

17 June 2021

**COVID-19 Local Outbreak
Management Plan**



**Report of Amanda Healy, Director of Public Health, Durham County
Council**

Electoral division affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is for Health and Wellbeing Board to receive an update on our COVID-19 response and to receive the updated COVID-19 Local Outbreak Management Plan (Appendix 2).

Executive summary

- 2 The Government has published the 'COVID-19 Response - Spring 2021', which sets out the roadmap for the easing of restrictions for England. As part of this roadmap Local Authorities are required to update their Local Outbreak Control Plans (LOCP) with a revised Local Outbreak Management Plan (LOMP).
- 3 The COVID-19 Outbreak Management Plan sets out the role of the County Durham system in preventing and controlling COVID-19 with a focus on robust management of outbreaks and providing support for complex settings, communities, and individuals where required. It aims to protect the health of the County's population from COVID-19 and assure stakeholders, and the public, that efficient and effective arrangements are in place.
- 4 The Plan remains a dynamic document which will be updated according to learning and experience in dealing with the COVID-19 response. The Public Health Team will keep the Plan under regular review and amend/update according to local, regional and national developments.

Recommendation

- 5 The Health and Wellbeing Board is recommended to:
 - (a) Note and agree the report and revised Local Outbreak Management Plan

Background

- 6 Local Outbreak Control Plans are based on the tried and tested practice of preventing, containing, and managing outbreaks. Successful management of local outbreaks is a core element of the NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.
- 7 Each local authority was expected to have its own COVID-19 Local Outbreak Control Plan, to support the national test and trace programme. The role of the local authority is to provide an oversight of COVID-19 outbreaks including those in complex settings such as schools, care homes and workplaces, as well as provide direct support through the community hub, established in the first lockdown, to cases and contacts who have been asked to self-isolate. This process is built on established and longstanding relationships with PHE North East Health Protection Team.
- 8 Effective planning and deployment at a local level underpins what the Roadmap is hoping to achieve. That is, living safely with the virus (SARS-Cov2) and acknowledging it will not be eradicated but will become endemic and will continue to circulate in pockets in the community.
- 9 The County Durham COVID-19 Local Outbreak Management Plan takes a population health protection approach and has a particular focus on higher risk settings, locations and communities which involves enhanced oversight with a broader range of partners, expertise, communications and governance.

Role of the Local Health Protection Assurance Board

- 10 The key purpose of the Local Health Protection Assurance Board (HPAB) is to lead, co-ordinate and manage work to prevent the spread of COVID-19.
- 11 The focus of local health protection work has been to undertake a risk assessment of settings where COVID-19 cases have arisen, providing public health advice and guidance, and gaining assurance that appropriate control measures are in place within the setting.
- 12 The HPAB meets on a fortnightly basis. The current work of the HPAB includes:
 - Delivery of the COVID-19 Outbreak Management Plan.
 - Regional oversight of LA7 work.

- Data and intelligence analysis, including health data from County Durham and Darlington NHS Foundation Trust (CCDFT) and the County Durham Clinical Commissioning Group (CCG).
 - Developments and innovation: e.g. Vaccination Programme and the Spike Detection Tool.
 - Oversight of setting-based intervention, including educations, care homes, community, workplaces, University, etc.
 - Oversight of COVID-19 Testing including PCR and LFD testing strands available throughout the county.
 - Oversight of COVID-19 funding allocation and delivery.
 - Oversight of Outbreak Control.
 - Oversight of the Local Tracing Partnership.
 - Assurance of actions carried out in relation to COVID-19
- 13 The group has successfully managed arising issues, systematically reviewed surveillance data, escalated risks and overcome challenges and barriers utilising a partnership approach applied to workplaces, care homes, surge testing arrangements, an efficient and effective vaccination programme and supported by rapid communication responses.
- 14 Examples include the management of the Empire Stanley Working Men's Club and Durham University outbreaks - rapid system response, mobilising local testing arrangements, identifying contacts and supporting their wellbeing and welfare throughout isolation, liaising with the local residents and students to build resilience and support community cohesion, reduce onward transmission of infection.

