

Report to: Health & Wellbeing Board

Subject: Local Outbreak Planning

Date of meeting: 17th June 2020

Report from: Helen Atkinson - Director of Public Health

Report by: Kelly Nash, Corporate Performance Manager

Wards affected: All

Key decision: No

1. Purpose of report

- 1.1 To update the Health & Wellbeing Board on new requirements for Local Outbreak Plans in response to the Covid-19 pandemic; and to make recommendations on how the local governance for this process will be configured.

2. Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
1. agree the proposals for a local Health Protection Board and the Terms of Reference
 2. agree the proposals for a Local Engagement and Oversight Board and the Terms of Reference
 3. agree membership for the Local Engagement and Oversight Board.

3. Background

- 3.1 On Friday 22nd May, national Government announced the requirement for Local Outbreak Control Plans (CoVid-19) to be developed to reduce local spread of infection and for the establishment of a Member-led Covid-19 Engagement Board for each upper tier Local Authority to communicate with the general public, supported by an Officer-led Health Protection Board connected into existing Local Resilience Forum command structures (PCC GOLD). A £300m funding offer to upper tier Local Authorities accompanied this announcement, though individual allocations and related conditions on the use of this funding have not yet been published.
- 3.2 Work is continuing on the design of the national test and trace programme which was launched on Tuesday 26th May. This will form a central part of the government's Covid-19 recovery strategy. The primary objectives of the national test and trace programme, and our local programme including the requirements for

outbreak plans, will be to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so, we can help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

- 3.3 Achieving these objectives will require a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. To that end, £300m in national government funding will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.
- 3.4 Building on the statutory role of Directors of Public Health (DPHs) at the upper tier local authority level, and working with Public Health England's (PHE) local health protection teams (HPTs), local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. Local DPHs will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.
- 3.5 Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. Councils are free to work at wider geographic levels if they so choose.

4. Local Plans

- 4.1 Government guidance requires that local plans should be centred on 7 themes:
- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
 - Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
 - Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

- 4.2 All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework. This work is being supported by eleven pilot areas (Surrey in the SE) that are rapidly developing best-practices and capturing learning. Local councils outside these areas will be invited to participate in regular engagement and best-practice sharing sessions provided by the LGA and ADPH.
- 4.3 A National Outbreak Control Plans Advisory Board will be established, led by Tom Riordan, CEO Leeds City Council, to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development. The local plans, linked with the work of the Joint Biosecurity Council, will be at the heart of the next phase of the response.
- 4.4 DPHs will lead the development of Local Outbreak Plans and work with PHE local HPTs to lead the work on contact tracing and managing outbreaks in complex settings and situations. HPTs will lead at centre level and DPHs will lead within their Authorities. This is described as Level 1 which is delivered with partners at local levels. The management of local outbreaks is resource intensive work and so local authorities through the leadership of their DPHs and PHE will work closely together in building capacity of both the local authority teams and the PHE local HPTs, which will be a key part of the Local Outbreak Control Plans.

5. Contact tracing

- 5.1 The national approach to contact tracing has been highly iterative and remains so, but is proposed to include two main elements:
- **NHSX Covid 19 App:** This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. Even when fully operational, this feature of the national model will be insufficient as a standalone approach due to limitations in terms of reach and functionality.
 - **National Contact Tracing Service (NCTS):** This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 proposed tiers:

Tier 3: A new cohort (c.25, 000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT);

Tier 2: A significantly increased cohort (c.3, 000) of trained contact tracing specialists providing phone-based contact tracing (PBCT) to be recruited through a national recruitment approach;

Tier 1b: A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.

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

5.2 Tier 1b will have 3 primary functions:

1. Complex Contact Tracing with:

- Potentially complex settings (For example: Special Schools, Homeless Accommodation; DV refuges; Police Stations; HMO's; Day Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)
- Potentially complex cohorts (For example: rough sleepers; faith communities, asylum seekers)
- Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)

2. Providing direct support to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.

3. Consequence management as a result of managing an outbreak in a complex setting or within a complex cohort.

6. The role of the Local Resilience Forum

6.1 The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19. An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints. Local areas are best left to determine how these arrangements will work.

