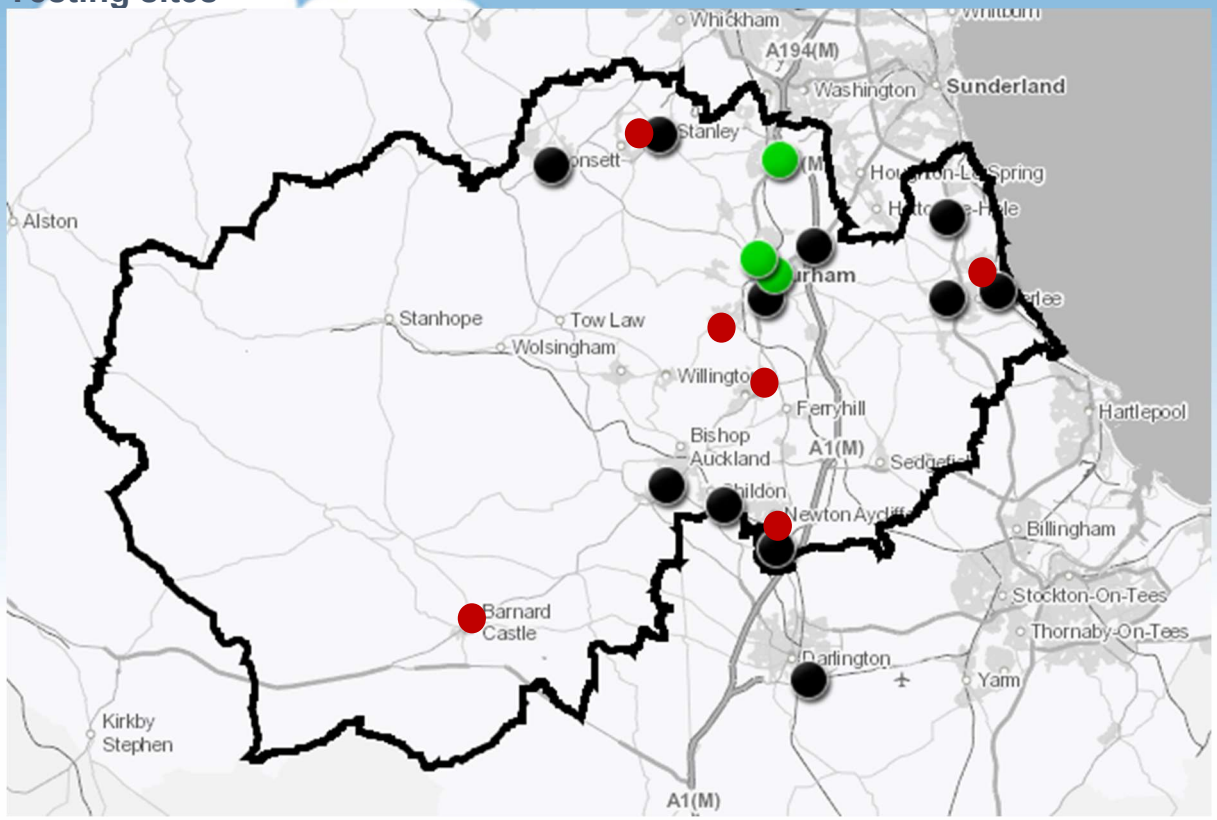
Testing

The council and its partners have worked together well to ensure that there is a safe and effective testing offer available locally. At the outset, the local authority worked with County Durham and Darlington Foundation Trust to ensure that testing was available for members of staff who had symptoms of COVID-19.

The council and partners have also worked closely with partners at the Integrated COVID Hub North East and national partners to localise test and trace. The integrated COVID Hub has been developed to provide support to local authorities in test and trace arrangements.

Collaboration with partners has also enabled fixed and mobile testing sites to be established throughout the county, including a city-centre site in Durham City so that Durham University students can be tested.

Testing sites



● **Mobile Testing Unit (MTU) sites**: Beamish; Belmont Park & Ride; Bishop Auckland AFC; Emirates Riverside, Chester-le-Street; Consett AFC; Dalton Park; Darlington RUFC; Howlands Durham; Horden; The Work Place, Newton Aycliffe; Traynor Way, Peterlee; Locomotion, Shildon; Sniperley Park & Ride; Scott Street, Stanley

● **Local Testing Sites (LTS):** Riverside South, Chester-le-Street; Territorial Lane, Durham; County Hall, Durham North.

● **Community Testing Sites (as a 12 March**): Louisa Centre, Stanley; Meadowfield Leisure Centre; Newton Aycliffe Leisure Centre; Teesdale Leisure Centre; Spennymoor Leisure Centre; East Durham College, Peterlee.

The council has worked with schools and business to enable access to testing where needed for pupils and members of staff who cannot study or work from home.

We have also worked closely with Durham University which was a pilot for the evaluation of lateral flow device testing and then went on to develop an ongoing extensive asymptomatic testing programme for its staff and students.

In conjunction with national and regional colleagues, we have supported care homes to maintain testing regimes during outbreaks and on an ongoing basis.

In responding to outbreaks and heightened levels of infection in communities, the council has worked with the Department of Health and Social Care (DHSC) to deploy additional mobile testing units where they are needed, for example in workplaces or specific local communities.

The council has also taken up the Community Testing Programme offer from the DHSC to provide asymptomatic testing for people who cannot work from home. Testing is currently available at six sites within the county, supported

by teams of redeployed council staff, Fire and Rescue Service personnel and voluntary and agency staff.

Testing for emergency services personnel has also been supported at a number of fire stations across the county.

The initial groups invited to access asymptomatic testing at the sites include:

- Fire and Rescue Service (test your own model);
- Durham Constabulary (test your own model);
- Durham County Council staff who are also in the vaccination priority groups and are not part of an existing testing programme; or front-line service staff who due to their role may not be able to meet other COVID-safe control measures;
- Voluntary sector who are working in front line roles during lock down;
- Small and Medium Employers with less than 50 employees;
- Communities with higher prevalence (Stanley and Horden).

Uptake has been positive, and the benefits of participating in regular asymptomatic testing continue to be promoted. Feedback from participants is that the booking system is easy to use and the staff at the testing sites have been excellent.

Working alongside partners within the County Durham and Darlington Local Resilience Forum (LRF), the council has developed a plan for surge testing, should new variants of concern be detected within the county.
The provision of testing during the pandemic has taught us a number of lessons and highlighted some risks:

- Some members of the community may not wish to participate in testing for fear of being identified as positive or having to endure the financial and social implications of having to self-isolate;
- Local control and organisation over testing is much quicker and more adaptable to local need;
- Having multiple partners and contractors involved increases transactional burdens;
- Walk-in sites are not always suitable in inclement and winter weather conditions;
- The availability of sites and premises to house testing units will decline as society ‘opens up’ and restrictions are reduced;
- As there is an increasing move away from symptomatic Polymerace Chain Reaction (PCR) to asymptomatic Lateral Flow Device (LFD)

testing, the council and its partrners may face increasing pressure to staff and resource the testing programmes;

- There may be staffing capacity issues as redeployed staff return to their original jobs;
- There is a risk that symptomatic members of the public attend community testing sites at the same time as healthy individuals. For example DHSC operated Local Testing Sites have started to provide symptomatic and asymptomatic testing;
- The increased use of unsupervised home testing may lead to poorer quality sampling and unreliable results;
- The move toward self-testing in private homes loses clinical assessment of possible, probable, and confirmed cases;
- The move away from PCR testing which can be sequenced may mean that it is more difficult to spot variants of concern at the earliest opportunity;
- Surge testing would require the redirection of other testing resources which might lead to the abrupt closure of other testing provision unless additional resources are provided;
- National policy and testing programmes change rapidly and initiatives are launched and publicised before local authorities have a chance to put effective arrangements in place;
- The absence of modelling on the expansion of community testing via workplace schemes and 'Community Collect' home-testing, makes it difficult to assess the remaining demand for site-based community testing.

As well as challenges and issues, there are also a number of opportunities in taking arrangements for testing forward:

- There is an opportunity to develop national agreement on providing mass screening in the event of an outbreak in a custodial setting;
- The speed of identifying, notifying, and taking action to prevent further spread could be increased by the use of valid and reliable LFDs;
- LFD testing technology is developing quickly with the prospect of more rapid and accurate testing which would support 'test to enable' approaches.

Surge testing

The county has prepared for the prospect of variants of concern or variants under investigation. This has included monitoring the trend towards dominance of the Kent variant in the county and close liaison with PHE in

relation to intelligence on the South African variant cases we have seen in neighbouring local authorities.

A dedicated LRF surge testing cell has been established and has developed a plan for a multi-agency response to surge testing. The plan has been exercised on a multi-agency basis, with participation from DHSC, PHE, the council, Police, Voluntary Sector, Fire and Rescue Service and NHS. The exercise was extremely helpful in identifying the resource and multi-agency support required if surge testing needs to be deployed.

Next steps
A three-month plan for community testing has been developed for April to June 2021 and will evolve based on virus prevalence and national government changes. Community testing and 'Community Collect' are being combined as a hybrid programme:

- Workforce: recruitment is underway for team leaders and the remaining posts will be filled by agency staff as DCC and FRS staff return to substantive roles. This will be paid for through the DHSC Community Testing Programme.
- Venues: moving to a dispersed model of smaller sites more embedded into communities and a mobile team running pop-up testing sites. Foruteen sites are being secured (11 likely to be community libraries and the remaining three, community buildings or leisure centres).
- Participants: this will be opened-up to all of the community or workforce in the county Durham area who do not have access to an employer testing programme or home testing.
- Community Collect: will run alongside all venues for eligible residents/employees who wish to collect their testing kits rather than go through the home booking ordering process.
- Pharmacy collects: awaiting further national guidance.
- Inequalities: targeted work through behavioural insights and dedicated work to encourage uptake with underrepresented groups.

Contact Tracing

Durham County Council Local Tracing Partnership
Working in partnership with the public health team the County Durham Together Community Hub hosts the council's Local Tracing Partnership (LTP). This development enhances and is additional to the provision of the national NHS Test and Trace service. Currently the LTP receives details of positive cases at the point they are 32 hours old, cases who have not completed the

online self-notification process (8 hours) or engaged with the national NHS Test & Trace team.

Supporting a person who has tested positive for COVID-19 to self-isolate and identifying their close contacts are essential measures to contain the spread of COVID-19 in our communities. The LTP uses locally-held data to contact hard to engage cases and provide them with the advice and support they need to enable them, their families and close contacts to self-isolate as well as gathering intelligence and contact details for people they have been in contact with.

The added value of the LTP includes:

- employing a person-centred approach;
- utilising local insight and knowledge of local support;
- supporting a graded response to vulnerability;
- provision of home visiting, an in-person wellbeing check to engage with positive cases who are not able to be contacted via telephone, which has proved beneficial to the person/case and increased engagement.

This enables the development of a blended model of case and contact management that supports a graded response based on vulnerability and inequalities underpinned by:

- infection protection and control measures;
- population health management data;
- County Durham Wellbeing principles.

