Blackburn with Darwen

COVID-19
Local Outbreak Management Plan

Contents

1 Introduction 3
1.1 Purpose 3
1.2 Aims of the plan 3
1.3 Background 3
2 National Context - NHS Test and Trace 5
2.1 Test 5
2.2 Trace 5
2.3 Contain 6
2.4 Enable 6
3 Local Outbreak Control Plans 7
4 Summary of Approach: 8
5 Local Outbreak Control Plans – 7 Key Themes: 9
5.1 Theme 1: Preventing and Managing Outbreaks in Care Homes and Schools: 9
5.2 Theme 2: Preventing and managing outbreaks in high-risk settings and communities and other settings of interest 10
5.3 Theme 3: Local Testing Capacity 13
5.4 Theme 4: Contact Tracing in Complex Settings: 14
5.5 Theme 5: Data Integration: 14
5.6 Theme 6: Supporting Vulnerable Local People 15
5.7 Theme 7: Local Governance Arrangements: 16
6 Communications and Engagement 18
6.1 Key stakeholders 18
6.2 Before a local outbreak 18
6.3 During a local outbreak 18
6.4 Following an outbreak 19
6.5 Channels and tactics 19
6.6 Protocols 19
6.7 Evaluation 19
7 Local Response Arrangements 20
7.1 Blackburn with Darwen Outbreak Management Hub 20
7.2 Managing an Outbreak - Key Roles and Responsibilities 21
7.3 Local Outbreak Management Steps 22
8 Deploying Appropriate Legislative and Regulatory Powers 24
9 Resources: 25
10 Development and Monitoring of the LOMP 26

1 Introduction

1.1 Purpose

This document provides an overview of our approach to preventing and managing outbreaks of COVID-19 in Blackburn with Darwen.

It is a high level summary of the approach to managing and preventing the spread of COVID-19, which will allow our residents and communities to live safely with COVID-19 during the current phase of the pandemic.

The detail of how individual outbreaks in specific settings and circumstances will be managed may be referenced but is not described in detail in this document. Detailed setting-specific outbreak management plans have been developed and are available.

This is a dynamic plan, which will be updated as new national guidance is published.

1.2 Aims of the plan

- Prevent the spread of COVID-19 and contain and suppress outbreaks
- Enable early identification and management of outbreaks
- Define governance arrangements, roles and responsibilities relating to COVID-19 outbreak management
- Set out communication and engagement arrangements with partner organisations and residents
- Outline how the impact of outbreaks will be mitigated for residents, including the most vulnerable
- Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of COVID-19 infection across Blackburn with Darwen

1.3 Background

On 31 December 2019 the World Health Organisation (WHO) was informed of a cluster of unknown pneumonia in Wuhan, China. On 31 January 2020 the first cases were detected in the UK, and on 23 March 2020 the UK entered lockdown.

As part of the gradual relaxation of lockdown measures a new NHS test and trace service was launched on 28 May 2020 with the aim to help to identify, contain and control coronavirus, reduce the spread of the virus and save lives.

Local authorities have a significant role to play in the identification and management of COVID-19 outbreaks. All upper-tier local authorities (UTLAs) have been instructed to produce a Local Outbreak Management Plan (LOMP) by the end of June 2020.

The aim of the LOMP is to provide a clear plan setting out the way we will work with the new national NHS test and trace system to provide a fully co-ordinated approach to contain and manage local outbreaks of COVID-19.

The Director of Public Health (DPH) has a responsibility to ensure that plans are in place, as well as the necessary capacity and capability to quickly deploy resources to the most critical areas, in response to COVID-19 outbreaks, to help prevent the spread of the virus.

While the plan deals with all local COVID-19 outbreaks, it also identifies and prioritises preventative and early intervention measures for key settings, such as care homes and schools, and high-risk locations and communities to make sure they are supported.

Containing local outbreaks, while led by the local DPH, needs to be a coordinated effort working with a range of local, regional and national partners.

The Strategic Co-ordinating Group (SCG) of the Local (Lancashire) Resilience Forum (LRF), which covers the local authority areas of Blackburn with Darwen Council,Blackpool Council and Lancashire County Council,has responsibility to agree and co-ordinate strategic actions for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare.

The SCG provides co-ordination and oversight across larger geographical footprints, however, local areas are responsible for determining how these arrangements will work.

The Blackburn with Darwen COVID-19 Health Protection Board is responsible for the LOMP. It will provide oversight on how outbreaks are managed, informed by local information, clinical data and scientific modelling.

2 National Context - NHS Test and Trace

The NHS test and trace service has been set up with 3 primary goals:

- To ensure that anyone who develops symptoms of coronavirus can quickly be tested to find out if they have the virus
- To provide a targeted asymptomatic testing programme for NHS and social care staff and care home residents
- To help trace close recent contacts of anyone who has tested positive for coronavirus

The NHS test and trace service includes 4 key elements:

- Test
- Trace
- Contain
- Enable

2.1 Test

Anyone in England who has symptoms of coronavirus (a high temperature, a new, continuous cough, or a loss or change to your sense of smell or taste) are strongly advised to get tested for COVID 19 as soon as possible. This can be arranged by going to the NHS website or by calling 119.

Plans are also in place for specific testing for care home residents and staff and for outbreaks

2.2 Trace

When someone tests positive for coronavirus the NHS test and trace service will trace contacts of the positive case.

A 'contact' means a person who has been in close contact with someone who has tested positive for coronavirus. A contact may or may not live with them. A person is infectious for the 48 hours before they developed symptoms until 7 days after developing symptoms.

Close contact means:

- having face-to-face contact with someone (less than 1 metre away)
- spending more than 15 minutes within 2 metres of someone
- travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

The NHS test and trace service will assess, and if it is necessary, inform the close contact that they must self-isolate at home to help stop the spread of the virus.

There are 3 tiers to the contact tracing operating model with each tier being bridged by a team leader function to ensure information flows and cases are escalated and de-escalated accordingly:

Tier 3: There are approximately 15,000 national contact tracers who are trained to make initial contact and provide advice to those testing positive and their contacts.

Tier 2: There are approximately 3,000 health care professionals employed nationally who are trained to interview cases and identify contacts.

Tier 1: Where tier 3 and tier 2 identify a degree of complexity and a 'context' for concern, for example, a school, health setting, care home or workplace, they will escalate to tier 1.

At Tier 1 the Local Health Protection Teams (LHPT) from Public Health England (PHE) will work with local partners, including Local Authority Public Health Team (LAPHT), to follow up cases and agree action to contain the outbreak.

The expectation is that the vast majority of people requesting tests and/or being contacted by the NHS Test and Trace Service will be supported through Tiers 2 and 3.

However, for more complex situations, the knowledge and relationships which local partners have will be invaluable, working in collaboration with PHE (Tier 1), in providing a timely and appropriate response to a local outbreak.

This will include the ability to swiftly mobilise local testing capacity and capability, support local intelligence gathering, provide infection control advice and ensure timely communications to the public.

2.3 Contain

Early identification of an outbreak, which is generally but not always defined as *'two or more cases connected in time to a specific place'* (not a household), is critical to help contain the outbreak.

For outbreaks or situations of concern an incident management team (IMT) will be convened with representation from all relevant partners. In some circumstances, it will be necessary to create an Outbreak Control Team (OCT) chaired by a member of the LHPT or by a consultant in public health from the Local Authority Public Health Team. The main aim of the OCT is to contain the outbreak and minimise any risks.

