APPENDIX 1

Local Outbreak Control plan

DARLINGTON BOROUGH COUNCIL

Draft June 2020 ***(A work in progress)***

"Local authorities will develop, maintain and implement their own local outbreak control plans to contain outbreaks in the community".
(Department of Health and Social Care)

Version 1.0 Date approved 29 June 2020
Approved by Paul Wildsmith: Managing Director

Introduction

On the 11 March 2020 the World Health Organisation declared the COVID-19 outbreak as a pandemic indicating the new disease was spreading globally. While the outbreak initially occurred in China, it spread rapidly. By mid-March 2020 Europe became the epicentre for the disease. In England the tripartite partnership of Department of Health and Social Care, Public Health England (PHE) and NHS England provided direction for the health and social care response with Department for Education (DfE) leading on the children's social care response.

In the initial stages of the outbreak the NHS and PHE were proactive in contacting people, testing and managing the cases. Darlington Borough Council works closely with these agencies already, building on longstanding relationships.

The Council has worked at a local, regional and national level responding quickly to make sure the necessary guidance, information and advice was shared widely.

The NHS Test and Trace Service was introduced on 28 May 2020 in order to trace the spread of the virus, isolate new infections and stop further spread of COVID-19. Darlington residents have co-operated with the national guidance and contributed to protecting their communities.

The Council focus is on restoring services and supporting the community in recovery. The Darlington Local Outbreak Control Plan is an essential part of our journey.

Purpose

1. The Local Outbreak Control Plan (LOCP) describes how Darlington Borough Council will work with partners to prevent and control COVID-19, at a population level, in complex settings, with communities of interest and through the Test and Trace service where there are complex local outbreaks of COVID-19. The plan builds on existing relationships across Council and partnership planning and response to COVID-19.

2. The plan sets out the role of partners in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks. The plan describes how, as national lockdown measures are eased, local surveillance aims to prevent and reduce the spread of COVID-19 within Darlington.

3. The aim of the plan is to reduce transmission of COVID-19 in Darlington and ensure provision of an effective and timely response to cases in complex settings.

PRINCIPLES UNDERPINNING THE PREVENTION AND MANAGEMENT OF THE TRANSMISSION OF COVID-19

4. **Public Health leadership:** this plan is based upon a public health approach, which includes:

    - **Surveillance**: so that action is informed by an understanding of the needs of the people of Darlington.

    - **Evidence**: actions should be based on the evidence of what works.

    - **Policy and strategy development**.

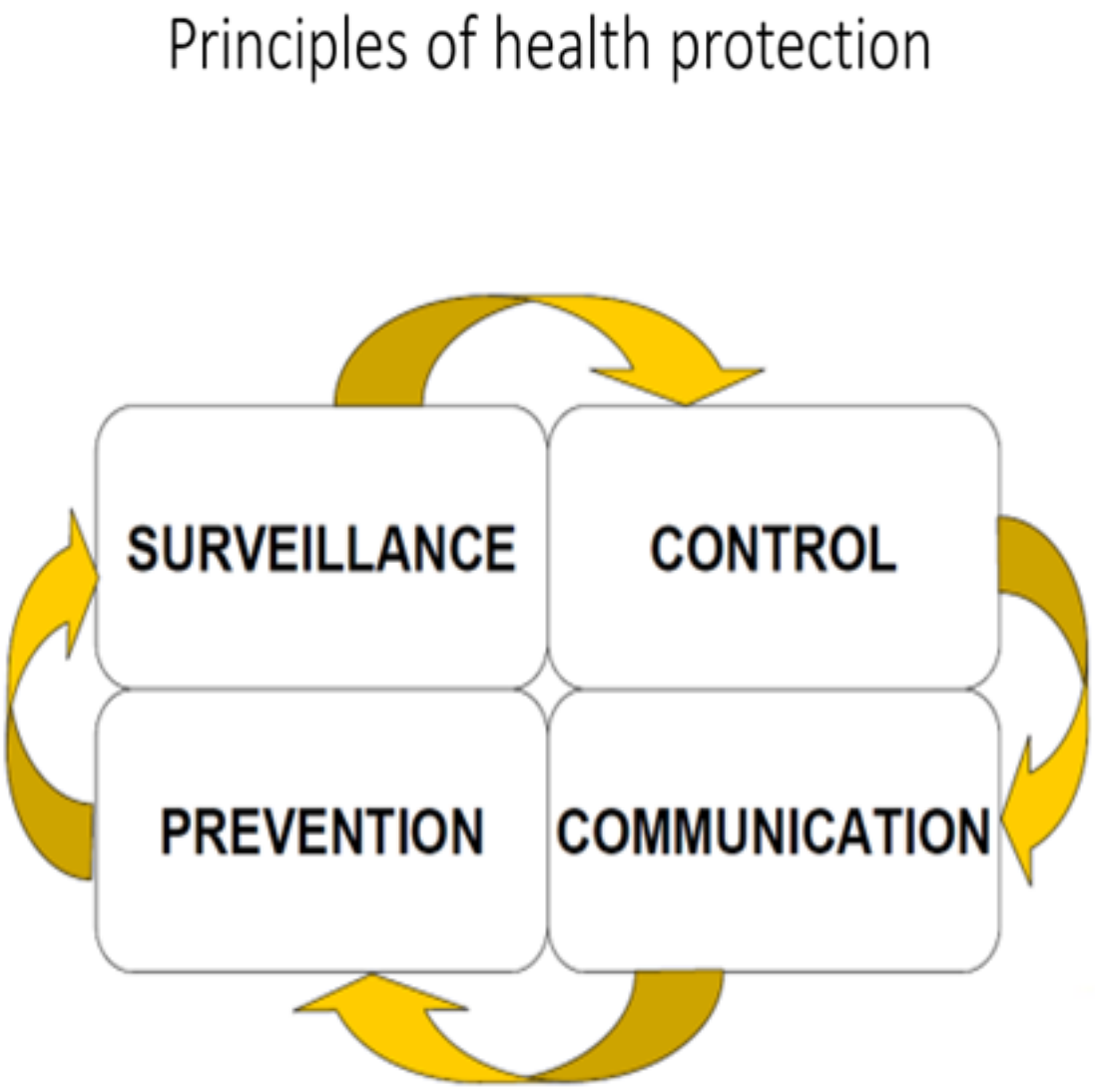
    - **Collaborative working for health and wellbeing**: The expertise and capacity of the whole local public health system – including the Council's Public Health team, other colleagues across the Council and Public Health England regional health protection functions – are central to the design and implementation of the plan, and this plan is tied into existing roles, responsibilities and governance structures, particularly the Health and Wellbeing Board.