Reasons for the COVID-19 Local Outbreak Management Plan review

- 15 The initial COVID-19 Outbreak Control Plan (LOCP) recognised that the pandemic is a dynamic situation and anticipated that the LOCP would require updating as appropriate and presented to the Health Protection Assurance Board and Health and Wellbeing Board. Locally, the LOCP has been continually revised to reflect local response as the pandemic has progressed.
- 16 Nationally, there was a requirement for the Local Outbreak Plans to be reviewed during March 2021 and updated to:
- incorporate the learnings of the past nine months,

- plan for the next phase of the response,
 - account for the associated funding; and,
 - reflect potential changes in local roles, responsibilities, and resources.
- 17 This national review meant Local Authorities were required to update their Local Outbreak Control Plans (LOCP) with a revised Local Outbreak Management Plan (LOMP).
- 18 This presented an opportunity to identify and share good practice and to reflect developments since the original plan was produced, such as local contact tracing partnerships, enhanced contact tracing, the need to respond to Variants of Concern (VOCs) and the ongoing management of COVID-19.

Additions: LOCP to LOMP

- 19 The purpose of this 12-month plan is to prevent, manage and contain COVID-19 and minimise the impact on residents. The following key principles 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.
- 20 The COVID-19 Local Outbreak Management Plan has the following key objectives:
- Protect the health of our local communities through:
 - Provision of clear prevention messages in relation to COVID-19,
 - Rapid detection of COVID-19 clusters and outbreaks,
 - 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.

21 The following seven themes are addressed in this plan:

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

22 In addition, the plan addresses:

- Responding to Variants of Concern (VOC)
- Action on enduring transmission
- Enhanced Contact Tracing, in partnership with HPT
- Ongoing role of Non-Pharmaceutical Interventions (NPIs), including social and physical distancing, good hygiene and face coverings
- Interface with vaccines roll out
- Activities to enable 'living with COVID' (COVID secure)

23 The LOMP is a dynamic document, evolving 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 UK Health Security Agency (UKHSA) as well as the implementation of the white paper setting out legislative proposals for a Health and Care Bill.

Work undertaken to date

24 A presentation to the Health Protection Assurance Board (HPAB) took place on 4 March 2021. The main updates included:

- Updated fit for purpose LOMP is in place
- Identify further support LA's need from national and regional teams
- Identify good practice
- Feedback into national strategy and policy development
- Ensure governance, roles and responsibilities are clear

- Ensure LOMP reflects cross cutting considerations, e.g. inequalities
 - Provide ongoing assurance/justification of the need for financial support
- 25 Health Protection Assurance Board (HPAB) colleagues were asked to complete a template to consider good practice, issues, risks and opportunities for their theme or settings, from which responses were collated and used to inform the response to Government and the revised plan was presented to the HPAB on Thursday 11 March and submitted to and approved by the Regional Partnership Teams on 15 March.
- 26 The plan was assured and commended for several examples of good practice, including the comprehensive assurance provided by the plan, the Spike Detector Tool and Community Spike Outbreak Management Group, the collaborative work with the university (also commended in a Cabinet Office visit and presented nationally) and the Community Champions programme which has been presented at a number of national webinars.
- 27 The updated COVID-19 Local Outbreak Management Plan is attached at Appendix 2.

Overview of the Local Outbreak Management Plan (LOMP)

Regional Collaboration LA7

- 28 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.
- 29 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.
- 30 The approach is based on a deep understanding of our local communities and informed by data and intelligence which centres around the inequalities that local communities face, either directly or indirectly due to COVID-19.

- 31 The joint approach has centered around a small set of priorities, informed by Directors of Public Health:
- Engage our communities and work with them to address inequalities
 - Localised, regionally coordinated Test, Trace and Isolate programme
 - Roll-out of targeted community testing
 - Protection of vulnerable individuals in the community
 - Rapid implementation of a vaccine programme
- 32 Good practice has included the public facing Beat COVID NE campaign informed by insights from local people giving a joint message across the LA7 geography.
- 33 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.
- 34 The LA7 is now also taking a joint approach to recovery, embedding health and wellbeing as a key outcome of economic recovery.