2.4 Enable

The gathering of data and intelligence and national and international research is critical to inform national policy and local action. We will ensure that as and when new research and policy is produced the plan is updated accordingly.

Appendix 1 outlines detailed definitions for COVID-19.

3 Local Outbreak Control Plans

Building on existing plans, all UTLAs are required to develop LOMPs for COVID-19, setting out what they will put in place to identify and contain outbreaks and protect the public's health.

This new plan combines health protection expertise, with wider multi-agency efforts, to minimise the impact of COIVID-19 on local communities.

Each LOMP will centre on seven themes:

Theme 1. Planning for local outbreaks in **care homes and schools**
Theme 2. Identifying and planning how to manage **other high-risk places, locations and communities of interest**
Theme 3. Identifying methods for local **testing** to ensure a swift response that is accessible to the entire population.
Theme 4. **Contact tracing and infection control capability in complex settings**
Theme 5. Integrating national and local **data and scenario planning,** through the Joint Biosecurity Centre
Theme 6. **Supporting vulnerable local people** to get help to self-isolate and ensuring services meet the needs of diverse communities.
Theme 7. **Establishing governance structures**, including Member-led Boards to communicate with the general public.

In addition to these seven themes the LOMP considers effective communication with the public and local stakeholders.

Our approach, incorporating these seven domains and other elements we believe to be essential to prevent, detect and manage incidents and outbreaks of COVID-19 within Blackburn with Darwen, are set out in more detail below.

4 Summary of Approach:

In line with the need for national, regional and local systems to work together and provide an effective, joined up response; we will adopt the Association of Directors of Public Health principles for COVID-19 contact tracing.

- **Whole systems approach** – we will take a whole systems approach, with national and local partners working together to ensure the programme works effectively
- **Subsidiarity** – components of the system will be placed at the level that is best suited to the capabilities, skills and expertise of each agency
- **Localism** – we will determine the most effective footprint for governance and delivery
- **Minimum viable products** – we will act swiftly and evolve interventions as we go, with clarity on the roles for each part of the system and the outcomes required
- **Avoid duplication** – we will use and build on what is already happening, acknowledging that significant planning and preparations have taken already place
- **Integration** – pathways, systems and data sharing will be proactively integrated
- **Responsiveness** – our plan is responsive to the differences and diversity in our local communities
- **Data sharing** – proactive data sharing and flows for contact tracing, outbreak management and ongoing surveillance will be prioritised from the outset
- **Capacity and resources** – will be made available across all levels to ensure the programme is run effectively and sustainably. We cannot presume this can be done with existing resources in view of the scale and complexity of what is needed
- **Proper recognition of multiple local roles** – multiple local are recognised within the LOMP, these include: a) the role of the local authority, b) the role of the DPH within the local authority and c) the role of the DPH as a local system leader across the NHS, Local Authority and other partners
- **Ownership** – the LOMP is jointly owned under the leadership of the DPH, in line with government guidance on health protection and the role of the DPH

We will engage with key partners, including all levels of government and the community and voluntary sector to ensure a whole system approach.

We will make sure that the LOMP includes a strong focus on prevention and early intervention to ensure the most important settings, for example, care homes and schools, as well as high-risk locations and communities, identify and prioritise preventative measures to reduce the risk of outbreaks and protect the most vulnerable.

The Lancashire DPHs have agreed to work together as a public health system, where it makes sense to do so, building on, and making use of, the existing working relationships we have between the LAPHTs and PHE.

We will develop an agreed common set of approaches in the management of local outbreaks and ensure we make the best use of the capacity and capability of the workforce.

5 Local Outbreak Control Plans – 7 Key Themes:

5.1 Theme 1: Preventing and Managing Outbreaks in Care Homes and Schools:

Early in the pandemic care homes and schools were identified as high risk settings for COVID-19 outbreaks. Therefore there has already been significant multi-agency work across the local authority and LRF footprint to prevent and manage the risk of outbreaks in these settings. This work is described in more detail below.

5.1.1 Care Homes:

Comprehensive local arrangements have already been established to manage outbreaks of COVID-19 in care homes. These arrangements involves partnership and joint working between social care, public health, Infection Prevention Control Teams (IPCT), Primary Care Neighbourhoods (PCNs), Clinical Commissioning Groups (CCGs), the Integrated Care System (ICS), Pennine Regulated Care Cell (PRCC) and the LRF Adult Social Care Cell.

Both the Lancashire and CCG IPCTs are involved in providing training to Care Home staff on IPC, PPE and swab-taking.

The local Care Quality Team are in regular contact with care homes to help monitor cases and outbreaks and the LAPHT have provided first contact support and advice in collaboration with PHE.

These arrangements are set out in more detail in the Blackburn with Darwen **Care Home Outbreak Management Plan.** Implementation and oversight of this plan is through the PRCC which assures local market resilience and compliance. The plan covers the following key areas of outbreak management activity;

5.1.2 Main Areas

- Proactive advice and guidance
- Monitoring arrangements
- Infection Prevention and Control (IPC)
- Testing and tracing
- Data gathering and Intelligence
- Provider engagement and support

5.1.3 Consequence Management Scenarios:

- PPE and Supply
- Auxiliary workforce
- Clinical Support
- Financial assistance
- Modelling /alternative accommodation

The PRCC monitors and tracks soft intelligence, agrees and mobilises responses to individual providers from the council, neighbourhood health partners from the PCN and the wider CCG workforce. The cell reports into the LRF.

The PRCC acts as a Single Point of Contact (SPOC) for care home outbreaks. These arrangements are integrated into the Blackburn with Darwen Outbreak Management Hub.

5.1.4 Schools:

The extended opening of schools, from June onwards, requires plans to support schools to undertake timely risk assessment, implement effective IPC measures, maintain a resilient workforce and respond to cases or outbreaks in their setting.

Throughout the pandemic the Director of Children's Services, Head of Education, Public Health and Health and Safety Team have worked closely with Head Teachers, via special weekly School Improvement Group (SIG) meetings and other fora to provide specialist advice, guidance and support.

All Blackburn with Darwen schools have been provided with;

- Online Infection & Prevention Awareness training
- Proactive IPC advice via the Council's Health and Safety Team
- Regular clarification of key guidance and messages via the head teachers bulletin and SIG meetings
- A localised version of the PHE NW Schools Pack setting out actions to prevent and respond to outbreaks of COVID-19
- A COVID-19 risk assessment tool to assist in preparing to open to more pupils from June 2020
- A COVID-19 staff risk assessment tool

Our local **Schools Outbreak Management Plan** covers the following key areas of outbreak management activity;

5.1.5 Main Areas

- Proactive advice and guidance
- Monitoring arrangements
- IPC
- Testing and tracing
- Data gathering and Intelligence

5.1.6 Consequence Management Scenarios:

- PPE and supply
- Workforce

The Head of Education acts as the SPOC for schools.

5.2 Theme 2: Preventing and managing outbreaks in high-risk settings and communities and other settings of interest

We know that there are some people and communities who are at an increased risk during a COVID-19 outbreak; and that there are settings which are more likely to have outbreaks or may be more challenging to manage during an outbreak.

