

South Gloucestershire Covid-19 Local Outbreak Management Plan

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Contents

1. Key priorities update for 2021	3
Local Contact Tracing	3
Testing	6
Vaccination	11
Communications and Behavioural Insights	13
Enduring transmission and living safely with Covid	15
2. Background	17
3. Overview	18
National context	18
Health Protection: Legal and Policy Context	18
The Cycle of Health Protection Action	19
4. Aim and principles	20
Local Principles	20
5. Functions of the Local Outbreak Management Plan	21
a. Surveillance including daily monitoring and alert system	21
b. Outbreak response	21
c. Community engagement	22
d. Prevention and horizon scanning function	22
6. Working in partnership	23
7. Governance	25
South Gloucestershire COVID-19 Health Protection Assurance Group	25
South Gloucestershire Local Outbreak Member Led Engagement Board	26
8. Enforcement	28
9. Data integration and surveillance	28
10. Prevention and Response Plans for Places and Communities	28
Care homes	28
Schools & Early Years Settings	29
Other high risk places, locations and communities	29
11. Protecting and supporting vulnerable people	30
12. Resources	31

1. Key priorities update for 2021

Regional Outbreak Management Plan priorities for the South West have been agreed and adopted locally as part of our updated Local Outbreak Management Plan and will be focussed on the principles: Protect, find, enable.

- a) Contact Tracing**
- b) Testing**
- c) Vaccination**
- d) Communications and Behavioural insights**
- e) Enduring transmission and living safely with Covid**

Ongoing work across each of the theme areas as identified in the June 2020 LOMP release will also continue and be targeted using an evidence-based approach utilising our enhanced surveillance data and qualitative information feeds from operational group leads and community engagement and insights.

Priority 1: Local Contact Tracing

Strategic objectives

The local contact tracing service is designed to complement National Test and Trace by following up confirmed positive Covid-19 cases the National team cannot reach. The service plays a critical role in engaging harder to reach cases, understanding exposure risks, raising awareness of outbreaks and identifying local transmission patterns.

Local insight enables the creation of highly targeted communications to raise local awareness of COVID-19 and encourage self-isolation behaviours to help to break local chains of transmission and save lives.

Our goal is to continually evolve South Gloucestershire's contact tracing service. We will always respond positively to and embrace central government opportunities to improve our service and we will pro-actively register to participate in contact tracing pilots. There are many initiatives being discussed currently which we anticipate, will mean greater local involvement in contact tracing and we are at the table taking part in those discussions.

We take an active involvement in regional tracing networks and embrace learnings to ensure we reach out quickly to cases and ensure those community members who require financial help to self-isolate are well informed and supported. In line with the Ministry of Housing, Communities and local government (MHCLG) framework the Local Contact tracing team will ensure high levels of adherence to self-isolation by proactively contacting people flagged by NHS T&T as having specific needs, making follow up calls to ensure the individual continues to receive support to self-isolate.

How does this support local outbreak management in breaking the chain of transmission?

Contact tracing is a tried and tested way of limiting the spread of Covid-19 in the community. Local contact tracing allows us to quickly identify who has the virus and who is at risk of contracting it (through confirmed contacts and common exposures) to enable timely self-isolation advice to prevent and contain the spread of Covid-19.

Local Test and Trace systems are in place to complement National Test and Trace (NTAT) services in the hope that, where national systems cannot make contact, cases may better respond

to calls from more localised numbers. There is growing evidence that local knowledge and understanding of communities is important in engaging with residents who need to be traced to self-isolate. Local Test and Trace systems also enable a better understanding of the local epidemiology and transmission of Covid-19 to inform our Local Outbreak Management response.

The NHS 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 includes targeted asymptomatic testing of NHS and social care staff, care home residents and more recently extended to schools and workplaces
- 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.

If an individual tests positive for Covid-19 they will be contacted by the NHS Test and Trace Service, which will collect information on:

- Current symptoms, date of onset
- Description and details of household contacts
- Known support needs during isolation
- Name and contact details of anyone outside their household they have been in close contact with in the 48 hours before their symptoms started,
- Details of settings attended (workplace, healthcare setting, school for example)

The NHS Test and Trace Service will then trace close recent contacts of anyone who has tested positive for COVID-19 and, if necessary, notify them to self-isolate. The service will ask if they are experiencing any COVID-19 symptoms and provide advice on what the close contact must now do as they have been in contact with someone who has tested positive for Covid-19.

Test and Trace operates at three levels.

- Level 1: Regional level enhanced PHE health protection team capacity for risk assessment and management of complex cases, contacts and situations.
- Level 2: Phone based contact tracing: script-based calling of cases not eligible for automated contact tracing using NHS T&T web-tool (children, deceased cases, cases without an email or mobile phone number) or cases who have not responded to NS T&T invitations. Risk assessment, follow-up and management of cases, contacts, and situations without complexity. (N.B South Gloucestershire's Local Contact Tracing Service operates at Level 2).
- Level 3: Phone based contact tracing: script-based calling of contacts not eligible for automated contact tracing using NHS T&T web-tool (children, contacts without an email or mobile phone number) or who have not responded to NHS T&T invitations. Only low risk contacts will be called by Level 3.

Where the contact tracing process identifies a complex case, or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked in or recently visited a health or care setting, a prison or other secure setting, a school or critical national infrastructure, the case will be referred to Public Health England's regional teams and the Director of Public Health in the Local Authority. Data sharing and operational roles and responsibilities are managed under a Memorandum of Understanding between South Gloucestershire Council and Public Health England:

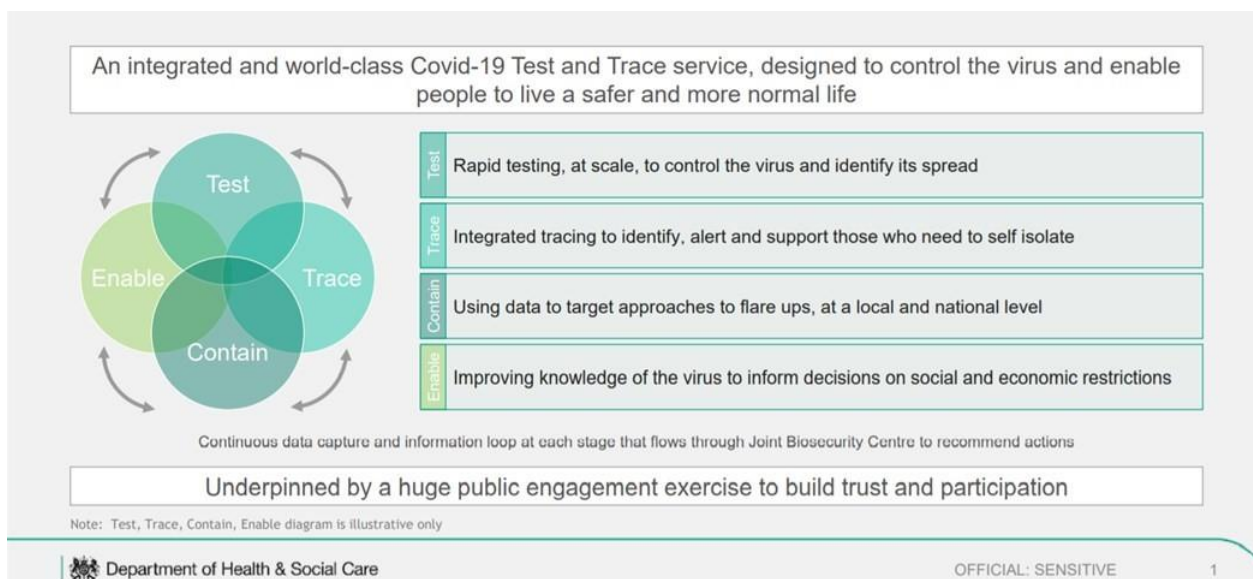


Figure 1: National COVID-19 Test and Trace service

A new National Local Government Advisory Board has been established to work with the test and trace service. This will include sharing best practice between communities across the country.

Development and delivery of our LOMP builds on existing close working arrangements with PHE in order to provide contact tracing capability to respond to outbreaks and complex community issues. We will deploy mutual aid processes working closely with the tier 1 PHE health protection service described in 'South West Contact Tracing Collaboration – Outline of Operational & Governance Arrangements'.

Key Organisational Elements

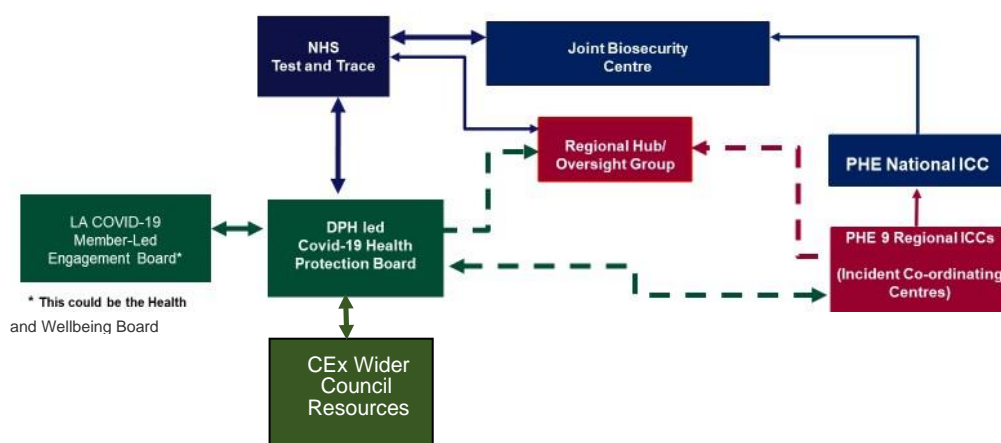


Figure 2 Key Organisational Elements of test, trace and outbreak management

Service detail

In line with the South West Regional Outbreak Management plan (ROMP) priorities we have worked with PHE to become a Local Tracing Partnership. A Local Contact Tracing service plan has been developed for South Gloucestershire and phase one of the plan was implemented on the 7th December. Any cases that NTAT have been unable to make contact for a period of 24 hours are sent to our local team for follow up. We have direct access to the NTAT Contact Tracing (CTAS)

system to input information obtained through locally made calls for close contacts to then be followed up by NTAT.