Testing

- 35 Testing either for people with COVID-19 symptoms, or for those people without symptoms is an effective control measure to help identify the virus, stop transmission and understand the prevalence of the virus in our communities. Couple this with other population control measures such as 'Hand, Face, Space' and targeted 'Covid Secure' measures implemented in our setting and workplaces provide a strong foundation for our management of COVID-19.
- 36 The purposes of testing can be described as follows:
- **Case finding** – identifying positive cases of COVID19 within the population and ensuring they self-isolate to reduce transmission to other people; this could include regular testing of the contacts of a case
 - **Ensuring safety** – discovering COVID-19 status in the community to isolate and to ensure the ongoing safety of other individuals within the population
 - **Enabling return to normal activities** - reducing the impact of the COVID-19 pandemic. Local testing capacity is essential not only

for diagnosis for those who have symptoms but is also important in response to the management of a COVID-19 outbreak. The targeted deployment of local facilities alongside regional and national testing programmes will ensure that there is a swift response to outbreaks. Testing is also being used proactively to identify asymptomatic cases, who can then be supported to isolate to prevent on-going transmission

37 The three key testing channels; PCR testing; LFD testing and Community Collect are detailed below:

PCR Testing (Polymerase Chain Reaction)

38 PCR testing is the gold standard of test where swabs are processed in labs and results are reported within 24hrs. Work in this area include:

- The Outbreak Control Team (OCT) works closely to plan and direct PCR testing resources to high COVID-19 rate areas that are identified, and in response to any testing requests from individual Outbreak Control meetings. This flexible approach has worked well to provide local and accessible PCR testing options to support the work of the OCT.
- The County continues to be served by Mobile Testing Units (MTU) that are located and moved across the county as demand and rates require.
- A new permanent local testing site (LTS) at Etherley, Bishop Auckland, opened on 7 May 2021 in addition to the LTS sites located at Territorial Lane Durham and the Riverside Chester-Le-Street. The LTS site at County Hall closed on 16 May 2021.
- There is a continued need for an LTS site in the east of the County but finding a suitable site is proving difficult, work is ongoing, while the areas is still served by MTUs and LFD testing.

Lateral Flow Device (LFD) Testing

39 Our aim in County Durham has been to develop a rapid and targeted asymptomatic community testing solution to support our actions to control the transmission of the virus in local areas, determine prevalence of the virus in local communities if appropriate, and to provide some of our very rural areas with a suitable testing option.

40 A three-month plan for community asymptomatic testing has been implemented (April to June 2021) providing the opportunity for assisted testing at 14 local test sites align to Area Action Partnerships (AAPs) or the collection of home test kits known as Community Collect.

Community Collect

- 41 The Community Collect offer of home testing kits for twice weekly testing for the whole population. Home kits can be collected from a range of community sites and 124 pharmacies across the county or members of the public can also order a home LFD test kit online to be delivered to their home.

Testing Oversight Group

- 42 The Testing Oversight Group provides governance for the range of testing channels currently deployed (below) and recording progress, issues and risks:
- Education: (Secondaries, Primaries, FE, Special Schools, Early Years and PVI)
 - Community: (special workforce solutions (F&R, Aycliffe Secure), Workplaces – staff who can't WFH, Staff and volunteers in contact with Clinically Extremely Vulnerable, and targeted asymptomatic testing)
 - Workforce (other): Care Homes, Day Care and Prisons
 - PCR: Static Sites and MTUs
- 43 Targeted work with underrepresented groups is underway making links with Gypsy Roma Traveller communities, Foodbanks and School Governing bodies to promote asymptomatic testing.