Identifying and planning how to manage high risk places, settings and communities of interest is critical to ensuring that those groups who are most in need get the support required to prevent transmission and manage the consequences of the virus.

Therefore we have developed specific outbreak management plans with pre-agreed actions to respond to outbreaks in higher-risk settings and settings of interest and that address the health needs of the most vulnerable people and communities. These include:

- High risk workplaces/occupations including leisure and entertainment venues
- Care homes
- Other residential settings including mental health and learning disability
- Domiciliary care
- Schools
- Early years
- Faith settings
- Madrassahs
- Homeless/HMOs
- Asylum Seeker/Refugee communities

Healthcare settings such as hospitals and primary care have their own outbreak control plans and IPC arrangements and will liaise directly with PHE regarding the management of outbreaks in their settings. The Outbreak Management Hub (OMH) will support local consequence management of outbreaks in healthcare settings, as appropriate.

This is not an exhaustive list and is expected to grow and develop over time as new situations arise.

Local SPOC arrangements have been agreed for each high risk setting.

5.2.1 Additional Considerations:

In developing our plans we will take account of the additional population health risks posed to our local communities as described below.

5.2.2 Ethnicity:

Emerging evidence shows that Black and Minority Ethnic (BAME) communities are disproportionately affected by COVID-19. The impact may also be higher among those in the higher age brackets. The reasons for this are not yet fully understood but the health inequalities present for BAME communities have long been recognised.

Approximately one third of the borough's population is from a BAME group; the highest proportion in Lancashire. Therefore it is important that in Blackburn with Darwen, we are alert to the impact of COVID-19 on our BAME communities.

All settings are being asked to consider the additional risks posed to BAME staff and put appropriate mitigation measures in place.

Blackburn with Darwen Council has developed a staff risk assessment tool, incorporating consideration of ethnicity.

We will continue to work with local partners and the LRF BAME Inequalities Group to ensure our approach to preventing and managing outbreaks of COVID-19 addresses the specific additional risks posed to BAME communities and individuals.

5.2.3 Deprivation and Inequalities:

Levels of deprivation in BwD are above the national average and the borough is within the 10% most deprived local authority areas in England.

People facing the greatest deprivation experience a higher rate of exposure to COVID-19 and existing poor health may put them at risk of more severe outcomes if they contract the virus. Measures to curb spread of the virus are leaving many of these same people exposed to greater risks to their physical and mental health from increased economic and social hardship during the lockdown.

5.2.4 Preventative Work in High Risk Settings:

In addition to providing guidance and advice to care homes and schools and communicating guidance and advice to the general population, there is a need for evidence-based preventative measures to be targeted at high-risk settings.

We will continue to work proactively with specific complex/high risk settings within Blackburn with Darwen. This includes;

5.2.5 High Risk Workplaces:

The Local Authority has a key role in promoting and enforcing **covid-secure** workplaces based on the five main steps to working safely set out in Government guidance on working safely during coronavirus.

These are;

- Carrying out a COVID-19 risk assessment
- Developing cleaning, handwashing and hygiene procedures
- Helping people to work from home
- Maintaining social distancing, where possible
- Where people cannot socially distance, manage transmission risk in other ways

The Public Protection Team are responsible for working with businesses to promote covid-secure practices, monitoring compliance and taking action where necessary. This includes close working with local business networks.

A programme of covid-secure inspections is being conducted, targeting high risk workplaces and responding to complaints. Enforcement action will be escalated where informal approaches do not bring about the required level of compliance.

Work has commenced to identify and work proactively with high risk workplaces across the borough. This includes workplaces where there is a high risk of close contact, shared facilities, likelihood of non-compliance or other risk factors such as high proportion BAME workforce.

Examples of the proactive approach being undertaken include;

- Local web pages with links to advice and guidance on working in accordance with Covid security measures
- Dedicated communications circulated to high risk workplaces i.e. taxi operators about how to follow Covid secure guidance, implications of track and trace being ready to provide lists of contacts/customers
- General communications through the Shuttle (the civic magazine of Blackburn with Darwen) and social media channels for all businesses on Covid-secure guidance.
- Circulation lists based on business rates information to disseminate advice and guidance to retailers
- Food safety inspections now include questions about Covid security measures in place

In addition we continue to offer advice and guidance to businesses and individuals who request it.

5.2.6 Madrassahs:

We have collaborated with Lancashire Council of Mosques and partners across the LRF to issue guidance for the safe opening of Madrassahs, which includes advice on preventing and managing outbreaks of COVID-19.

5.2.7 Homeless/HMOs:

People who are sleeping rough and Houses in Multiple Occupation (HMOs) were identified locally as high risk early in the pandemic and a multi-agency working group was established to support these individuals/settings.

Proactive advice, guidance and support has, and continues to be, provided to HMOs/rough sleepers including;

- Clarification and promotion of all relevant guidance
- Daily contact with and monitoring of each site
- Provision of bespoke infection prevention control and health and safety advice
- Provision of Covid Care facilities for symptomatic individuals or those asked to self-isolate
- Arrangements for safe transportation of COVID positive individuals
- Clarification of local testing arrangements for vulnerable groups
- Enhanced clinical support and close working with providers of drug and alcohol services

Site specific infection control and contingency plans are in place, which underpin the HMO outbreak management plan.

5.2.8 Infection Prevention Control:

A proactive and reactive programme of information and support surrounding IPC for the public and high risk settings will help to keep transmission rates low.

IPC teams have already made a significant contribution to prevention and management of COVID-19 in all settings and will continue to be a critical part of our outbreak management arrangements.

Plans are being developed to increase community IPC capacity across the Lancashire LRF footprint. This will require a collaborative approach to consolidate and grow what will be needed to prevent and respond to outbreaks of the virus.

5.2.9 Action Cards:

As part of the national containment framework 'action cards' will be developed for individual settings such as workplaces or institutional settings.

The action cards provide details of how and who the setting should contact in the event they suspect they have a COVID-19 outbreak in their setting.

The action cards also provide clear guidance on how individual settings can help prevent the infection by applying existing guidance on:

- social distancing
- sticking to the risk-assessed safe working advice
- cleaning hands regularly
- disinfecting objects, surfaces and common touch points
- cohorting the workforce and minimising contacts outside of the household

The action cards will be web-based and will be produced, updated and promoted nationally and locally for individuals, businesses and organisations to download and use.

5.3 Theme 3: Local Testing Capacity

Timely and accessible testing and appropriate reporting is crucial to be able to predict and intervene in local outbreaks.

The LRF/Test and Trace Cell will;

- Secure available testing capacity for the locality that is both sufficient and timely
- Ensure effective and timely data flows of results
- Agree principles for the prioritisation of that testing capacity in its locality, to ensure transparent and equitable access for each constituent local authority area
- Establish community swabbing arrangements to support testing required for outbreak investigation

Delivery of the testing strategy in Blackburn with Darwen sits with the Health Protection Board. This structure will work with the LRF Test and Trace Cell to carry out the work required to ensure optimal capacity and access to testing across the borough. Arrangements are still evolving however, 'flexible' testing resources to be considered include:-

- Regional Testing Centre at Preston College
- Testing Satellite Unit at Royal Blackburn Hospital
- Mobile Testing Units
- Swabs delivered by post / courier for self-swabbing or swabbing by carers

- Community Swabbing Teams – i.e. East Lancs. Hospitals Trust (ELHT), East Lancs CCG, Lancashire & South Cumbria FT.
- ELHT staff, who have supported the Satellite at Royal Blackburn Hospital
- NHS community staff who have trained Care Home staff on IPC, PPE and swab-taking
- NHS Laboratories at ELHT and Lancashire Teaching Hospitals Foundation Trust
- CCG-hosted Swabbing Coordination Team

To estimate demand for Blackburn with Darwen for test and trace we have utilised the Demand Model Assumptions for Contact Tracing produced by PHE NW.