As well as providing support for those who need it during isolation, a local approach to contact tracing also enables local knowledge and intelligence to be gathered and used, enabling quick partnership action to be taken if community or setting transmission is identified. This approach also enables issues relating to non-compliance such as identifying and engaging with local employers that aren't supporting self-isolation.

Case study

Lady rang in because she'd had a card left from a wellbeing visit - she was so happy to have had the visit; When she completed details she accidentally transposed two digits of her phone number so she hadn't received any calls from the T&T service or from us. She thought nobody cared that she had Covid and had heard lots of stories about other people getting calls and texts and she had had nothing. She thought it was such a lovely thoughtful thing for the council to send people to check on their health. Happy customer

Next steps

- Implement Local 0 - accessing positive case details from the national NHS Test & Trace programme at the earliest opportunity to enable rapid engagement and local follow up.
- Target specific cases by e.g. geography, setting, digital exclusion etc. to be able to provide earlier local support in areas and populations experiencing higher inequalities or increased community /setting transmission.
- Increased interface with emerging school and community testing programmes and raising awareness of support available around self-isolation at the time of testing is also under development.

COVID-19 rapid response and outbreak management (including enhanced contact tracing)

Local public health teams (LAs and PHE) identify clusters or outbreaks of cases by using multiple strands of information. For each of these, a risk assessment is undertaken, and a judgment made about whether further investigation and / or action is required.

'Enhanced Contact Tracing' (as described by the national Test & Trace programme) is the systematic use of the information gathered from case interviews to identify clusters of cases and activities/settings where transmission may have occurred. While there is a particular national focus on local use of this specific data set, it is important that local action continues to integrate all strands of information to ensure that as many clusters or outbreaks of COVID-19 are identified as possible, and that assessment and (where indicated) action is undertaken as quickly as possible.

The information gathered from case interviews is used to produce two types of report which are published on the PowerBI dashboard that local authorities and PHE Health Protection team use.

'Common Exposure' reports

- use contact tracing data from the 'backwards' period to identify shared locations, settings and activities reported by two or more cases in a defined period
- investigation of these settings:
    - establishes whether there is an outbreak associated with the setting
    - establishes whether, even if no outbreak associated, there are measures that could be put in place to make the setting more COVID-secure

‘Postcode Coincidence’ reports

- use contact tracing from the ‘forwards’ period to identify where the case has been while infectious – and so potentially cause risk of transmission to others
- action may be taken if
    - any settings with vulnerable people identified
    - there are opportunities to review COVID secure measures in a setting and so mitigate the risk of any onward transmission if someone attended while infectious

The Public Health Intelligence Specialist in the Outbreak Control Team systematically reviews the Common Exposure and Postcode Coincidence reports on a daily basis. If concerns are identified these are flagged via the SPOCs for further investigation or escalated to the PHE HPT under the Joint Management Arrangements. Further detail can be found in Appendix B.

Self-Isolation

The County Durham Together Community Hub provides holistic support to enable people to self-isolate whether they test positive for coronavirus, are identified as a close contact, or are considered clinically extremely vulnerable to the effects of coronavirus and advised to shield.

Where someone is self-isolating because they have tested positive or are a close contact of a positive case, they must stay at home for 10 days. This means that they must not leave home for any reason, including to get essential food supplies, go to work or for exercise.

The hub ensures people have access to essential supplies through the organisation of supermarket priority shopping deliveries, linking with local voluntary and community sector food support, collection and delivery of essential supplies and linking with community pharmacies in relation to prescription deliveries.

The Community Hub is also able to advise on whether people are eligible for the NHS Test and Trace Self-Isolation payment and support them to make an application.

The loneliness that self-isolation can cause people - even for the shortest period – can be very significant. CDT Community Hub provides weekly Chat Together calls for people who are isolating or shielding, as well as linking people in with other befriending services largely provided by our excellent local voluntary and community sector partners.

Vaccinations

The Covid Vaccination Programme in County Durham has been delivered in line with national guidance and priorities. Initially between mid-December 2020 and early January 2021 this was via 13 Primary Care Network (PCN) sites across the county, chosen for their ability to provide suitable facilities, staffing and vaccine storage so that vaccinations could be administered efficiently and safely. The sites operated seven days a week and also acted as vaccine distribution hubs for vaccination clinics run in individual GP surgeries.

In February 2021, County Durham and Darlington NHS Foundation Trust (CDDFT) was asked to vaccinate health and social care staff, which was done via hospital hubs: Darlington Memorial Hospital and County Hall acting as a satellite site for University Hospital North Durham . First doses were completed on time and second doses are currently being given.

In March 2021, a Mass Vaccination Centre opened on the outskirts of Durham City. Further mass vaccination centres are being opened across the region and community pharmacies are being established as additional distribution channels, with one currently operating in the county and a further two due to open in the near future.

Good practice

- Collaboration between partners to help PCNs set up and operate at short notice in early December 2020.
- Used information about health inequalities to inform decisions about the location of PCN sites.
- Management systems and meetings established which included all partners and allowed a co-ordinated approach. Partners met three times per week to manage demand and offer support.
- PCNs shared clinical learning about the management of the vaccine and shared equipment.
- County Hall was used as a hospital hub venue supported by council staff.
- Partners worked together to identify health and social care staff and administer their prioritisation in line with JCVI guidance and invite them to be vaccinated.
- Community Services Teams vaccinated housebound patients and supported PCNs to vaccinate care home residents.
- CDDFT premises were used – Shotley Bridge Hospital, Richardson Hospital, Barnard Castle – by PCNs to give vaccinations.

- Partners have been aware of inequalities in vaccination availability and worked together to address them.
- Consistent information provided via a Community Hub.
- Volunteer staffing provided by County Durham Together Community Hub and the Fire Service.
- Extended winter maintenance and gritting to ensure the vaccination programme was able to be maintained through inclement winter weather.

Issues

- The main issue has been the unpredictability of vaccine supply.
- The national Booking System has been problematic and led to confusion for patients.
- National announcements particularly about eligibility were made before local systems could meet demand.
- In the early stages of the programme there was a lack of reliable data about vaccine take up to inform decisions.
- Access to vaccination centres and transport in a rural area with high levels of deprivation.

Risks

- Availability of vaccine to complete the programme mitigated by continued engagement with the Regional Vaccination Centre, sharing vaccine between sites where safe to do so and rescheduling patients to sites with vaccine.
- PCN staff capacity following a sustained period of intense working, being mitigated by opening a mass vaccination centre and community pharmacies.
- Contracting for the administration of vaccines through PCNs may become less attractive to providers as the system moves through the cohorts, and the shortfall may need to be taken up within mass vaccination sites.
- Vaccine hesitancy being mitigated by targeted communications and engagement with hard to reach groups.
- 'Vaccine confidence' may cause people to be less vigilant about non pharmaceutical interventions such as 'hands, face, space'. Mitigated by ongoing promotion of the importance of such measures.

Next steps

- Local partners continue to work together to vaccinate the cohorts set nationally.
- Local partners continue to work together to tackle vaccine hesitancy and reluctance.
- The local Immunisations Board continues to develop and implement the COVID-19 Vaccination Equalities Plan.
- Exploring use of mobile vaccination unit to deploy to areas of lower uptake.

Themes

The following sections, outline Durham's response to the themes set by government in outbreak management and control guidance:

- Communications
- Community engagement
- Vulnerable and underserved communities
- Settings:
    - Care homes
    - Children's residential care homes
    - Healthcare settings
    - Workplaces
    - Durham County Council workplaces
    - Schools
    - Further Education and Higher Education establishments
    - Prisons

Communications

Key programmes of work

Clear and timely communication plays a key part of any effective outbreak response. The aim of the communications work is to build and maintain trust between local communities and the Local Health Protection Assurance Board

and 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 support the development of local intelligence on infection risks and control.

Local communications and actions are aligned with PHE and with local, regional, and national partners as appropriate for the best outcomes for our communities and the reduction of community transmission.

Good practice:

- Targeted local communications when outbreaks have occurred or rates have increased in a particular area.
- Joint working with LA7 on the highly visible and positively evaluated Beat COVID-19 North East campaign.
- Media presence from DPH via radio, TV to keep public up to date, engage in key messages and seek help and support in outbreaks.
- Local awareness raising via the Covid Champions.
- A rapid and proportionate press response. Queries have been dealt with quickly and efficiently and Durham has received some positive PR coverage both locally and nationally.
- Strong relationship with partners, schools, external organisations and the voluntary sector meaning they share communications, extending our reach in getting messages out to communities.
- Public Health briefing for community leaders, local Councillors, Council Leader, and local MPs.
- Regular communication of the local COVID-19 data position (Durham Insights).

Areas of communication work that continue to require extra focus include:

- reaching ‘hard to reach’ members of the community quickly – for example those who have a low usage of social media / digital media platforms;
- turnaround time – often a very quick response is needed which can be problematic in an area the size of County Durham.
- speed of sign-off for communications in a multi-agency context.

A local communication plan is aligned to the Local Outbreak Management Plan and covers the following themes:

- Infection prevention and control 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 Board and 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.

As part of the development of the Beat COVID-19 campaign, behavioural insights work has been undertaken to address the risks of confusing and over-whelming communications. This highlighted:

- Nearly half of the region (44%) have seen at least one campaign element.
- Perceptions of local relevance of Covid information was significantly higher among people who had seen the campaign.
- Over 4 in 5 felt positively about the local authorities' role in the campaign.
- The campaign messaging appears clear and easy to understand. Ninety three per cent of the region took a clear message from the campaign and key themes were around:
    - A strong sense of community and acting for the common good
    - Following rules to help local people and services
    - Acknowledging that there's still more to be done to beat COVID.
- Half of the people who saw the campaign acted on it:
    - 26% thought about doing more to socially-distance
    - 23% felt they wanted to do more to help fight COVID for the region

Risks

- Media sensationalising an outbreak
- Fake news, testing myths and malign communications.
- Poor communication reach resulting in low engagement with testing and self-isolation.
- Over saturation on COVID-19 messaging leading to public confusion/apathy.
- Lost trust with the government and/or local authority.
- Engaging with sections of society who believe that COVID-19 is being exaggerated. This correlates with low compliance with social distancing guidance and requirements.

- Reaching BAME communities remains a challenge. A new campaign by Drummond Communications featuring representatives from these communities is trying to address this.
- COVID complacency to rules and vaccine hesitancy.

Next steps

- Develop effective communications relating to protective measures, vaccine uptake, next steps of the road map.
- Prepare communications response to variants of concern and surge testing.
- Increase our digital response across a wider range of communications channels, not just those we manage.
- Build on the relationships made with local community groups to assist in sharing messaging on a hyperlocal basis.
- Developing and increasing the impact of COVID Champions.

Community Engagement

County Durham Together COVID-19 Community Champions
Underpinned by our wellbeing principles, the COVID-19 Community Champion programme is one element within our wider engagement and communication strategy. To date, 94 people have expressed interest in the Champions programme; 83 people are currently active in roles: 37 Champions Plus; 46 Champions.

Twenty two staff from DCC COVID specific teams/Neighbourhood Wardens have also completed Champions training. Champions shared 20 different messages with communities/networks and continue to action targeted activities as part of wider community response. Thirteen champions have more recently come forward in readiness for surge testing.