Variant of Concern (VoCs)

- 44 When new variants of SARS-CoV-2 are identified, rapid research is undertaken nationally and internationally to assess the impact of the variants on factors which might change the impact of the virus on humans: for example, whether it is more transmissible; whether it causes more severe illness; or vaccine efficacy.
- 45 During the research phase these are referred to as variants under investigation (VUIs) those with concerning features are then referred to as VoCs.
- 46 VoC/VUI cases are identified through genomic sequencing following a positive PCR at present this can take approximately 10 days. At present, due to the low level of cases 100% of positive PCR tests are being genomically sequenced.
- 47 A cluster of the latest variant VoC-21APR-02 was identified in the North East in early May 2021 and is under the management of the NE Health

Protection Team with a multi-agency Incident Management Team in place with representatives from all affected regional local authorities and Public Health England specialists.

- 48 Investigations are ongoing to understand the links between the cases, the routes of transmission and the settings involved. Targeted testing of those who have been in contact with the VoC cases and linked probable cases is underway.
- 49 A VoC Oversight Group has been convened (co-chaired by the Deputy Director in Public Health and a Consultant in Health Protection, HPT). The group meets weekly to discuss VoC cases. These cases are monitored through shared line list and regular updates from HPT and daily systematic review of local data. This group reports to the HPAB.

Surge testing

- 50 Surge testing involves increased testing together with enhanced contact tracing to detect and assess the spread of a specific variants.
- 51 Surge testing enables the monitoring and prevalence of community transmission of a new VoC, and then take steps with local partners to restrict further transmission.
- 52 Genomic sequencing of PCR tests are carried out to understand prevalence, to link variant strains and to identify possible routes of transmission.
- 53 The current national programme of surge testing is known as Operation Eagle.
- 54 Locally, work has been ongoing with partners and led by the Local Resilience Forum (LRF) to finalise local surge testing plans including a tabletop exercise to develop the plans. These have been approved by the LRF and HPAB.

Test and Trace – Contact Tracing

- 55 The aim of contact tracing is two-fold:
- to identify people who have been exposed to cases of COVID-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 NHS Test and Trace interviews with cases and includes information on:

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

56 The localising of Test and Trace is in line with the ambitions set out in the national roadmap; the Directors of Public Health North East route out of lockdown plans; and the recently revised County Durham Local Outbreak Management Plan (LOMP).

County Durham Together Community Hub – Local Tracing Partnership

57 A key focus of contact tracing has been moving it as close to residents as possible. Local Authorities were offered the opportunity by Department of Health and Social Care (DHSC) to develop local contact tracing partnerships, whereby positive cases, who have not been reached by the NHS Test and Trace central team after 24 hours, are passed to Local Authority teams for follow up. County Durham took up this offer.

58 The LTP became a pilot site for Local Zero on 6 April 2021 and replaced the national team as the first point of contact for contact tracing in County Durham. The LTP now accesses positive case details from the national NHS Test & Trace programme at the earliest opportunity to enable rapid engagement and local follow up including welfare and support via the Community Hub.

59 From the outset to 21 May 2021, 510 local zero cases have been received with 506 cases completed (99.2%) and 4 cases still ongoing.

60 Case studies to show the impact and outcomes of the LTP are highlighted in Appendix 3.

61 County Durham LTP contributed to the national pilot evaluation participating in follow-up calls, workshops and providing testimonials. From these, three key themes were identified:

- Outbreak identification - LAs to see the whole epidemiological picture in their area, and use local intelligence to limit virus spread
- Better engagement by residents - more engaged, compliant and co-operative. This is due to a number of reasons, including:
 - Cases receive texts ahead of LA calls enhancing engagement and compliance.
 - Local numbers & local accents build trust and rapport.

- Cases are often completed after the first call, resulting in less frustration for citizens resulting from repetitive attempts.
- Better local support and wellbeing for residents and contact tracers
 - better quality knowledge of local support offer to help improve self-isolation compliance.
 - LA Case tracers wellbeing is improved as they are speaking to cases who are more willing to engage and less aggressive.
 - greater visibility of whole households and case tracers are able to be assigned multiple cases within the same family to build rapport, minimise calls to cases and ability to weave in local support and wellbeing information to enhance citizen experience.