We believe that case finding is an important element of outbreak management. As such, we propose to develop protocols for the testing of asymptomatic individuals in high risk settings and communities, based on local knowledge and intelligence. These will be settings and communities at high risk of high consequence outbreaks or transmission.

5.4 Theme 4: Contact Tracing in Complex Settings:

Contact tracing can be both a part of surveillance and epidemiology on local outbreaks and a tool for implementing outbreak control.

Contact tracing sits as one component within the full range of public health tools and techniques needed to manage an outbreak, and assumes these other components are in place to be effective.

To estimate demand for Blackburn with Darwen for test and trace we have utilised the Demand Model Assumptions for Contact Tracing produced by PHE NW.

The majority of contact tracing will be carried out by the Tier 2 PBCT however cases linked to complex settings, may be escalated to Tier 1 (PHE and UTLA joint response). Therefore there is a need to create contact tracing surge capacity at local level.

Initial surge capacity will be based around existing capacity for contact tracing and environmental health within Public Health, Public Protection and IPC, with appropriate training provided. In the longer term this may not be sustainable as more staff return to their usual duties alongside other COVID-19 generated tasks.

Options to understand and scale capacity for complex contact tracing and outbreak management are being explored at LRF/UTLA level and include the development of a Tier 1 'Hub' for Lancashire (PHE NW, Blackburn with Darwen, Blackpool and Lancashire Local Authorities), to respond and appropriately manage complex cases and outbreaks in conjunction with local partners . This includes complex contact tracing or supporting people to isolate where required and information sharing with localities where consequence management is required.

5.5 Theme 5: Data Integration:

The availability of local, timely and high-quality data and intelligence is a critical factor in preventing and managing outbreaks.

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, will provide local Health Protection Boards with national data and intelligence.

To complement the national data dashboard, local data and intelligence gathered from partners and through local incident management teams and outbreak control teams, will be vital to ensure an effective tactical response to local outbreaks

As access improves and data flows, our ambition is to gain a more detailed picture of the spread of Covid-19 across Blackburn with Darwen which will be nearer to real-time data. The aim will be to use data to:

- Identify local outbreaks and hotspots through data analysis and mapping;
- Provide evidence to support neighbourhood-level decision making
- Provide evidence to support resource distribution decisions (e.g. testing capacity)
- Provide evidence of communities or groups who may require additional support (e.g. aware of larger numbers of people in a particular area self-isolating)
- Where possible, undertake forecasting and predictive analytics

Data Integration is being coordinated and led through the LRF Joint Intelligence and Planning Cell. The key data currently available to assist with the prevention and management of outbreaks is summarised in Appendix 2.

The LRF will provide the single point of contact for all sources of information to flow into the appropriate data warehouses for further analysis.

A data warehouse is being established at Blackpool Teaching Hospital Trust (BTHT) for COVID related data with initial work focusing on the Pillar 1 Hospital Testing Data from across the ICS; led by the Digital Intelligence Unit at BTHT. Data will then flow to Blackburn with Darwen to inform local incident and outbreak management.

We are working across the LRF to define common ICT products and systems, integrated with PHE.

All agencies will be 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 (Appendix 3).

Timely data and surveillance information will provide the COVID-19 Health Protection Board with the necessary information to help prevent and control the transmission of COVID-19.

The Local Outbreak Engagement Board will have an important role in communicating data and intelligence with the public, primarily to strengthen the link between evidence and decision making and promote openness and transparency.

5.6 Theme 6: Supporting Vulnerable Local People

We know that some people and families who are instructed to self-isolate as a result of having symptoms or being identified as a close contact of a confirmed case may find this difficult and require additional support. Blackburn with Darwen Council, working with partners, will ensure that these people are able to find appropriate help and support.

Individuals asked to self-isolate will be directed to the BwD Help Hub if they require any of the following during the period of self-isolation:

- Support to obtain food
- Support to obtain essential personal and sanitary care items
- Support with utilities and bills
- Support for welfare, mental wellbeing and loneliness
- Support to obtain health care or medication
- Support for someone they care for
- Support around debt or benefits (including claiming SSP)

The Help Help Hub will assist individuals to access the local support available as well as provide reassurance and re-iteration of key messages. This is a bespoke local offer for communities taking account of language, cultural needs and dietary requirements. If the Help Hub is notified as people are identified as needing to self-isolate, pro-active outbound calls can be made to triage need.

The Help Hub is staffed with people who are representative of the communities they serve and equipped with a wide range of community development and engagement expertise, including over 100 approved volunteers who support in shopping and befriending roles.

The Help Hub approach is a strength based one that builds on the assets within communities. As well as the functions above the Help Hub has a co-ordination function that includes:

- **The Voluntary, Community and Faith Sector (VCFS)** a wide range of trusted VCFS partners providing a comprehensive offer of local support.
- **Engagement expertise** – a team of Engagement and Integration officers who have established relationships with communities and can be called upon to engage in a preventative way to ensure local communities understand test and trace messages.
- **Community Learning -** a team of tutors who deliver workshops and on-line classes around health and wellbeing and who also support digital inclusion for vulnerable people who do not have IT access or skills.
- **Sheltered accommodation and Registered Social Landlords** – responsive and co-ordinated support to vulnerable people in sheltered accommodation.
- **Social Prescribing** – a team of 4 social prescribers working with GP's to support social needs as a way to improve health and wellbeing will have a specific remit to include support to those who are isolating.

The Help Hub is part of the wider Blackburn with Darwen Health and Social Care Integration Programme that operates in the borough's PCNs. The offer includes direct referrals to and co-ordinated support.

5.7 Theme 7: Local Governance Arrangements:

While the response to outbreaks will be led by the local DPH, success will require a co-ordinated partnership response. This will involve numerous agencies working together. The agencies involved will depend on where an outbreak occurs but it is critical that all organisations understand the plan, role and actions they are expected to take in response.

Therefore it is important that any new arrangements to manage local COVID-19 outbreaks build on existing plans, structures and arrangements such as the Health and Wellbeing Board and LRF and are able to fulfil any reporting requirements by other bodies.

New local governance arrangements are being put in place to ensure local outbreak plans are developed and delivered to meet local need. These arrangements are being developed in conjunction with a range of partners and include clear lines of reporting to and relationship with the LRF leadership structure. The following governance arrangements will support the LOMP, as described diagrammatically in Figure 1.