Enhanced contact tracing

The overarching aim of 'enhanced' contact tracing is to help further suppress transmission of COVID-19 in the community. In South Gloucestershire we are incorporating data received from NTAT through the new Outbreak Incidence Rapid Response (OIRR) process to enable operational groups to systematically review common exposures to identify clusters where additional actions may be taken to suppress transmission. It also provides options for 'enhanced actions' that can be taken locally to manage these clusters.

SOPs are in development to identify actions required for each of the priority group levels in both periods of high and low prevalence, recognising relative capacity within these periods. The priority groups are outlined below:

Priority 1a/1b – exposure tightly clustered in time, carries potential for enhanced action based on point-source transmission events

Priority 2 – large outbreaks in high-risk settings, potential for propagated spread

Priority 3 – other high-risk settings

Priority 4 – all others not meeting category above. Lower risk.

In addition, South Gloucestershire is a pilot area for both the tracing of 'uncontactable contacts' (commenced 15th March) and the 'Local 0' initiative (commencing 29th March). The 'uncontactable contacts' pilot is already demonstrating success in reaching more contacts using our local number and is an exciting next step providing us with an opportunity to reach more local people and ensure they understand both the importance of self-isolation and the financial support available to help break chains of transmission quickly.

The 'Local 0' pilot is a new programme and joint initiative between NTAT and local government which will allow the local team to take control of contact tracing from 'hour 0' rather than only receiving cases after NTAT have been unable to make contact for 24 hours. This will allow for a more timely and targeted approach to contact tracing locally.

Both of these initiatives will be valuable in improving case/contact reach and timely and targeted tracing to further reduce transmission within South Gloucestershire.

Work is also underway at a national level to benchmark our performance against other Local Tracing Partnership areas and we will continue to engage with our colleagues in other Local Authorities formally through regional Partnership meetings and informally through our own networks.

Formal channels of communication from the Local Tracing Partnership teams are embedded in our processes to ensure that we are informed of national policy changes and can respond to these swiftly to share learning and best practice.

Priority 2: Testing

Strategic objectives

As part of local outbreak management planning we ensure agile deployment of testing capacity to high-risk locations in line with local intelligence. To do so we will work closely across each of our theme operational groups, with the national Test and Trace service, PHE Regional Oversight Board and Health Protection Team and the local NHS.

We adapt our testing programmes to respond to any new surveillance requirements and will ensure access to testing is provided at pace, with clear processes in place to enable prioritisation and use of a range of provision such as mobile facilities. We will build on existing work within the LRF and BNSSG Testing Cells, aligning our action to existing process and data flows.

The purpose of the Testing Strategy for is to support decision making for testing responses either for outbreaks in complex settings or for routine testing that can meet the needs of vulnerable individuals or local communities.

The strategy is locally developed and describes how testing is currently used/accessed across South Gloucestershire with specific emphasis on the barriers to testing and how we can overcome these to respond to outbreaks most effectively.

Due to the emerging situation, the strategy for testing is iterative. As data is gathered and studies begin to tell us more about the virus and our immune response to it, this strategy will evolve as that evidence emerges and more direction is given by central government to which groups of the population should be included in testing programmes.

How does this support local outbreak management in breaking the chain of transmission?

Testing is an important part of the strategy to manage the spread of COVID-19. The government's approach to testing aims to provide testing for everyone who needs it in order to identify, contain and isolate the virus and stop the spread through the community. Testing will continue to play an important role alongside the vaccine in supporting us to save lives during 2021 and the longer term.

Adapting our testing programme to respond to new surveillance requirements allows new variants of concern to be investigated and contained at a local level. [Surge testing](#) is increased testing (including door-to-door testing where appropriate) in specific locations in England to identify and contain variants of concern through asymptomatic testing. The government is using surge testing and genomic sequencing to:

- monitor and suppress the spread of Covid-19
- better understand new variants

In South Gloucestershire we have undertaken two surge testing programmes and therefore are well placed to manage any future testing requirements in response to variants of concern.

Service detail

The national Coronavirus (Covid-19) Testing Strategy sets out five pillars for testing as shown below. All are relevant to understanding the epidemiology of Covid-19. Of particular importance are Pillar 1 (antigen testing carried out by PHE and NHS labs for hospital patients and frontline workers in the NHS to identify who has the infection) and Pillar 2 (antigen testing delivered by commercial partners (e.g. universities, research institutes and companies) which includes testing for care homes, community based critical key workers in NHS, social care, and other sectors as well as those in the community who are symptomatic to identify who has the infection) which enable diagnostic testing for test and trace purposes. Pillar 3 (antibody testing to help determine if people have immunity to coronavirus) testing will increasingly support our understanding of who in our communities have had the disease, together with national surveillance data available via Pillar 4. Across all these testing methods, there is a network of couriers who collect the completed samples and deliver them safely to laboratories. Results are communicated back to individuals and also into national data systems. Since the publication of the original national testing strategy, the role of asymptomatic testing (using a lateral flow device, LFD) has grown considerably.

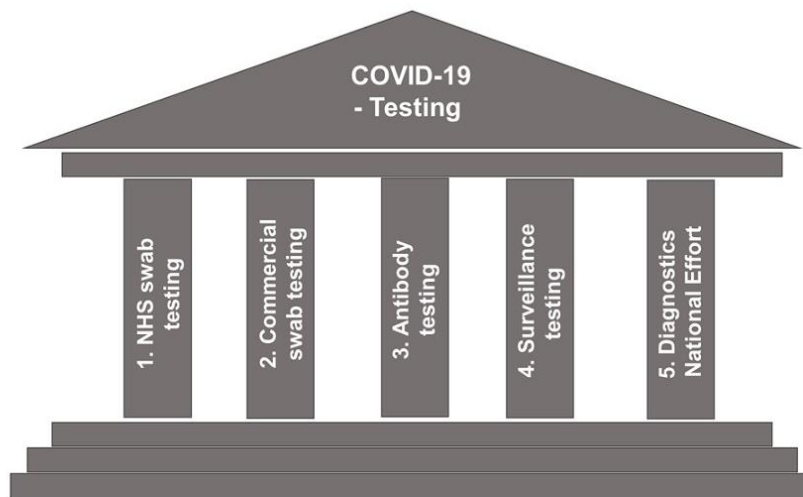


Figure 3: Pillars of COVID-19 testing

There are two different testing programmes:

- Those for people with Covid-19 symptoms and;
- those who are asymptomatic (not showing any symptoms)

Testing for people who are symptomatic

For those who are symptomatic, antigen testing (taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted)) is available in a number of different settings:

- Regional testing sites
- Local Testing sites – at UWE , Cleve Rugby Club and BAWA
- Mobile testing units – flexibly deployed to meet need under direction of DHSC. There are currently 2 MTUs in South Glos, with plans for a third to be set up imminently. A regional process exists to identify areas where MTUs should be deployed.
- Home testing - delivered to someone's door so they can test themselves and their family without leaving the house.

Testing for people who do not have symptoms of Coronavirus

New testing technologies are also now available for those who are asymptomatic. The tests include loop mediated isothermal amplification (LAMP) for asymptomatic testing of NHS staff and lateral flow testing devices with results following a swab within 30 minutes. The tests have reasonable levels of sensitivity (the probability of identifying someone who has the virus as a positive case) and high levels of specificity (the probability of correctly identifying as negative someone who does not have the virus).

Various programmes of rapid testing are available to different populations as detailed below:

- LFD testing offered twice weekly for UWE students who have returned to courses or are residing on campus
- Home testing kits which are going to be available from April/May through pharmacies, libraries, and community sites (including a mobile site).
- Community Testing at various sites across South Gloucestershire
- Schools and further education establishments
- Care settings
- Prisons

- Community Centres NHS facilities - NHS testing for hospital patients and frontline staff, including pre-admission testing as part of pre-op assessments, and prior to discharge of inpatients into care home settings.

Public Health England have informed Directors of Public Health that from 29th March confirmatory PCRs will be required for all positive LFD testing.

Confirmatory PCR testing will also be performed for other reasons, including vaccine effectiveness surveillance, and genome sequencing, and for self-administered tests.

Asymptomatic testing

The aim of asymptomatic testing is to find more positive cases by regularly testing an asymptomatic population with lateral flow device (LFD) tests. Once found, cases can isolate and break the chain of transmission. There has been a large national rollout of asymptomatic testing in the last few months and locally we have established 3 testing sites at Bradley Stoke, Kingswood and Yate.