Enhanced contact tracing

- 62 Enhanced contact tracing provides a retrospective focus on the 7-day period before the case is infectious in order to try to identify the likely source of infection.
- 63 In this way additional cases can be identified from potential shared sources of infection. This tool can be used in outbreaks and VoC cases to gain a deeper insight into the index case, routes of transmission and effective control measures.
- 64 Systematic review of Common Exposure and Postcode Coincidence reports generated nationally and available locally are crucial to this process and is undertaken and recorded by the Outbreak Control Team.
- ‘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 o establishes whether there is an outbreak associated with the setting o 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 if someone attended while infectious.

Isolate (Supported Isolation)

- 65 The County Durham Together Community Hub provides holistic support to enable people to self-isolate whether they test positive for COVID-19, are identified as a close contact, or are considered clinically extremely vulnerable to the effects of Covid.
- 66 Adopting a holistic, people and place-based approach, the Hub is a central co-ordination function for voluntary and community organisations. Linking to existing services where possible and providing essential aid when necessary the Hub facilitates access to essential supplies, social contact, welfare assistance including support to access to NHS Test and Trace Self-Isolation payments.
- 67 The Hub hosts County Durham Local Tracing Partnership which was one of the national pilots to take forward the national Local Zero pilot. This enabled local contact with positive cases as soon as details were added to the national system, enabling local self-isolation support offers to be discussed at the earliest opportunity.
- 68 County Durham LTP have been selected to be part of a further pilot initiative 'Local Contacts'. Once active in 'Local Contacts', our team will make additional calls to people identified as close contacts of cases, notifying them of this and their need to access a PCR test and self-isolate. Support to access testing and local support to self-isolate can be discussed and actioned immediately in these calls.

Vaccination

- 69 The Covid-19 vaccination programme continues to be rolled out successfully and at speed across County Durham. Currently we have seen:
- 500,000 vaccinations administered in County Durham.
 - Over 67% of our eligible population aged 16+ having now received their first dose; over 34% have received their second dose; and 32% not yet vaccinated.

- GPs and the Vaccination Hub continue to vaccinate younger residents in the county with the expectation that the Government will ask for some of the younger age groups to be vaccinated from week commencing 24 May 2021.
- County Durham and Darlington NHS Foundation Trust (CDDFT) is vaccinating those patients with complex medical conditions who may have adverse reactions.
- The introduction of mass vaccination sites and vaccine hubs across the county, with the mass vaccination centre at the Arnison Centre working to capacity.
- Utilising various channels to make the vaccine as accessible as possible; from the mass vaccination centres, to GP hubs and Pharmacy rollout and a vaccine bus to go directly into areas when take up is lower targeting communications too hard to reach groups.
- A great multi-agency effort to bring all plans into place, with great support from the voluntary and community sector.
- Revised clinical guidance has been received about the storage of the Pfizer vaccine which will make its use easier.
- Announcements are expected about “booster” vaccinations later in the year.

Covid funding

- 70 The purpose of this funding is ‘to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against management of local outbreaks of COVID-19’.
- 71 The Outbreak Funding Budget Group was set up to oversee the process for the management of expenditure. To support the 2020 - 21 allocation of the Contain Outbreak Management Fund (COMF) funding the Outbreak Funding Budget Group managed a surge bids exercise inviting service areas to submit business cases for funding opportunities. Following the announcement of further funding for 2021-22 the public health team coordinated a budget prioritisation exercise to ensure:
- Auditable process for decision making
 - Jointly agreed criteria for spending the fund

- Based on need and a place-based approach to reduce inequalities and improve health and social outcomes
 - All money is allocated
- 72 The Outbreak Funding Budget Group provide monthly updates to the HPAB to ensure those receiving funding follow the Outbreak Funding Briefing and Procedure to ensure the process is followed regarding expenditure, recharge, monitoring and reporting.
- 73 COMF funding to date has supported work across the council and with partners including:
- testing coordination and support
 - expansion of public health and compliance teams
 - grants to education providers
 - grants to grass roots sports and activities providers
 - domestic abuse system improvement
 - housing – vulnerable, prison leavers, temporary secure accommodation
 - Area Action Partnerships and community buildings
 - recovery in VCSE and community resilience and community champions
 - LA7 pooling joint funding – communications and care homes support
 - Development of long COVID clinics