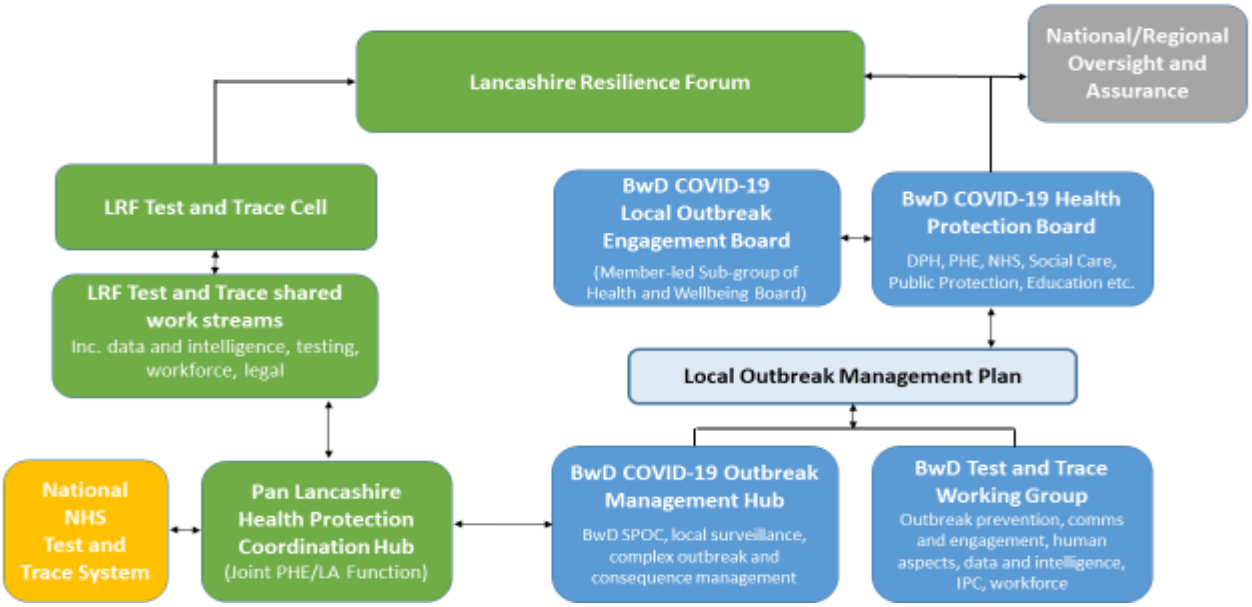


Figure 1 -BwD Outbreak Management Governance Requirements

5.7.1 Blackburn with Darwen COVID-19 Health protection Board:

Blackburn with Darwen Council has established a Covid-19 Health Protection Board, which is responsible for the LOMP and coordinating the resources and agencies needed to provide a swift response to managing an outbreak of the virus.

The Board has representation from all settings to be able to plan, prepare and respond to outbreaks.

This Board is chaired by the Director of Public Health and has the following responsibilities:

- Local Outbreak Management Plan and resource deployment.
- Data and intelligence (with the national Joint Biosecurity Centre).
- Leading the local public health response with PHE (and NHS test and trace).
- Assurance and reporting to the Local Outbreak Engagement Outbreak Board and the LRF.

Membership will include, but is not limited to;

- PHE Health Protection
- Clinical Commissioning Groups
- Police
- Environmental health
- Housing
- Social
- Education
- Business, economy, enterprise and skills
- Communications
- Public health intelligence
- Voluntary sector

5.7.2 Blackburn with Darwen Local Outbreak Engagement Board:

A new Elected Member led group is also being established. This Board is chaired by the leader of the Council and will have the following responsibilities:

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

Membership will include, but is not limited to:

- Health and Wellbeing Board Chair/Leader of the Council
- Executive Members
- The Director of Public Health
- Clinical Commissioning Group Chair
- Voluntary, community and faith sector
- Communications and engagement officers

6 Communications and Engagement

Providing up-to-date guidance, information and advice to the public and specific stakeholders/audiences is a vital element of the overall plan.

We will provide a communications focus on predicting and preventing outbreaks including a communication campaign based on amplifying national guidance with interpretation and localisation. This will be evaluated and adapted throughout its duration.

This will include a programme of targeted engagement based on insight, research and data to ensure hard-to-reach and at risk groups are kept informed and supported directly and through key groups and individuals.

There are established close working arrangements with key partners in agreeing and communicating proactive, timely COVID-19 messages within the LRF Warning and Informing Group.

6.1 Key stakeholders.

Key audiences for communications activity include councillors, MPs, health, education (including schools, further and higher education), public transport, retail, business, local communities and the third sector.

Our approach includes:

- Providing key information about local outbreaks, the impact on people's normal lives and the effect on local services
- Increasing awareness of the importance of testing, and encouraging take up
- Raising awareness about how tracing works and explaining how the sharing of contacts prevents the spread of the virus and saves lives
- Increasing understanding of the importance of self-isolation:
    - encouraging individuals with symptoms to help to contain the virus,
    - increasing understanding from employers and signposting people to available support
- Supporting and sharing communications from NHS Test and Trace to help to control and reduce the infection rate and assist with recovery.
- A co-ordinated and effective communications response, particularly during local outbreaks supporting the work on the Covid-19 Health Protection Board and the Local Outbreak Engagement Board.
- Disseminating key messages on testing, tracing and outbreak control to key stakeholders
- Using established local channels, networks, and resources wherever possible.

The three categories for activity can be categorised as:

6.2 Before a local outbreak

- Continuing to raise general awareness of Covid-19 symptoms, guidance and testing - how to avoid becoming a 'contact'
- Explaining how the tracing system works and how it will help to reduce the spread of the virus
- Encourage people to consider and prepare in advance for self-isolation by understanding what support is available and consider how they would get food, medicine etc. if they had to self-isolate
- Encourage people to support their family, friends and neighbours during isolation
- Encourage employers to think about preparing in advance for employees who need to self-isolate by clarifying policies, processes and support available to their staff

6.3 During a local outbreak

A flexible approach will be taken with communications messages. Communications activity will be determined based on the setting, numbers of people involved and the impact it could have, taking into consideration data protection.

This could include the following actions:

- Make people aware of how an outbreak will affect them
- Make people aware of the impact of ignoring the guidance
- Thank people who are doing the right thing
- Explain what conditions need to be met to lift the restrictions and how long this could take
- Raise awareness of local support

6.4 Following an outbreak

This phase will support the 'recovery' of a particular area. The aims will be:

- Raise awareness of any changes to the guidelines or restrictions
- Explain the Public Health rationale for the easing
- Explain how coronavirus is being monitored, to provide reassurance

6.5 Channels and tactics

Blackburn with Darwen Council is using a number of existing communication channels and tactics to deliver COVID-19 messages both internally and externally which will be developed as part of the campaign:

- The Shuttle online news website
- Dedicated website pages on all relevant service pages/microsites
- Social media content
- Local media editorial and advertising
- Dedicated webpages
- Marketing/outdoor advertising including bus stops, digital screens, lamppost banners
- Stakeholder newsletters/bulletins
- Text and email (Gov.notify)
- Video

6.6 Protocols

Ensuring there is timely, consistent messaging from important local organisations will help avoid confusion and to build trust and confidence.

There are existing communication protocols and material in place between PHE and local authorities to ensure clarity and consistency of messages in response to an outbreak.

Key spokespeople will be the Leader of the Council, the Director of Public Health and other senior members of the public health team, the Council's Chief Executive and other service directors and elected members (Executive Members and their Assistants)

6.7 Evaluation

The Council's communications service will provide ongoing professional evaluation of the effectiveness of communications activity based on the objectives. Based on this learning the approach will be adapted for future communications activity, in consultation with the Health Protection and Local Outbreak Engagement Board.