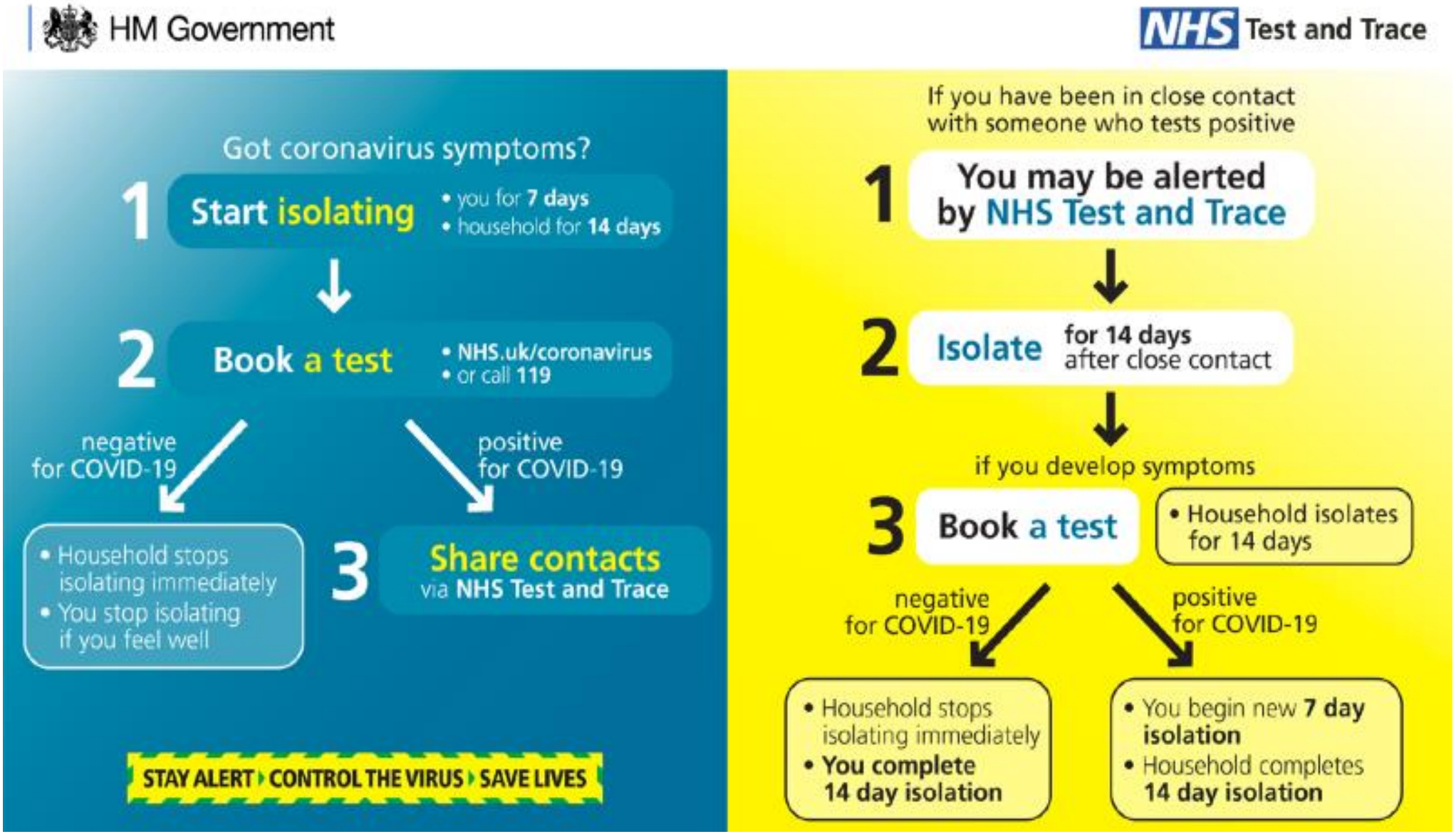
5. **A whole system approach:** the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. The voluntary sector, the NHS and many other bodies all need to work together as no single organisation has the resources or expertise to make the plan work. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

6. **An efficient system:** there needs to be clear communication and timely access to – and sharing of – information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver clear arrangements for rapid and proactive management of outbreaks.

7. **A properly** resourced **response:** each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities. We have been allocated £778,834 from Government to support implementation of this plan.

PRINCIPLES OF HEALTH PROTECTION AND TEST AND TRACE SYSTEM




HM Government
NHS Test and Trace
Got coronavirus symptoms?
1 Start isolating
• you for 7 days
• household for 14 days
2 Book a test
• NHS.uk/coronavirus
• or call 119
negative for COVID-19
positive for COVID-19
• Household stops isolating immediately
• You stop isolating if you feel well
3 Share contacts via NHS Test and Trace
STAY ALERT CONTROL THE VIRUS SAVE LIVES
If you have been in close contact with someone who tests positive
1 You may be alerted by NHS Test and Trace
2 Isolate for 14 days after close contact
if you develop symptoms
3 Book a test
• Household isolates for 14 days
negative for COVID-19
positive for COVID-19
• Household stops isolating immediately
• You complete 14 day isolation
• You begin new 7 day isolation
• Household completes 14 day isolation

8. The national **approach** to contact tracing was set out in announcements on 27 May (public information on the process can be found at: http://www.gov.uk/guidance/nhs-test-and-trace-how-it-works.

9. The **normal** contact tracing approach used in other outbreaks is being scaled up and will be the responsibility of NHS Test and Trace which will operate at 3 levels:-

   (a) Tier 3: A newly recruited staff group (approximately 15000 nationally) of contact tracing call handlers based within a national call handling system providing phone-based contact tracing.

   (b) Tier 2: A group (approximately 3000 nationally) of trained contact tracing specialists providing phone-based contact tracing to be recruited through a national recruitment approach. These staff include returning NHS professionals.

   (c) Tier 1b: A regional offer providing contact tracing and outbreak control support in relation to complex settings, cohorts and individuals/households. This will be through the established Public Health England Regional Health Protection Teams, including the team based in Newcastle.

   (d) Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

Test and Trace Data

10. Timely **access** to robust and effective data and intelligence is crucial to effective outbreak management. Locally we need to be able to predict and intervene in outbreaks.

11. There are several different data sources (and agencies) that produce statistics on testing. Some are collated centrally by the Department of Health and Social Care.

Examples of Incoming Testing Data

Public Health England Pillar 1
Public Health England Exceedance Report
Public Health England Contact Tracing Report
NHS Digital Testing Dashboard
Public Health England Care Home Outbreaks
Public Health England COVID-19 Report

12. COVID-19 tests are carried out via a number of routes:

    (a) **Pillar 1:** Swab testing in Public Health England laboratories and NHS hospitals for those with a clinical need, and health and care workers. Pillar 1 data for England is provided by the NHS and Public Health England.

    (b) **Pillar 2:** Swab testing for the wider population, as set out in government guidance. Pillar 2 data is collected by commercial partners.

13. At the time of writing although improving, flows of clinical and testing data are not yet robust enough for the Health Protection Board to be confident of recognising and responding quickly to outbreaks.

DARLINGTON

Cumulative Total	Daily Total
410 CASES	+ 1 CASE

Rate per 100,000	Rank of Rate
384 CASES	26TH HIGHEST OF 150 Upper Tier LAs

COUNTY DURHAM & DARLINGTON NHS FT

Cumulative Total	Daily Total
247 DEATHS IN HOSPITAL	+0 DEATHS IN HOSPITAL

Reference: COVID-19 Tees Tracker, as of 23/6/2020

COVID-19 Mortality in Darlington

14. Mortality (or deaths) and particularly excess mortality are important measures of the effect of the COVID-19 pandemic. Excess deaths are the additional deaths in a given time period compared to the number usually expected. Not all excess deaths will be directly due to COVID-19; some may be caused indirectly through pressure on the health system or by people not accessing health care when they need it.