In addition to asymptomatic testing sites the government have also introduced a programme of home testing. Initially those eligible were those working within schools or families of school-aged children, this has now been expanded to include all members of the public. Home test kits can be ordered online but are also available for collection within the community.

Our strategic focus is to ensure that as lockdown eases, and more people return to school, work and leisure activities, that we provide a hybrid model of asymptomatic testing which includes a widespread and accessible home testing option, alongside assisted testing facilities across our geographical locations, reaching those at greatest risk of infection and those who may be unable to engage with home testing.

Roll out of national asymptomatic testing in care homes

All adult care homes registered with CQC are eligible for asymptomatic testing. Care homes are undertaking regular PCR and lateral flow testing. The PCR testing is undertaken on the same day and time each week and includes bank and agency staff. The lateral flow testing is an additional test which is used in between the PCR testing. Many care staff have now been vaccinated, however testing will continue to be undertaken regularly within care settings.

All residents are tested every 28 days. If an outbreak is suspected (at least one suspected or confirmed case of Covid-19 in staff or residents) all residents should be tested again 28 days after the last resident or member of staff had a positive result or showed Covid symptoms.

Testing programmes are also now in place for other adult social care providers (staff and service users) including extra care housing, community-based care and day centres.

Supporting the roll out of national testing programmes in schools

The Government has set about delivering a programme of rapid asymptomatic testing from the start of January 2021 for staff and some pupils in primary schools, secondary schools, FE colleges, special schools and specialist colleges, AP academies, PRUs and registered independent AP. The objectives of this programme were to:

- keep education settings open
- ensure as many pupils and students as possible are receiving high quality, face-to-face education
- help safeguard the health of the staff of education settings and their pupils and students
- break chains of transmission of the virus

Currently staff in secondary schools and further education colleges are being tested twice a week at their premises or at home. Testing sites have been set up at each educational setting. Secondary school pupils that are returning to school are also tested. Anyone that tests positive has a legal duty to isolate for 10 days in accordance with government guidance. The positive test is fed into the national test and trace system.

Primary school staff have been provided with lateral flow tests that can be used at home. Staff that test positive are required to follow up their test with a confirmatory PCR test.

All these settings receive a delivery of lateral flow device test kits to support asymptomatic testing through DfE.

Schools are reporting the number of tests and their positivity rate to our LOMP team each week. This helps us to understand the transmission in schools and to influence our outbreak management plans.

Responding to Variants of Concern (VOC)

Our testing programme has and will continue to respond to any new surveillance requirements to support investigations of new variants in conjunction with PHE. Testing and 'collect and drop' sites can be identified and set up locally with larger scale programmes, such as mass testing, requiring additional capacity being worked through with LRF partners.

Having undertaken two surge testing programmes in South Gloucestershire we have revised our approach and in surge 2 commissioned partners previously involved in community testing to expand their service to support local surge testing. This was identified as a more efficient way of delivering the service and less resource intensive for the LOMP team who in surge 1 were deployed to sites to support the surge programme.

We are in the process of compiling evaluations of our testing programmes, building on lessons learned, to support service developments within South Gloucestershire and to share learning to support other authorities with their testing programmes

Priority 3: Vaccination

Strategic objectives

Through a system led approach we must deliver the COVID-19 vaccination programme effectively. The mass vaccination programme is led by NHSE nationally and by NHS Clinical Commissioning Groups at a local level in-line with national policy and guidelines in a priority order:

- Residents in care homes for older adults and staff working in care homes for older adults
- All those 80 years of age and frontline health and social care workers
- All those aged 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals
- All those aged 65 years of age and over
- Adults aged 16-65 in an at-risk group
- All those 60 years of age and over
- All those 55 years of age and over
- All those 50 years of age and over
- Rest of the population

We will provide assurance that systems and processes put in place by our NHS partners are sufficient to provide safe, effective, timely and equitable access to the Covid-19 vaccination by the population of South Gloucestershire.

Using our own population insights, intelligence and data we will guide the rollout in our communities and put actions plans in place to address areas of lower take up, utilising mobile delivery models to engage harder to reach groups.

We have developed a strategic communications plan to magnify messages from the NHS and also to target our own communications where insight, intelligence or data tell us this is needed and we will engage with our communities through our trusted voices and community leaders, supporting them to feel confident in the vaccine's safety and efficacy. In addition, using the principles of 'making every contact count' we will develop a network of people who work in our communities, training them to be able to have brief conversations about vaccination and provide signposting information as needed.

How does this support local outbreak management in breaking the chain of transmission?

We know that vaccination is effective in preventing the majority of serious Covid-19 illness, however, it has not yet been confirmed whether the vaccines prevent transmission of the virus – although vaccine science tells us that it is likely that it will do. This will be key to how the vaccine programme supports the delivery of the LOMP. If the vaccine does indeed prevent transmission then as more of the population is vaccinated, rates of virus circulating should start to decline. Although this will be affected by a number of factors outside of our control such as the emergence of new variants.

Assuming that a) the vaccine does prevent the transmission of Coronavirus, and b) it continues to be effective against any new variants, successful rollout of the vaccine programme should break the train of transmission through reducing the proportion of the population that are susceptible to the virus. Once a critical level of vaccination is achieved it should significantly reduce the virus's ability to circulate in the population (although booster doses may be needed to maintain this affect in the longer term). Even if a high overall level of vaccination uptake is achieved in South Gloucestershire, it will also be critical that there are no pockets within the population where vaccination rates are lower and so where the virus is able to continue to circulate.

Through identification and understanding of our vulnerable communities and / or those less likely to take up the vaccination offer we can tailor our communications, engagement and insights to reach these groups and increase vaccination take up. Through partnership working with our communities, mutual aid groups and trusted voices and mobile delivery models we can ensure we are reaching everyone and addressing any barriers to vaccinating our population.

[Vulnerable people](#) are those who may be more at risk of catching COVID-19 or having a worse outcome if they do get it. This may be due to:

- an internal vulnerability (e.g. pre-existing mental or physical health condition)
- the environment in which people live or work (e.g. rough sleeping)
- an addiction or health behaviour (e.g. drug or alcohol use)
- ability to understand advice or act on it (e.g. people with a learning disability, dementia or language barriers).

There is also a cohort of people who are vulnerable to worse outcomes for Covid-19 due to demographic or occupational reasons although this research did not consider co-morbidities:

- age (among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40)
- gender (men were more likely to die from COVID-19 than women)
- deprivation (living in a more deprived areas)
- ethnicity (higher risk of dying in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups)

- occupation (those in caring occupations, those who drive passengers in road vehicles for a living, those in security related roles)

Service detail

The rollout of the vaccine programme is coordinated by our partners in the NHS, and we have close links to the rollout of the programme. The range of sites for delivery of the vaccines is expanding and currently includes the mass vaccination sites, PCN sites, hospital trust hubs, pharmacy sites and a roving model in development.

Mass vaccination sites

Within BNSSG we have one of seven nationally designated mass vaccination sites at Ashton Gate Stadium. The centre launched on 11th January to test systems and staffing and is now vaccinating over 80s and frontline health and social care workers in line with nationally set prioritisation criteria using the Oxford AstraZeneca vaccine.

BNSSG residents are invited to book at Ashton Gate via a nationally generated booking letter. Residents can choose to either accept the invitation or to wait until they are called by their local Primary Care Network site

Primary Care Network (PCN) sites

There are currently five Primary Care Network vaccination sites currently operational in South Gloucestershire:

- Kingswood Health Centre (4PCN)
- West Walk Surgery (Yate & Frampton PCN)
- Christchurch Medical Centre (Network 4 PCN)
- Thornbury Health Centre (Severn Vale PCN)
- Concorde Medical Practice (The Stokes PCN)

Vaccine supply is phased nationally, meaning sites needed to be brought online in waves. Sites are progressing vaccinating their over 80s, and in tandem vaccinating the care homes that fall under their care, ahead of moving to the next priority age group and are vaccinating health and social care staff. Initially PCNs vaccinated using the Pfizer-BioNTech vaccine, they are now vaccinating using both Pfizer-BioNTech and Astra Zeneca depending on what is 'pushed' out nationally.

Practices work on the basis of booking vaccinations in line with the number of vaccines received but continue to work towards a 'pull' model of vaccination whereby sites can order their own supply based on need going forward.

Care home vaccinations – all care home vaccination was completed in South Gloucestershire by 31st January 2021, delivered by general practice.

Roving model (under development) to vaccinate housebound and vulnerable groups. This is likely to be led by GP practices working with Sirona and potentially hospital staff for delivery.

Heath and Social Care staff - North Bristol NHS Trust and University Hospitals Bristol & Weston Foundation NHS Trust are also supporting the vaccination of health and social care staff.

Pharmacy-delivered model – under development by NHS England/Improvement (NHSEI). NHSEI is designating pharmacies as delivery sites (there are none currently designated in South Gloucestershire and we are liaising with NHSEI on future plans)

Prioritisation criteria

All sites operating to the JCVI (Joint Committee on Vaccination and Immunisation) prioritisation criteria:

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

There is no national guidance on prioritisation within the cohorts. One Care, the local GP Federation, has worked to support practices prioritising on ALAMA criteria (age, co-morbidities and ethnicity) within the age bands.

Directors of Public Health have a key assurance role relating to uptake and inequalities in local communities and in supporting additional site identification and logistics for local delivery of vaccination programmes in conjunction with CCG partners.

