

SAFE WELL PROSPEROUS CONNECTED

North Lincolnshire Council

North Lincolnshire's Outbreak Management Delivery Plan

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Glossary

CCG	Clinical Commissioning Group
CHOG	Care Homes Oversight Group
COVID / COVID-19	Severe Acute Respiratory Syndrome Coronavirus-2
DASS	Director of Adults and Community Wellbeing
DCS	Director of Children and Community Resilience
DPH	Director of Public Health
DRA	Dynamic Risk Assessment
FSA	Food Standards Agency
HP	Health Protection
HSE	Health and Safety Executive
IAG	Information Advice and Guidance
IPC	Infection Prevention and Control
JWA	Joint working agreement
LRF	Local Resilience Forum
NHS	National Health Service
NHSE	National Health Service England
NHSEI	National Health Service England Improvement
NL	North Lincolnshire
NLAG	North Lincolnshire and Goole
NLOMB	North Lincolnshire Outbreak Management Board
OMP	Outbreak Management Plan
PHE	Public Health England
RDaSH	Rotherham Doncaster and South Humber
RTS	Real Time Surveillance
SCET	Shield Community Enablement Team
SCG	Strategic Coordination Group
SOP	Standard Operating Procedure
SPA	Single point of access
SSPA	Shield Single Point of Access
TTI	Test trace and Isolate
VCS	Voluntary and Community Sector
YH	Yorkshire and Humber

1.0 Background and Introduction

North Lincolnshire Council is committed to working with our local people to keep them safe, well, prosperous and connected. The recent Coronavirus (COVID-19) pandemic has necessitated substantial changes in the way we all live, and as a system alongside our partners, we have responded to this to enable support for our most vulnerable and to protect our wider population. We have passed the initial peak of the outbreak and restrictions are being lifted which means more contact with others is inevitable as people return to work, learning and social environments. We need to ensure that we have clear plans in place to prevent and manage local outbreaks and in doing so minimise any harm to our local people.

The overarching COVID-19 Prevention and Outbreak Management Framework has enabled an integrated approach across the four local authorities in the Humber region with assurance provided by the Directors of Public Health. In addition, the Humber Directors of Public Health will continue to meet weekly to ensure a cohesive and consistent approach. The Outbreak Management Delivery Plan describes, at a local North Lincolnshire level, the actions we will take to prevent and manage any outbreaks.

2.0 The Four design principles

The local approach to the prevention and management of the transmission of COVID-19 in North Lincolnshire is based on the following principles, as advocated by the Association of Directors of Public Health:

Be rooted in public health systems and leadership

- The Director of Public Health (DPH) will have the lead responsibility for the delivery of the Outbreak Prevention and Management Plan
- 'Public health systems and leadership' is recognised as coming from right across the system in North Lincolnshire and from all sectors, not only those formally working in 'Public health' roles
- The local response should recognise and build on existing roles and responsibilities that work well and current strengths

Adopt a whole system approach

- Recognition that the prevention of Covid-19 outbreaks and response to incidents requires a whole system approach and the capabilities of the whole system will be crucial to preventing and managing outbreaks
- Ensure that the local voice is heard through active engagement with local communities and effective communications

Be delivered through an efficient and locally effective and responsive system

- Ensure that the system is designed and run effectively and efficiently

- A highly collaborative approach with regional and national partners, including escalation criteria and mutual aid agreements
- An approach based on timely access to and sharing of information, data and intelligence to inform action and monitor outcomes

Be sufficiently resourced

- Each agency should be prepared to contribute resources (people, capabilities, funds, assets) needed to make the plan effective
- Specific hypothecated funds for outbreak management will be made available from Government
- Ensure commissioning processes are swift and robust enough to deliver the required actions stipulated by the Plan

3.0 Seven National Planning themes

Central to this plan are seven key national themes:

- 1) Care homes and schools
- 2) High risk places, locations and communities
- 3) Local testing capacity
- 4) Contact tracing in complex settings
- 5) Data integration
- 6) Vulnerable people
- 7) Local Boards

A series of Joint Working Agreements have been developed with Public Health England to establish the process and principles for responding to confirmed cases of COVID – 19 (see appendix 3).

4.0 Governance and Resources

Finance: Resources and compliance to spending criteria will be monitored and managed by the Council's finance team

Workforce: We will build on the experience of successful reprioritising of staff to enable the prevention and management of outbreaks. In addition, we will collaborate with our partners to respond to potential outbreaks.

Governance: The governance to oversee the outbreak management process is detailed within Appendix 1 of the Humber COVID-19 Prevention and Outbreak Management Framework. The Governance structures for the development of our local COVID-19 Boards are detailed in Appendix 1 this plan.

5.0 Dynamic Risk Assessment (DRA)

A dynamic risk assessment underpins decision making during incidents and emergencies. It relies on the availability of timely and accurate information. Early and open communication between partners and stakeholders is crucial. As we develop our own

Our proactive approach is to focus on settings that are more likely to have a higher risk. Three categories, workplaces, public spaces and community settings, will be prioritised initially.

We will use our local data and intelligence along with local, regional and national resources to assess and address risk and so enable an effective response to prevent and manage any COVID-19 outbreaks.

6.0 Delivery Plan

Public Health Delivery Plan			
Priority 1 - Care Homes and Schools			
Care Homes			
Desired outcome/s To plan for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).			
Success measures/performance metrics			
No.	Action required	Responsible Officer	Completion date
1.	System-wide Care Home Oversight Group (CHOG) established to coordinate and assure support to care homes to prevent and manage outbreaks	CHOG	April 2020 Completed
2.	Use learning from CHOG and dashboard for wider outbreak settings	CHOG	Completion July 2020
3.	Integrate TTI with existing support plan for care homes	CHOG	June 2020 completed
4.	Agree flexible use of testing capacity to allow rapid testing in care homes in outbreak situations	CHOG	Completed April 2020
5.	Gain assurance of effective utilisation of the infection control fund.	CHOG	July 2020
6.	Open additional alternative placement capacity with pathways to support.	CHOG	June 2020 completed
7.	Implementation of weekly multidisciplinary team (MDT) 'rounds' (virtual if appropriate) including GPs, community nurses, allied health professionals	CHOG	Completion July 2020
8.	Progression of the named clinical lead offer, to align a Practice or PCN level Clinical Lead to all Care Homes by the end of June 2020.	CHOG	Completion end of June 2020
Schools, Early Years And College Setting			
Desired outcome/s To plan for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).			
Success measures/performance metrics			
1.	Establish working group to lead this agenda across these settings	Public Health Head of Standards	Completed end of June 2020

		and Effectiveness, 0-19 school nurse lead, IPC nurse	
2.	Agree clear protocols for outbreaks in schools, early years and college settings as defined within the joint working arrangements (JWA) protocols	Public Health Consultant	Completed end of June 2020
3.	Provide enhanced infection control (IPC) support to school and early years settings	Infection control nurse PHE	Completion July 2020
4.	Work with school nursing to ensure safe openings of schools/wider settings	Public Health Manager	Completion July 2020
5.	Ensure prevention-based support programs are in place for local schools including advice on risk assessment and mitigation	Infection control nurse PHE	Completion July 2020
6.	Put in place data recording for outbreak prevention and management in educational settings	Infection control nurse PHE IT team	Completed June 2020
7.	Senior School improvement officers in regular contact with schools to provide early warning of COVID related issues and work with LA and PHE to support in case of an outbreak in these settings.	Public Health Head of Standards and Effectiveness, PHE NLC Single Point of Access	Completed June 2020

Priority 2 - High Risk Places, Locations and Communities

Desired outcome/s

To Identify and plan how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)

Success measures/performance metrics

1.	Utilise existing covid-19 shield infrastructure to support the local response	Public Health Consultant	Completed June 2020
2.	Map and risk assess potentially complex settings and those who currently provide liaison and support to these settings	Public Health Consultant Snr Public Health Manger	Completion July 2020
3.	High risk communities: establish a plan for proactive preventative infection control advice and guidance	NLC Communications safer neighbourhood	Completion July 2020

		team working with and through communities Public Health IAG	
4.	Healthcare settings: establish a plan for proactive preventative infection control advice and guidance	Public Health Consultant CCG NHS providers HSEI	Completion July 2020
5.	Supported housing: establish a plan for proactive preventative infection control advice and guidance	Head of Economy and Growth Assistant Group Manager (Environmental Health & Housing) Operations Public Health Consultant	Completion July 2020
6.	Ensure surveillance can quickly identify potential outbreaks that may be linked to specific places, locations or communities	Senior Public Health Manager	Completion July 2020
7.	Define preventative measures and outbreak management strategies in line with the joint working agreement for high risk settings and communities	Vulnerable Groups Leads Public Health	Completed June 2020
8.	Engage with local employers (within public service and beyond) and encourage the development / updating of local business continuity plans to prepare for scenarios where large proportions of the local workforce are asked to self-isolate (especially those required to deliver critical face-to-face or in-office services)	Head of Economy and Growth	Completion July 2020
9.	Develop contingency plans for those who need to move from their existing household	NLC OBM Group LA housing lead Public Health Consultant	Completion July 2020
10.	Establish a comprehensive communications plan to focus on preventing outbreaks, behaviours and targeted messaging	Head of Corporate Marketing SCG communication partners & Public Health Consultant	Completed June 2020

Priority 3 - Local Testing Capacity

Desired outcome/s

To Identify methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc.).

Success measures/performance metrics

1.	Ensure local availability for testing capacity is in place.	NLC Health Protection Board & Humber Testing Coordination group / CCG Testing lead	Completed May 2020
2.	Ensure access to bespoke/satellite testing for those who fall outside normal testing criteria	Humber Testing Coordination group	June 2020 completed
3.	Understand local vulnerable groups and build on existing shield response to address this	NLC OBM Group	June 2020 completed

Priority 4 - Contact Tracing in Complex Settings

Desired outcome/s

To ensure access to local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).