Establishing trusted relationships, information and feedback flows with local communities, businesses and wider organisations, are key to supporting delivery of the LOMP objectives. These mechanisms increase the likelihood that key messages and behaviours will be owned and adopted locally and support the development of actions and responses shaped by local intelligence. These risks are outlined in the communications section above.

Engagement and feedback from our communities and businesses also mitigate corporate risks by enabling increased understanding of issues, concerns, behaviours across the county that we can advocate for locally, regionally, and nationally.

People share information in different ways and with different people. COVID-19 Community Champions are local people who are trusted voices in local communities who share and feedback relevant and timely information with communities and contribute to the triangulation of data and soft intelligence in the Community Spike Outbreak Management Group. There are two roles that people can pledge to take on:

- Champions are supported to share information in ways that best suit their own availability, circumstances, networks, and community needs.
- The Champions Plus role enables those already active in communities or those who would like to do more - to become more actively involved, again in whatever ways best suit each individual/community circumstances.

Champions Plus undertake the fully supported DCC Volunteer induction provided by Volunteer Durham. Champions take part in [one-off] fortnightly rolling programme of online group induction sessions covering role expectations and responsibilities, handbook, communications charter. There is a fortnightly rolling programme of online Making Every Contact Count – COVID-19 Outbreak Control training (mandatory Champions Plus/optional Champions) delivered by the Programme Lead. Training consists of six micro-modules, currently covering:

- What is Coronavirus / COVID-19
- Prevention and contain - Everybody play their part
- Face coverings
- Wider wellbeing and COVID-19
- Making Every Contact Count
- Champion / Champion Plus roles

Additional modules are currently in development to support Champions to address inequalities in testing and vaccination uptake.

Sessions also provide trainees with skills to have conversations about COVID-19 and outline the links between the impact of the pandemic, wider health, wellbeing, and health inequalities.

The important element is that approaches are grounded in the assets and needs of the community (place[s] and people) where the action is taking place. This approach will enable key messages and information to be shared at scale as well as targeted, proactive work to be supported in communities. As the pandemic progresses the Champions programme continues to evolve and respond to issues identified within communities.

Case Study:
I engage with my local community via both social media and by engaging with other organisations working actively within our community. To date, 16

messages have been sent out to share via the programme. These posts have had an average reach of 461, with a high of 983. The three highest reaching posts were those on vaccine fraud, scam awareness and virus statistics (all three of which included graphics), which may be useful to direct future messaging and impact. I have also shared messages from the NHS County Durham CCG, Durham County Council, and the UK Government, which have produced a similar reach. In our area, we hold a meeting of 14 local charitable, community and other partners (including local community associations, churches, charities, NHS and AAP) every fortnight, at which I report and disseminate information from the champions programme to all the groups, and also retrieve comments and queries to feed back into the programme.

Next steps:

- Continued collaboration within communities and engagement with DCC COVID specific teams and wider locality partners to support ongoing community engagement and targeted engagement for example if surge testing programmes/awareness is needed.
- Development of proactive Champions locality action plans as measures set out within the Spring 2021 Road Map ease and communities and activities within communities resume e.g. schools, workplaces, community venues and leisure activities.
- Continued promotion of key generic and targeted messages and promotion of vaccination and asymptomatic testing programmes with a key focus on reducing inequalities.

Vulnerable and underserved communities

Evidence continues to indicate that the impact of COVID-19 and repeated lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities, and businesses.

In County Durham a number of areas of work have developed to provide support for residents and businesses during the pandemic:

- County Durham Together Community Hub
- Durham County Council Local Tracing Partnership
- County Durham Together COVID-19 Community Champions Programme
- County Durham COVID-19 Health Inequalities Impact Assessment

- Administration and support to those accessing NHS Test and Trace self-isolation payments
- Grants and funding via DCC Area Action Partnerships (AAPs) and VCS - both were critical in deployment of essential supplies, understanding community networks and how to reach the most vulnerable. Funding grants were swiftly dispersed into communities by AAPs.
- Emergency food provision and wider poverty approaches to overcome challenges of a nationally defined eligibility criteria for the self-isolation payments and differing approaches by neighbouring local authorities in the support they will and will not provide.

These areas of work are underpinned by County Durham Wellbeing Principles and as well as providing a universal offer, they apply a population health management approach to proactively targeting and supporting those experiencing inequalities.

County Durham Together Community Hub

County Durham Together [virtual] Community Hub is an example of a locally led partnership working at pace to respond to and support the evolving needs of communities. Underpinned by an ethos of continual learning and transformation, the hub's achievements go beyond supporting those in need, by also having the potential to transform future service delivery and shape relationships with communities and strategic partners going forward.

Underpinned by County Durham Wellbeing Principles the hub:

- ensures communities are empowered to self-help as much as possible and or to access support from local community and voluntary sector organisations;
- reaches those most in need through an intelligence led approach;
- addresses inequalities, proactively targeting evidence-based interventions more quickly;
- adopts a holistic, people and place-based approach.

The sharing and integration of data across the health and social care system has facilitated the application of a population health management approach enabling outreach to be a key element of this work. The CDT Hub:

- proactively targets and supports CEV residents and those with MSV, considered at greater risk from COVID-19 and/or response measures introduced via multiple communication mechanisms and direct engagement methods;
- reactively supports residents impacted by COVID-19, who have no other support or don't know who to contact, taking a holistic 'no wrong door approach' so no-one is left behind.

The hub facilitates access to essential supplies, social contact, welfare and financial assistance and COVID-19 guidance, providing person-centered referrals and assistance via a low-level case-management process and a central co-ordination function for voluntary and community organisations. Established triage and escalation referral pathways with NHS and wider statutory services have also been developed. Residents rarely present with a single issue and the importance of understanding inequalities, communities, mental-wellbeing, and service interfaces is fundamental.

At the point of need, the hub considers the whole person, offering practical and emotional wrap around support for over 9,800 people since its inception on 27 March 2020.

The County Durham Together Community Hub model adopts a collaborative approach only possible through many multi-agency / disciplinary enabling factors. This collaborative approach has enabled a rapid testing and implementation of many system aspirations and is only possible through multi-disciplinary enablers. Residents rarely present with a single issue and the importance of understanding inequalities, communities, mental-wellbeing, and service interfaces is fundamental.

Initially staffed by voluntarily redeployed staff from across a wide range of service areas across the council, capacity management has led to a core staff team to be recruited for 12 months to support the evolving Hub function. A programme of staff training (including safeguarding, Making Every Contact Count, suicide prevention and psychological first aid) was implemented to

support professional development and respond to evolving and more complex client needs. This approach has meant that as redeployed staff have returned to their substantive roles this learning and wider awareness of inequalities across the county has become diffused across multiple service areas.
Durham County Council and wider system partners are moving forward with communities to co-create and embed the County Durham Together model. The County Durham Together transformation programme aims to build upon learning from the pandemic response and develop asset-rich, resilient communities where, at the point at which support is required, there is an easy-to-access, holistic, graded response - at the right time, right place.

Gypsy-Roma Travellers

The GRT Site Management Service are part of Housing Solutions and have overall responsibility for the day to day management of the sites including health and safety, pitch allocation and rent collection.
The team have worked closely with the GRT Specialist Nurse to ensure that all households living on the permanent sites have been supported throughout the pandemic.

All households have received regular updates from the council with support available from Durham County Council's CDT Hub and the team have been in close contact with all those tenants shielding and that are vulnerable. Where positive cases have been identified on the sites, contact has been made as soon as possible with advice, support, and an offer of a follow up call from the GRT nurse. COVID-19 information posters and leaflets have been designed and distributed, both before the first confirmed case and after, across all of the sites. The posters are also included with all application forms sent out.
Following guidance from colleagues in Public Health, the team have contacted tenants living on the permanent sites that are eligible for vaccinations, in line with the NHS priority groups. All of those tenants that had not been already contacted by their GP, were offered appointments and anyone that required further information about the vaccine, or had concerns were referred to the GRT Specialist Nurse.

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 required.

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.

High risk settings are addressed through the settings-based approach adopted in County Durham. As the Contain Framework, Outbreak Management Toolkit and government's response 'roadmap' develops we will continue to ensure that the lifting of restrictions is as safe as possible.

Care homes

Current picture in County Durham:

- 96 Care Homes (Older Person).
- 44 Specialist Homes.
- Care Home population: 3,623 (capacity 4,720)

Throughout the pandemic, care home providers have collaborated with allied health and social care, and local government, professionals to ensure that residents continue to receive high quality care and support in safe and secure environments. Furthermore, all social care stakeholders have worked closely to ensure that these vital services have continued to operate in what has been an extremely challenging climate. This has been made possible by staff working in adult social care who have shown remarkable resilience.

Since the outbreak of COVID-19, local multidisciplinary teams have met weekly to address the ongoing needs of providers, staff, and residents in care homes across County Durham. Professionals from TEWV, CDDFT, NECS, CCG, PHE have joined DCC officers to share knowledge, address issues and provide ongoing advice and support on matters such as outbreak control, staffing and infection prevention and control. Twice weekly Care Home Mutual Aid groups enable a multi-disciplinary team to monitor new infections and outbreaks among staff, residents, and service-users (in non-residential social care settings) and assess and address any impact that this may have on the setting. Multi-agency representation at these meetings allows for actions to be efficiently allocated and addressed – reducing risk to residents, staff, and service provision.

The management of COVID-19 outbreaks in adult social care settings has been a significant part of the multi-agency response during the pandemic. Staff from key stakeholder organisations have worked in close collaboration to ensure that outbreaks and complex cases in these settings have been quickly identified and managed through an established Outbreak Control Team (OCT). Again, representation from key stakeholder organisation is a key asset – enabling swift action against any identified risk.

Over the past twelve months, various PCR and LFD testing regimes have been implemented across all adult social care settings. Providers have quickly assimilated and implemented new testing policies and procedures to reduce the risk of COVID-19 transmission, and protect residents, staff, and

visitors. Implementation of testing programmes has been supported by communication, and provision of advice and guidance from health and social care partners.

A review of the multi-agency work undertaken during the pandemic has highlighted areas of good practice, potential risks, and opportunities as we move forward into managing COVID-19 in care home settings.

Good practice

- Sustain (at levels commensurate with need) networks of identified stakeholders involved in the management of COVID-19 in adult social care settings through recovery and beyond. This includes regional local authority public health networks sharing resources and good practice.
- Support providers to maintain effective infection prevention and control practice, supported by the expertise of the Infection Control and Prevention Team, that has been at the centre of the care home response throughout the pandemic. This will have significant impact upon both incidence and prevalence of future communicable disease outbreaks.
- Maintain and develop knowledge and experience gained from swift implementation of testing programmes.
- Retain focus on the importance of vaccination against communicable diseases to enable a level of COVID-19 'future-proofing' in these settings.

Risks

- The emergence of coronavirus variants of concern is a clear indication that some aspects of pandemic life are likely to be present in the long term. Resurgence of cases could be extremely challenging for providers and staff in terms of further implementation and maintenance of non-pharmaceutical interventions to address them.
- Current levels of asymptomatic resident, staff and visitor testing are likely to be required for the foreseeable future; therefore, this should be proportionate to risk in that particular setting (i.e. based on the data, local case numbers) to avoid disproportionate burdens upon providers and staff.
- Outbreak response requires significant multi-agency investment in terms of time and resources. Any sustained increase in case numbers/outbreaks could have implications for staffing levels.