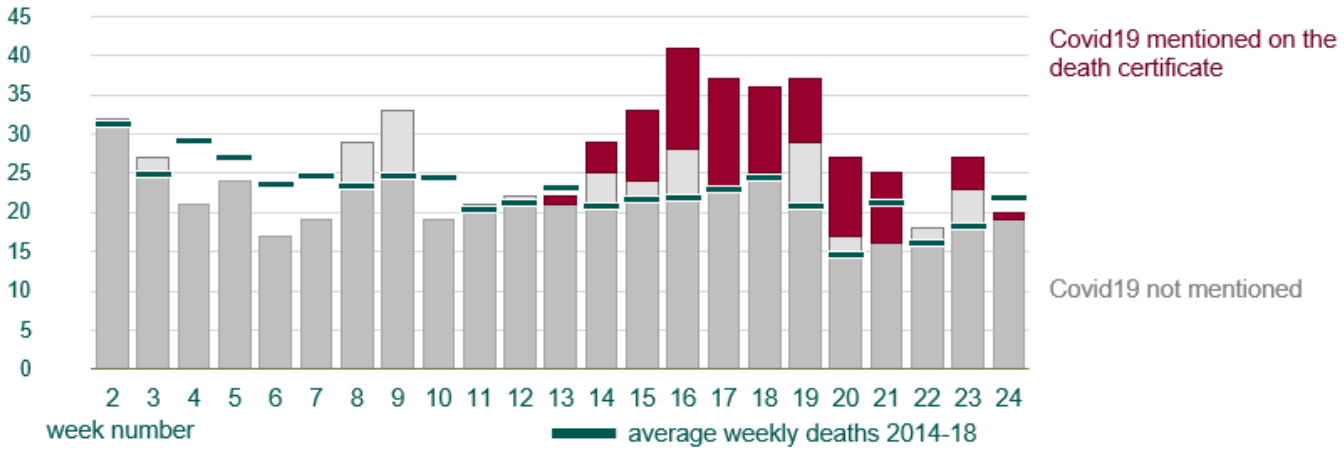
15. The Office for National Statistics publishes provisional weekly and monthly mortality data.

16. A total of 616 deaths occurred in Darlington up to 12 June 2020 (weeks 2 to 24 inclusive). Coronavirus (COVID-19) was mentioned on the death certificate in 84 (13.6%) of these deaths.

17. Excess deaths occurred in Darlington in weeks ending 3 April to 5 June (weeks 14 to 23) inclusive. Excess deaths are those above the weekly average, shown by the green line in the figure below. COVID-19 was mentioned on the death certificate in 76% (82/108) of the excess deaths that occurred in weeks 14 to 23.

Figure: Week 24 Darlington, death occurrences

Excess deaths (2020 deaths minus 2014 to 2018 average) up to 12 June 2020



ONS - Deaths registered weekly in England and Wales, provisional

Death occurrences in week 24 =	20
Excess death occurrences in week 24 (using 2014-18 weekly averages)	-2
Death occurrences mentioning COVID-19 in week 24 =	1
Death occurrences mentioning COVID-19 in weeks 1 to 24 =	84

18. The Health Protection Board needs local information at a level where it can take preventative measures as well as responding to outbreaks. The Board requires the following data:-

    (a) Data to prevent and manage outbreaks
    (b) Data to inform local testing capacity
    (c) Data to support vulnerable people
    (d) Data to understand effectiveness of contact tracing

19. Other data, non-clinical information will be used to increase understanding of the local situation. Partner organisations are asked to share information or concerns to keep the Health Protection Board with decision making. Non-clinical data may include:-

    (a) Information from Ward Councillors
    (b) Information from social media
    (c) Press and media coverage
    (d) Information from council services and the community sector

20. The Information Governance Access to personally identifiable clinical and non-clinical data is restricted to Public Health and other council professionals for the sole purpose of implementing COVID-19 control arrangements outlined in this plan. Identifiable information will be subject to strict data sharing agreements to ensure protection of individual data and appropriate legal use for purposes of infection control.

COVID-19 Mortality at a Local Level

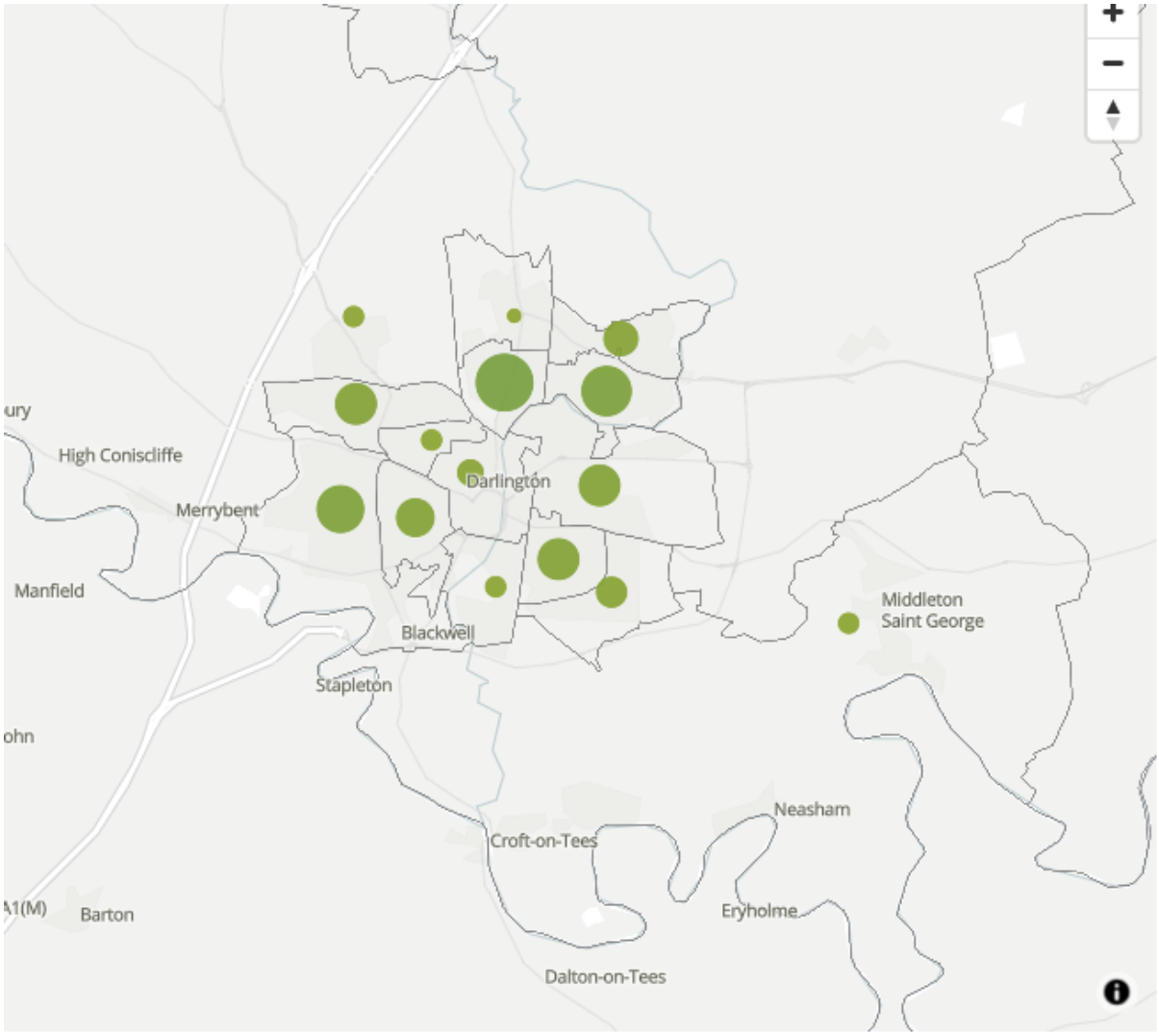
21. The ONS has published COVID-19 mortality at Middle Layer Super Output Area (MSOA) for the period 1 March to 31 May 2020. Super Output Areas are a small area statistical geography covering England and Wales. Each area has a similarly sized population and remains stable over time.