The detailed plans and progress will sit with a dedicated Communications & Engagement Group that will report into the Health Protection Board. A communication lead will sit on the COVID-19 Health Protection Board and Local Outbreak Engagement Board to support them in an advisory capacity.

7 Local Response Arrangements

The following sections detail the local system response to outbreaks of Covid-19.

7.1 Blackburn with Darwen Outbreak Management Hub

Each UTLA is required to establish a local OMH under the control of the respective DPH to coordinate and operationalise the LOMP.

In Lancashire we are working to develop a pan-Lancashire Tier 1 Hub, which will bring additional contact tracing capacity as well as expertise from the Health Protection Team in PHE into the system. The Hub will act as Level 1 and will be an interface for those complex cases passed through by the national test and trace service.

The key roles and responsibilities of the Tier 1 Hub will be as follows:

- Receipt of escalated cases from Level 2 and 3 of the national test and trace service
- Receipt of contact tracing requirements directly from localities where local intelligence identifies issues in the first instance
- Completion of setting-specific contact tracing or escalation to appropriate setting to undertake contact tracing themselves (eg. hospitals; fire & rescue service; police)
- Information sharing with localities where issues are dealt with
- Escalation of potential individual/household support requirements to locality SPOCs
- Assessment of whether an outbreak has been identified (PHE)
- Joint management of outbreaks

The Blackburn with Darwen OMH will receive notifications of confirmed local cases of COVID-19 from PHE/Tier 1 Hub.

A dedicated SPOC e-mail address BWD.COVID19@blackburn.gov.uk , has been established for this purpose. This acts as a point of contact for two way communication with PHE/Tier 1 Hub to escalate cases and situations where they are identified both by the national test and trace system, and local intelligence.

Appendix 4 sets out the outbreak management system architecture for Blackburn with Darwen.

Core membership of the OMH will include;

- A senior representative of PHE Health Protection Team
- Local Authority Public Health
- Public Protection (Environmental Health)
- CCG/NHS
- Social Care
- BwD Help Hub
- Admin
- Legal
- Communications
- Setting specific SPOCS

The key functions of the OMH are to:

- Act as contact point for PHE/Tier 1 Hub
- Receive cases from PHE/Tier 1 Hub in 3 forms of escalation;
    - For information
    - For action
    - For preparedness (no action required, but may be required in the future)
- Escalate issues/cases identified locally to where further contact tracing support or specialist input from PHE/the Lancashire Tier 1 Hub is required
- Ensure timely access to and sharing of information, data and intelligence to inform action and monitor outcomes
- Provision of advice and guidance to setting
- Rapid and proactive management and coordination of local outbreaks as set out in local plans
- Consequence management with complex settings
- Ensuring direct support to vulnerable and complex cohorts and households
- Proactive infection control advice & guidance
- Local stakeholder engagement
- Local intelligence gathering
- Communications
- Deployment of appropriate legislative and regulatory powers

Criteria considered for escalation to the Blackburn with Darwen OMH include:

- Large number of contacts are likely to meet the proximity or direct contact definition
- High numbers of vulnerable people are identified as potential contacts within the setting
- Potential impact on service delivery if staff are excluded for 14 days from exposure
- Significant consequence management concerns
- Concerns around support needs of potentially vulnerable individuals or households
- Outbreak declared
- Healthcare setting
- Social care setting
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation.

Good local relationships often mean service leads/managers are notified informally before a formal notification is made. If an incident or suspected case is raised directly with a setting lead this intelligence will be passed onto the OMH. The relevant lead will then liaise with the PHE Health Protection Team to triangulate data and intelligence.

7.2 Managing an Outbreak - Key Roles and Responsibilities

All positive COVID-19 test results are fed through the national test and trace service. From here, relevant contact tracing will take place by national Level 2 and Level 3 call handlers, with more complex issues and cases being escalated to PHE/the Lancashire Tier 1 Hub, which may subsequently be passed to the Blackburn with Darwen OMH.

If multiple cases are identified in a setting (two or more confirmed cases occur in the same setting within 14 days), or with other clear epidemiological links, the Tier 1 Hub will risk assess whether this is likely to indicate transmission within a particular environment.

This risk assessment will include:

- Monitoring dates of onset of illness and of last attendance at the setting
- Monitoring dates of contact between cases in the setting and use of PPE / social distancing during contact
- Links between cases outside the setting (e.g. home address; social activities; friends; other known links)

7.3 If, following assessment, this is identified as an outbreak it will progress to the BwD OMH. Local Outbreak Management Steps

The key steps that will be led by Blackburn with Darwen OMH in conjunction with PHE and other partners are as follows:

Step	Action Required
1. Notification	The OMH SPOC will be informed of the situation and will log basic information to determine next steps and immediate follow-up.
2. Outbreak Investigation & Risk Assessment	In the event of a suspected or confirmed outbreak, the local authority will set up an Incident Management Team (IMT) to assess the incident and agree any initial infection control measures required to control the outbreak. The team will be made of representatives who have the knowledge and skills specific to the affected setting. The OMH will work with PHE/the Lancashire Tier 1 Hub to review intelligence. This will involve contact with the setting to gather further information about numbers of symptomatic individuals and potential contacts, including any other risks. Where significant risk is identified a joint decision will be taken between the local authority and PHE to declare an outbreak.
3. Advice & Controls	Infection prevention & control advice will be provided to the setting to manage immediate risks. This will include social distancing, hygiene, PPE use, cohorting, cleaning and requirement for closure. Links to relevant national and local advice including template letters for further communications will be provided. Communications implications will also be considered at this stage.
4. Assess Testing Need	The OMH will determine the need for any further testing and coordinate deployment of testing as necessary.

Step	Action Required
5. Assess Need for Outbreak Control Team	In the event of a complex outbreak it may be necessary to set up an Outbreak Control Team (OCT) in addition to the IMT. It is usually the PHE Health Protection Team who will declare the need to set up an OCT, chaired by a Consultant in Public Health from the LHPT or Local Authority Consultant in Public Health/Health Protection. It is the role of the OCT to agree the appropriate intervention measures to put in place and how this is communicated to key people within the setting and/or their carers. Communications implications will also be considered at this stage. A high threshold will be applied and an OCT will only be convened for the most complex situations. In lower risk scenarios the OMH will coordinate the local response.
6. Continued Follow-up	Consequence management issues will be coordinated by the OMH and picked up by local partners. Examples may include support for vulnerable individuals; PPE supply; complex local contact tracing; staffing and business continuity issues. Settings will remain in contact with the OMH to inform of any further issues or changes to the situation. The risk assessment will be reviewed if information emerges that would change the approach (eg. increase in number of cases)
7. Close Outbreak	In the short term, once all necessary infection prevention and control and consequence management actions are complete the situation is closed for further actions. The outbreak can be declared over 28 days after the last case of Covid-19 infection. Further actions around consequence management may need to continue beyond this period if there has been significant impact.
8. Further Monitoring/ Notification	The setting will monitor the situation and will notify the OMH SPOC if the situation worsens and further input is required.

8 Deploying Appropriate Legislative and Regulatory Powers

The LOMP includes a summary of relevant regulatory powers. The Council has a statutory duty to protect the population's health by responding to and managing communicable disease outbreaks, which requires urgent investigation and presents a public health risk.