  The regional Health Protection Team currently manages outbreaks in care home settings and the current national Track and Trace system does not lend itself to most adult social care settings. In the longer-term, this may require support through localised contract tracing programmes tailored to the needs of care home providers.

Next steps

- Designated COVID-19 settings have been fit for purpose but will not always be required at current levels. Contingency plans must be in place to address need should there be a resurgence in cases.
- Ensure that care homes settings with less experience of responding to outbreaks or handling higher case numbers can access resources, the knowledge base and training to equip with the skills required to respond to any future increased demand.
- The lessons learned from mutual aid (i.e. identification of need, quick response times, resource allocation) must be embedded into future response plans so that it is available for swift implementation if required.

Children's Residential Care Homes

Within County Durham there are currently:

- 10 local authority (LA) children's residential homes;
- 31 independent private residential homes;
- 2 supported living accommodation settings (post 16 care leavers).

Overview

- Each of the homes have placements from Durham and potentially other LAs.
- DCC Children's Services are responsible for all aspects of the LA children's homes.
- Independent and voluntary sector homes are responsible for managing their own setting although accountable to DCC within the scope of their contractual arrangements.
- These settings are supported under a regional agreement from the regional Association of Directors of Children's Services (ADCS), using a 'linked officer' approach to avoid duplication, confusion and repetition resulting from children being placed in the setting from multiple LAs.
- Information of cases was historically received through variety of routes creating some confusion. A North East approach has now been developed to provide clarity and consistency in reporting of confirmed cases to the LA.

Good Practice

- Local guidance regarding case management and reporting which has been agreed regionally with PHE NE, DsPH and LA children's public health leads. This is to reduce complexity and improve reporting and adherence. This approach is in addition to the national process and will

ensure clear lines of communication are in place to enable timely access to local public health expertise where a COVID-19 case is suspected or identified within a children's residential setting.

- All reported cases to the LA are managed as a high priority with support from HPT NE as required.
- All children's homes have access to the national PPE portal and have been informed on how to access the local LRF PPE cell.
- Children's homes are encouraged to work closely with their health and safety team for additional advice and guidance on their risk assessment.
- Support for children with complex health needs for example children whose care requires aerosol generating procedures (AGPs) is available through the IPC team.
- Additional support has been provided by the 0-25 Family Health Service to provide PCR testing at the child's home for any child who has symptoms to facilitate an urgent reporting process and case management.
- All homes are encouraged to resister with the national testing portal to ensure they have home testing kits (PCR) available if necessary.
- An established oversight group for cases and situations in children's residential care homes meet weekly.
- A summary report of is discussed weekly at the local Health Protection Assurance Board.

Risks

- Guidance for children's homes is complex and not always well understood by homes, this has been resolved at a regional level via the regional guidance referred to in good practice.
- Adherence to strict social distancing presents challenges for staff and young people as these are their home settings.
- Children's homes – IPCN input remains an issue for site visits following outbreaks due to lack of capacity.
- Currently no home or site LFD testing for children's homes staff although children aged 11+ will be tested in a school setting (dependant on child and parent or carer consent as not mandated).
- Business continuity if large volumes of staff are identified as close contact and need to self-isolate following a positive case. This impacts on the ability to support children within their home safely.
- The full reopening of schools and subsequent planned easing of population level measures may lead to increased transmission due to increased contact between both children and adults inside and outside of school.

Opportunities

- Identify at home/at work LFD testing for children's homes staff. This may be via the community collect offer.
- IPCN support pathway for children's homes resourced and operationalised.

Next steps

- Continue effective response provided to case and situation management in children's residential care homes and ensure early help and support processes are established.
- Maintain the current effective approach to risk reduction through the provision of effective health and safety advice.
- Sustain communication with about the importance of prevention measures and risk assessment including the use of PPE as required.
- Await national guidance expected imminently from PHAGE regarding regular testing regimens of staff and children in this setting

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 (TEWV) 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 cohort of 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
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.
- Fatigue and the resulting impact on staff vigilance and adherence to infection prevention and control measures.
- Increased demand on local testing.
- Possible transmission of virus between the healthcare setting and wider community.
- Community settings, particularly primary care may not have the experience of dealing with outbreaks.

Next steps

- Work with community and 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.

Good practice
Isolation and cohorting

- COVID +ve cohort areas have been successful. Maintaining a COVID footprint rather than nursing COVID positive patients in side rooms is something the trust will try to do until numbers make this non-viable. Staffing these areas is always challenging and often comes at a cost. Re-deployed specialist nurses are returning to their much-needed roles within the Trust. The trust have learned that moving positive patients to specific COVID areas decreases the onward risk of transmission.

- Explore opportunities to bolster en-suite side room capacity. This will be vital to tackle the emerging threats of new variants.
- Mechanical ventilation in side rooms will improve efficiency to clear aerosols and decrease risk of infection to staff, visitors, and other patients. This is expensive and not easy to do in current buildings.
- Bishop Auckland Hopsital has been a vital capability that has allowed to the Trust to grow and space out. This has been an integral part of the plan. Discussions are ongoing about how the facility could be utilised in the future.

Screening

- Screen as close to the point of admission as possible (multiple points of entry). Easy to use 'point of contact' PCR units are the aspiration so that the logistics of using the laboratory can be eliminated (transporting samples between sites).
- Build a robust fast turnaround testing capability with resilience. Speed has been of the essence. The sooner we can reliably know someone's COVID status, the more safely we can manage them.

Fit Testing

- Fit Testing has been challenging throughout the pandemic. In part due to unreliable logistics chains and the need to change masks throughout. CDDFT have had to lend assistance to staff outside of their organisations. That said, the service has been a key success.

Occupational Health

- Occupational Health have managed to respond to huge demand placed upon the service by all of the factors bought about by the pandemic. The service has had to manage a huge upsurge in demand for OH reviews whilst also continuing with key vital core services. Staff wellbeing, COVID and long COVID has presented challenges and it is not fully understood the scope of the challenge yet to come in terms of mental health and issues that have been created. The OH team has worked hand-in-glove with IPC to contact trace staff and to understand the impacts of outbreaks that have involved staff.

Leadership

- Executive-led COVID-19 meeting daily has given greater oversight to what is required from an IPC perspective to manage outbreaks and recognise post 7-day COVID +ve patients. This meeting is attended by:
    - Health & Safety to address issues out with clinical areas.

- Occupational Health to address outbreaks and issues that present involving staff members.
- The Trust's screening team that are able to be flexibly deployed to ward areas as outbreaks occur to gain a picture of what is happening with both staff and patients.

- The meeting informs the Tactical Cell meeting below:
  - The Tactical Cell has been instrumental in deciding the immediate next steps and allowed decisions to be made on COVID / non-COVID management. This meeting sits at the Silver Command level.
  - Clinical Gold has provided a Senior Clinician (both medical and nursing) to make high level clinical decisions. This relieves the sometimes non-clinical Gold commanders being put in the difficult situation of having to make these decisions.
  - Gold Command stepped up the frequency of their meeting to ensure that strategic decision-making could be made on a daily basis (this was 7 days a week during the peak). Gold have flexed the regularity of the meetings to suit demand.
  - Clinical Matrons have been deployed at weekends to give Bronze level clinical leadership to wards and departments to ensure the smooth running of operations and head off low-level problems.
  - The IPC Team have provided a weekend service to the Trust to further bolster and assist with clinical decision-making and management of infectious patients including isolation priorities.
  - COVID-19 Muliti Disciplinary Team's (MDTs) have been set up to discuss COVID cases across the trust and draw on the collective experience of senior clinicians.
  - The Daily COVID Bulletin has been the integral communication system to inform staff of changing situations including PHE guidance, management strategies and projections for the future. This has served to help allay staff fears and anxieties throughout the most testing times.
  - Weekly CEO led Facebook Live sessions capture thousands of views and has been an integral communications tool to directly reach staff. This can be watched retrospectively when convenient and on smart devices which has made it accessible to many more than just using the Trust's intranet capability.

Risks

- The lack of PPE and changing between FFP3 respirators presented a risk. This stabilised later in the Pandemic. This led to huge fit testing burdens and staff anxiety.
- Timeliness of DHSC guidance publications and the need to implement across a large organisation without warning.
- Side room capacity particularly with emerging threats and variants of concern.

Next steps

- Maintain the NENC outbreak control group as an excellent mechanism in delivering a regional consensus and being hugely supportive for all organisations. This group has navigated the complexities of PHE guidance and has given consensus in the region to common problems that have been identified.
- Balance of COVID-19 response and business as usual

Primary Care

Good practice

- Partnership working via care home mutual aid meeting.
- Close working with DCC Public Health team.
- Virtual session for care homes on specific COVID-19 infection prevention and control.
- MDT type meetings we have had across the system which IPC have played a huge part in. Their hard work and flexibility based on the situation at any given time has been just amazing.

Issues

- Gaps were identified in who was to receive staff notifications of positive COVID-19 results; who feeds back; and the IMARCH form focused to secondary care rather than primary care.
- Delay in publication of relevant guidance (specifically guidance for care homes), then frequent changes to infection prevention and control guidance/care home guidance.
- Timing of guidance release problematic, announcements in media prior to guidance published.
- PHE NE HPT overwhelmed by large number of escalated cases from Tier 3 and response time for some care homes awaiting call back impacted by this. This was addressed by updating the joint

management arrangements to ensure early identification of any care home cases

- Different strands of testing for care home staff and residents complicated and confusing.
- PPE availability for care homes at the start of the pandemic, fit testing of specific FFP3 masks.

Risks

- Asked to provide advice to areas not commissioned by CCG/IPC, highlighting gaps in in house providers of IPC.

Workplaces

The number and size of workplaces in the county is as follows:

Number of workers	Number of workplaces
Up to 49	Approx. 13,900
50 to 249	255
250 and above	40
500 to 1,000	*9*
Over 1,000	*9*

Of the 73 largest workplaces, six are food processing or distribution, which due to the nature of the working environment, tend to be higher risk locations.

In response to a series of coronavirus outbreaks associated with workplaces across the county, multi-agency Outbreak Control Teams have been established, to engage with workplaces during outbreaks. Their main roles being to:

- work with businesses to establish potential common exposures within the workplace;
- provide advice on self-isolation for both cases and contacts, and COVID secure workplace practices;
- establish how these controls are working in practice during site visits, referring some to partner regulators where relevant;
- signpost staff at the workplaces to sources of support where it may be needed;
- where a need is identified, arrange additional testing for employees.

Since January 2020, the Community Protection Outbreak Control Team

have helped over 70 businesses deal with outbreaks involving members of their workforce.

There has been a series of Coronavirus Regulations introduced by government throughout 2020 as the situation has evolved, imposing operating restrictions on some workplaces, and requiring others to remain closed.

A suite of enforcement tools, and sanctions, have also been incorporated into the legislation to support a robust, swift, and effective deterrent to those businesses who blatantly seek to flout the law.