22. The map and table show the number of deaths involving COVID-19 in each MSOA in Darlington.

23. The number of deaths in each MSOA will be affected by the characteristics of the local area, including the level of disadvantage, proportion of older residents and the presence of care homes.

Darlington COVID-19 Deaths by Middle Layer Super Output Area						
MSOA code	**ONS geography MSOA name**	**House of Commons Library MSOA Names**	**March**	**April**	**May**	**3 month - March to May 2020**
E02002562	Darlington 004	**Rise Carr**	0	2	11	13
E02002563	Darlington 005	**Haughton Le Skerne**	0	8	2	10
E02002569	Darlington 011	**Hummersknott**	1	6	2	9
E02002564	Darlington 006	**Cockerton & Hopetown**	1	4	2	7
E02002567	Darlington 009	**Albert Hill & Red Hall**	0	6	1	7
E02002570	Darlington 012	**Bank Top**	0	6	1	7
E02002568	Darlington 010	**College & Park West**	1	3	2	6
E02002561	Darlington 003	**Whinfield**	0	1	4	5
E02002571	Darlington 013	**Firthmoor**	0	3	1	4
E02002566	Darlington 008	**Central Darlington**	0	2	1	3
E02002559	Darlington 001	**Faverdale, Heighington & Sadberge**	0	2	0	2
E02002565	Darlington 007	**Pierremont**	0	2	0	2
E02002572	Darlington 014	**Park East**	0	1	1	2
E02002573	Darlington 015	**Middleton & Hurworth**	0	0	2	2
E02002560	Darlington 002	**Harrowgate Hill**	1	0	0	1
		Total	**4**	**46**	**30**	**80**

Number of deaths involving COVID-19 in Middle Layer Super Output Areas in Darlington, deaths occurring between 1 March and 31 May 2020



Source: Office for National Statistics

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020#local-authorities

Governance Framework

Health Protection Board

24. We are required to put in place a Health Protection Board as part of the outbreak governance. The Health Protection Board will take management responsibility for the Local Outbreak Control Plan. The purpose of the Health Protection Board is to lead, co-ordinate and manage work to prevent the spread of COVID-19. The Health Protection Board will use Public Health England North East Outbreak Control guidance and the Standard Operating Procedure (SOP) for outbreaks, developed by Public Health England in collaboration with local authorities.

25. On a day to day basis the Public Health team will identify actions that may be require, consider the range of information that has been gathered and task the Outbreak Response Group. A strong working arrangement exists between the Director of Public Health, Public Health England Health Protection Team and other Council Chief Officers.

26. The Health Protection Board will be accountable to the Darlington Health and Wellbeing Board. The Health and Wellbeing Board has an inclusive membership of statutory partners, as well as representatives from NHS, Education, Community, and Police Crime Commissioner. The Chair is the Cabinet Portfolio Lead for Health and Housing. The Health Wellbeing Board will also act as the Engagement Board.

27. The Health Protection Board is an officer group, chaired by the Director of Public Health. Officers with an input to the Board include Public Health, Education, Environmental Health, Communications, Commissioning, Emergency Planning, Housing, Community Services, Strategy and Performance and the Darlington Partnership. Key strategic stakeholders will have input to the Board including NHS, Clinical Commissioning Group and NHS Foundation Trusts and Healthwatch.

Health and Wellbeing Board: Local Outbreak Engagement function

28. The Health Protection Board will report formally to the Health and Wellbeing Board. The Health and Wellbeing Board will be the Member-led board, engaging with residents, providing leadership on communication and engagement with communities in Darlington.

29. The Darlington Health and Wellbeing Board has an inclusive membership of statutory partners with additional representation from wider NHS, Education sector, Community and Voluntary Sector and office of the Police Crime Commissioner. The Cabinet leads for Children and Young People and Adults are Board members along with representation from other political parties. The Board is chaired by the Cabinet lead for Health and Housing.

Outbreak Response Group

(See Appendix 3 for Terms of Reference of the Darlington Outbreak Response Group.)

30. In the event that HPT alerts Darlington Borough Council SPOC that there is a need for local support for outbreak management, the Director of Public Health or Public Health Principal will activate the Darlington Outbreak Response Group. The Council will work closely with HPT (PHE) if an Outbreak Control Team meeting is required.

31. The Outbreak Response Group (ORG) will implement the operational response for Darlington. Arrangements have been agreed between Public Health England and the Local Authority via a Standard Operating Procedure (SOP), (draft). See Appendix 2 for the draft Standard Operating Procedure.

32. The membership of the local ORG will depend on the setting or group of people affected. The meeting will operate to a standard agenda, but the leads will vary based on the setting or group. An ORG meeting may focus on a care home outbreak, workplace, education setting or vulnerable community setting. Standard Operating Procedures (SOP) are being developed for each setting or community (in process of being developed).

Local Resilience Forum

33. In line with government guidance on developing Local Outbreak Control Plans a relationship must be clear with the Local Resilience Forum (LRF). County Durham and Darlington LRF established a Strategic Command Group (SCG) with supporting cells and groups in response to COVID-19. Darlington senior officers have been members of the LRF SCG and supporting groups.
34. On standing down the SCG a Strategic Recovery Group (SRG) has been established. Close liaison with the LRF will provide oversight of local outbreak management.

Regional Oversight Group

35. A Regional Liaison or Oversight Group has been established which acts as a link between the Local Authority and the Joint Biosecurity Centre. The role of the ROG will be to support the arrangements in each Local Authority by providing a regional overview on new infections of COVID-19 across the region, share good practice, peer review and sector-led improvement.

Local Outbreak Control Plan – Seven Themes

36. Local Outbreak Control Plans will cover seven themes and while the details of requirements are not fully known currently, there are consistent areas for consideration.

Care Homes and Schools

37. There are 32 registered Care Homes across the Borough. This includes homes for older people, people with physical sensory impairments, learning disabilities and mental ill health.

38. Planning for outbreaks in care homes, requires definition of monitoring arrangements, development of potential scenarios in Darlington and planning the required response by developing a Standard Operating Procedure (SOP). (Note: In draft at 24/06/2020).

39. There are 27 primary schools, 7 secondary schools, 1 secondary school with sixth form provision, 2 colleges, 2 “free schools”, and a university satellite site in Darlington. Local working arrangements with schools and early years settings are well established. Planning for outbreaks in education settings involves the same processes i.e. monitoring arrangements, scenario development and SOP procedures.

