

## Adults, Wellbeing and Health

### Overview and Scrutiny Committee

28 July 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 Adult and Health Services Overview and Scrutiny Committee to receive an update on the Government Roadmap: COVID-19 Response - Summer 2021, County Durham's COVID-19 response and the Local Outbreak Management Plan.

### Executive summary

- 2 In County Durham there are established health protection assurance arrangements with key partners working closely on infectious diseases, environmental hazards and emergency preparedness and response. This work reports annually to the Health and Wellbeing Board and has stood us in good stead to establish rapid partnership arrangements, including with the Public Health England (PHE) North East Health Protection Team, for developing the COVID-19 Local Outbreak Management Plan and preparing for complex cases of COVID-19 and outbreaks.
- 3 The work is managed by the Local Health Protection Assurance Board (HPAB) building on the extensive cross Council and partnership planning and response to COVID-19. Recent updates relate to outbreak prevention and control; the LA7 regional coordination or work, including the evaluation of the Beat COVID North East communications campaign, our use of Covid-19 data, the development of the COVID-19 Vaccination Programme and the growth of Lateral Flow Testing (LFT) programmes.

- 4 The Government published the 'COVID-19 Response - Summer 2021', which sets out the final step of the roadmap for the easing of restrictions for England. This marks a new phase in the Government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.
- 5 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.
- 6 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. The 'COVID-19 Response - Summer 2021' states that Government will publish an updated COVID-19 contain outbreak management framework for local areas in due course.

## **Recommendation**

- 7 The Adults, Wellbeing and Health Services Overview and Scrutiny Committee is recommended to:
  - a) note and agree the report and the robust governance and outbreak control arrangements in place to identify, control and contain COVID-19 cases, clusters and outbreaks.

## **Background**

- 8 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, intelligence and governance. This process is built on established and longstanding relationships with PHE North East Health Protection Team.
- 9 Throughout the pandemic the plan has developed to include the vaccinations, further developments to the Test, Trace and Isolate programme including the localisation of delivery through the Local Tracing Partnership, mobilising rapid response to Variants of Concern

(VOCs), ensuring the going role of Non-Pharmaceutical Interventions (NPIs), including social and physical distancing, good hygiene and face coverings, administering self-isolation support and ongoing work to support those most vulnerable and impacted by inequalities within our population.

- 10 Effective planning and deployment at 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.

### **COVID-19 Response - Summer 2021**

- 11 The Government has published the '[COVID-19 Response: Summer 2021](#)' on 5 July 2021. This confirms that England has reached phase 4 of the roadmap and all restrictions put in place to counter the pandemic are to be removed at Step 4, i.e. from 19th July 2021. This we see a change in policy, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.
- 12 In summary the Government will:
  - Reinforce the country's vaccine wall of defence through booster jabs and driving take up.
  - Enable the public to make informed decisions through guidance, rather than laws.
  - Retain proportionate test, trace and isolate plans in line with international comparators.
  - Manage risks at the border and supporting a global response to reduce the risk of variants emerging globally and entering the UK.
  - Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.
- 13 At step 4, the Government will remove outstanding legal restrictions on social contact, life events, and open the remaining closed settings. The Government will instead enable people to make informed decisions about how to manage the risk to themselves and others. The Government will provide guidance to the public and to businesses on how they can help reduce the spread of COVID-19 and mitigate the risk of a resurgence which puts the NHS under unsustainable pressure.
- 14 Before taking step 4, the Government will review the latest data on the impact of the previous step against four tests:

- **Test 1:** The vaccine deployment programme continues successfully.
- **Test 2:** Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- **Test 3:** Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
- **Test 4:** Assessment of the risks is not fundamentally changed by new variants of concern.

15 With the easing of restrictions from 19 July 2021 we will see:

- All limits on social distancing removed
- All settings to be opened
- Large events to resume with no limits
- All life events resumed
- Covid certification not legal for entry
- No legal requirement for face coverings
- Social distancing lifted
- In rapid spread DsPH will be able to advise on social distancing
- No instruction to work from home
- Table service etc removed
- Encourage hand washing
- Change controls in schools and further education – remove bubbles
- Exempt under 18s as close contacts – further guidance expected
- Lift limits on visiting to care homes- further guidance expected

16 The roadmap recognises that the lifting restrictions does not mean that the risks from COVID-19 have disappeared and sets out how the following behaviours are beneficial:

- a. Meeting in well-ventilated areas where possible, such as outdoors or indoors with windows open.
- b. Wearing a face covering where you come into contact with people you don't normally meet in enclosed and crowded spaces.
- c. Washing your hands with soap and water or using hand sanitiser regularly throughout the day.
- d. Covering your nose and mouth when you cough and sneeze.
- e. Staying at home if unwell, to reduce the risk of passing on other illnesses onto friends, family, colleagues, and others in your community.

- f. Considering individual risks, such as clinical vulnerabilities and vaccination status.
- 17 Later in the year, the Government will assess the country's preparedness for autumn and winter. The Government will review the Coronavirus Act and remaining regulations in the early autumn to consider which requirements need to continue through the winter.

## **Role of the Local Health Protection Assurance Board**

- 18 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.
- 19 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.
- 20 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 education, 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

- 21 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, seeking to work with our communities, mobilising teams COVID awareness and compliance teams and recruiting Community Champions to advocate for and empower local residents.
- 22 Examples include the management of the recent Durham City outbreak - 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.

## **Local Outbreak Management Plan (LOMP)**

- 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.
- 24 The revised 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.
- 25 The updated [COVID-19 Local Outbreak Management Plan](#).

## **Overview of the Local Outbreak Management Plan (LOMP)**

### **Regional Collaboration LA7**

- 26 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.

- 27 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. The work has included political leadership and lobbied for interventions specific to the needs of north east residents, businesses and the health and social care system.
- 28 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.
- 29 The award winning Beat COVID NE campaign informed by insights from local people giving a joint message across the LA7 geography has been a visible and positively evaluated outcome of this collaboration and this work continues to support communication campaigns addressing vaccine hesitancy and the easing of restrictions.

## **Covid-19 Testing**

- 30 The COVID-19 Response - Summer 2021 states that both symptomatic and asymptomatic testing will continue to be available to monitor and contain the spread of the virus, helping to find new cases and breaking chains of transmission.
- 31 Couple this with other population control measures such as 'Hand, Face, Space' and targeted 'Covid Secure' measures implemented in our settings and workplaces provide a strong foundation for our management of COVID-19.
- 32 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.

33 The three key testing channels; PCR testing; LFD testing and surge testing are detailed below:

### **PCR Testing (Polymerase Chain Reaction)**

34 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, e.g. Durham City outbreak sites at Howlands and County Hall have been used almost to capacity at the peak of the outbreak and a MTU established to support testing following identification of VOC case within a school setting.
- 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 with the LTS site at County Hall closing on 16 May 2021.
- There is a continued need for an LTS site in the east of the County but finding a suitable site has yet to be identified. A site at Traynor Way, Peterlee is scheduled to be opened weekdays throughout July.

## **Lateral Flow Device (LFD) Testing**

- 35 The 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.
- 36 From January to March 2021 six community asymptomatic testing sites were established up for those would could not work from home or required a covid test without symptoms. This was followed by a three month plan (April – June 21) for wider community asymptomatic testing provided the opportunity for assisted testing at 14 local test sites align to Area Action Partnerships (AAPs).
- 37 These sites closed on 30 June 2021 and from July 2021 to March 2022 testing has been re-shaped to deliver a mobile ATS service, with a smaller /casual workforce, responding to spikes, high rates, targeting high prevalence area and identified vulnerable groups. This service is also available for backup assisted testing responses for surge, schools and workplace testing.
- 38 Communications for the asymptomatic testing options available for the public have been simplified:
- LFD testing kits can be collected at pharmacies across County Durham. Find your nearest collection point <https://maps.test-and-trace.nhs.uk>
  - Or home LFD test kits can be ordered online to be delivered to your home at [Gov.uk/order-coronavirus-rapid-lateral-flow-tests](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)
- 39 Work is ongoing with Business Durham to consider the provision of testing kits to workplaces as the Department of Health and Social Care (DHSC) LFD testing kit offer to businesses may stop at the end of July.

## **Surge testing**

- 40 Surge testing involves increased testing together with enhanced contact tracing to detect and assess the spread of a specific variants. Genomic sequencing of PCR tests are carried out to understand prevalence, to link variant strains and to identify possible routes of transmission.
- 41 The current national programme of surge testing is known as Operation Eagle. Locally, work has been ongoing with partners and led by the Local Resilience Forum (LRF) to finalise local surge testing plans including a table top exercise to develop the plans. These have been approved by CMT / LRF and HPAB.

## 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 Within County Durham 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.

## **Test and Trace – Contact Tracing**

50 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).

51 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**

52 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.