Priority 4: Communications and Behavioural Insights

Strategic objectives

The aim of our Communications, Engagement and Insight Strategy is to continue to effectively communicate with the population of South Gloucestershire during the Covid-19 pandemic to maximise safety and minimise spread of the virus. This is being done through a variety of Communications approaches to highlight Non-Pharmaceutical Interventions (NPIs) to reduce transmission:

- ensure understanding of the importance of preventative measures including social distancing, as well as following appropriate guidance even after vaccination
- improve awareness of symptoms of Covid-19
- improve awareness and take up of testing and vaccination
- raise awareness of how and why tracing works
- building understanding of the importance of isolation, encouraging individuals with symptoms to help contain the virus, securing buy-in from communities and signposting those affected to available support

How does this support local outbreak management in breaking the chain of transmission?

Changing behaviours is crucial to preventing transmission of Covid-19 and behavioural science models and frameworks can help us to understand why some are more difficult to influence. For example, the COM-B model of behaviour change depicts behaviour as requiring capability, opportunity, and motivation; if one or more components are lacking, this will need to be addressed to increase the likelihood of a behaviour occurring. Linking with the Covid Welfare and wider public health teams on the delivery of non-pharmaceutical interventions and communications is key to

ensure our local population are enabled to engage with behavioural change initiatives to safeguard against Covid-19.

Service detail

The Engagement and Insight Team brings evidence together from primary and secondary sources and from local observations collected through local community groups, trusted voices and community leaders to understand:

- compliance and barriers to compliance with social distancing and other infection prevention and control measures to prevent Covid-19
- the impact of and local concerns about Covid-19 and measures taken to prevent it in our local communities
- the wider impact of Covid-19 on the health and wellbeing of our population.

Communication and community engagement with local communities and leaders to build and ensure understanding of public health actions required to control infection ahead of and during any outbreak management is a core part of this plan.

Whilst the council will lead this work, development and deployment on the ground will continue to be a partnership approach using the most appropriate mechanisms and organisations to meet specific client groups including local Mutual Aid Groups, Community Trusted Voices and our Covid Support Marshalls.

Intelligence gathered from local engagement, coupled with data analysis from our EPI team, enables effective evidence-based targeting of interventions and communications campaigns and greater understanding of local case transmission to support our local outbreak management response.

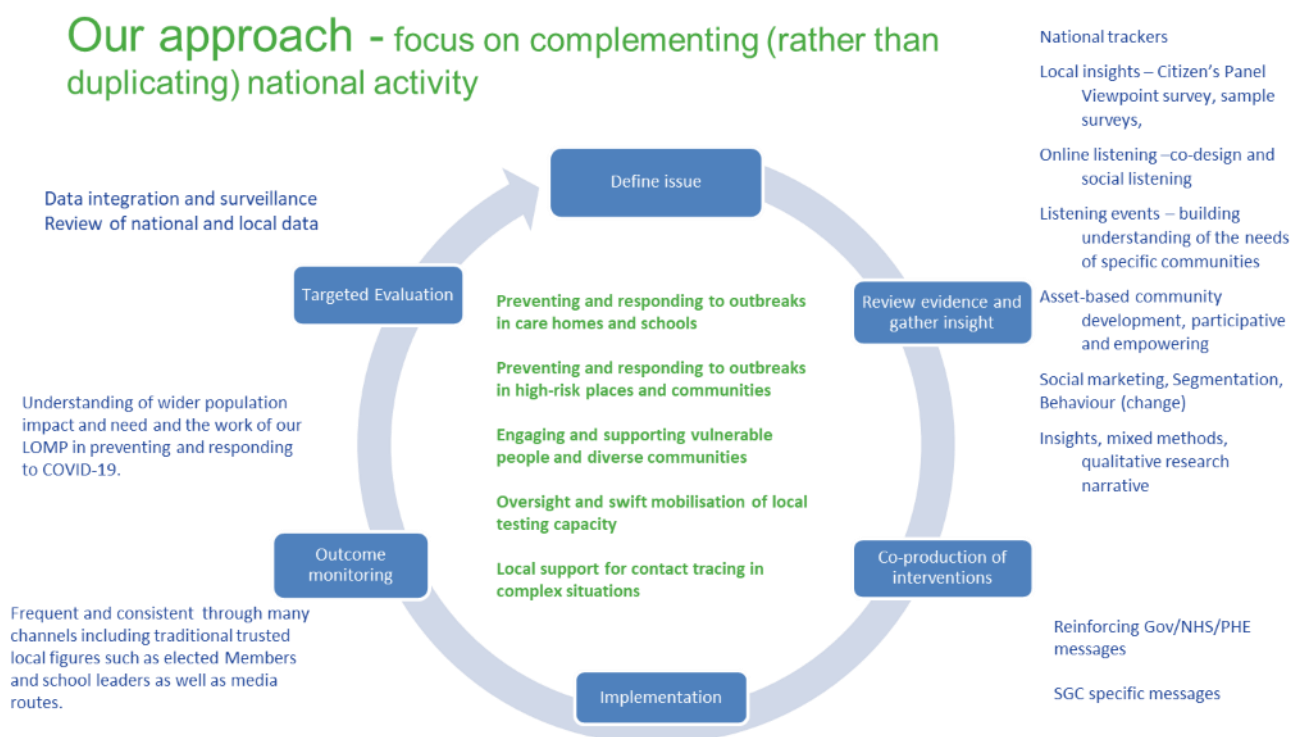


Figure 4: CEI approach

Insight will be gained from bringing these multiple sources of information together and interpreting trends in actions, attitudes, and behaviour to understand why something is happening in the way it is.

Where specific geographies are noted to have higher rates of Covid-19 a tailored and targeted communication, engagement and insights plan will be developed accordingly. The 'Keep South Gloucestershire safe campaign' can be tailored to specific locations for more localised messaging, Marshall presence can increase and targeted visits to local areas and facilities can be made.

A local community IMT approach has been developed in South Gloucestershire to bring together operational group leads and key community stakeholders, including trusted voices for targeted and coordinated action in specific locations identified as high risk through data and surveillance as well as soft intelligence from the communities themselves.

Delivery of this plan continues to require a communication campaign, with frequent and consistent messaging through many channels including traditional trusted local figures such as elected Members and school leaders as well as media routes informed by local insights.

We have a responsibility to our local population to provide a local communication route that people trust and use that will enable them to:

- be aware of and recognise symptoms of COVID-19
- be aware of local testing and vaccination centres
- be aware of the NHS Test and Trace service (including our local services) and its importance in controlling COVID-19 in our communities
- understand the need for the contact tracing and how data about contacts will be used;
- respond to notifications that they have been a contact, that will allay fears, provide appropriate responses regarding isolation and testing and ensure that people will seek medical support at the right time.
- understand how COVID-19 is being monitored in the area, and what this monitoring shows
- understand the importance of needing and maintaining preventative measures, as well as following appropriate guidance during any management of an outbreak, whilst balancing undue fear and the need to restart the economy.
- be aware of any changes to social distancing measures or other guidelines, why changes are being made and to whom or where they apply.
- understand about the potential consequences of not complying with guidelines and social distancing measures including self-isolation for those with symptoms and those who have been in contact with a confirmed case.
- be aware of the local and national support available for social distancing and self-isolation.

This will be led through a Member led Local Outbreak Management Engagement Board which will develop to enable us to communicate evidence-based advice and decisions made throughout outbreak planning processes.

Priority 5: Enduring transmission and living safely with Covid

The impact of Covid on everyday life is set to continue and whilst there are many uncertainties, many of which outside of our control, we must attempt to plan for the re-opening of society and the economy with Covid at some level ever present. We will need to manage services and support people to develop and live in a new normal while also ensuring plans are put in place to deal with both anticipated and unexpected setbacks.

Many of the issues to be faced and planned for will remain consistent but the speed in which objectives are reached may be delayed as a result of setbacks such as new variants of concern, increased transmission, reduction in vaccine take up or issues with compliance with measures /

restrictions. The measures required to mitigate these remain consistent with those utilised throughout our LOMP delivery e.g communications, engagement and insights (strategy update) and reinforcement of Non-Pharmaceutical Interventions, targeted outbreak management response, testing and enforcement.

First stage

The focus is on safe reopening of the economy and rebuilding confidence while maintaining momentum in vaccinations, vigilance against new variants (surge testing processes now refined locally) and ensuring Covid secure environments – all supported by balanced communications, engagement and insights strategies with partners.

- Vaccination roll out on track and effective
- Reducing infection and transmission
- Hospital capacity improving
- Schools re-open on 8th March
- Some further restriction lifted to introduce rule of 6 or two households outdoors as well as reopening of outdoors sport and leisure facilities (no earlier than 29th May)
- Additional lifting of measures no earlier than the 12th April and 17th May in line with government road map

Second stage

The focus shifts to rebuilding confidence while ensuring Covid secure environments for staff, customers, visitors etc.