40. The council has in place a Care Home Support Plan, developed with the care home sector and local NHS partners.

High risk places, locations and communities

41. We will identify and plan how to manage high-risk places, locations and communities of interest in Darlington. This includes workplaces where activity will increase as lockdown eases. Liaison with voluntary and community organisations is crucial to defining monitoring arrangements and planning required response.

Workplaces

42. As restrictions are eased, more workplaces will be re-opening. Government guidance exists to assist employers in making reasonable adjustments to their working arrangements to help employees and other people on their premises to keep safe. It is important to have the ability to see the early signs or indicators of an outbreak e.g. absenteeism in the workplace, as part of understanding the local situation.

Local Testing Capacity

43. The Darlington outbreak control arrangements draw upon the two pillars of the national testing framework, (see paragraphs 10 and 11).

44. We will identify methods of local testing to provide a swift response that is accessible to the whole population. Define how to prioritise and manage deployment of Mobile Testing Units (MTU's). Consider delivering tests to isolated individuals, (draw upon Community Hub model). A 24/7 DHSC Ops Line is in place to mobilise MTUs to support Outbreak Management.

Contact Tracing in Complex Settings

45. Assess local and regional contact tracing capability in complex settings. Identify specific local complex communities, develop assumptions to estimate demand and options to scale capacity. Contact tracing now, and for foreseeable future is led by Health Protection Team at PHE however the ongoing management and follow up is a joint responsibility for complex cases.

46. A Darlington Borough Council Single Point of Contact (SPOC), 0800 hrs – 2000 hrs 7 days/week is required to work with the Health Protection Team and respond to urgent queries. The structures in the plan will manage outbreaks short of those needing an LRF Gold Command Response.

Data Integration

47. The local authority will need to integrate information from all sources to do the following:

    (a) Contact tracing information from Health Protection Team.
    (b) Infection mapping and surveillance.
    (c) Epidemiological analysis to inform outbreak management.
    (d) Monitor effectiveness and impact.

48. There are data which need to be assessed and brought together coherently. We will develop scenario planning through the Joint Biosecurity Centre Playbook, (data management planning, including data security and data requirements including NHS linkages.) Information sharing agreement to be developed and agreed with PHEG.

Vulnerable People

49. Outbreak control and management may be more complex in certain settings and communities. The complexities can be because of vulnerabilities or circumstances of different groups or settings including:

    (a) Potentially complex settings, including schools, care homes, residential children's homes, sheltered and supported housing or houses of multiple occupation.
    (b) Potentially complex cohorts e.g. rough sleepers.
    (c) Potentially vulnerable individuals and households (including clinically shielded, learning disability, mental illness, domestic abuse victims and those in complex social-economic circumstances.

50. Communication needs to operate in ways that build, maintain or restore trust between the public and appropriate organisations.

Outbreak Control and Management: Health Protection Team

51. Outbreak control and management is the approach to identifying where there is a clustering of cases of disease and then putting in place control measures to reduce its spread.

52. The Health Protection Team (HPT) in Public Health England (PHE) will be informed of cases associated with complex situations or settings via Tier 2 of the NHS Test and Trace service. The following criteria are examples:-

    (a) Their clinical condition.
    (b) The vulnerability of their setting e.g. care home, hostel, schools etc.
    (c) Identification of factors which enhance the complexity e.g. disruption to local services, inability to comply with advice etc.

53. The HPT will assess risks, arrange testing, provide health protection and infection control advice and have responsibility for management of the outbreak.

54. The HPT will alert a Single Point of Contact (SPOC) in Darlington Borough Council if there is a need for the local system to follow up to provide additional support to either an individual or affected setting.

55. HPT will send information to the Darlington Borough Council SPOC via email to the Public Health in-box which will be checked twice a day Monday – Friday and an out of hours contact Saturday/Sunday with the Director of Public Health or their nominee.

56. An outbreak may be considered closed if no new cases occur within 28 days of the onset of the most recent case. In all cases, judgement will be used to decide the scale and category of response.

Risk Management

Risk Assessment

57. Risk assessment is fundamental to the management of all outbreaks of communicable disease. The purpose of the risk assessment is to collect and review information about the outbreak and the risk of further spread of COVID-19 in order to plan and implement measures that will minimise the changes of further spread and protect the health of the community. A risk assessment will be undertaken for all outbreaks of COVID-19 or for cases where there are complicating factors (e.g. a confirmed case in a workplace or school).

58. Each risk assessment will take account of:

59. Factors associated with the outbreak to understand the risk of transmission of COVID-19. This will include an assessment of:

    (a) The environment including the proximity, duration and nature of contact between people.
    (b) Mitigating factors to reduce spread, including social distancing, hygiene measures and personal protective equipment.
    (c) Specific risk factors, including risks to people who are at particular risk of serious infection.

Community Transmission of COVID-19

60. The risk of further spread will depend on the current transmission of COVID-19 in the local community. This will include a review of surveillance data and intelligence about:

    (a) Current community transmission of COVID-19 at a regional and local authority level.
    (b) Transmission of COVID-19 within the specific setting.

Risks Associated with Control Measures

61. The risks or unintended consequences of any mitigation or control measures will be considered. For example, the full or partial closure of a school may have

adverse effects on the emotional and educational wellbeing of students, and this would be considered within the risk assessment in order that actions are proportionate and reasonable.

Risk Communication

62. Communicating risk is an important aspect of the management of outbreaks or similar situations. The outbreak control group will ensure that the risk to those in the particular setting and the wider community is communicated appropriately.

Communication

63. Communication is key throughout all the processes to manage outbreaks. The Health Protection Board together with the Local Engagement Board will manage the appropriate dissemination of critical information across relevant organisations. Communications must be in ways that build, maintain or restore trust with the public.

64. Communication about local outbreak response will be shared with key stakeholders, the wider community and support broader public understanding by responding to media requests and planning proactive messages. A Strategic Communication Plan to support a "contain" strategy is in development centrally. The Local Engagement Board is key in sharing consistent 'contain' messages.

65. A communications protocol is to be developed to detail the steps to respond to an outbreak, identify stakeholders and develop clear messaging. The protocol will detail response times for updates and incident recording.

66. The communication protocol will include briefings for the Leader and Cabinet, Elected Members, and Chief Officers Executive and Chief Officers Board.

67. The plan will be shared with the Community Safety Partnership a multi-agency board with a focus on community safety, community confidence and public protection.

Local Authority COVID-19 Test and Trace Service Support Grant

68. Local authorities in England are being provided with additional funding to support them develop and implement action plans to mitigate against and manage local outbreaks of COVID-19. The grant for Darlington is £778,834. There are a number of key areas which require support:

    (a) Local capacity to provide Infection, Prevention and Control support in Public Health and Public Health Protection.
    (b) Surveillance i.e. data flows, identification, mapping and data management.

(c) Communication and engagement including operational support at local, Tees Valley and regional level.
(d) Provision of support in order to stop transmission of infection including a contingency to support complex contact tracing.

69. The purpose of the grant, “Local Authority COVID-19 Test and Trace Service Support Grant Determination 2020/21: No 11/5075” is to provide support to local authorities in England towards expenditure lawfully incurred or in relation to the mitigation against and management of local outbreaks of COVID-19.

Conclusion

70. The timescales to develop the plan have been extremely tight, it has been necessary to develop the arrangements quickly to make sure the mechanism for prevention and control are in place. Views and feedback from all partners are welcome as the Local Outbreak Control Plan will be updated as required. It is a work in progress and needs to be responsive as new intelligence, guidance and evident emerges.