7. The role of the Integrated Care System (ICS)

- 7.1 Just as the Public Health “system within a system” is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system, including the ICS, will be crucial to preventing and managing Outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:
1. Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
 2. Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
 3. Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.
 4. Ensure NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and the ICS and NHS organisations will facilitate this

8. Recommended terms of reference and membership of the Local Health Protection Board

- 8.1 The Local Health Protection Board will be an operational group that will develop and be responsible for the ongoing implementation of the Local Outbreak Plan. Draft Terms of Reference are set out at Appendix 1. It is recommended that as a minimum, this group includes:

Director of Public Health (PCC) - Chair

Assistant Director - Regulatory Services, PCC (and Deputy Chair)

Representative from PCC communications

Assistant Director - Adult Social Care (care homes a key focus of Local Outbreak Plans)

Deputy Director of Children, Families and Education - Education (schools a key focus of Local Outbreak Plans)

Emergency Planning and Resilience Representative

PHE - link to wider health protection structures

Housing (appropriate representation to pick up homeless and sheltered housing as both groups are a focus of the Local Outbreak Plans)

Culture and Leisure (link to high-risk locations or events)

The HIVE (Supporting local vulnerable people to self-isolate)

PCC finance (to support resource allocation)

CCG - Infection control specialism

Portsmouth Hospitals Trust

Solent NHS

- 8.2 It is recommended that the Board meets at least weekly in the immediate phase to drive the development of the plan. There will be scope for extraordinary meetings if required.

9. Recommended terms of reference and membership of the Local Engagement Board

- 9.1 The Local Engagement Board will provide strategic oversight for the Health Protection Board and the development of the Local Outbreak Plan. Draft Terms of Reference are set out at Appendix 2. Guidance envisages that this oversight is provided through the Health and Wellbeing Board, in its statutory role as bringing local system partners together. It is recommended that in Portsmouth, the Local Engagement Board is established as a sub-committee of the Health and Wellbeing Board, as the full board has a wide membership and only meets quarterly. A sub-committee can have a focused membership and be more responsive to immediate need of the Health Protection Board.
- 9.2 It is recommended that the membership of the Board is balanced to be composed half of elected members, and half of other membership, with the elected membership representing political proportionality. It is therefore recommended that the membership is:

Cabinet Member for Health, Care and Wellbeing (PCC) - Chair

5 elected members (1 Liberal Democrat, 2 Conservatives, 1 Labour and 1 Progressive Portsmouth Party)

Director of Public Health

Accountable Officer (PCCG)

Healthwatch

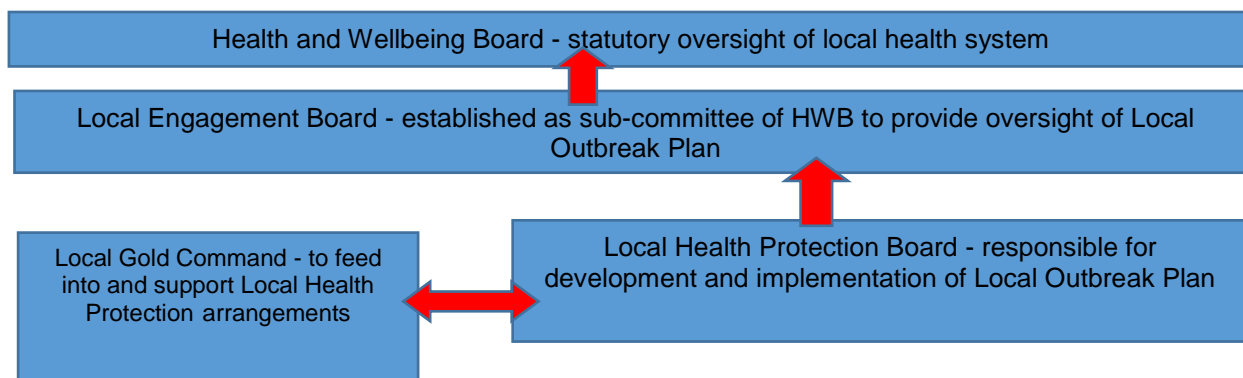
The Hive

2 additional members drawn from Health and Wellbeing Board

- 9.3 Views on which partners from the Health and Wellbeing Board should fill the remaining spaces are sought.
- 9.4 It is recommended that the Local Engagement Board sub-committee is established formally through the Health and Wellbeing Board meeting on 17th June, and meets monthly. There will be scope for extraordinary meetings if required.

10. Summary structure

- 10.1 In summary, the reporting structure can be summarised as below:



11. Integrated impact assessment (EIA)

- 11.1 An impact assessment is not required for establishing governance - any decisions that are made through the arrangements will be subject to their own impact assessments at the appropriate time.

12. Legal implications

- 12.1 Legal implications relating to the national programme and local arrangements are set out in the body of the report.

13. Director of Finance Comments

- 13.1 On the 22nd May, the Government announced that £300m would be provided to all local authorities in England to develop and action their plans to reduce the spread of the virus in their area. Each local authority would be required to use funding to develop a tailored outbreak control plan, working with the NHS and other stakeholders.
- 13.2 At the time of writing this report, details regarding both the level of funding allocations to each local authority and the conditions attached to the use of this funding are still awaited. However, it was confirmed within the initial announcement that the funding would be ringfenced for this specific purpose.

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Signed by: Helen Atkinson, Director of Public Health

Appendices:

Appendix 1 - Proposed Local Health Protection Board Terms of Reference

Appendix 2- Proposed Local Engagement and Oversight Board Terms of Reference

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: