

TORBAY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN

JUNE 2020

1. Introduction

- 1.1 All upper tier Local Authorities are required to produce a Local Outbreak Management Plan by the end of June 2020. Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. Directors of Public Health have a leadership role in ensuring there are plans in place with the necessary capacity and capability to deploy resources in a timely way to respond to COVID-19 outbreaks and help prevent spread.
- 1.2 The aim of the Local Outbreak Management Plan is to define how local government will work with the new NHS Test and Trace Service to ensure a whole system approach to preventing and managing COVID-19 outbreaks. Responding to local outbreaks must be a co-ordinated effort across Public Health England local health protection teams, the NHS, Social Care, Education, Police, the private sector, employers and the community and voluntary sector. Members of the general public also have a vital role to play in reducing spread of the virus and preventing outbreaks, both in terms of following national guidance and social distancing guidelines, following good hand and respiratory hygiene practices, arranging testing and self-isolating as required.
- 1.3 Local Outbreak Management Plans should cover the following areas:
- Tracking the course of the local epidemic: oversight, strategic leadership, liaison with local politicians and public, support to PHE for outbreak identification and case finding, assurance that robust systems are in place to protect the local population.
 - Proactive epidemic response measures: oversight of Test and Trace, close liaison with PHE, access to analytical support, support to PHE in the management of complex settings and mobilising access to testing, assessment of community impact, identification of vulnerable populations, proactive advice and guidance to settings, collaboration on the management of any enforcement measures.
 - Communications and local engagement: briefing elected members, communications with local population to ensure they understand the need for contact tracing and isolation and how it works, community and liaison

with local stakeholders, links to LRF and LHRP, collaboration on media work.

- 1.4 Devon working with Cornwall and Isles of Scilly are one of 11 national beacon sites.
- 1.5 Seven 'themes' for local authority action are included in summary in **Appendix 1** and are covered in the sections below.
- 1.6 South West Directors of Public Health in conjunction with PHE have agreed a set of common working principles to guide the implementation of Local Outbreak Management Plans. These are attached at **Appendix 2** below.

2. National context

- 2.1 There are two key elements to the National Contact Tracing Programme led by Department of Health and Social Care (DHSC):
 - A smart device application that uses low-energy Bluetooth to record proximity to other people who also have the application, linked to a web-based system enabling alerts and information prompting individual action to reduce further transmission of infection to others.
 - Call handling and contact tracing operating across 3 Tiers:
 - Tier 3: a national call-handling service of approximately fifteen thousand individuals who will provide advice to contacts using scripts;
 - Tier 2: a national service comprising approximately three thousand health care professionals interviewing cases and identifying contacts.

Where Tiers 3 and 2 identify complexity or a context of concern (e.g. a school, health setting, care home, work-base) they will escalate to:

 - Tier 1: a regional and local service provided by Public Health England Health Protection Teams.
- 2.2 A collaborative approach to Level 1 contact tracing has been established between Public Health England and Local Authority Public Health Teams. This intends to join up the local public health response and provide as seamless service as possible to the public.

3. Governance and partnership arrangements

- 3.1 Working in partnership is crucial to preventing spread and responding to local outbreaks. While the response to outbreaks will be led by the local Directors of

Public Health, success will require a co-ordinated partnership response. Which agencies are involved will depend somewhat as to the outbreak setting, but it is critical that all organisations understand the plan and the role and actions they are expected to take in a response.

- 3.2 Managing outbreaks in workplaces, specific settings such as schools and care homes and within the community is not new and is a core function of public health and environmental health. It is therefore important that the creation of any new arrangements to manage local COVID-19 outbreaks builds on existing plans and structures.

National and regional arrangements

- 3.3 A new National Local Government Advisory Board is being set up to oversee implementation and share practice with communities across the country.
- 3.4 A Joint Biosecurity Centre has been established to enable the setting of an alert level for the virus. This body will collate and analyse all data required to provide guidance and support to local areas in order to suppress the virus.

South West Test and Trace Co-ordination Group

- 3.5 This groups oversees both operational and tactical management regionally. It will provide liaison between the national programme and the local area. It is chaired by the regional director for public health. It will support the pillar 1 testing, other regional test sites, Mobile Testing Units, adult social care and contact tracing. Performance reports and surveillance data from the PHE contact tracing cell will be reviewed.