The legal context for the Councils' response to COVID-19 sits within the following Acts:

- The Coronavirus Act 2020
- Health and Social Care Act 2012
- Public Health (Control of Disease) Act 1984

In addition to the Civil Contingencies Act 2004 and the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 that come into force on 18 July increase Council's powers to tackle local outbreaks. The Health Protection (Coronavirus Restrictions) (Blackburn with Darwen and Luton) Regulations 2020 further empowers the Council to protect against the risk to public health from COVID -19.

Some situations may involve potentially infectious people who cannot or will not agree voluntarily to be tested or settings that do not comply with covid-safe practices. In such circumstances we will pursue the 4 Es - Engage, Explain, Encourage, and last resort Enforce.

The LRF Legal Cell have reviewed the legislation relevant to enforcement in the pandemic (see Appendix 5) and will advise on any further legislative updates.

The OMH will include a representative of the Councils' legal team and specific legal advice will be sought in any given scenario.

9 Resources:

The effectiveness of the LOMP requires financial resource and capability as well as staff skills and expertise.

Nationally, £300million has been allocated for local authorities to support the additional public health capacity required to develop and implement the plans to mitigate against and manage local COVID-19 outbreaks.

While the response to a local outbreak is led by public health, the skills and expertise within the local system are required to effectively manage outbreaks. Public health within Local Government and PHE do not have the capacity, skills or expertise alone.

Resources and input will be needed from organisations and professional groups, such as (amongst others):

- Environmental health officers
- Infection prevention and control
- health and social care
- communications officers
- data and intelligence analysts
- health and safety officers

The precise additional resource required locally will be dependent upon the number and complexity of COVID-19 outbreaks.

We will expand capacity for the management of outbreaks within the local workforce, in particular for those staff directly involved in testing, outbreak and consequence management, provision of specialist advice and guidance, contact tracing or provision of support to vulnerable people who are instructed to self-isolate.

Where appropriate, shared solutions are being explored to help build capacity and resilience across the LRF.

10 Development and Monitoring of the LOMP

We are currently working in a fast-changing, complex environment. We will continue to respond proactively to rapidly changing evidence, national guidance, demands and expectations.

We will take a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from others to ensure we provide the most effective response we can.

We will test and refine our local plan, during the early stages of implementation, through a scenario-based exercise.

Regular surveillance of local data will provide the insight needed to assess the effectiveness of the plan. The plan itself is also not set in stone and will evolve as new research and policy is produced, ensuring that it continues to protect and support our communities.

Appendix 1. DEFINITIONS

Suspected Case (COVID-19)	A person with a new continuous cough OR fever OR loss of/ change in smell or taste.
Confirmed Case (COVID-19)	A person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms.
Outbreak	Two or more cases which meet the clinical case definition above, arising within the same 14-day period in people who live or work in the care home The occurrence of two or more cases of suspected or confirmed COVID-19 arising within the same 14-day period in a shared setting.
Contact	Person who has had contact (see below) at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 days after onset of symptoms (or test).
Direct close contact	Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within 1 metre for 1 minute or longer A person who wore appropriate PPE or maintained appropriate social distancing (over 2 meters) would not be classed as a close contact.
Proximity contact without PPE	Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.
Closed setting	Pertains to residential settings i.e. car ehomes or in patients in health care settings
Open setting	All other settinsg where staff, students or service users move in ant out of the setting
Household contact	A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.
Clusters & Outbreaks	A cluster is defined as a situation there are two or more confirmed cases where there is as yet no confirmed epidemiological link (in time, place and person). An outbreak is defined as a situation where there are two or more cases with linked in time, place and person, i.e. confirmed epidemiological link
End of an outbreak	The outbreak can be declared over 28 days after the last case of Covid-19 infection.

Appendix 2. KEY DATA SOURCES TO INFORM LOCAL OUTBREAK MANAGEMENT

The table below shows the key data sources required to support the development of effective local outbreak management.

Data Source	Description	Provider	LRF/ICS	UTLA
NHS 111	NHS 111 online and call centre data for symptomatic from February including Post Code (PC), age, gender, symptom,	NHSD/Joint Biosecurity Centre (JBC)	Aggregated to CCG only	Aggregated to CCG only. Required at PC
119	119 call centre data for mapping and contact tracing system. Real time data flow required	NHSD/ JBC	Tracing and outbreak control	Tracing and outbreak control
Testing data				
Pillar 1: Hospital Testing	Pathology Lab testing data for all ICS Trusts: in Post Code, Age, Gender, Ethnic Group	ICS Hospital Trusts	Data warehouse for analysis and mapping against community and service assets.	From LRF/ICS Operational and mapping of hotspots and outbreaks
Pillar 2: Community Testing	Drive through and community testing	PHE NW	Data warehouse for analysis and mapping against community and service assets.	From LRF/ICS Operational and mapping of hotspots and outbreaks
Pillar 3: Trace contact testing	CTAS – data from calls to 119 CTAS and data through the App at individual level: including contact details, PC, DoB, Gender, Ethnic Group	NHSD/ JBC	Data warehouse for analysis and mapping against community and service assets.	From LRF/ICS Operational and mapping of hotspots and outbreaks
Care Home Testing and HMO testing	Care Home and individual details HMO and individual details	PHE NW	Care Home/HMO outbreak management and support	Care Home/HMO outbreak management and support
GP or primary care and out of hours calls/data linked to COVID-19				
Local Intelligence				
Settings directly /Local partners	i.e concern about covid-safe practices, early notification of cases/outbreaks	N/A		

Appendix 3. INSTRUCTIONS OF THE SECRETARY OF STATE

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 here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

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 4. BwD OMH ESCALATION AND SYSTEM ARCHITECHTURE

The process flow from Tier 2 (PBCT) to Tier 1 (SPOC PHE/Tier 1 Hub).

- Tier 2 Call Handler identifies issue that meets the criteria or otherwise requires further investigation or management.
- Tier 2 Call Handler liaises with Tier 2 Team Lead.
- Tier 2 Team Lead assesses and determines if escalation required.
- If escalation required, contact Tier 1 Team Lead for relevant area.

The criteria for Tier 2 to declare a complex or high risk setting and pass to Tier 1:

a) Cases where liaison with an educational/childcare setting or employer may be required.

- Cases who have attended educational/childcare setting while infectious
- Cases who have attended work while infectious and who are unable to identify their contacts who will require follow up

b) Complex setting or settings potentially requiring consequence management.