- Vaccination roll out on track
- Reducing transmission and regional stability
- Economy opens fully (no earlier than 21st June)
- Schools and universities open as usual

Third stage

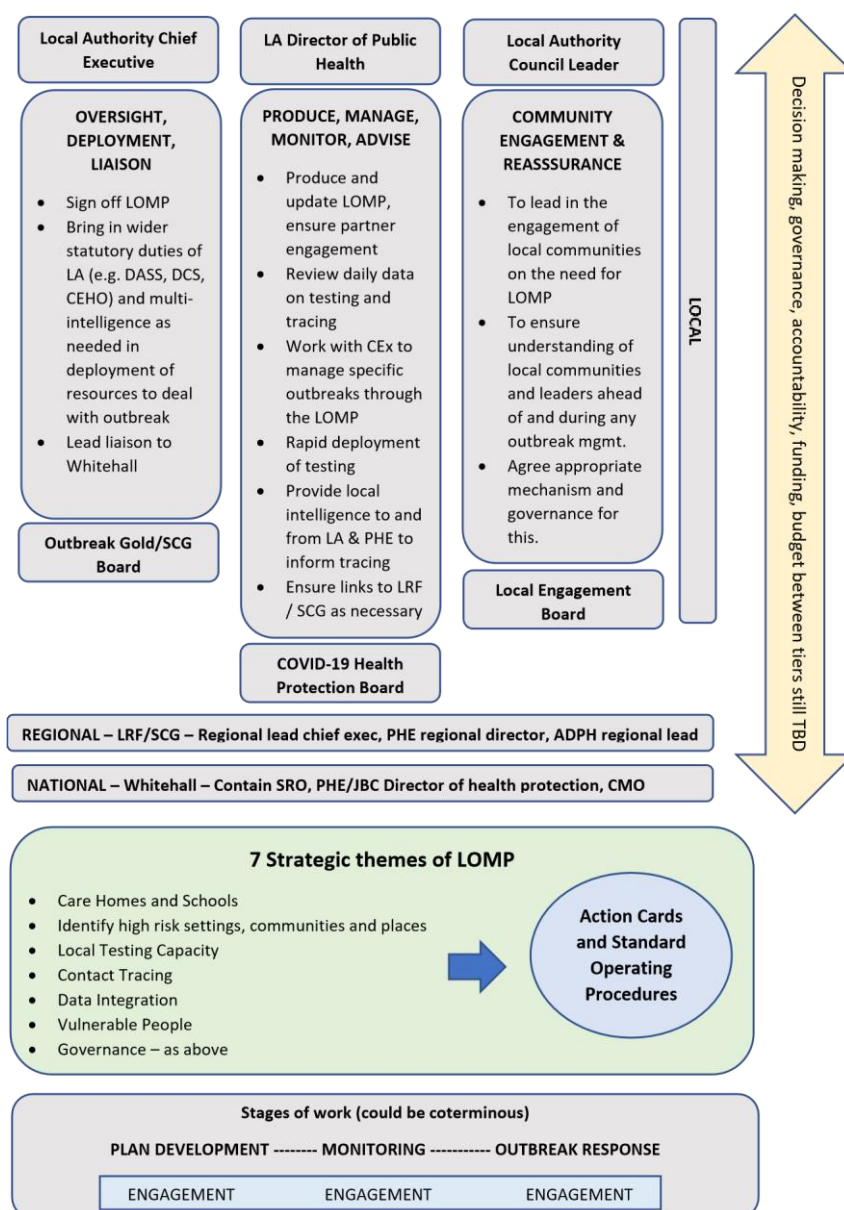
Focus at this stage will be firmly on living with Covid as part of overall winter pressures, recovery and longer term thinking about changes in service delivery, dealing with inequalities.

- Vaccine roll out complete and effective
- Vaccine booster for vulnerable
- Prevalence reduced
- NHS functionality resumed (with some likely backlog)
- Beginnings of real recovery

2. Background

Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The purpose of Local Outbreak Management Plans (LOMP) is to give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks. Directors of Public Health (DsPH) have a crucial system leadership role to play ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by DsPH, need to be a co-ordinated effort working with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

The Local Authority Chief Executive is responsible for the Local Outbreak Management Plan (LOMP) through the Director of Public Health.



3. Overview

National context

An integrated COVID-19 Test and Trace service designed to control the virus and enable people to live a safer and more normal life was introduced across England on 1st June (see Figures 2 and 3). Local authorities are central to supporting the new test, trace and contain service.

Local authorities will work with government and national and regional systems to support test and trace services in their local communities, taking a place-based approach to identification and management of the spread of the infection.

Each local authority has been given funding to develop and deliver tailored Local Outbreak Management Plans, working with local NHS and other stakeholders to identify and contain potential outbreaks in places such as workplaces, prisons, care homes and schools. Outbreak Management Plans will be the mechanism for local authorities to anticipate, prevent and contain incidents and outbreaks in their local area using their knowledge of and relationship with people and place.

Plans must address 7 key themes and arrangements for joint response across wider geographies but should be locally tailored.

- Health and Social Care and Educational settings: preventing and responding to outbreaks
- High risk places and communities: preventing and responding to outbreaks
- Vulnerable people: arrangements for supporting people to isolate and ensuring services meet the needs of diverse communities
- Testing: oversight and swift mobilisation of local testing in capability
- Contact tracing: by PHE with local Public Health in complex situations
- Data Integration: access to the right national, regional and local data to inform situational awareness, enable delivery of the LOMP and prevent outbreaks
- Communication, Oversight and Engagement: structures in place to oversee local actions to contain outbreaks and communicate with local communities including a COVID-19 Health Protection Assurance Group to have technical oversight of the plan and an elected Member led Local Outbreak Management Engagement Board to lead communication and engagement with the public.

These plans will need to be in place for the foreseeable future and adapted in line with national requirements and guidance.

Health Protection: Legal and Policy Context

South Gloucestershire Council has a range of duties with regard to protecting the health of the local population. 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. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*.

This plan is currently reliant on the existing public health powers of the Local Authority and its partners. Upper Tier Local Authorities have a specific and distinct range of legal powers under public health, environmental health or health and safety laws which allow them to temporarily close public spaces, businesses and venues for a specific reason and period. Under the recent Coronavirus Act 2020 Local Authorities may also temporarily close schools or limit schools to set year groups, but only if these powers are delegated by the Secretary of State for Education. It is expected that as a local authority we will adopt a consensus-based approach and take decisions in

consultation with key stakeholders. Our plan will be further developed in response to any national changes to these powers.

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 Management 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.

The Cycle of Health Protection Action

Outbreak management and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

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

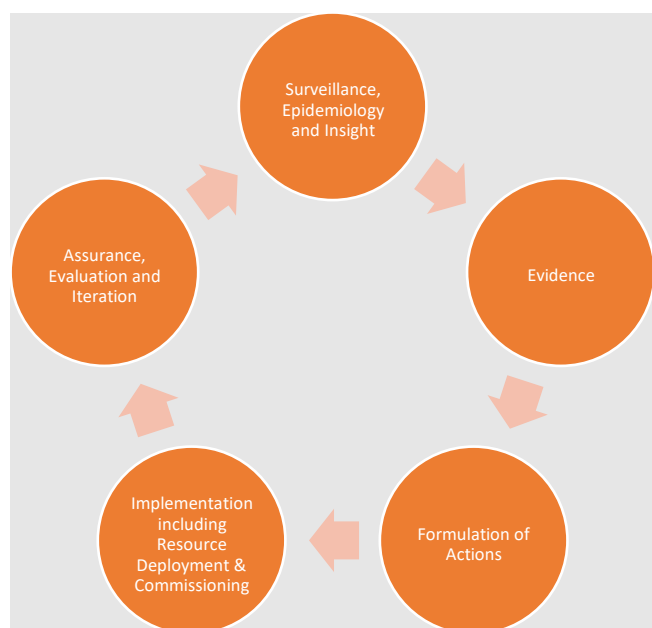


Figure 3: Cycle of Health Protection Action

In the context of COVID-19 this means:

- Timely data flows from testing to be able to predict and intervene in outbreaks
- Updated evidence on spread of infection and control measures
- Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc

4. Aim and principles

The aim of this Local Outbreak Management Plan is to outline plans in South Gloucestershire to anticipate, prevent and contain COVID-19 incidents and outbreaks in our local area using local knowledge of and relationship with people and place.

At a Local Authority level our Local Outbreak Management Plan (LOMP) will enable improved speed of response, thorough planning and deployment of resources, building on local expertise led by the Director of Public Health working with the regional PHE health protection team. The COVID-19 Outbreak Management Plans are not intended to replace existing plans to manage outbreaks in specific settings, but will also consider the wider impacts of COVID-19 on local communities.

Local authorities and partners will have local governance and partnership arrangements and will use these to ensure Outbreak Management Plans are developed and delivered to meet local needs. The Local Authority Chief Executive is responsible for the Local Outbreak Management Plan (LOMP) through the Director of Public Health, and pulling together the Council's wider resources to support the DPH in any outbreak management.

Local Principles

The principles to our approach in South Gloucestershire are as follows:

Our Local Outbreak Management Plan (LOMP) will build on existing health protection processes, not duplicate them. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE in the south west. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.

Our overarching aim is to keep the virus under control through improved co-ordination whilst maintaining community engagement. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.

We will ensure a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.

Our plans (working with our partners) will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate

We will ensure a robust evidence base and local knowledge steer a consistent approach to our decision making and adopt a continuous learning approach to the planning and response to

COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.

The governance arrangements associated with our LOMP will provide the structure and responsibility to enable a place-based approach and impact. We commit to actively engaging with key partners, including towns and parish councils and wider partners and communities including the community and voluntary sector to ensure a whole system approach.

Our assurance role will ensure we build on local knowledge and real time data flow between local and national systems. We will ensure that we work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the South West Core Health Protection Functions Memorandum of Understanding.

We will seek to regularly communicate with our local communities and ensure they are informed and understand the importance of preventative measures and following any guidance they are given.