South West COVID-19 Health Protection Network

- 3.6 This existing network, comprising PHE Health Protection Consultants, NHSEI and Local Authority Health Protection Leads, will have regional oversight of contact tracing and monitor how it is running. As well as providing information to the T2CG group, the network will oversee assessment of the wider impacts across the local area, including identification of hotspots, overview of management of outbreaks/situations, LRFs and NHS.

Local arrangements

- 3.7 The following governance arrangements will support the Torbay Local Outbreak Management Plan. These are described diagrammatically in **Appendix 3**.

Devon and Torbay Covid-19 Health Protection Board

- 3.8 This will be chaired by the Director of Public Health for Devon County Council, with the Torbay Council Director of Public Health as vice chair along with the Deputy Director of Public Health from Devon County Council. This Board is an Executive-level Partnership Board and will have the following key responsibilities:

- Local outbreak management plan
- Resource deployment
- Data and intelligence (linking to national Joint Biosecurity Centre)
- Leading the local Public Health response alongside PHE and NHS Test and Trace
- Assurance and reporting to Local Outbreak Engagement Boards and LRF

3.9 Members will include:

- Devon and Torbay Councils, Devon district and unitary councils (public health, social care, environmental health and housing, public protection), PHE, CCG, Police, schools and colleges, business and tourism, military liaison. Plus in advisory capacity: Consultant in Public Health/Public Health Intelligence; Communications Lead; DCC Equalities Officer.

Torbay Local Outbreak Engagement Board

3.10 This will be chaired by the Leader of the Council.

Responsibilities will include:

- Political oversight of the local delivery of the local outbreak management plan and response
- Communicating and engaging with residents and communities.

Members will include: Police, ICO, CCG, GP/PCN representative, Headteacher, South Devon College Principal, CDT, Healthwatch, Faith leader representative, 'Imagine This Torbay', Torbay Together, TDA/business leaders, LA officers.

Torbay Covid-19 Tactical Cell

3.11 Chaired by Torbay Public Health, this cell is preparing for the introduction of test, Trace and Contain and manage delivery of the Local Outbreak Management Plan, including the prevention of and response to outbreaks in all settings. Members include public health, community safety, environmental health, adult social care, education, and communications. The cell reports to the Torbay Covid-19 Incident Management Team and will link formally to both the Devon & Torbay Covid-19 Health Protection Board and the Torbay Local Outbreak Engagement Board. The Cell also links to the Recovery Cell so that response and recovery planning continue in parallel.

3.12 Terms of reference for these groups will be included as **appendices** to this plan once they are finalised.

4. Data integration

- 4.1 The need for local, timely, high quality data and surveillance is a critical factor. A consistent method of data collection and integration is being agreed across the South West. This will enable transparency and consistency for data analysis, interpretation and comparison purposes.
- 4.2 The Department of Health and Social Care National Testing Programme, NHS Digital and NHSX are developing an interactive data dashboard which will be available for local use. This data dashboard, alongside the data produced by the Joint Biosecurity Centre, and local data and intelligence will provide the COVID-19 Health Protection Board with the necessary timely data and surveillance information to prevent and control the transmission of COVID-19 and to work with the Local Outbreak Engagement Board to engage with and communicate with stakeholders and the wider public.
- 4.2 The agreement of local data flows, pathways and information sharing protocols is a key priority. Locally intelligence work is focussing on:
- Mapping high risk locations and communities of interest
 - Sharing intelligence to map cases and contacts
 - Data integration
 - Assessing local rates of infection and any patterns of spread.

5. Prevention and response plans for places and communities

- 5.1 The plan addresses capability to respond all local COVID-19 outbreaks. However there are settings which are potentially more likely to have outbreak, or to be more complex to deal with. It is therefore important to have specific plans in place with pre-agreed actions to respond to these higher risk settings. Standard operating procedures are being developed detailing how we will respond to outbreaks in settings such as schools, hospitals, prisons and hostels. Settings based action cards are being developed nationally and will be adapted and agreed locally.
- 5.2 There are also some individuals and communities who are at higher risk. These include for example BAME communities, refugees and asylum seekers, people with learning disability and autism, older people and those with underlying health conditions. It is important the Local Outbreak Health Protection Board ensures that the health needs of those most vulnerable people and communities are met. An overview of COVID-19 higher risk setting, locations and communities with detail of the relevant Devon/Torbay Covid-19 Board member lead or link together with key organisations involved and their role in prevention and management of outbreaks is included at **Appendix 4**.

- 5.3 A key element of the local plan is promoting measures to prevent outbreaks. This includes communicating key guidance and advice to the general population as well as ensuring targeted evidence-based preventative measures such as high-quality infection prevention and control advice and training to those who work in higher risk settings and work with or care for the most vulnerable people.

6. Protecting and supporting vulnerable people

We know from the number of local people identified within the 'shielding' category as a response to COVID-19 that there are many people and families who need particular support during this pandemic. There are also some people and families who will find self-isolation difficult and may require additional support in order to self-isolate. The local authority working with key partners and the voluntary and community sector will ensure that people who do need additional help will be guided to appropriate help and support.

Support is likely to cover:

- Receiving information from NHSBA regarding those who self-identify as vulnerable who will be given details of Local Authority designated helplines to obtain signposting help and support as needed.
- Mobilising access to food, pharmacy, PPE as needed.
- Signposting access to financial, or mental health & wellbeing support.

7. Testing and contact tracing: responding to outbreaks in complex settings

- 7.1 Nationally, NHS Test and Trace brings together four tools to control the virus:

Test: Increasing availability and speed of testing.

Trace: Dedicated contact tracing staff for all positive cases, online services and local public health experts to identify any close recent contacts and alert those most at risk of having the virus who need to self-isolate. This will be complemented by the rollout of the NHS Covid-19 App.

Contain: The National Joint Biosecurity Centre working with local authorities and public health teams in PHE to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations.

Enable: Enabling Government to learn more about the virus, in parallel with the development of the science, to inform further in easing infection control measures.

7.2 There are two pillars of the national testing service:

Pillar 1 Local NHS lab based testing for key workers and others (Torbay pillar 1 capacity has been helpfully deployed to support testing of residents and staff in care homes and is starting to support testing for symptomatic schoolchildren).

Pillar 2 Commercial testing for NHS, Social Care and other sectors expanded to include members of the public with symptoms. Testing is delivered through regional testing units (RTUs), mobile testing units (MTUs like the one deployed in Torquay) and local testing units providing agile deployment during outbreaks.

Pillars 3, 4 and 5 cover antibody testing, surveillance and diagnostics.

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A collaborative approach to Level 1 contact tracing has been established between Public Health England and Local Authority Public

Health Teams. This intends to join up the local public health response and provide as seamless service as possible to the public.

Locally work will focus on collaboration with PHE on identifying and tracing cases and contacts, and deployment of testing capacity to respond to outbreaks as needed.

8. Communications and engagement

8.1 Providing up-to-date guidance, information and advice to the general public and key stakeholders is a key element of the plan. Agreeing the local message and the communication channels to ensure there is consistency in the messaging from key local organisations is vital to avoid confusion. Engaging and involving stakeholders and key individuals in the development and delivery of the message is also a crucial part of the plan.

8.2 A communications and engagement plan is being developed focusing on key messages by target audience in order to build trust and confidence within the general public, communities and partners. Communications leads across PHE and wider Devon will liaise closely, in particular ensuring clear responsibilities and communications routes during outbreaks. Tasks are likely to cover:

- Key public messaging – infection prevention and control measures, social distancing, reassurance
- Briefing politicians
- Trusted communications route and response to questions from the population
- Promoting understanding of the need for contact tracing and how data about contacts will be used
- Supporting and guiding public understanding and engagement with the programme
- Links to other stakeholder groups within the overall programme governance
- Liaison and engagement with local stakeholders.

8.3 The local outbreak engagement board will have responsibility for communicating and engaging with residents and communities. A communications lead will sit on the Torbay Local Outbreak Engagement Board in an advisory capacity.

9. Resources

9.1 £300m has been allocated nationally to support implementation of test, track and trace at local authority level. Torbay's allocation from the Local Authority Test and Trace Service Support Grant Determination is £886k.

- 9.2 The skills required to support test, trace and contain span Public Health within the local authority and Public Health England as well as Environmental Health, Infection Prevention and Control, Social Care, NHS, Communications, data and intelligence Health and Safety, specialist cleaning, and testing and swabbing capacity.
- 9.3 There will also be additional resources required to support vulnerable people who are required to self-isolate.
- 9.4 If the local system requires surge capacity to effectively respond to outbreaks this request will be routed through the Local Resilience Forum.
- 9.5 The precise additional resource required locally will be dependent upon the number and complexity of COVID-19 outbreaks. Torbay is working with partners to confirm resource requirements and planned spend against a range of scenarios. It is estimated that the test and trace capability may need to be in place for 18-24 months.