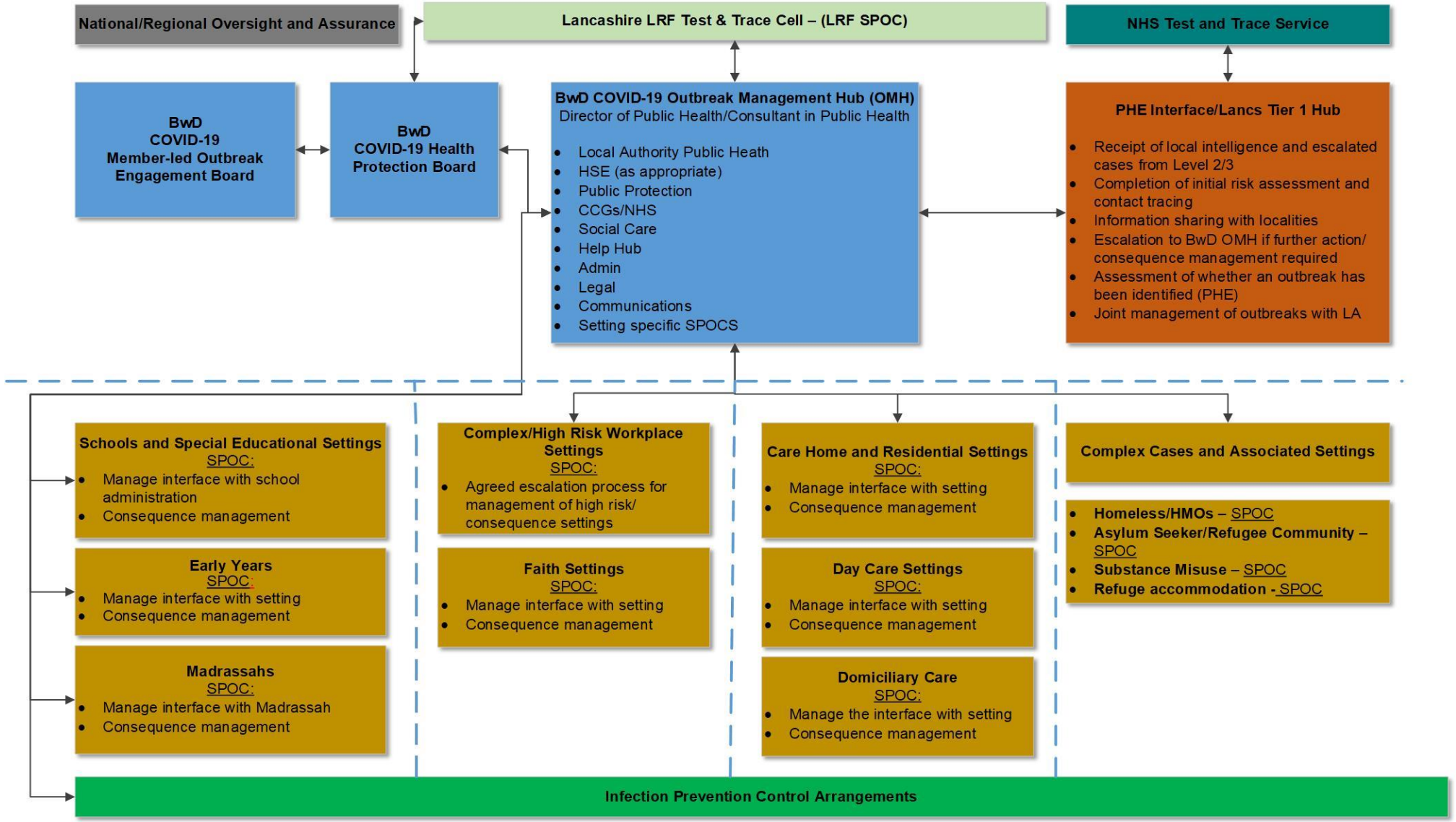
- Case living or working in care home/long-term care facility or other care facility for those with complex needs
- Cases in Healthcare workers
- Cases in Emergency Services workers
- Cases in Border Force and Immigration Officers
- Cases who attended healthcare for non COVID reasons
- Cases in those living or working in prison or other places of detention
- Cases in those attending or working in special schools
- Cases in those living in homeless hostels or shelters or refuges and similar residential settings
- Cases attending day-care centres for older/vulnerable people
- Cases with concerns about deductive disclosure
- Cases where contacts can't be identified without disclosure of name to employer or other third party
- Cases or employers unwilling to provide information

c) Consequence management scenarios.

- Identified impact on local public sector services or critical national infrastructure (e.g. power plants) due to high proportion of staff quarantining (e.g. school that informs Tier 2 that will have to close as all staff quarantining)
- Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc.)
- Likely Media or political concerns/interest

d) Increase in disease frequency or severity.

- Second or subsequent cases in school class (small number of children taught together).
- Reported high absenteeism rate in school or workplace.
- Reported high levels of hospitalisations


National/Regional Oversight and Assurance
Lancashire LRF Test & Trace Cell – (LRF SPOC)
NHS Test and Trace Service
BwD COVID-19 Member-led Outbreak Engagement Board
BwD COVID-19 Health Protection Board
BwD COVID-19 Outbreak Management Hub (OMH)
Director of Public Health/Consultant in Public Health
Local Authority Public Heath
HSE (as appropriate)
Public Protection
CCGs/NHS
Social Care
Help Hub
Admin
Legal
Communications
Setting specific SPOCS
PHE Interface/Lancs Tier 1 Hub
Receipt of local intelligence and escalated cases from Level 2/3
Completion of initial risk assessment and contact tracing
Information sharing with localities
Escalation to BwD OMH if further action/ consequence management required
Assessment of whether an outbreak has been identified (PHE)
Joint management of outbreaks with LA
Schools and Special Educational Settings
SPOC:
Manage interface with school administration
Consequence management
Early Years
SPOC:
Manage interface with setting
Consequence management
Madrassahs
SPOC:
Manage interface with Madrassah
Consequence management
Complex/High Risk Workplace Settings
SPOC:
Agreed escalation process for management of high risk/ consequence settings
Faith Settings
SPOC:
Manage interface with setting
Consequence management
Care Home and Residential Settings
SPOC:
Manage interface with setting
Consequence management
Day Care Settings
SPOC:
Manage interface with setting
Consequence management
Domiciliary Care
SPOC:
Manage the interface with setting
Consequence management
Complex Cases and Associated Settings
Homeless/HMOs – SPOC
Asylum Seeker/Refugee Community – SPOC
Substance Misuse – SPOC
Refuge accommodation - SPOC
Infection Prevention Control Arrangements

Appendix 5. SUMMARY OF REGULATORY POWERS

1. This is for guidance only and does not claim to address all powers available. Specific legal advice will be sought in any given scenario.

2. The LRF Legal Cell have determined that the following pieces of legislation are relevant to enforcement in the pandemic, and the LRF Test & Trace Sub-Group have highlighted those having particular relevance to tracing in blue:

a. Coronavirus Act 2020
Section 10 and Schedule 8 – Mental health and capacity
Section 51 and Schedule 21 - Potentially infectious persons
Section 52 and Schedule 22- Powers relating to events, gatherings and premises

b. Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 as amended
Regulation 4 - Requirement to close premises and businesses during the emergency
Regulation 5 - Further restrictions and closures during the emergency period
Regulation 6 - Restrictions on Movement
Regulation 7 - Restrictions on Gatherings

c. Public Health (Control of Diseases) Act 1984 as amended by the Health and Social Care Act 2008

d. Health Protection (Part 2A Orders) Regulations 2010

e. Health Protection (Notification) Regulations 2010

f. Health Protection (Local Authority Powers) Regulations 2010

g. Health and Safety at Work Act 1974

h. Antisocial Behaviour, Crime and Policing Act 2014

3. The exercising of any powers must be necessary and proportionate, and with due consideration of:

a. **European Convention on Human Rights**

b. **Human Rights Act 1998**

c. **Discrimination and Equality Act 2010**

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