Directions to close were used to control significant non-compliance issues in a range of business premises, including social clubs, public houses, restaurants, hotels, and other hospitality settings. In addition, Fixed Penalty Notices were issued for breaches relating to non-adherence to curfew requirements in bars and take-away premises, and Prohibition Notices for businesses which were found to be operating illegally, e.g. non-essential retailers, gyms, hairdressers.

As relaxation of restrictions are again being proposed, resulting in more workplaces re-opening, employers have a legal responsibility to protect their employees, and other people frequenting their premises from risks to their health and safety.

Government guidance will underpin any revised regulations for a range of workplace settings and sectors, to assist employers in making reasonable adjustments to their working arrangements to keep people safe during the recovery phase of the coronavirus pandemic.

There are around 14,000 workplaces within County Durham. Over 7,700 workplaces are regulated under health & safety legislation by the local authority with the remainder being regulated by the Health & Safety Executive (HSE).

Risks

- Non-compliance with health protection legislation and failure to adhere to closure restrictions.
- Non-compliance with health and 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 to be able to cope in the event of a local outbreak.

Next steps

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

Durham County Council Workplaces

The current picture in County Durham as of 15 March 2021:

- 269 schools open from 8 March
- over 120 DCC workplaces open
- Estimated 4,000 employees working from home locations out of a total non-school workforce of 6,850 full-time equivalent employees.

Throughout the pandemic, some DCC workplaces have remained open throughout various stages of government restrictions. There have also been others which reopened and then closed again due to the reinyroduction of COVID restrictions.

Corporate Management Team (CMT), Extended Management Team (EMT) and service management teams have adhered to government and PHE guidance at all times. There has also been collaboration throughout the pandemic with NHS and other external bodies, public health, occupational health and health and safety services to receive high quality advice, support and guidance regarding COVID control measures and assurance on DCC workplaces being 'COVID secure' in accordance with statutory guidance and corporate responsibilities.

In particular the provision of an internal employee testing service, comprehensive risk assessment documentation and safe working procedures, site inspections and audits and COVID related advice and support has

ensured that DCC front line, statutory services have continued to operate in what has been an extremely challenging climate.

Since the outbreak of COVID-19, local multidisciplinary teams have met weekly to address the ongoing needs of services which remained operational or recommenced operational activities. Officers from Public Health, Occupational Health and Health and Safety Services meet weekly with service managers, EMT and CMT members in various fora, to share knowledge and best practice and to ensure that workplaces and work activities are undertaken safely. This ensures that key issues are resolved and that ongoing advice and support are provided on matters such as outbreak control, staffing and infection prevention and control.

A review of the multi-disciplinary work undertaken during the pandemic has highlighted areas of good practice, potential risks, and opportunities as we move forward into managing COVID-19 in DCC internal workplaces.

Good practice

- Continue to collaborate and work with professionals from both internal departments and external partners to ensure that a robust, efficient, and effective approach to managing risk and enabling safe service provision.
- Sustain networks of identified stakeholders involved in the management of COVID-19 in workplace settings through recovery and beyond. This includes regional local authority public health networks sharing resources and good practice.
- Continue with effective partnership working between clinical occupational health staff within DCC and NHS trusts which has successfully implemented employee testing programmes and vaccination delivery.
- Support services and their workplaces to maintain effective infection prevention and control practice that has been at the centre of the workplace response throughout the pandemic. This will have significant impact upon both incidence and prevalence of future communicable disease outbreaks.
- Maintain and develop knowledge and experience gained from swift implementation of testing programmes amongst workplace settings, educational settings and for service users such as pupils and adults.
- Retain focus on the importance of workplace COVID secure requirements and ensure that these remain in place where government guidance dictates.

Risks

- The emergence of coronavirus variants of concern is a clear indication that some aspects of pandemic life are likely to be present in the long term. DCC employees in DCC workplaces and providing front line

services may need to apply some of, if not all, of COVID related fundamental controls such as hand, space, face for some time yet and maintaining vigilience and compliance may be challenging during stages of government road map.

- As DCC workplaces reopen and work from home guidance and restrictions ease, then this will mean the reintroduction of a significant number of employees into workplaces which may have been closed for considerable periods of time. Reintegration of employees into these environments inevitably introduces some level of increased transmission risk.
- As the number of vaccinated employees return to workplaces, behavioural changes and complacency regarding COVID related control measures may become a risk which requires management and control.
- As workplaces return and employees recommence operational activities then current support services as Occupational Health (in particular due to the reintroduction of statutory health surveillance), Public Health and Health and Safety will be required to revert to typical business as usual activities. Any sustained increase in case numbers/outbreaks could have implications for staffing levels and the ability to allocate resources away from other statutory duties and priorities.
- At this particular juncture, the council faces two particular major operational risks. We need to stage the 2021 local elections in May; and we are in the midst of a major office accommodation programme which will see the relocation from County Hall to a new headquarters building and other office accommodation moves this year. Full risk assessments for both projects have been undertaken to ensure they are managed safely and in line with COVID guidance and legislation.

Next steps

- Plan for the controlled reopening of buildings and reintegration of employees into workplaces, ensuring that they meet the COVID secure requirements at that time.
- Workplace cultural communications remain critical in ensuring that employees adhere to the current guidance and manage their behaviours and actions in a way that workplaces remain safe and prevent transmission related risks.
- Ensure that internal services and links with external partners remain resourced so that the knowledge base and training to equip with the skills required to respond to any future increased demand.
- Ensure that resources and support remain available for crucial interventions such as workplace COVID secure advice and support, employee LFD testing, vaccinations, and safe working procedures/risk assessments.

- Undertake impact assessment of the reintroduction of other statutory requirements such as health surveillance, inspections and audits and ensure that these can be fulfilled whilst managing COVID related demands and responsibilities.

Schools

Within County Durham there are currently:

- over 250 schools.
- over 100 private nursery providers.
- approximately 300 childminders.
- six private/independent schools

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.

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

From 15 June 2020, County Durham schools took a cautious and measured approach to welcoming larger numbers of children back to school. Schools fully reopened at the start of the Autumn Term and remained open, including during the November lockdown, until the Christmas break. At the start of the Spring Term schools had to close again and moved to online learning again for the most pupils in accordance with the most recent lockdown. Since 8 March 2021, schools have re-opened and welcomed back students across all year groups.

All education settings have had access to local 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 authority's Education Service's COVID-19 strategic and operational groups. Information, advice, and guidance are 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. Head teachers have received detailed health and safety risk assessments, which have been regularly updated, covering mitigation measures and the management of cases and contacts.

At the start of the Autumn Term a single point of contact (SPOC) was established for education settings. Education settings report cases directly to the Public Health team, which undertakes a risk assessment and provides advice and support on the management of cases and contacts.

The education settings SPOC is supported by a standard operating procedure. The response is proportionate to need, with complex cases and situations receiving support from Public Health, education advisors and health and safety colleagues. The Public Health team has engaged with regional PHE and DHSC colleagues when indicated to resolve complex cases and situations.

There is now a significant asymptomatic testing offer, using lateral flow device (LFD) tests in place for education settings. Staff in all education settings have access to twice weekly LFD testing. From the mass return of pupils on 8 March 2021, pupils in year 7 and above are offered twice weekly LFD testing, at school for the first three tests, with pupils then moving to at home testing using LFD test kits provided through their school. All secondary schools will maintain a small asymptomatic testing site (ATS). Special schools have greater flexibility and may choose to maintain a full onsite ATS to meet the testing needs of their pupils.

Parents, carers, and those in support bubbles with children and young people can access twice weekly LFD testing, via existing workplace testing arrangements,a national online ordering system and an emerging Community Collect service which is currently available from two DHSC-operated Local Testing Sites in the county and which will shortly be extended to include local authority-run community testing sites across the county.

Some additional measures have been put in place to support Special Schools including the vaccination of school staff, multi-agency health support and increased PPE access e.g. FFP3 mask equipment, face fit testing and specialist guidance from the Infection Prevention Control team to ensure appropriate support for children with complex health needs for example children whose care requires aerosol generating procedures (AGPs).

A detailed report of cases in the 0-17 population and by setting is discussed weekly at the local Health Protection Assurance Board. A newly established oversight group for cases and situations in education settings now meets weekly.

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, families and households.

- Adherence to strict social distancing presents challenges for younger children.
- Parental concern regarding safety of children to return to school.
- Variation in uptake of LFD testing for staff and pupils between schools and variation in sustained participation in the programme
- Variation in uptake of LFD testing for families, carers, and child support bubbles because those families without access to online ordering or a car may be less able to participate.
- LFD tests conducted in supervised settings have been found to be more reliable than tests conducted at home, unsupervised. This is being mitigated by providing students access to supervised testing in schools before they are asked to test themselves at home.
- LFD testing identifies a significant proportion of those currently infected with COVID-19, although less than those who would be identified by more accurate PCR testing. Whilst it is made clear that the LFD testing programme is for people without symptoms there is a risk that those with symptoms will use the test instead of accessing PCR testing.
- It is accepted that LFD testing does not identify all of those currently infected with COVID-19 and it is possible that people who receive a negative result will be falsely assured that they do not have COVID-19 and may engage in behaviours which increase the risk of transmission.
- National and local reporting mechanisms for schools can be confusing for schools, and this can lead to under reporting to the local authority.
- Datasets for schools' LFD test results and case reports via national and local mechanisms are not currently consolidated to provide an overview of cases and situations in schools.

Next steps

- Maintain the current effective response provided to case and situation management in schools and other education settings and ensure early help and community support processes are established for families self-isolating.
- Maintain the current effective approach to risk reduction through the provision of effective health and safety advice.
- Continue to develop the oversight group for cases and situations in education settings.
- Sustain communication of the importance of 'hands, face, space' measures.
- Monitor the use of both PCR and LFD testing.

Develop a data management approach which effectively uses all data sources to provide the most complete assessment possible of cases and situations in our schools.

Further and Higher Education Establishments

Further Education (FE) Colleges

The government laid out its broad approach to managing Coronavirus in FE settings in its document Further education coronavirus (COVID19) operational guidance.

- There are six FE colleges within County Durham, though many pupils will not be currently resident in the local area.
- The national guidance for FE includes sixth form colleges, general FE colleges, independent training providers, designated institutions, adult community learning providers and special post-16 institutions.
- From 8 March 2021, all students are able to return to on-site education.
- During the period of national lockdown, FE providers have remained open to vulnerable students and the children of critical workers.
- Also attending were a small number of students who would otherwise be completing their courses or apprenticeships in February or March 2021 and who cannot complete them remotely.
- National guidance for confirmed COVID-19 cases offers FE providers support and guidance via the DfE helpline.
- Locally we have requested FEs report confirmed cases through the local Public Health team.
- FEs are also expected to follow national guidance for routine LFD testing for all staff and pupils.
- Colleges and special post-16 institutions will be able to test students on return, initially on site and then moving towards home testing. For Independent Training Providers (ITPs) and Adult Community Learning providers (ACLPs) home testing will be available for staff and students from the end of March 2021.

Risks

- Not all FEs are directly engaged with the local authority and do not report confirmed cases through the local process. Additional development work is currently being undertaken to utilise other data sources to ensure appropriate support is provided, to observe clusters

and outbreaks and intervene where necessary and to limit transmission within the setting and local area.

- Potential increased transmission as FEs opened fully on 8 March 2021.