Covid-19 Data

- 74 Local detailed information is available on our [COVID-19 dashboard](#). The dashboard provides a summary of cases by rates, ages and Middle Super Output Area (MSOA) along with current hospital bed occupancy and a summary of Covid-19 deaths. The Covid-19 dashboard provides:
- North East summary.
 - County Durham summary of cases.
 - County Durham cases by age band.
 - Vaccinations in County Durham.
 - County Durham and Darlington Foundation Trust hospital Covid-19 bed occupancy and ICU beds.
 - County Durham summary of Covid-19 deaths.

- Cases and rates by Middle Super Output Area (MSOA) in County Durham.
- 75 County Durham has seen rates reduce and remain at a low level during the most recent lockdown. Rates continue to be very closely monitored as the Government's roadmap progresses.

Local Covid update

- 76 Following a third national lockdown, the Government published the 'COVID-19 Response - Spring 2021' on 22 February 2021, setting out four stages of recovery (known as the four steps of the roadmap out of lockdown) that will lead us to back to a more normal life.
- 77 From 8 March, people in England saw restrictions start to lift. We are currently in Step 3 with all but the most high-risk sectors having reopened alongside the easing of limits on social contact and mixing. The full list of can be found here www.gov.uk/government/publications/covid-19-response-spring-2021
- 78 The final step of the roadmap, Step 4 will take place no earlier than 21 June, (with one week's advance notice of the lifting of restrictions), the Government is hoping to be in a position to remove all legal limits on social contact.

Outbreak control and community transmission

- 79 COVID-19 outbreaks follow agreed PHE joint management arrangements set out in an overarching Standard Operating Procedure (SOP) which covers a number of different settings. The strong relationship between the DCC Public Health team (and LA12) and Public Health England Health Protection Team (PHE HPT) ensures review and revision of these procedures as required. The Director of Public Health provides oversight and leadership of all Outbreak Control Teams.
- 80 The dedicated Outbreak Control Team (OCT) reporting to the Director of Public Health (DPH) and the Local Health Protection Assurance Board (HPAB) has established strong working relationships with key partners within the Council and across the health and social care system and draws on existing expertise depending on the setting or group of people affected, such as school, workplace, prison etc.
- 81 The team have put in place a range of procedures, including a triaging system, staff rotas (in and out of hours), and initial investigation of cases across all settings. They work closely with the HPT in PHE, supporting formally convened OCTs. The council has committed to continue to fund the team until March 2022.

- 82 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 over 3,000 reports of positive cases and responded to over 10,000 enquiries.
- 83 In addition, we have convened over 25 Outbreak Control Teams (OCTs) to provide outbreak management in specific settings: such as care homes, schools and Durham University, children's residential homes, secure settings, workplaces and community transmission.
- 84 The OCT's utilise the expertise of partners who work collaboratively to bring the outbreak under control, identifying close contacts and common exposures and the cause of transmission, and also re-examine Covid secure measures, risk assessments and lessons learnt that can be circulated and stop similar outbreaks from occurring.
- 85 Communications during an outbreak play a very important role, from the frequent internal briefings, Cllr Members, MPs, stakeholders and other interested parties to the external communication to those involved in the outbreak and the wider community. Well informed partners and community can be a real asset in reducing opportunity for transmission, providing social control and a good source of intelligence invaluable to the control of the outbreak.

Communications

- 86 Clear and timely communication plays a key part of any effective outbreak response. Throughout the pandemic the Outbreak Control team has contributed to and supported the work of the COVID-19 communications group, providing all members with specialist Public Health advice and information. The team has been involved in all aspects of the outward facing public communications and internal DCC communications, developing a local communication plan aligned to the LOMP.
- 87 Communication activity focus has included:
- Covid prevention key messages – Hands, Face, Space, Fresh Air, twice weekly testing and vaccines.
 - 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.
 - Regular communication of the local COVID-19 data position (Durham Insights).