These principles are supported by national principles set out by the Association of Directors of Public Health and core working principles agreed by the South West Directors of Public Health.

5. Functions of the Local Outbreak Management Plan

There are four key functions that underpin the priority workstreams set out within this plan. These will be further informed by national and regional action cards as they are developed. The functions are:

a. Surveillance including daily monitoring and alert system

Data integration, surveillance, monitoring and an associated daily alert system is a key aspect of this function. Our South Gloucestershire Evidence Performance and Intelligence Team (EPI Team) support this function with strong links and data flows with partner organisations such as the NHS and PHE and National Test and Trace.

b. Outbreak response

The definition of an outbreak is two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

Standard outbreak management response

Many individual setting outbreaks will be managed locally with public health advice and support from Public Health England and the Local Authority. For example outbreaks in care homes, schools, workplaces and other settings. Hospitals and other NHS settings have similar teams working with Public Health England to control outbreaks.

Standard operating procedures (SOPs) are in place to support outbreak management in identified key settings (schools, care homes, high risk settings, vulnerable groups, public and private establishments such as workplaces) and key geographies (communities, specific postcodes, villages, towns) overseen by the operational response, as detailed in the action plan accompanying this LOMP (comprising council and partner teams involved in responding to local outbreaks and clusters). The SOPs will enable the Local Outbreak Management Operational Team to respond to a range of outbreak/cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach.

As part of a local outbreak management response we will ensure access to testing is provided at pace when required, including asymptomatic testing around the outbreak where appropriate.

Enhanced outbreak management response

This function will be required when enhanced health protection activity is activated in response to significant local outbreaks or clusters or an increased alert level. The operational response to support this function will vary dependent on the setting or geography affected and may require use of wider statutory duties of the Local Authority e.g. Directors of Adult and Children's Social Care, Chief Environmental Health Officer. The response will be supported by partner agencies such as PHE. Decision making and public and Member engagement will be supported by legal powers and the governance arrangements set out within the plan. It is likely this response would lead to a multi-agency Outbreak Management Gold cell being stood up, Chaired by the Local Authority Chief Executive. There may be some situations where local outbreaks will be of national significance. Examples of this might be where powers held by the local authority are exceeded and a request for intervention from national government is required. In situations where decision-making powers are retained by Ministers (e.g., broad sectoral outbreaks, issues concerning strategic assets etc), joint decision-making arrangements will be established to ensure local authorities have access to the powers they need to contain outbreaks.

Level	Decision maker(s)	Co-ordination, advice and engagement	Support and Assurance
Individual setting	Individuals or bodies responsible for that setting (e.g., Head Teacher, restaurant owner)	Public Health England South West Health Protection Teams Director of Public Health and LOMP team	<i>NHS Test and Trace Local Teams will liaise at all levels as needed and with relevant government departments, ministers and COBR</i>
Local (Upper Tier Local Authority level)	Decisions may be taken by the: UTLA Chief Executive Director of Public Health Head of Environmental Health	South Gloucestershire COVID19 Health Protection Assurance Group Local Strategic Co-ordination Group - Outbreak Management Gold Cell South Gloucestershire Local Outbreak Management Engagement Board	
Crossboundary	<i>N/A – agreed crossboundary decisions will be implemented at UTLA level</i>	Avon & Somerset Local Resilience Forums Mayoral and Combined Authorities	

Figure 4: Outbreak management and decision making – the interface between local and national

c. Community engagement

Member led community engagement with local communities and leaders to build and ensure understanding of public health actions required to control infection ahead of and during any outbreak management is an integral part of this plan. This will be led through a Member led Local Outbreak Management Engagement Board which will have been developed to enable us to communicate evidence-based advice and decisions made throughout outbreak planning processes. The Engagement Board is supported by the new Community Engagement and Insights function working to ensure genuine, effective communication, insight and evidence-based approaches form the basis of our engagement with local communities and settings.

d. Prevention and horizon scanning function

This is a more strategic function required to ensure ongoing prevention measures are in place to support specific settings and geographies, alongside more general population level support, signposting and communications. This function ensures scanning of specific high-risk settings is a continuous process; and ongoing learning from previous outbreaks and clusters is built into the overall Outbreak Management Plan and supporting functions sitting within public health.

National and local intelligence and learning indicate some criteria that can be incorporated into our prevention and horizon scanning function to ensure focussed preventative measures are in place in attempt to prevent outbreaks and limit wider impact.

Health & Social Care settings

There are criteria that make some care homes more high risk than others e.g large numbers of staff and agency workforce, previous poor CQC ratings etc. A care home prioritisation matrix and risk assessment framework has been developed locally building on the existing prioritisation based on outbreaks and single cases as well as other intelligence gathered during quality assurance calls; and all settings continue to receive ongoing communications to maintain high levels of IPC and compliance.

Educational settings

Nationally DfE have worked closely with the Department of Health and Social Care (DHSC) and PHE to develop new guidance for the return of all pupils from 8 March. Based on the recent ONS data, the risks to education staff are similar to those for most other occupations.

Using this guidance and gathering data of positive cases locally and sharing this across the LOMP teams enable us to act more swiftly, to support settings to contact trace and close down and contain routes of transmission as soon as possible.

High risk workplaces and locations

Lists of the most high-risk settings in the locality have been developed which are reviewed weekly in addition to reactive outbreak management responses to PHE workplace notifications. This includes both licensed and unlicensed premises.

Businesses with large, low paid workforces were initially proactively contacted including food manufactures, slaughter houses and distribution depots. Prioritisation retains fluidity to adapt to local intelligence and for example has also been focused on businesses where car sharing may be more prevalent, high street premises, supermarkets, gymnasiums, car washes and geographical hot spots during the course of the pandemic.

Marshall presence is also proactively and reactively deployed to locally identified geographical hotspots to engage, educate and encourage compliance with legislation such as the use of face-coverings. Marshalls work in five pairs, six days a week Tuesday – Sunday. This resource is also reactively deployed during incidents of increased community transmission. In addition, we continue to work collaboratively with external partners, Avon and Somerset Police, Shopping centres etc to promote a Covid-19 secure public realm including communication material and physical measures.

6. Working in partnership

South Gloucestershire Council and its Director of Public Health recognise that we have a system leadership and system partnership role in delivering this Local Outbreak Management Plan. We commit to actively engaging with key partners, including working with Healthier Together (our local health and care partnership across Bristol, North Somerset and South Gloucestershire (BNSSG)), the West of England Combined Authority, local towns and parishes the voluntary and community sector and wider partners as well as local communities.

Local government consistently works with colleagues in Public Health England to manage outbreaks of communicable disease. Therefore, the management of the COVID-19 response largely follows well established practices.

Across the South West we will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.

Key local partnership arrangements in South Gloucestershire are with:

- Bristol, North Somerset and South Gloucestershire Healthier Together
- Avon and Somerset Local Resilience Forum (ASLRF)
- West of England Combined Authority (WECA)
- South West regional NHS and PHE

As well as working through formal governance and strategic command arrangements there are a number of existing groups which we will build on and work through to deliver this plan including:

- PHE South West Directors of Public Health Network
- PHE South West Health Protection Network
- BNSSG and West of England Directors of Public Health Network
- BNSSG Healthier Together Testing Cell
- ASLRF Testing Cell
- BNSSG Analyst Cell
- ASLRF Analyst Cell
- BNSSG Care Provider Cell

The roles of key forums and teams involved in delivering this plan are:

PHE Regional Health Protection Team

PHE has the responsibilities for providing specialist advice and resources in responding to communicable disease incidents and outbreaks: They provide case management, surveillance, 24/7 response and work with local public health teams to provide leadership around community outbreaks. They also bring in national specialist advice as required.

Public Health England is a Category One responder under the Civil Contingencies Act 2004.

Bristol, North Somerset and South Gloucestershire Healthier Together response structure

Since the beginning of the pandemic, the local Healthier Together system (the Strategic Transformation Partnership) across Bristol, North Somerset and South Gloucestershire has provided leadership around a health and care response. This will continue to support the response to localised outbreaks as required.

Avon and Somerset Local Resilience Forum (LRF)

The ASLRF is the strategic multi-agency partnership which convenes under the Civil Contingency Act (date) to plan for and respond to major emergencies across the Avon and Somerset area. This includes a single police force and the five local authorities of Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Somerset County Council. Membership and duties are set out in legislation. Avon and Somerset LRF is the point of escalation for Local Authorities if a situation is of severity and scale that, mutual aid or the coordination of strategic partners is required.

NHS England/Improvement (NHSE/I)

Working at a regional level NHSE/I provides additional support to the health and care system including delivering its responsibility for quality assuring the emergency planning response across the local NHS. It is also a Category One responder.

NHS Test and Trace

The new National Test and Trace system in place alongside our local systems are providing important support to the identification of potential onward spread. It will continue to support any additional testing required as part of a response to the outbreak and provide intelligence on the range and location of contacts identified as a follow up to confirmed cases to assist local planning.

Joint Biosecurity Centre

This new national resource will provide localised information from a wide range of sources to inform how the virus may be spreading in a local area and what steps could be prioritised to stop any local response.

Regional Hub – Department of Health and Social Care and PHE

The development of a new regional hub to support local areas in developing and implementing LOMPs is a welcome source of additional support. The terms of reference and learning about the best way to deploy this resource are still in development

PHE national incident coordination centre

Links would be made with national level as appropriate and through the regional hub group. Additional resources and expertise would be requested as required.