71. The next steps to fully establish the arrangements outlined in the plan include:

(a) Testing of Board arrangements, Health Protection Board and Local Engagement Board.
(b) Operational Response Group to “stand up” and exercise Standard Operating Procedures (Public Health England in final stages of developing SOPs for joint management of outbreaks).
(c) Develop full communication strategy protocol and plan. Clear messaging is crucial to engagement and population safety.
(d) Action cards (in development centrally) to be finalised and adopted for use by staff in complex or vulnerable settings.
(e) Data sharing agreement to be signed off with Public Health England, COVID-19 Rapid Data Sharing Contract.

72. Achieving the Local Outbreak Control Plans aims needs support across all sectors and strong engagement with the public in order tot control COVID-19.

73. The Local Outbreak Control Plan will be updated as required, recognising partners are working in a changing environment balancing a drive for prevention with the urgency of responding to an outbreak.

APPENDIX 1

DARLINGTON COVID-19 HEALTH PROTECTION BOARD

Terms of Reference

Purpose

1. The Darlington COVID-19 Health Protection Board will take management responsibility for the Outbreak Control Plan and overall management of the local response.

Key Objectives

2. The key objectives of the Health Protection Board include:

- Coordinating work to prevent the spread of COVID-19.
- Liaising with PHE in line with Standard Operating Procedure (SOP).
- Reviewing outbreaks of COVID-19 across Darlington and identify patterns/clusters/trajectories in the numbers of cases and any risks of sustained transmission i.e. epidemiology.
- Support HPT in contingency contact tracing measures.
- Managing outbreaks through the establishment of the Outbreak Response Group in timely manner.
- Ensuring timely and appropriate support to those residents needing to self-isolate, particularly those who are most vulnerable.
- Developing a multi-agency Communications Plan.
- Reporting to Council Members.
- Providing reports to partners through Health and Wellbeing Board/ Outbreak Engagement Board
- Maintaining and reviewing a Risk Register, escalating concerns or actions if necessary.
- Acting as the conduit with the national and regional groups including oversight groups, Joint Biosecurity Centre, NHS Test and Trace Service.

Membership

3. The Darlington COVID-19 Health Protection Board is an officer group, chaired by the Director of Public Health with input from:

Council

Public Health, Education, Environmental Health, Communications, Commissioning, Emergency Planning, Housing, Community Services, Strategy and Performance and Darlington Partnership.

NHS Partners

- Tees NHS Clinical Commissioning Group.
- Primary Care Network.
- County Durham and Darlington NHS Foundation Trust.
- Tees, Esk and Wear Valley NHS Foundation Trust.
- Harrogate and District NHS Foundation Trust.

Healthwatch

4. Members will agree to send a nominated representative if the named individual is unable to attend.

5. The membership of the Board will be reviewed regularly (frequency to be agreed). The Chair may co-opt members as required.

Arrangements

6. The Health Protection Board will meet fortnightly initially.

7. The frequency and dates will be scheduled as necessary, agreed by group members with additional meetings arranged at the discretion of the Chair.

8. The Health Protection Board Chair is the Director of Public Health supported by …… tbc, who will be Vice Chair. Administrative support will be provided by Public Health.

9. The Darlington Health Protection Board will report to the Health and Wellbeing Board which will fulfil the role of the Local Outbreak Engagement Board.

10. The Health Protection Board will receive reports and updates from the Outbreak Response Group.

11. A reporting relationship will be clear with County Durham and Darlington Local Resilience Forum. Some outbreaks may require a multi-agency response at the strategic level i.e. a Strategic Co-ordinating Group (SCG) may be established to make sure wider collaboration and co-ordination is in place.

Draft

APPENDIX 2

NE HEALTH PROTECTION TEAM AND NE DIRECTORS OF PUBLIC HEALTH JOINT MANAGEMENT OF CONFIRMED COVID-19 OUTBREAKS

DRAFT 25 June 2020

Aim

The aim of this paper is to clarify roles and responsibilities for the management of confirmed COVID-19 outbreaks in the North east, recognising the specific role of the Directors of Public Health (DsPH) while seeking both to avoid duplication and to enhance local working.

It establishes the way of working **in this early stage of CONTAIN** when community levels of COVID-19 in the North East are low. It is important that any situation is managed competently at the lowest level of escalation.

The setting-specific joint management documents describe actions for that setting in more detail.

Responsibilities

DsPH have a specific role in preventing and managing COVID-19 outbreaks in their Local Authority area, in particular advising on and implementing measures at geographic and sectoral level. This role is being further developed in conjunction with the establishment of the Joint Biosecurity Centre (JBC) and the national CONTAIN initiative. It includes the development of Local Authority-level outbreak plans. They are responsible to their Local Authorities and the communities they serve.

The Local Authority also has responsibilities for the services for which it is statutorily accountable, commissions or directly manages. In relation to COVID-19, Local Authorities work within the newly emerging regional and national structures being supported by the JBC.

The North East Health Protection Team has a specific role in the identification and management of outbreaks. The NE HPT is responsible through PHE national arrangements to SoS for Health. The NE HPT is also responsible within the newly emerging regional and national structures being supported by the JBC.

Outbreak definitions

Current national COVID-19 outbreak definitions are in Appendix 1

HPT actions

Case identification and initial risk assessment

1. The HPT will be aware of confirmed cases in specified settings through the Test and Trace system.

2. A key part of the Test and Trace tier 1 role of the HPT is to identify contacts of those confirmed cases and where necessary provide advice to the setting (see settings Joint Management documents). Communication will therefore already be in place.

3. If more than one case is identified linked to the setting, or other risks are identified, a further risk assessment will be completed and, if necessary, immediate control measures will be put in place, in collaboration with Local Authority teams where appropriate. This is particularly the case in relation to care homes.

4. The DPH/Local Authority single point of contact will be informed. It is likely (depending on the setting) that the DPH will already be aware and/or have been informed of the confirmed case.

5. Issues may also be identified through direct information from the setting, information from the Local Authority, NHS Test and Trace tier 2 postcode coincidence reports and other emerging surveillance information.

HPT-led OCT

1. The HPT will declare an outbreak, when required, in keeping with the national guidance and in the context of local situational awareness.

2. The outbreak will be managed in keeping with the agreed NE multiagency outbreak plan[1] and emerging national guidance on settings in relation to COVID-19.

3. For care homes, depending on the initial risk assessment, an outbreak will be declared but an OCT may not be required with management being handed over to Local Authority enhanced teams.

4. When indicated, an initial HPT- led OCT will be convened rapidly, chaired by the HPT consultant. The HPT-led OCT will collectively agree the control actions to be delivered by the relevant setting/organisation/agency/body. The OCT will agree criteria for monitoring and further meetings, if required. Note: The HPT-led OCT may decide that a Local Authority-led response is more appropriate. The aim will be to minimise meetings.

5. External communication and national reporting will be determined by the OCT.

6. The OCT will de-escalate the outbreak in keeping with guidance or will escalate the outbreak as below.

[1] **POLICY FOR THE INVESTIGATION AND CONTROL OF COMMUNITY OUTBREAKS OF INFECTIOUS DISEASE IN THE NORTH EAST**

DPH actions

Prevention

1. The DPH and Local Authority have a major role in the prevention of outbreaks through community leadership, management, supervision, support, statutory and enforcement roles.