- Strong relationship with partners, schools, external organisations and the voluntary sector meaning they share communications, extending our reach in getting messages out to communities.

88 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.

Covid Champions programme

89 COVID-19 Community Champions are trusted voices in local communities. As well as us sharing relevant and timely information with communities, Champions share feedback from communities - what's working well, what questions people have, what people think can be done better enabling responses to be shaped by local intelligence.

90 The programme, launched November 2020 has two roles 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.

91 Currently 78 people are actively engaged - 30 Champions Plus and 48 Champions. There are 3 geographically defined locality-based teams, North, South and East.

92 Current Community Champions are working with the Programme Lead to identify venues and activities e.g. schools, libraries, community groups etc. that they are attached to or would like to be attached to in their communities to support wider information dissemination and activity development in localities.

93 A recruitment plan has been developed and is underway to recruit more Champions and Champions Plus. The plan continues to welcome generic Champions to join the programme and also has a targeted approach – geographically and target populations.

94 A COMF funding bid has been approved to develop a Young Covid Champions offer.

Conclusion

- 95 The LOMP provides assurance, governance and future direction to ensure the ongoing ability for all settings to respond rapidly to any outbreak situation to protect the health of the residents and workforce of County Durham.
- 96 Challenges remain at a local level in the prevention, control and management of outbreaks and emerging VoCs, equitable vaccine delivery, addressing the wider health and social impacts of the pandemic.
- 97 Government guidance is lacking most notably for a national testing strategy to direct policy and local delivery and the transition of PHE to the UKHSA provides uncertainty of the future health protection responsibilities of the Local Authority and the staff and skills required to deliver this.

Background papers

- Included in Plan

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

N/A. Health Protection: Legal and Policy Context¹

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

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups² to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

Finance

Local Outbreak Management Funding to be allocated to Local Authorities still to be confirmed.

Consultation

Ongoing consultation with the key partners, community representatives and PHE members.

Equality and Diversity / Public Sector Equality Duty

Vulnerable populations must be reached and supported.

Climate Change

N/A.

Human Rights

N/A

¹ ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level*. <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

Crime and Disorder

N/A.

Staffing

Staff time across the all key stakeholders for the ongoing planning, prevention, and support for the outbreak management to protect residents.

Accommodation

N/A.

Risk

Risks are identified throughout the LOMP.

Procurement

N/A.

Disability issues

N/A

Appendix 2: COVID-19 Local Outbreak Management Plan

COVID-19 Local Outbreak Management Plan – See separate document

Appendix 3: Local Tracing Partnership case studies

Case studies to show the impact and outcomes of the Local Tracing Partnership (LTP).

Case Study 1

The gentleman (90 years) tested positive and was self-isolating, his family and neighbours normally help him with the shopping, but his daughter also tested positive. As we spoke he said he loved to read but said he'd nearly read all his books he had in the house – that's when I suggested the library service to which he agreed and I referred him for a drop off – I explained about our Chat Together calls if he would like the service but said he was ok for now – that's when I gave him our telephone number and AGE UK if he ever needed any assistance.

Case Study 2

I asked questions regarding the family welfare, where she mentioned they had run out of money for food and only had 2 days' worth of food left, and as they were in lockdown, couldn't go out and had no one who could drop food off for them. As a result, we followed this case up with her and managed to get a food drop off in the snowy conditions from the Salvation army.

Case Study 3

Customer who had Covid, along with wife and 2 young children. Started the call by telling me he has been contacted numerous times and is sick of people being pushy. Explained who I was, where from and that I was calling from a welfare perspective. Customer engaged and commented that he was more inclined to respond with local accent as security concerns in giving personal information.

Customer has been ill for several days with Covid hence reason for not engaging with national team

- Spoke to him and captured details but he said he was concerned about being paid from work and it was worrying him.
- Went through criteria for discretionary Track and Trace payment and was also able to give him his ID number to make the application and direct him to it on our website.
- No immediate welfare needs including mental health support needed but gave our number for support. Said he felt much better after our conversation