Next steps

- Engagement of the FE settings not currently reporting to the local authority.
- Engagement of FE with residential provision to ensure all control processes and reporting mechanisms are in place.

Government approach to Higher Education (HE)
The government laid out its broad approach to managing coronavirus in HE settings in its document 'Students returning to, and starting, higher education in Spring Term 2021'.

Local Public Health teams will work with Higher Education Institutions (HEIs) to assist in making risk assessments for the safe conduct of all activities.

- Face-to-face activities must be COVID-secure and may be moved more online during periods of higher risk, which may or may not coincide with changes to the local area or national COVID Alert Levels. The decision may or may not reside with the institution.
- HEIs are responsible for ensuring the wellbeing of their students during periods of self-isolation.
- Government expects outbreaks in HE settings to be 'identified and managed through investigation and follow up of individual cases', which will be conducted by PHE and local Public Health in conjunction with the University.
- HE providers are required to have an outbreak response plan in place, including how it would manage a number of scenarios.
- The government expects HEIs to develop mass LFD testing capabilities for all students and staff. Of particular note in County Durham is Durham University's participation in a national pilot project on LFD testing conducted by Oxford University during October-December 2020, which meant that it was able to offer full, weekly testing to all of its students and staff from January 2021 onwards.)

Durham University
There are over 20,000 students attending Durham University, including a high number of international students who have remained in Durham City for the duration of the pandemic due to international travel restrictions.

The university has 17 colleges, which provide catered and uncatered accommodation to approximately 9,000 students. As many students 'live out' of college, in mainly private rented accommodation and a number of purpose built student accommodation (PBSA) developments in the city. All students remain members of a college during their time in Durham, whether they 'live in' the college or 'live out'.

The university is also a major employer with approximately 3,900 staff working across multiple sites, mainly in Durham City but also other parts of the county as well.

Key developments to date include:

- strengthening partnership working arrangements – regular catch ups;
- Durham University contact tracing;
- LFD testing capability;
- Self-isolation managed by the university's colleges;
- Pre-emptive measures in place especially in campus management (COVID secure teaching spaces) and activities (including working with Public Health colleagues for advice and guidance on our plans);
- Community group and joint communications to help reduce anxieties;
- Community response team to support compliance of students in the city.

Durham University's response to a cluster, or an outbreak, will be in consultation with PHE and DCC Public Health in line with the Joint Management Arrangements. Potential outbreaks have and continue to be identified early. A data sharing agreement is in place to enable the daily sharing of intelligence with PHE and DCC Public Health. The COVID Planning Group (CPG) Chief of Staff liaises with CPG Lead, PHE and DCC Public Health SPOC and if in agreement, an Outbreak Control Team is formed.

The University has worked closely with DCC and the LRF to establish a PCR testing facility in the city cnetre, for those displaying COVID-19 symptoms. This is to ensure students, staff and the wider community living in the city centre and without their own transport are able to walk to a testing facility without having to use public transport. The university worked with DHSC, providing a site and funding to establish this Local Testing Site in the city centre. It also makes available its Howlands car park for mobile testing units (MTUs), which means that PCR testing is available in close proximity to several of its major residential colleges and teaching departments.

From November 2020, the University has also taken part in a service evaluation of Lateral Flow Tests (LFTs) conducted by Oxford University. These were initially piloted in three colleges, and subsequently were made available to all students and staff through colleges or central testing sites. The capability to use mass, repeated, asymptomatic testing for the whole

University community has been established since December 2020, and will continue for as long as is required.

Since 15 October 2020, the University has had its own Track and Trace capability, having been trained by DCC Public Health colleagues. This was initially conducted by paid student workers, but more recently has been undertaken by the Incident Control Centre (ICC). ICC maintain the ability to call on student workers should demand require this.

While the university experienced a major outbreak in the autumn term of 2020 which affected all colleges and the main student residential areas in the city, the measures it took proved effective in largely containing the outbreak within the university. This meant that we avoided the prospect of much wider community transmission across other sections of the community within the city.

Risks

- Managing student behaviours, whilst recognising their need for face-to-face activities for mental health and wellbeing and learning.
- Speed and scale of outbreaks in colleges. Given the nature of the accommodation, colleges can become gripped by coronavirus very quickly. The scale and speed of the initial outbreak in September 2020 was not fully anticipated and the actions necessary, not foreseen. The University and local authority – had to work through managing the outbreals 'as they went along', for example working out whether they could/ should lockdown a college, within the legal frameowkr of powers available.
- Particularly complex management for students in the city.
- Durham University resourcing – if the university reduces its CPG capability later this year, it may be less able to manage fresh outbreaks.
- Losing key personnel.

Next steps

- Explore the possibility of mandating LFD testing for students (currently it is voluntary).
- Preparations for students' return after Easter 2021 and in September 2021.

Durham University Outbreak Response Plan can be found
OutbreakResponsePlan.pdf (dur.ac.uk)

Prisons

There are four prisons in County Durham serving the diverse needs of residents and the criminal justice system:

- HMPYOI Deerbolt
- HMP Durham
- HMP Frankland, and
- HMP Low Newton

Guidance on the prevention and control of COVID-19 in prisons and other prescribed places of detention is subject to national guidance[2]. 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[3]. HMPPS guidance has also been published on contact tracing in prisons. In line with this, each prison has appointed a contact tracing lead (CTL) who leads the contact tracing of all confirmed cases of covid-19 in the prison thus ensuring appropriate isolation of cases and contacts.

Following national guidance, each prison has an outbreak plan, which provides for a range of control measures. The healthcare provider (Spectrum) recently appointed an IPC lead who has undertaken IPC audits in all prisons declaring outbreaks since his appointment.Other available controls in prisons include asymptomatic testing regimens, restrictions on population movement and vaccination.

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, communications, legal and resource implications.

Risks

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

[2] 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

[3] https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons

During the course of the pandemic, three key specific issues have arisen:

- The need for external Infection Prevention Control (IPC) support;
- Ensuring there are sufficient resources for conducting mass asymptomatic testing in the event of an outbreak; and
- Prison staff and residents are not recognised as priority groups in the roll out of COVID-19 vaccine (unless they fall within age or clinical criteria published by JCVI).

The first has been addressed, as there is now an IPC lead who can provide advice and guidance and conduct an audit of the prison setting.

Next steps
Arrangements are currently being put in place to ensure mass testing can take place without significant impact on prison healthcare services.

The issue of vaccination of prison staff has now been recognised nationally, with the advice that any vaccine left over in detained settings can be used for prison staff wherever possible.

Waste water sampling for SARS-CoV-2 has been established across the entire North East prison estate, which is to be considered within the existing complement of surveillance measures.

Recovery

Recovery and Health Impact Assessment (HIA)
Evidence continues to indicate the impact of the COVID-19 and repeated lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities, and businesses.

At the beginning of the pandemic, the County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid Health Impact Assessment (HIA) during the first lockdown (March-July 2020). The HIA was drawn up in a rapid response to the first wave of the COVID-19 pandemic. It offers a succinct framework of partnership insights, and assessments of priority needs emerging for all sectors providing services in County Durham.

From the HIA screening and prioritisation process undertaken across the life course, four areas of high impact were identified as requiring specific focus. These were:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing

- Community assets and community mobilisation
- Inclusion of vulnerable groups integrated into the key priorities.

Other areas of high impact were considered and screened out of the HIA prioritisation process; however, these remain significant and will continue to be monitored for outcomes within current delivery mechanisms e.g. education and skills, housing and homelessness, domestic abuse, physical health, access to healthcare, tobacco, drug, and alcohol harms.

Data sets relating to themes linked to vulnerabilities during COVID have been collated at Area Action Partnership level. This action was undertaken to determine a base line for the levels of inequalities in local communities during the first phase of lockdown (Durham Insight, July 2020).

This data will be monitored on an ongoing basis over a short, medium, and long-term timeframe and will be bolstered by emerging Population Health Management approaches to track the long-term impact of inequalities and COVID over time (2021 and 2022).

A Senior Adviser at the Local Government Association has commended the HIA approach in County Durham. Indications suggest the LGA may use a similar approach when looking at the Public Health impacts of COVID and the 22/23 Spending Review.

Governance

The governance arrangements established and documented in the original Local Outbreak Control Plan continue to be in place, have proved fit for purpose and have facilitated the prevention of and response to outbreaks across County Durham.

These include the:

- Local Health Protection Assurance Board
- Health and Wellbeing Board
- Corporate oversight arrangements within the council
- Regional Oversight Group
- links to the Local Resilience Forum (LRF).

The Health Protection Assurance Board has met weekly and brings together all partners to share practice, lessons learnt from outbreaks, oversight of key issues and risks to escalate. It is chaired by a Corporate Director from Durham County Council which has ensured a high level of commitment from all partners to the board and its work, and clear links to corporate oversight via the council's Corporate Management Team.

The Local Outbreak Management Plan and engagement arrangements have also been reported to the Member-led County Durham Health and Wellbeing Board every two months since July 2020.

The plan has also been presented at the council's Adults Health and Wellbeing Scrutiny Committee on two occasions.

The LRF Strategic Coordinating Group has met weekly and maintained clear multi-agency partnership oversight and response to cases, rates and outbreaks of COVID.

The Chief Executive of the council chairs the Regional Oversight Group and the Director of Public Health also sits on this group ensuring close engagement with Regional Convenor and their team, PHE and facilitating the escalation of key issues and risks nationally.

The Directors of Public Health and Directors of Adult Services have met every two weeks, to discuss joint working and leadership in relation to the pandemic including care homes, testing, guidance and vaccination. This has ensured joint messages across the North East, raising key issues and risks with DHSC and identifying good practice.

These are outlined in Appendix C.

The council has encouraged external and peer review of its approach to outbreak management in order to share and improve practice.

PHE North East has been invited to observe Health Protection Assurance Board meetings and in October 2020, the council welcomed a field study team from the Cabinet Office to undertake a deep-dive review of outbreak planning and management in a university and 'university city' and traditional industrial communities. A key observation from the study was Durham's proactive partnership-based approach across the realms of outbreak planning, management and control and proactive and pre-emptive community support for the most vulnerable.

Funding

The council has received various government funding streams linked to COVID-19. Specifically, £13 million has been received and allocated from two specific funding sources.

Initial Allocation: Test and Trace Grant - £4.5 million for managing Covid-19 outbreaks. Full grant allocated additional posts for Public Health core team, compliance and community resilience Community Hub, Community Champions, commissioned services uplift, communications; occupational health support; testing.

Contain Outbreak Management Fund (COMF) – £12 million to date. Fully allocated to support work across the council and with partners including testing coordination and support, expansion of compliance teams, grants to education providers, domestic abuse system improvement, Area Action Partnerships, recovery in VCSE and community resilience, LA7 pooling joint funding.

The government has announced a further £400 million national funding for the Contain Outbreak Management Fund (COMF) from 1 April 2021, to cover further public health activities in 2021-22.

Risks

- Management of the impacts of the resumption of business as usual activities and or the end of temporary contracts.
- Funding for posts has clearly stipulated fixed term contracts, however, service delivery expectations may be raised.

Next Steps

- Work is currently underway to determine how future COMF allocations will be utilised to provide resource to address needs identified and next steps identified within this plan.