7. Governance

Governance arrangements for this plan build on existing health protection governance arrangements in South Gloucestershire whilst enhancing the COVID-19 element in relation to assurance and partnership working as well as Member and community engagement.

South Gloucestershire COVID-19 Health Protection Assurance Group

Technical assurance of this plan will be through a development of the existing South Gloucestershire Health Protection Assurance Group (HPAG) acting as the nationally required COVID-19 Health Protection Board chaired by the Director of Public Health. The HPAG will meet and report on a monthly basis (or as required) to the Local Authority Chief Executive and Senior Leadership Team; quarterly to the South Gloucestershire Health and Wellbeing Board Senior Officers Group; and monthly to a new Member-led Engagement Board for South Gloucestershire; as well as wider reporting to the LRF and NHS Gold Command structures.

South Gloucestershire Local Outbreak Member Led Engagement Board

We have developed a new Member led Local Outbreak Engagement Board to deliver the required Member-led oversight of the South Gloucestershire Local Outbreak Management Plan. This ensures a place-based approach is taken via engagement with key stakeholders including those already present on the Health and Wellbeing Board.

This Board will lead engagement with local communities and leaders to build and ensure understanding of public health actions required to control infection ahead of and during any outbreak management.

Our enhanced outbreak management function will be required when enhanced health protection activity is activated in response to local outbreaks or clusters or an increased alert level. The operational response to support this function will vary dependent on the setting of geography affected. The above functions will support the response as will partner agencies such as PHE. Decision making and public and Member engagement will be supported by the governance arrangement proposed below. Where available, nationally determined action cards will form the basis of the South Gloucestershire OMP action plan and will initiate triggers to determine when the governance arrangements for the enhanced outbreak management response is initiated. Outside

of these decision making will fall to the Local Authority Chief Executive under emergency power delegations or the Director of Public Health.

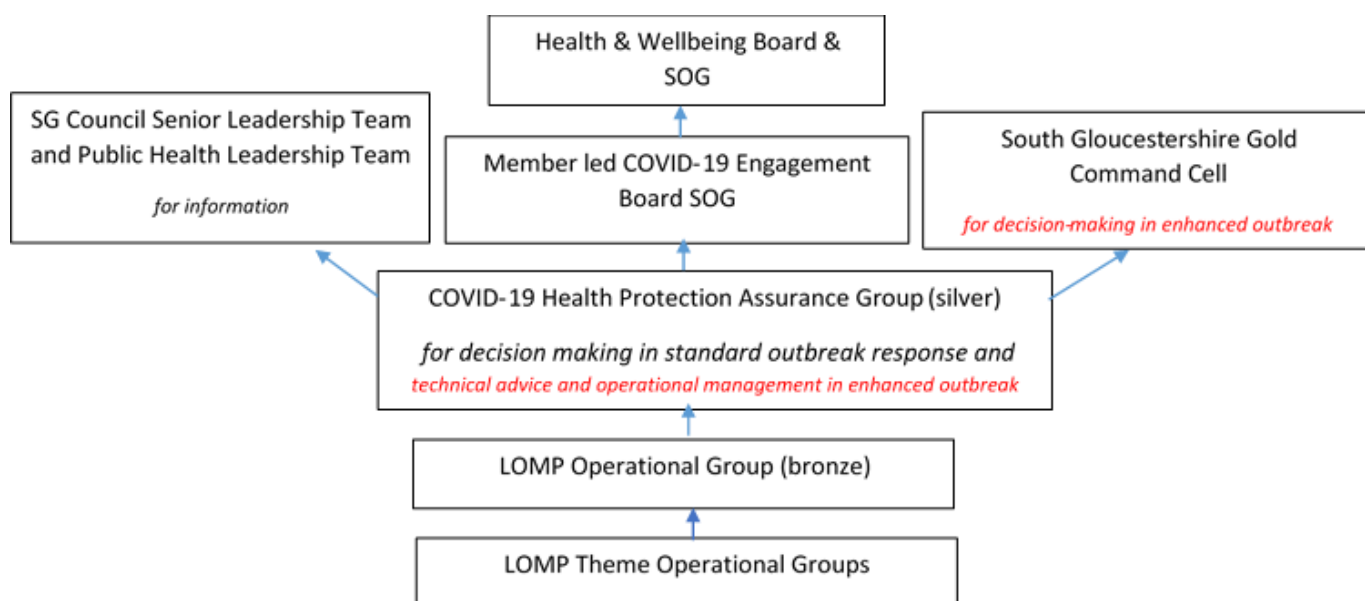


Figure 5: South Gloucestershire LOMP governance chart

South Gloucestershire LOMP theme operational groups

Within South Gloucestershire capacity and capability is available to quickly deploy resources to the most critical areas of any outbreak, helping prevent spread of the virus through our LOMP team. The operational groups (below) linked to each of the themes report into the weekly LOMP operational group (Bronze) which feeds into the wider LOMP governance process illustrated above. Decision, Action and Risk logs are updated at each operational group meeting to support governance assurance.

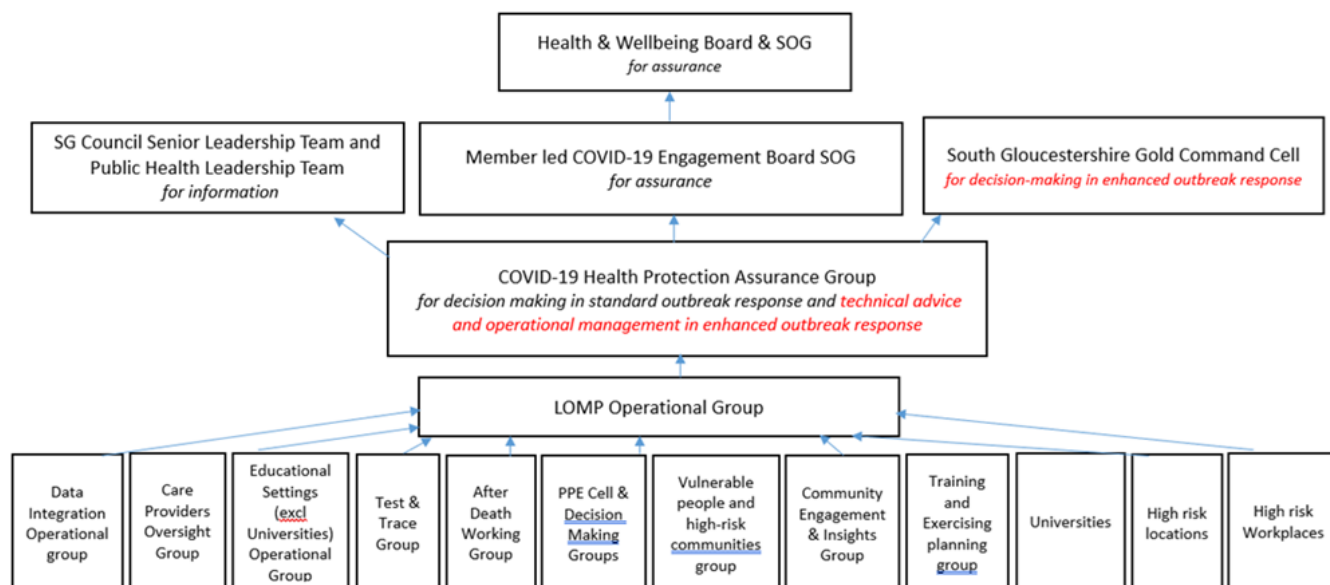


Figure 6: South Gloucestershire LOMP operational group meeting and governance structure

8. Enforcement

A Regulation and Enforcement Operational group has been set up to co-ordinate enforcement activity to reduce the risk of local outbreaks by improving compliance with the regulations in place. The work of the group is closely aligned with that of the Police who have enforcement powers for individuals and social groups; and also with the High Risk Locations and Social and High Risk Workplaces Operational Groups.

The group maintain awareness of all enforcement powers and ensure these are understood and enacted, including the distinction between guidance and regulation. It is important to understand the enforcement tools available (e.g Coronavirus Improvement Notice; Coronavirus Restriction Notice; and Coronavirus Immediate Restriction Notice; and Fixed Penalty Notice for failure to comply) whilst also considering the impacts of enforcement on engagement. Enforcement action is not normally taken if the public health risks outweigh the enforcement benefits (for example by leading to individuals disengaging which would compromise tracing of other contacts). Where we have cases with complexed circumstances, these are tested with Public Health on an individual basis prior to any decision on taking enforcement action.

Enforcement action always follows the regulatory pyramid as shown below, which is consistent with the 4Es approach of engage, explain, encourage and enforce.

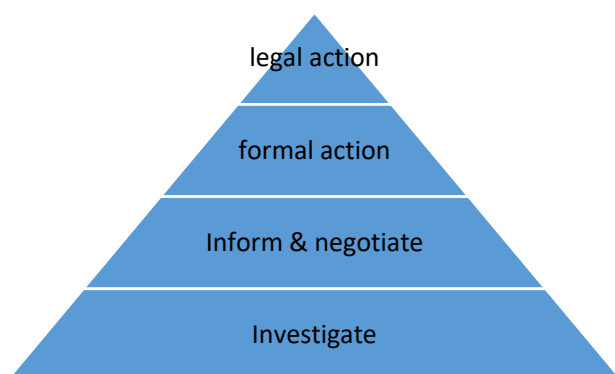


Figure 7: Enforcement activity regulatory pyramid

Potential breaches of regulations can be identified through scheduled proactive inspections, normally carried out on a risk assessed basis, and through targeted reactive inspections in response to complaints and allegations that breaches are occurring.