Appendix 1

7 'Themes' for Local Outbreak Plans

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

Appendix 2

South West Core Working Principles

While it is necessary to have a degree of local flexibility it has been agreed that both in the development of the LOMP and the proactive and reactive response to a COVID-19 outbreak it is also important to have a degree of consistency. The South West Regional Directors of Public Health have agreed to adhere to the following key working principles:

1. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.
2. While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:

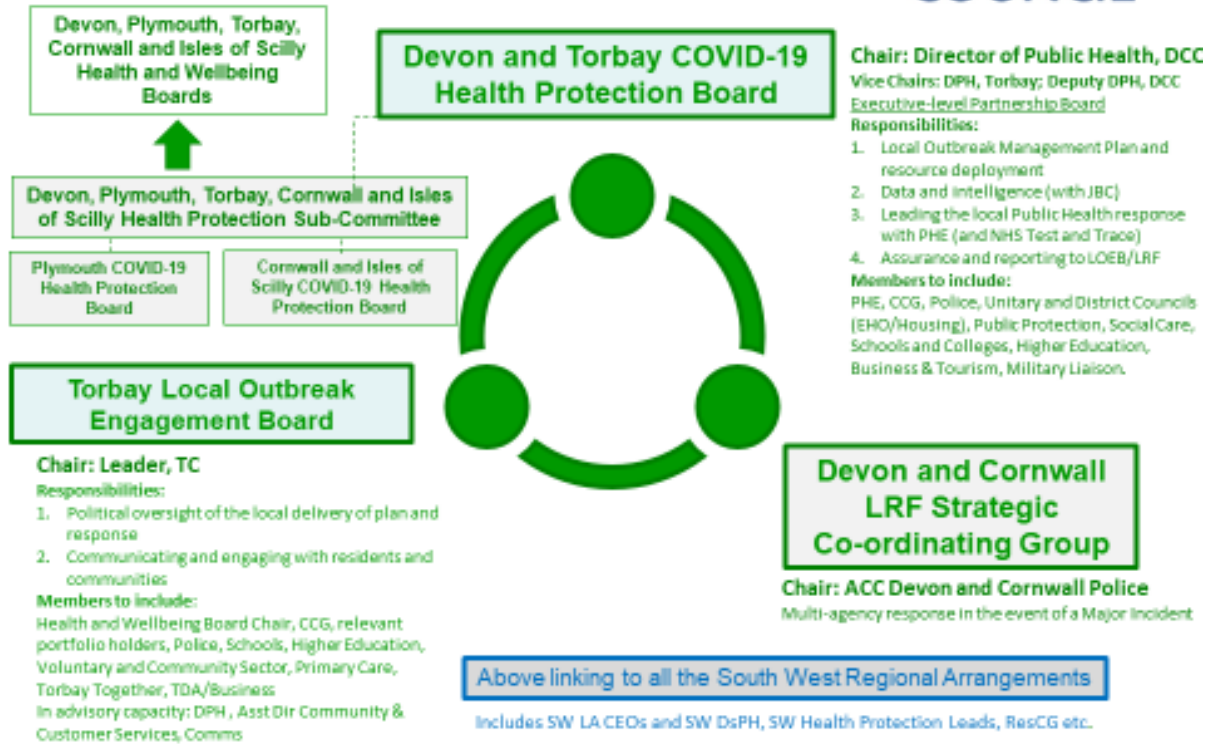
COVID-19 Health Protection Board
Local Outbreak Management Plans
Local Outbreak Engagement Board

3. We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions MoU.
4. We will adopt a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.
5. We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. Proposal that a COVID-19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID-19 Health Protection Board.

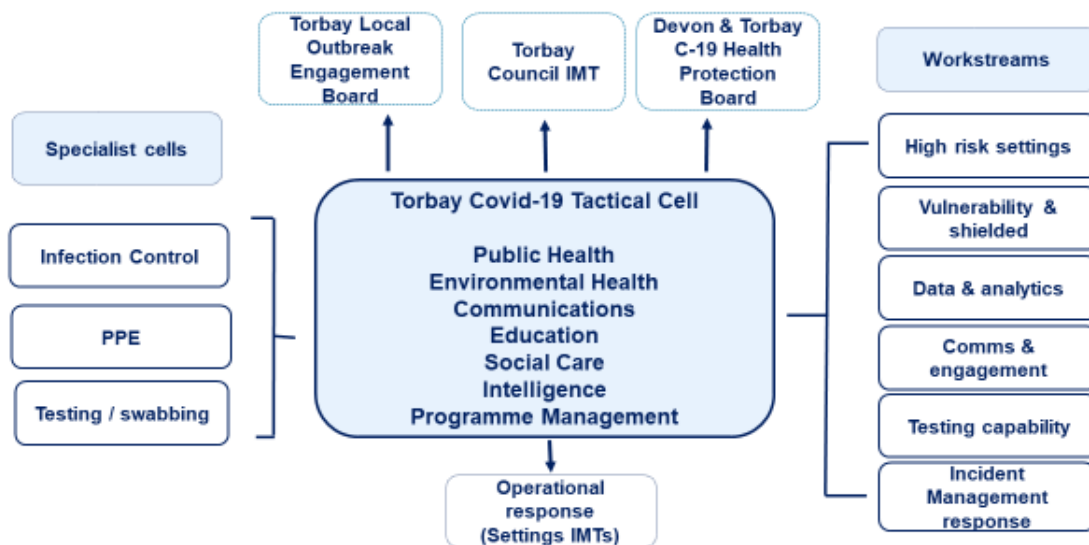
6. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.
7. We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.
8. We recognise that DsPH have a system leadership role in chairing the COVID-19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary section to ensure a whole system approach.
9. We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be actioned focused and commit to working to public health first principles.
10. We will ensure that our LOMP includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

Appendix 3

Governance Arrangements



Torbay Covid-19 Tactical cell



Overview of organisational involvement and role in prevention and management of outbreaks by setting

Setting	Remit	Health Protection Covid-19 Board lead or link	Key agencies involved and role			
			PHE	LA	NHS	Other
Health and Care	Care Homes Domiciliary Care	DASS x2	Local HPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	ASC/QAIT <i>(notification, support, advice, comms)</i> PH Lead <i>(support HPT)</i>	CCG <i>(IPC follow up)</i>	LRF <i>(PPE if emergency supplies required)</i>
	Hospital	CCG AO	Local HPT	DPH	Medical Director <i>(follow internal outbreak management plan)</i>	
Education	Schools/early years	Education Lead	Local HPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	Education <i>(notification, support)</i> PH Lead <i>(notification, Advice, support HPT)</i> LA Comm's team		DCC Health & Safety Team <i>(Risk Assessment & Advice)</i>
	Universities and colleges (Including private)	University Lead	Local HPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support HPT)</i>		ECC NDDC

High risk settings	<i>Prisons (DCC Devon only)</i>	HMP Cluster Governor	Local HPT <i>(Test notification, risk assessment, IPC advice, comm's)</i>	PH Lead <i>(notification, Advice, support HPT)</i>	NHSE/I	
	<i>Public Transport</i>	Head of TCS	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		
	<i>Large Manufacturing plants</i>	Head of EES Business Lead	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		EHO HSE
	<i>Tourist hotspots (including Caravan and camping sites, beaches, etc)</i>	Head of EES Business Lead	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		EHO
	<i>Airports/Ports</i>	Port Health	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		EHO
Vulnerable Individuals and groups	<i>Homelessness</i>	Senior EHO	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		District Councils <i>(Housing Leads)</i>
	<i>Vulnerability & /or complexity including Domestic abuse & substance</i>	Head of Communities	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		District Councils <i>(Housing Leads)</i>
	<i>Refugees and Asylum seekers</i>	Head of Communities	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		District Councils <i>(Housing Leads)</i>
	<i>Gypsy, Traveller and Roma</i>	Head of Communities	Local HPT	PH Lead <i>(notification, Advice, support HPT)</i>		
	<i>Disabled people and carers</i>	DASS	Local HPT			
	<i>People with LD and autism</i>	DASS	Local HPT			

	<i>Mental Health Service users</i>	CCG/DASS	Local HPT			
	<i>Older People</i>	CCG/DASS	Local HPT			
	<i>People with underlying health conditions</i>	CCG	Local HPT			
	<i>Health and Care Staff</i>	CCG/DASS	Local HPT			
High risk communities and neighbourhoods	<i>BAME Communities</i>	Head of Communities	Local HPT			
Public Protection		Police (X2) Head Trading Standards (Devon/Somerset/ Torbay shared Service)	Local HPT			
Military Liaison	Planning	TBC	Local HPT			

Test and Trace system outline