Conclusion and forward plan

The coronavirus pandemic has been the most severe public health, social and economic challenge County Durham has faced in the post-war era.

Effective outbreak prevention, management and control are central to overcoming and recovering from the impacts of the pandemic. Ensuring the effective delivery of these, presents the council and its partners with a range of immediate, short and long term challenges:

- There is immediate and current work to do in continuing to prevent, manage and control outbreaks and support the rapid implementation of the longer-term intervention – the national vaccination programme.
- So far, we have experienced two waves and we need to plan for anticipated further surges in cases which may come later this year and in winter 2021/22.
- Longer term, there will be a major challenge facilitating and fostering economic recovery, which will have a direct impact on the wider determinants of public health in the county. At the same time we will need to address the longer term post-pandemic trauma caused by what people and communities have endured over the past year and what they have missed out upon, as public services and economic and social activity has in effect, been put on hold.
- At this stage, it does not look like society will be able to eradicate COVID-19. We need to plan for it being endemic and a long term and enduring health risk which we need to manage and contain. This may change depending upon global efforts, but currently we need to plan for 'living with COVID' as opposed to achieving a 'zero COVID' strategy.

The Local Outbreak Management Plan demonstrates Durham's approach to managing these challenges and ensuring that the county is able to achieve a public health-based recovery, the fundamental building block of which is effective outbreak prevention, management and control.

The plan outlines our next steps across all of these dimensions and the themes set by government.

This plan will be used to form a dedicated action plan for the forthcoming twelve months.

It will need to be dynamic to plan and respond to any changes in the rates of COVID-19 and also major organisation change during 2021/22 including the establishment of the National Institute of Health Protection as well as the implementation of the Governments white paper setting out legislative proposals for a Health and Care Bill.

Most importantly we will continue to work with our partners and local communities to prevent, respond and reduce the impact of COVID-19 across County Durham.

Appendices

Appendix A: Joint management arrangement (PHE HPT and LA)

Appendix B: Previously Agreed North East Ways of Working (November 2020)

Appendix C: Governance

Appendix D: Local Health Protection Assurance Board – Terms of Reference

Appendix A – Joint management arrangement (PHE HPT and LA)

North East Public Health system (LAs and PHE North East) arrangements for COVID-19 rapid response and outbreak management (including enhanced contact tracing)
March 2021

Background

The aim of contact tracing is two-fold:

- to identify people who have been exposed to cases of COVD-19 and ensure that they are given the correct advice about isolation; and
- to gather information which might identify the source of a case's infection.

This information is gathered through interviews with cases (via national the Test & Trace system or Local Tracing Partnerships) and includes information on:

- where they have been prior to their infection (the possible source); and
- where they have been whilst infectious (possible contacts).

There are many other routes by which local teams receive information about possible sources / concerns about COVID-19 transmission including:

- reports from premises / businesses reporting illness in their staff;
- reports on cases in care homes (the Capacity Tracker); and
- proactive work done by local teams working with businesses and other settings to encourage reporting.

'Enhanced Contact Tracing'

However, as described above, Local public health teams (LAs and PHE) identify clusters or outbreaks of cases by using multiple strands of information. For each of these, a risk assessment is undertaken, and a judgment made about whether further investigation and / or action is required.

'Enhanced Contact Tracing' (as described by the national Test & Trace programme) is the systematic use of the information gathered from case interviews to identify clusters of cases and activities / settings where transmission may have occurred.

While there is a particular national focus on local use of this specific data set, it is important that local action continues to integrate all strands of information to ensure that as many clusters or outbreaks of COVID-19 are identified as possible, and that assessment and (where indicated) action is undertaken as

quickly as possible. This is especially important given that other data sources often highlight issues for investigation more quickly than information gathered through contact tracing interviews. For example, workplaces will often telephone local authorities or the PHE Health Protection Team to report multiple COVID-19 cases in their setting before the Test & Trace contact tracing process has been completed.

'Enhanced Contact Tracing' reports and how they are used

The information gathered from case interviews is used to produce two types of report which are published on the PowerBI dashboard that local authorities and PHE Health Protection team use.

'Common Exposure' reports

- use contact tracing data from the 'backwards' period to identify shared locations, settings and activities reported by two or more cases in a defined period
- investigation of these settings
    - establishes whether there is an outbreak associated with the setting
    - establishing whether, even if no outbreak associated, there are measures that could be put in place to make the setting more COVID-secure

'Postcode Coincidence' reports

- use contact tracing from the 'forwards' period to identify where the case has been while infectious – and so potentially cause risk of transmission to others
- action may be taken if
    - any settings with vulnerable people identified
    - there are opportunities to review COVID secure measures in a setting and so mitigate the risk of any onward transmission is someone attended while infectious

North East approach

Following a workshop on 23 February 2021, the following approach was agreed across all North East local authorities and the PHE North East Health Protection Team.

1. Review of 'Common Exposure' and 'Postcode Coincidence' reports
   Local authorities will review and prioritise the common exposure reports for their area on a regular basis

See below how thresholds for review of information and for taking action may change as prevalence in the community changes.

2. As per agreed arrangements for the initial investigation of cases linked to a setting (see below), the setting will either be 'managed' by the local authority team or passed to the Health Protection Team for review and investigation

3. For any setting (managed by LA or HPT) the following steps will be followed
    a. Review if setting already known / under investigation
       For known settings / exposures
        i. Review case numbers – often the numbers reported on common exposure reports do not match with local intelligence, but may be worth checking with premises depending on how 'active' the current investigation is
        ii. Review timing of cases known locally with those reported on common exposure report
    b. For 'new' settings / exposure, undertake a risk assessment as to whether further investigation +/- action is required
        i. Initial investigation may exclude some settings / exposures at an early stage (e.g. shopping at large supermarket)
        ii. Review case numbers, background information about setting (e.g. size of workforce, type of setting – vulnerabilities) and timeline of cases to determine whether further investigation and / or action required
    c. If action is required, lead organisation will be as per local agreements (below)
    d. If a multi-agency OCT is required, the lead organisation will convene and chair the meeting

4. NOTE: the same approach outlined for the use of the ECT reports will be followed for information received through any other routes

5. NOTE: the national definition for outbreaks should be considered when assessing the information. It may be that a premises, which is known to the LA or HPT team, has cases which meet the definition of 'new outbreak'
   https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings

Changes to risk assessment as community prevalence changes

An important factor to note is that the thresholds for how frequently to review the reports and for when to initiate investigation / action will change as the prevalence of infection in the community changes.

As community prevalence decreases, the timely recognition of new cases / clusters of cases associated with a premises or activity becomes increasingly important, therefore timeliness of review of the 'Common Exposure' and 'Postcode Coincidence' reports becomes more important. At present, these are published daily.

While community prevalence is high, concerns about small numbers of cases in large workplaces may be low but as community prevalence falls these cases may be important early warning of a rise in community transmission and rapid, intensive investigation and control measures will be required.

In situations where community prevalence is low, a much lower threshold for an early multi-agency OCT should also be applied. It may be more appropriate for HPT staff to undertake the detailed contact tracing of cases in some situations: the decision about this will be agreed between the local teams, based on an assessment of risk and available resources.

When community prevalence becomes very low, it is likely that arrangements for contact tracing and management of outbreaks will change substantially. For example, it may be that the Health Protection Team (or its successor) takes the initial lead on risk assessment, contact tracing and cluster management regardless of the setting, as is currently the case with (for example) measles cases and clusters. It will therefore be important to keep this document under regular review as the context changes.

Recording actions taken

From national briefings, it is expected that local authorities and / or HPTs will shortly have to report on action taken on the settings/activities flagged up on the 'Common Exposures' and 'Postcode Coincidence' reports.

At present, it is not clear what metrics will be collected or which organisation(s) will be responsible for data collation and reporting. As an interim/preparedness measure it was agreed that each LA will consider processes for internally collecting the following information for each setting/activity reported on PowerBI, which we expect may be representative of the metrics requested nationally:

- Was the setting /activity already known to local team
  e.g. risk assessment been undertaken / control measures taken / OCT held
  Records the date at which local action started
- Was this a new outbreak that was flagged up through the Common exposures report?
  And if so, actions taken as a result
- Other organisations that are involved (e.g. HSE, CCG etc.)

- Comments field gives opportunity to explain why action taken / not taken (and capture settings where another organisation is leading – e.g. hospital outbreaks which are commonly flagged up)

As the HPT manages some situations, there may need to be a mechanism by which information about HPT-managed outbreaks is fed back to LAs if LAs are expected to report on all settings / activities flagged up; or vice-versa, if the HPT is expected to report. Suggested mechanisms for this information sharing include:

- Existing mechanisms for information sharing about care home outbreaks (i.e. the information already sent from the HPT to LAs could be adapted to include any relevant metrics).
- Some LA teams have weekly round-up meetings that are attended by a member of the HPT. These meetings could be used to check the lists of common exposures and update with information from HPT.
- The weekly LA review meeting (hosted by the HPT) could be used to check any outstanding queries.

We also discussed an 'iCERT' tool currently under national development. This integrates both sets of Enhanced Contact Tracing reports and allows both the HPT and LA to update each identified setting or activity with the action taken. If this is developed in a timely manner and becomes the source of national metrics, the LA and HPT could simply update it for situation they are managing, negating the need for a single organisation to collate information about all settings / activities.

We will seek further agreement on the exact process for reporting actions taken as and when the national expectations become clearer.

Kirsty Foster & Simon Howard, on behalf of the HPT and DPH Network, March 2021

APPENDIX B: PREVIOUSLY AGREED NORTH EAST WAYS OF WORKING – NOVEMBER 2020

Principles for local investigation and risk assessment

- Settings are identified through a range of routes including
  - Postcode coincidence reports to the HPT
  - Common exposure reports on PowerBI
  - Reports from the settings about cases in staff / residents e.g. care homes, workplaces, food / drink venues

- In each situation, an initial assessment needs to be undertaken to verify information, including
  - Number of cases
  - Period over which cases have occurred
  - Dates of attendance at the setting
  - Likelihood of transmission having occurred between the cases in setting (or is it coincidence as large / busy venue)
  - Are cases being reported from backward contact tracing (setting is possible source) or forward contact tracing (possible risk of transmission to others in the setting)?
  - Has any action been taken to identify contacts within the setting?
  - What COVID secure measures are in place at the setting?

- At the point of initial information gathering, advice should be given to the setting about
  - Case / contact definitions
  - Isolation advice for cases and contacts
  - COVID secure measures for the setting

- Following the initial information gathering, an assessment will be made about
  - Likely transmission in the setting
  - Assessment of control measures – are they adequate?
  - The settings engagement with COVID secure practices
  - Further actions needed re identifying cases and contacts
  - Further control measures needed

- In some situations, the 'lead' organisation / team will feel comfortable making this assessment
  - Where there are no concerns / no further actions are required there is no need for wider multi-agency discussion

- Where there are concerns, or an organisation / team wishes to discuss their assessment with colleagues, a multi-agency discussion should take place

- In some situations, a simple call between LA and HPT to review information and agree that actions are appropriate will suffice
- In others where a fuller discussion of concerns and agreeing actions is needed, a more structured OCT meeting will be convened

The organisation / team who have undertaken the initial information gathering should make arrangements for the OCT and someone from that team chair the OCT

Lead organisation / team:
The organisation / team which leads the initial investigation of a situation should be based on the typical type of support / advice needed. Where another team is directly contacted in the first instance by the setting it may be helpful to gather information to complete an initial risk assessment and share with the lead organisation.