2. For some settings the Local Authority has specific roles in terms of statutory accountability, commissioning or direct management. For those settings, prevention is likely to be delivered through those roles. Wraparound teams are being developed to augment support.

3. Prevention in some other settings will need a rapid risk assessment to be undertaken now by the Local Authority. Current outbreaks have highlighted problems in certain types of factory, eg large scale meat processing factories, with high staff turn-over, poor working conditions, poor employment practices and poor attention to current guidance.

Surveillance

1. DsPH will receive nationally generated PHE and other reports.

2. DsPH will receive postcode level data on all positive tests within their patch – it is not yet clear how timely these will be. Test results are now also being returned to GP systems and surveillance through testing may become viable through collaboration with NECS and population health management systems.

3. Local Authorities will also marshal other data sources and soft intelligence along with the JBC and local partner agencies to enhance COVID surveillance, identify otherwise hidden outbreaks and monitor for rising levels of viral spread.

Outbreak response

1. In terms of confirmed HPT-led outbreaks, the DPH and Local Authority will be part of the initial HPT-led OCT. Local Authority representation, in addition to the DPH/DPH representative, will be setting dependent. Note: the HPT-led OCT may decide that a DPH/Local Authority-led response is more appropriate.

2. The DPH will support access to and use of testing that ensures appropriate use of testing in the outbreak.

3. The DPH will oversee/coordinate the Local Authority response to the setting/community in terms of advice and support and where necessary enforcement.

4. If the outbreak is not contained, multiple outbreaks are occurring and/or wider action is required at sectoral or geographic level, then the outbreak will be escalated as follows.

Escalation and de-escalation

1. Escalation may be required for a number of reasons, such as:
   (a) There are multiple specific setting outbreaks in the North East and Local Authorities take on responsibility for managing these within their own area.
   (b) There are some outbreaks (for example cases in key staff in critical infrastructure) where immediate escalation may be necessary.
   (c) Local Authority response is triggered by increasing and unlinked community transmission.
   (d) Local Authority response is required at a sectoral or geographic level.
   (e) Coordination and/or action is required at LRF/SCG level
   (f) National direction.

2. Subsequent LA-led OCT meetings will be chaired by the Local Authority, advised by the HPT. Regional JBC officers and other national bodies may be involved depending on the outbreak/situation.

3. External communication and national reporting will be through the LA-led OCT until this is superseded by SCG/equivalent arrangements.

4. The OCT may be subsumed in a nationally directed response.

5. De-escalation will be determined by the LA-led OCT or the SCG/equivalent command group.

DRAFT 25 June 2020

APPENDIX 1 Outbreak definitions: Document circulated by PHE National ICC 5 June 2020

Context

1. With lockdown being eased, this paper provides an overview of definitions that PHE would use as part of its daily submission to the JBC and ongoing monitoring of COVID-19 in different settings.

2. It focuses on outbreak definitions in key settings, prioritising those that are critical for local and national infrastructure and areas with significant public and press interest. Applied to surveillance data shared with the Joint Biosecurity Centre, these definitions will inform local alerts and action and provide consistency with how areas manage outbreaks.

Priority settings for the JBC

1. On this basis, the following categories have been prioritised
    - Local settings: schools, nurseries, cafes, restaurants and bars, religious and factory settings
    - Sport and leisure industries
    - National Infrastructure: Police, Fire, Finance, Transportation and Parliamentary settings
    - International jurisdictions
    - NHS and healthcare facilities
    - Institutional and residential settings e.g. prisons, care homes, boarding schools.

Outbreak definition for non-residential settings

1. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.

2. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	No confirmed cases with onset dates in the last 14 days

	Criteria to declare	Criteria to end
	(In the absence of available information about exposure between the index case and other cases)	
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

3. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting

Table 3: Declaring and ending an outbreak and cluster in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting

Protocols for managing outbreaks and incidents with multiple agencies

4. There are existing multiagency incident management protocols in place for managing complex incidents. These are led by local Health Protection Teams in collaboration with the relevant partner agencies for setting in question.

5. In addition, local government is also providing support on identifying and managing outbreaks with advice and support on guidance, infection prevention control, cleaning and social distancing for schools, nurseries and care home settings.

6. For complex outbreaks multiagency meetings are co-ordinated in the following situations:
   (a) there has been a death in the setting
   (b) there are a large number of vulnerable people

(c) there are a high number of cases
(d) the outbreak has been ongoing despite usual control and infection control measures
(e) there are concerns on the safe running of the setting or institution
(f) there are other factors that require multi-agency coordination and decision making

APPENDIX 3

Outbreak Response Group

Terms of Reference

Purpose

1. The Darlington Outbreak Response Group is accountable to the Health Protection Board for the response and management of a COVID-19 outbreak in the community.

Objectives

2. Key objectives include:

(a) Review the data on testing and tracing.
(b) Manage specific outbreaks and advise the Health Protection Board
(c) Provide a SPOC (via a phone number and email address) which will be monitored and responded to 7 days a week. Where an urgent response is required, additional contact telephone numbers will be made available.
(d) Implement operational response in line with the Outbreak Management Plan; including:

- Provide, coordinate and review support to complex setting to implement Infection Control and Prevention (IPC) measures (including access to PPE, provision of cleaning etc).
-
- Provide and review advice and support to complex settings including businesses, care homes and schools regarding continuity issues following closure or particular closure of a setting or high level of absenteeism.
-
- Make contact with individual cases where there are issues identified regarding engagement with advice provided/loss to follow-up.
-
- Support the Health Protection Board and response to local media issues working with PHE and other partners to prepare a joint response.

    - Receive the daily summary table listing of issues and share the information with the relevant local authority departments to aid operational management.
    - Provide updates to the PHE HPT on the action taken at a local level and report back any significant concerns regarding ongoing risk of spread of infection.

    - Provide reports to the Health Protection Board for assurance that outbreak management is effective.

Membership

- Public Health Principal – Chair
- Environmental Health Manager/Officer
- Communications Officer
- Housing Manager/Lifeline/Options
- Education Partnerships
- Community Safety rep/private sector landlord
- Systems and Strategy Development representative
- Programme Management/Performance representative