In line with the regulatory pyramid where a breach is found, warnings will be issued and the opportunity to put things right on a voluntary basis offered before more formal action is taken, unless there is an overriding public health risk that requires a more formal response.

The vast majority of investigations undertaken locally have been resolved following monitoring and negotiation without the need for formal enforcement action.

We will continue to review the role of enforcement in ensuring Covid-secure environments going forward and in supporting the various stages of the restrictions being lifted in line with the Government roadmap.

9. Data integration and surveillance

The need for local, timely and integrated data and surveillance is fundamental in supporting local outbreak management.

We have developed an integrated data and surveillance system, which alongside a robust evidence-base enables us to respond effectively to outbreaks and take local action to suppress the virus.

At a local level our EPI cell delivers a routine daily monitoring function and regular enhanced surveillance to understand trends in case detection, hotspots and areas/settings of focus. This is achieved through the integration of data provided centrally from PHE and products developed by the Joint Biosecurity Centre, with local data and knowledge collected through LOMP workstreams, our Local Test and Trace service and community testing.

This benefits from strong links and data flows with partner organisations such as the NHS and PHE and also on close working with partners and counterparts across a number of geographical footprints, including the South West Regional Covid-19 Intelligence group, the Avon and Somerset LRF, and multiple BNSSG partnership groups.

This integration ensures local areas and system partners have access to the necessary data and intelligence to effectively lead their Covid-19 response and on a regular basis assess the local, regional and nationally available data, enable parity of esteem between the NHS and LAs and review our local metrics against the national Covid-19 alert system

A public dashboard has also been developed to support the Local Outbreak Management Team in communicating data to the public, strengthening the links between evidence and decision making, whilst promoting openness and transparency.

10. Prevention and Response Plans for Places and Communities

We will ensure a co-ordinated approach to preventing COVID-19 transmission and responding to clusters and outbreaks where transmission does occur across South Gloucestershire, with a particular focus on the high-risk settings and communities we have identified in South Gloucestershire including care homes and schools and early years settings.

Much evidence and guidance is already available, such as return to work guidance for employers. Our existing Evidence, Performance and Intelligence (Epi) Cell will ensure national and regional data flow to inform local surveillance alongside.

Standard operating procedures (SOPs) are in place to support outbreak management overseen by the operational response, as detailed in the action plan accompanying this OMP (comprising council and partner teams involved in responding to local outbreaks and clusters). The SOPs enable the LOMP operational team to respond to a range of outbreak/cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach and reflect associated legal powers linked to local enforcement.

Care Homes and Care Providers

Care homes look after some of the most vulnerable individuals in our society and have therefore been significantly impacted by COVID-19. There are 79 CQC-registered care homes in South Gloucestershire. These are owned by a variety of organisations, charities and private companies, from small independent companies to large national providers. The majority of care home residents are older people, but 26% of care home residents in South Gloucestershire are adults of

working age (aged 18 – 64) including adults with learning disabilities or mental health issues, physical disabilities, or acquired brain injuries.

A care home prioritisation matrix and risk assessment framework has been developed locally building on the existing prioritisation based on outbreaks and single cases as well as other intelligence gathered during quality assurance calls to ensure prevention is targeted to homes where risk increases, including those located in priority neighbourhood locations.

The CQC continue to conduct visits during any care home outbreaks to review IPC protocols and compliance. In addition, locally, we are working with Environmental Health colleagues to develop preventative processes whereby EHO visits can be carried out following any outbreaks to support from a workplace safety / prevention perspective.

We will continue to ensure a co-ordinated approach is taken to planning for and managing local outbreaks in South Gloucestershire care homes. This will be done in partnership with the PHE South West Health Protection Team through the South Gloucestershire Care Provider Cell which is led by the Director of Public Health and the Director of Adult Social Services.

Plans are outlined in the South Gloucestershire Care Home Outbreak Standard Operating Procedure which was developed to align local outbreak management support to the BNSSG multi-agency care provider wraparound support team offer. Local action will be supported by plans agreed in the health and care system wide Care Provider Cell for Bristol, North Somerset and South Gloucestershire as well as the BNSSG Strategic Infection, Prevention and Control Cell.

Schools & Early Years Settings Cell

There are 96 Primary Schools in South Gloucestershire (including separate infant and junior), 17 Secondary Schools, 7 Special Schools and 3 Independent Schools and 1 college. We have 183 registered childminders, 140 registered Pre-Schools and Nurseries. These are a mixture of session and full day care providers.

Whilst evidence indicates a high degree of confidence that the severity of COVID-19 in children is lower than in adults preventing the spread of COVID-19 is a key priority to protect children, early years and school staff and to minimise community wide transmission.

We will continue to ensure a co-ordinated approach is taken to planning for and managing local outbreaks in schools and early years settings. This will be done in partnership with the PHE South West Health Protection Team through the South Gloucestershire Schools and Early Years Settings Strategic Cell which is led by the Director of Public Health and the Director of Education, Learning and Skills.

Evidence suggests impact of Covid-19 is highest in schools with greater cohorts of vulnerable children and therefore targeted interventions to support these settings, both schools and early years will be prioritised in addition to responding to identified outbreaks / bubble closures.

Plans are outlined in the South Gloucestershire Schools and Early Years Settings Outbreak Standard Operating Procedure.

Other high risk places, locations and communities

Our JSNA and inequalities data group have defined a number of high risk settings, communities and places for action to prevent and control COVID-19 which will enable targeted decision making, community support and action. The action plan accompanying this OMP details actions required to identify specific high risk places and communities.

Priority settings include universities and colleges (University of West of England is within South Gloucestershire), workplaces, and prisons. Priority communities and individuals include those who were advised to shield because of clinical vulnerability to COVID-19, social care users, people with learning disabilities and people with autism, black and ethnic minority communities including Gypsy, Roma and Traveller communities, and the homeless.

High risk geographies are consistently reviewed by Bronze operational groups to highlight particularly locations where Covid-19 rates are notably higher for interventions to be targeted accordingly in hotspot areas whilst also maintaining an area wide view and approach.

Prisons

South Gloucestershire has 3 prisons within its county boundaries: HMP Ashfield – a category C male prison, HMP Leyhill – a category D open prison, and HMP Eastwood Park – a closed female prison. Other relevant settings in South Gloucestershire include Vinney Green Secure Unit for children & young people; and the Filton Custodial Suite. Given the relatively small geographic area that South Gloucestershire covers, this is high compared to the rest of England & Wales.

Management of COVID-19 in prisons is overseen by a PHE led COVID-19 outbreak control meeting with PHE, HMPPS & NHS E/I which our public health lead for prisons attends.

11. Protecting and supporting vulnerable people

We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable. This will include those who were advised to take additional precautions because of extreme clinical vulnerability to COVID19, social care users, people with learning disabilities and people with autism, black and ethnic minority communities including Gypsy, Roma and Traveller communities, and the homeless. We have developed an engagement, insight and response workstream within the action plan accompanying the LOMP for vulnerable people and high-risk places and communities.

Support for self-isolation

Supporting vulnerable local people to get help needed to enable them to self-isolate and adhere to guidance safely (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 is a priority. In partnership with a range of local agencies and the voluntary sector, we are building on existing, and supporting new, community resources and processes to enable those who are required to self-isolate or who are extremely clinically vulnerable to have access to NHS, Council and local community support (through for example, Mutual Aid Groups).

A key element of this is the Covid Welfare Support team, who are in place to support and direct residents to services available including financial support, support with shopping during isolation and wider services such as those available for mental health and emotional wellbeing. A community toolkit has been developed to collate local services available to support our residents and partners. Information and links to support are shared in a variety of ways, through online platforms, letters to the extremely clinically vulnerable cohort and via Trusted Voices. We have also developed a practitioners' network to enable a wide range of practitioners from various agencies and organisations to be informed and upskilled to help them better support vulnerable and high-risk communities.

12. Resources

The outbreak management capacity in South Gloucestershire has increased in a phased approach and ensures there is a team of officers dedicated to each of the Themes i.e. Health and Social care setting, Educational settings, High risk-workplaces and locations, evidence and intelligence plus community engagement and insights to enable delivery and oversight of the Local Authority functions. This was funded as part of the initial grant allocation of £863,000 which allows the current level of service only to be in place until the end of June 2021.

More recently we have secured £350,000 funding via COMF to deliver a local contact tracing service, currently funded until the end of June 2021 and we have worked with local partners to commission community testing across the area. Having recently undertaken surge testing on two occasions the impact on the core LOMP themes has been significant and whilst we have welcomed retrospective funding for this, we would like to see a more sustainable way to manage such events.

Resource has also recently been directed towards the Local Authority's role with the vaccination programme.

Throughout, the resource has and will remain flexible to ensure the Local Outbreak Management Plan is evidence led and responsive to need.

The next phase will incorporate recovery/reset following the escalated activities and will therefore also incorporate the prevention and horizon scanning function. Of particular concern is ensuring there is funding available for the local authority's role in contact tracing going forward and how we integrate ongoing outbreak management requirements into the Local Authority business as usual resource going forward once redeployed staff move back into their substantive posts and short-term contracts come to an end.