Cross-border working: It is highly likely that larger situations (cluster / outbreak) will involves cases and contacts from more than local authority area. In line with 'normal' outbreak response, the area where a premises (e.g. a workplace) is located would take the lead for the overall investigation, but the responsibility for investigating cases / contacts may be delegated to their 'home' teams and that information reported back into an over-arching OCT.

Setting	Lead team / organisation*	Comments	Resources to support investigation
Care Homes	HPT	- Advice is mainly infection control and arrangement of testing - HPT informs LA SPOC of details of each home where testing is being arranged - Daily line list to all SPOCs / DsPH re care home outbreaks (incl weekends) - Situations where there are specific concerns will be flagged directly to the commissioner - 68 care homes were reported in the last week; initial risk assessment and documentation for each home takes between 1-3 hours - Note: there are ~220 ongoing COVID situations on our system – most of which are care homes. Not all require daily input, but are 'active' in terms of ongoing / follow-up required, therefore capacity to provide detailed updates is extremely limited and will only be possible for situations where there are concerns.	- Care Home Pack and FAQs - Wrap-around team arrangements in place in each LA (exact arrangement vary between areas) - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability)

		- Arrangements in LA teams (review meetings / level of contact with care homes) is very variable; further work to review this and rationalise the numbers of people contacting care homes / rationalise testing arrangements is being taken forward through the Regional Care Home Group	
Children's Homes	LA	- Can be complex issues relating to staffing/business continuity following identification of contacts, and commissioning arrangements, requiring multi-agency liaison - Advice is usually about infection control and COVID secure measures - Any complex situations can be discussed with the HPT via the ICC - Work being taken forward through CYP network regarding advice on PPE	- Work through CYP network
Domiciliary Care providers / Supported living services	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - May require co-ordination of IPC support requiring liaison between LA and HPT. - Providers to not always fall within a single LA footprint - HPT informs LA SPOC about cases, enquiries / situations being managed as they arise. – Options to include in daily care home line list for SPOCs / DsPH to considered via regional care homes group - Need discussion between HPT and LA/IPCNs as required.	- Domiciliary care SOP in place. Outbreak/issue definition detailed within the SOP dependent on transmission within the setting. - Regional FAQs for domiciliary care - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability) - Testing to be made available to CQC

			registered Dom care providers
Primary Care / Dental practices	HPT	- Advice is mainly IPC and staff isolation (and in some situations discussions about testing) - May require coordination between HPT / LA / CCG and NHSE	- Primary Care and Dental SOPs in place - FAQs for primary care and dental settings - Dental PH team undertake initial risk assessment of staff cases and report any concerns to HPT (HPT manage dental patients)
Schools	LA	- Reports of school cases/issues into the HPT (via the national helpline or direct report) are reported daily to SPOCs prior to any communication with the setting. - Main advice is about managing bubbles / identifying contacts and ensuring COVID secure measures in place - Careful assessment is needed to determine whether transmission is occurring in the school setting or whether positive results reflect community transmission - Business continuing issues may arise as a result of staff shortages - Schools are becoming increasingly confident in managing situations ins some areas - LA teams have been managing these since early October and have well-established relationships with school settings	- Schools FAQs - Support through regional CYP network (further FAQs to be capture through this network) -

		- Any complex situations can be discussed with the HPT via the ICC Thresholds for discussion will vary depending on setting but may include high numbers of cases / cases in several year groups or bubbles / reports of severe illness - Lower threshold for multi-agency discussion in SEN schools	
Universities	LA	- Advice is mainly about ensuring COVID secure measures are in place and that contact tracing has been completed by the setting - LA teams have well established relationships and reporting arrangements in place with Universities - Universities are advised to report linked cases (on campus or in halls of residence) to the ICC - HPT liaise with LA and any complex situations can be discussed - Thresholds for discussion/requirement for and OCT will vary and may include high numbers of cases / reports of severe illness	- FAQs for Universities - Initial risk assessment template - Template letters for contacts
Workplaces	LA	- Advice in these settings is mainly about ensuring COVID secure measures (EHO / Public Protection Teams +/- HSE) are in place and that contact tracing has been completed by the setting - Careful assessment is needed to determine whether transmission is occurring in the workplace or whether positive results in staff members reflects community	- Workplace checklists (including re-vamped JBC action cards) - Standard email (with links to guidance and checklist for information to gather) for LA / HPT team to share with the workplace

		transmission (i.e. other plausible sources of infection) - A multi-agency meeting is often useful (may include the workplace) to reinforce messages about COVID secure practice and to offer support in settings where this may be more challenging - Any complex situations can be discussed with the HPT via the ICC - As part of the roll-out of mass testing with LFDs, there are workplace pilots – we may want to consider this for workplaces where COVID secure practice is more difficult	when they first report cases - Template letters for contacts and wider workforce - There are examples of asymptomatic testing in workplace – we (HPT) are gathering lessons learned
Emergency Services	HPT	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting - Settings do not always fall within a LA footprint - May be business continuity issues as a result staff shortage	
Prisons (and secure children's facilities)	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - Careful assessment is needed to determine whether transmission is occurring in the prison setting or whether positive results in staff members/inmates reflects community transmission (i.e. other plausible sources of infection) - May be complex issues resulting from staffing issues or restrictions impose within the setting	- National HMPPS guidance
Hostels	LA	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting	

		- May be complexities and support required to access testing - Any complex situations can be discussed with the HPT via the ICC	

Information sharing after initial investigation

Where a caller directly contacts an organisation that is not the lead for a particular situation, clarification should be sought about if/who they have spoken to in the lead organisation.

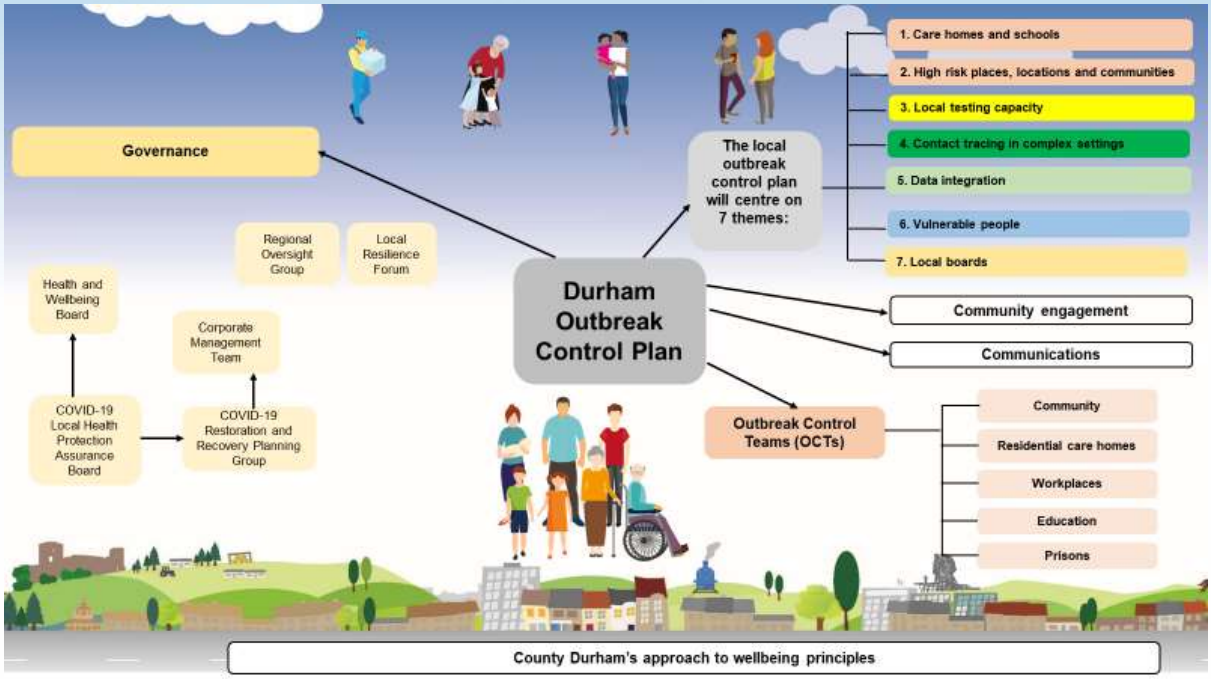
Where there have been previous discussions with the lead organisation, the caller should be re-directed to the individual who is managing the situation.

Where there has been no prior contact, initial information should be gathered and formally handed over to the relevant SPOC (ICC for the HPT) by e-mail notifying the caller that this is the process.

Appendix C – 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 Management 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 D. It has developed the County Durham COVID-19 Local Outbreak Management Plan (the current document) to provide a framework for leading, coordinating and managing the outbreak prevention and control process and the revision of this document to produce this Local Outbreak Management Plan.

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 Corporate Director for Adult and Health Services and supported by the Director of Public Health, a Consultant in Public Health (health protection), and the Outbreak Control Team members.

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).
- County Durham and Darlington NHS Foundation Trust.
- Tess, Esk and Wear Valley NHS Foundation Trust.
- Durham University.
- Durham Constabulary.
- LRF Data Cell interface.
- LRF COVID-19 SPOC.
- County Durham Integrated Care Partnership vaccination lead.
- 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.

Appendix D Local Health Protection Assurance Board – Terms of Reference.

Health and Wellbeing Board

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

The Health and Wellbeing Board is be the Member-led board engaging with residents about the County Durham COVID-19 Local Outbreak Management 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 Paul Sexton, Cabinet Portfolio Holder for Adult and Health Services. The Health and Wellbeing Board has three Portfolios Holders as members who are elected by the Leader of the Council.

The County Durham COVID-19 Local Outbreak Management Plan has been presented to the Adult and Health Overview and Scrutiny Committee on two occasions and will remain part of the forward plan.

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 transferred from the SCG to a Strategic Recovery Group (SRG) at the end of June 2020, chaired by the Chief Executive of Durham County Council, enabling close oversight of testing and outbreak management arrangements and coordination with wider recovery planning.

With the advent of the second surge of the pandemic, the SRG was stood-down and the SCG re-convened, chaired by the Interim Chief Executive, Durham County Council.

Regional Oversight Group

A regional oversight group for Local Outbreak Plans has been convened. The Chief Executive of Durham County Council is the LA7 Lead Chief Executive and Chair of group. The council's Director of Public Health, the North East chair of the Association of Directors of Public Health is also a member of this group.

Appendix D 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 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 (Local COVID-19 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

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: Corporate Director, Adult and Health Services
- Vice Chair: Director of Public Health
- 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
- Human Resources
- Public Health Programme Manager
- Health and Safety Executive
- Partnerships

- Durham University
- Outbreak Control Strategic Manager – interface with university
- Outbreak Control Advanced Practitioner
- Police
- Executive Director of Nursing, CDDFT
- Consultant in Public Health CDDFT
- Outbreak Control Programme Manager
- Outbreak Control Business Support
- 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.