- 53 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.
- 54 As at 2 July 2021, 2687 local zero cases have been received, with 2486 cases completed (92%) and 201 cases to be actioned.
- 55 Due to a rise in cases and as society has opened up demand on this service is outweighing their capacity and the LTP have had to return cases to the national team to follow up. The LTP have implemented a demand management and recruitment plan to support the increase in contact tracing.
- 56 Case studies to show the impact and outcomes of the LTP are highlighted in appendix 2.
- 57 County Durham LTP contributed to the national pilot evaluation participating in follow-up calls, workshops and providing testimonials. From these, 3 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 well-being 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.

## **Isolate (Supported Isolation)**

- 58 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.
- 59 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.

## **Vaccination**

- 60 The Covid-19 vaccination programme continues to be rolled out successfully and at speed across County Durham. Currently we have seen:
- 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 and 'pop-up clinics' to go directly into areas when take up is lower targeting communications too hard to reach groups and in response to convened Outbreak Control Teams.
  - As at 5 July 2021, 82.7% of the eligible population aged 16+ have now received their first dose; over 64.4% have received their second dose; and 17.3% are not yet vaccinated.
  - Primary care have delivered 635,000 vaccines as at 20 June 2021.
  - The CCG has established a roaming team to vaccinate hard to reach groups initial focus on Gypsy Roma Traveller communities and homeless and rough sleeper communities 106 vaccines have been delivered to date.
  - 2169 vaccines administered in Durham City, and surrounding areas as part of walk in and pop-up 'get your jab' events on 26-27 June 2021.

- The Melissa bus has vaccinated 2451 people (1<sup>st</sup> and 2<sup>nd</sup> doses) as at 23 June 2021.
- A booster vaccine will be available in Sept 2021 which will be compulsory for health and social care staff and priority groups. It is likely students will get their booster vaccination at Easter.
- A great multi-agency effort to bring all plans into place, with great support from the voluntary and community sector.

## **Covid funding**

- 61 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’.
- 62 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 COMF 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
- 63 The Outbreak Funding Budget Group provide monthly updates to the HPAB and CMT to ensure those receiving funding follow the Outbreak Funding Briefing and Procedure to ensure the process is followed regarding expenditure, recharge, monitoring and reporting.
- 64 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**

- 65 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.
- 66 From the 17 May 2021 Step 3 of the roadmap began which saw all but the most high-risk sectors reopening alongside the easing of limits on social contact. Most notably the rule of six indoors and groups of up to 30 people outdoors.
- 67 Since the introduction of Step 3 and the national spread of the Delta variant there has been a rapid and significant increase of cases in County Durham.
- 68 The Government announcement on 14 June delayed Step 4 of the roadmap with the final easing of restrictions halted for 4 weeks from the 21 June to 19 July to allow more of the population to have a first dose of the vaccine and to bring forward second doses to combat the spread of the Delta variant.

## **Outbreak control and community transmission**

- 69 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.
- 70 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.
- 71 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.
- 72 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 5100 reports of positive cases (excludes Care Homes and Prisons and Education data), as these are recorded separately) and responded to over 10,000 enquiries.
- 73 In addition, over 33 Outbreak Control Teams (OCTs) have been convened 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.
- 74 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.
- 75 Communications during an outbreak play a very important role, from the frequent internal briefing supplied to CMT, 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**

- 76 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.
- 77 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 Insight](#)).
  - Strong relationship with partners, schools, external organisations and the voluntary sector meaning they share communications, extending our reach in getting messages out to communities.
- 78 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**

- 79 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.
- 80 Currently 115 people are actively engaged - 39 Champions Plus and 76 Champions. There are 3 geographically defined locality-based teams, North, South and East.

- 81 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.
- 82 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.
- 83 A recruitment refresh has been provided to the Active 30 schools cohort and recruitment information has been circulated to School Governors. We have recently received 11 new pledges with 8 from primary schools. From these latest recruits we now have programme reach in Aycliffe, Crook and Shildon.
- 84 The Durham Youth Council lead has pledged to be a champion and will relay key messages as appropriate to approximately 50 – 70 young people across the County.
- 85 A COMF funding bid has been approved to develop a Young Covid Champions offer.

## **Conclusion**

- 86 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.
- 87 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.
- 88 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

---

**Contact:** Amanda Healy

Tel: 03000 264323

---

---

## Appendix 1: Implications

---

### Legal Implications

N/A. Health Protection: Legal and Policy Context<sup>1</sup>

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

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

### 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

---

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

## **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: 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 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 T&T 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