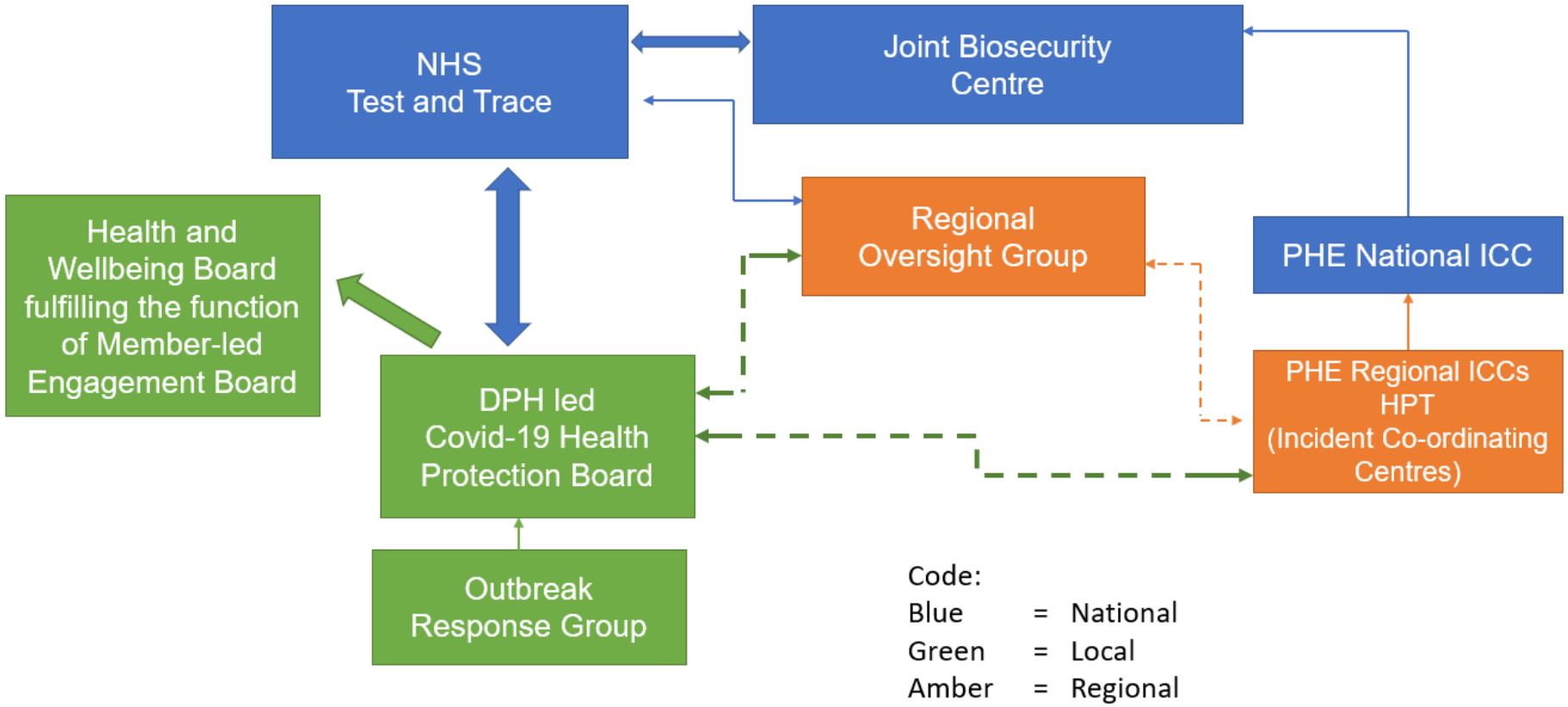
Note: Those roles with an asterisk are invited depending on the outbreak setting or type of complex case.

Arrangements

The Outbreak Response Group will meet three times per week (Mon/Wed/Fri) to develop the local response to the information received by the SPOC via the North East Health Protection Team. The frequency of these meetings may change in response to local activity and needs of local communities. Administration support will be provided by Public Health.

APPENDIX 4

Local, Regional and National Roles



APPENDIX 5

Guidance

NHS test and trace: how it works

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

Test and trace service:

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

Key actions to help stop the spread:

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

Practical steps in the following situations:

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

Guidance for people who develop symptoms:

- When to self-isolate
- How to order a test

- Testing negative or positive
- Health care workers
- Telling people about your result
- Sharing information about recent contacts
- Contact from NHS tracers
- What you will be asked – how the info will be used

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

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

Support for people self-isolating:

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

- Practical or social support for yourself
- Support for someone you care for
- Financial support

APPENDIX 6

Health Protection: Legal and Policy Context

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.

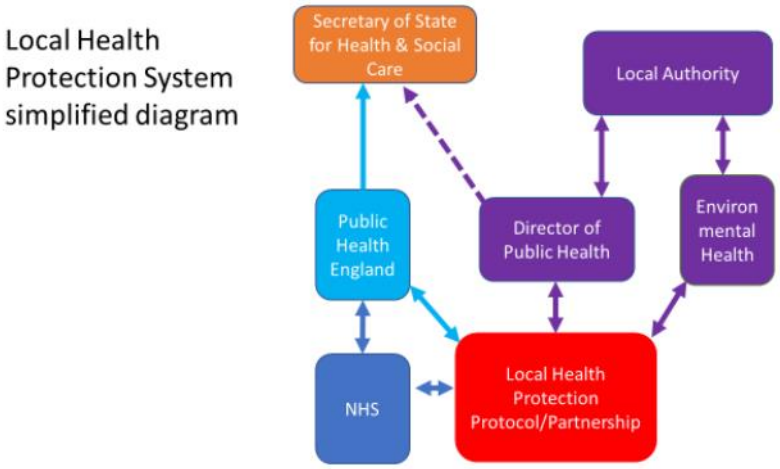
This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships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

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

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

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

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



Data Sharing: Legal and policy context[2]

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

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

These can be found at https://www.gov.uk/government/publications/coronavirus-COVID-19-notification-of-data-controllers-to-share-information.

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

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

APPENDIX 7

DARLINGTON BOROUGH COUNCIL

Update on Whole Care Home Testing 19 June 2020

Repeat Whole Care Home Testing

From 7 June 2020, Whole Care Home Testing became available for **all** care homes providing care for adults.

The Department of Health and Social Care (DHSC) has not issued a policing on retesting. This means that care homes that have already had whole care home testing cannot request repeat whole care home testing yet.

Unused test kits that are leftover from whole care home testing should not be used to test staff or residents who have already been tested.

DHSC will issue advice when repeat testing is available.

What if residents or staff develop symptoms of COVID-19?

Testing is available for symptomatic residents and staff regardless of whether whole care home testing has been undertaken.

1. Residents

Reporting an outbreak of COVID-19 to the Health Protection Team
You should contact the Public Health England North East Protection Team on

0300 303 8596 if:

- You suspect your care home may have a new coronavirus outbreak (i.e. this is the first time one or more of your residents have had symptoms)
- It has been 28 days or longer since your last resident had COVID-19 and there are new cases.

The Health Protection Team will provide advice about managing cases and arrange the first tests.

Residents who develop symptoms after initial PHE testing

- District nurses will arrange testing for residents who develop symptoms after the initial cases.
- Care homes using the **Health Call** portal request testing by a referral to district nursing. Care homes **NOT** using the Health Call portal should telephone the community health services Single Point of Access (SPA) on 0300 026 7979

2. Staff who have symptoms of COVID-19

Testing is available for:

- Care home staff with symptoms of COVID-19 who are self-isolating
- Household members of care home staff with symptoms of COVID-19 (where staff are well but self-isolating)

Darlington Memorial Hospital drive through testing site

- Results are usually be available within 24-48 hours (this is quicker than through the mobile testing units or regional site in Newcastle). Testing is available 7 days per week
- To check eligibility and to make an appointment staff should call the COVID Testing Hotline on **01388 455699** and select **Option 3** between 9am and 3pm, Monday to Friday.
- Staff need to do this within the first five days from the onset of symptoms.

The Regional Testing Site at Newcastle Great Park and Mobile Testing Units

- Testing can be booked through the NECS single point of contact https://nhscovidtestne.onk2.com (this provides quicker access to testing appointments and results are usually available within 24 hours) or the national portal https://www.gov.uk/apply-coronavirus-test