Success measures/performance metrics

1.	Identify existing local capacity to support PHE to address outbreaks in complex settings as defined within the 7 JWA's/(SOPs). Develop a single point of access (SPA) to ensure clear links with PHE health protection team	Public Health CCG Environmental health NLC call centre lead, NLC Hub lead	June 2020 Completed
2.	Ensure LA identified leads can access training to support them in their local liaison role in support of PHE in complex settings in case of local outbreaks.	PH team PHE	Completed June 2020
3.	Identify specific local complex communities and develop data systems to estimate demand.	PHE NLC leads.	Completion by end of July

Priority 5 - Data Integration

Desired outcome/s

To Integrate national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages).

Success measures/performance metrics

1.	Collect data (Populations): Identification of missing data qualitative sets regarding population groups that may not be contained in shield (eg homeless, traveller)	Baseline data from Innovation Specialist	Completed June 2020
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		PH Team to liaise with relevant service managers	
2.	Gather data (Establishments): identification and mapping of establishments / buildings which are currently in use (eg schools, factories, faith)	Baseline data from NS PH Team to liaise with relevant service manager	Completed June 2020
3.	Gather data (local intelligence) Develop a methodology for understanding how population densities in shared spaces may be increasing (eg high street, parks etc)	PH Team working with Principal Officer - Safer Neighbourhoods	Completed June 2020
4.	Data cleansing: Data storage & sharing protocols to be updated. IG assessment	Public Health working with: Innovation Specialist Information Governance/ Data Protection Officer	Completion July 2020
5.	System: Build local surveillance systems and heat maps and develop early warning capabilities in high risk settings Develop risk assessment process	LA IT team. /PH Teams /	Completion July 2020
6.	Systems: Capacity and systems are in place to in order to receive and act on national, regional and local data and intelligence capacity and systems are in place to store and retrieve local data, whilst maintaining IG. Standard reports / dashboard is written	PH IT leads, wider NLC systems such a shield groups, Humber TTI Group	Completion July 2020
7.	Workforce: Surveillance JD written; staff appointed rota implemented. TOR agreed for cover prior (16 hrs x 7 days)	Senior Public Health Manager Public Health Consultant	Completed June 2020
8.	Workforce: Training undertaken on receiving information, supporting JBS requests, escalation.	Senior Public Health manager Public Health Consultant	Completion July 2020
9.	Real Time Surveillance: Undertake data monitoring at both Humber and LA levels to provide and enable real time surveillance (RTS) of COVID activity to provide information on hot spots/clusters	PHE/local PH Teams/ IT teams/Humber TTI Group	Completion July 2020

Priority 6 - Vulnerable People

Desired outcome/s

To ensure support for vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.

Success measures/performance metrics

1.	Identify vulnerable groups across North Lincolnshire and stratify them by level of risk	Head of Economy & Economic Development NLC Data Hub Public Health	Completion July 2020
2.	Ensure support is in place to enable vulnerable local cases or contacts to self-isolate safely. To be achieved through the principles of community assistance, enabling the VCS to and direct NLC response for those whose needs remain unmet. Mobilise a coordinated, place-based approach across public and voluntary community organisations for identifying and meeting the needs of vulnerable people	NLC Contact Centre Shield community enablement team, wider system partners	Completion by July 2020
3.	Communications that promote compliance with self-isolation, social distancing, and other preventive behaviours to be tailored and targeted for specific local vulnerable populations, including translating materials is appropriate	CG and AL	Completed June 2020
4.	Ensure that additional support, in particular proactive contacting, is provided to those self-isolating who need to be safeguarded	Shield community enablement team / VCS	Completed June 2020

Priority 7 - Local Boards

Desired outcome/s

Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by the Humber Strategic Coordinating Group and a new member-led Board to communicate with the general public.

Success measures/performance metrics

- The governance arrangements (Boards, executive functions and management groups) are in place
- The links and communication flows between the different governance elements is effective
- The governance arrangements allow decisions to be made effectively and escalation where appropriate
- Role, responsibilities and accountabilities are clearly understood

1.	North Lincolnshire Health and Wellbeing Board To provide public-facing delivery oversight of NHS Test and Trace locally, regular and timely communications to the public and to act as liaison to Ministers as needed	Leader of the Council DPH	Completed by end of June 2020
2.	North Lincolnshire Outbreak Control Executive Accountable to the Health and Wellbeing Board, the executive	Deputy Leader of the Council	Completion by end of June 2020

	group provides the strategic oversight of health protection in respect of COVID 19 in North Lincolnshire, including prevention, surveillance, planning and response.	DPH	
3.	Health Protection and Outbreak Management Group Providing the technical, specialist and operational capacity and advice to develop and implement the local outbreak plan. Accountability is to the Outbreak Control Executive	Consultant in Public Health	Completion by end of June 2020
4.	For final governance arrangements to be agreed	H&WBB	by end of June 2020
5.	To have clear process in place for escalation to LRF if there is a major incident and step up to TCG process as required with legal powers through COBRA	The SCG/LRF	Completed June 2020

Appendices

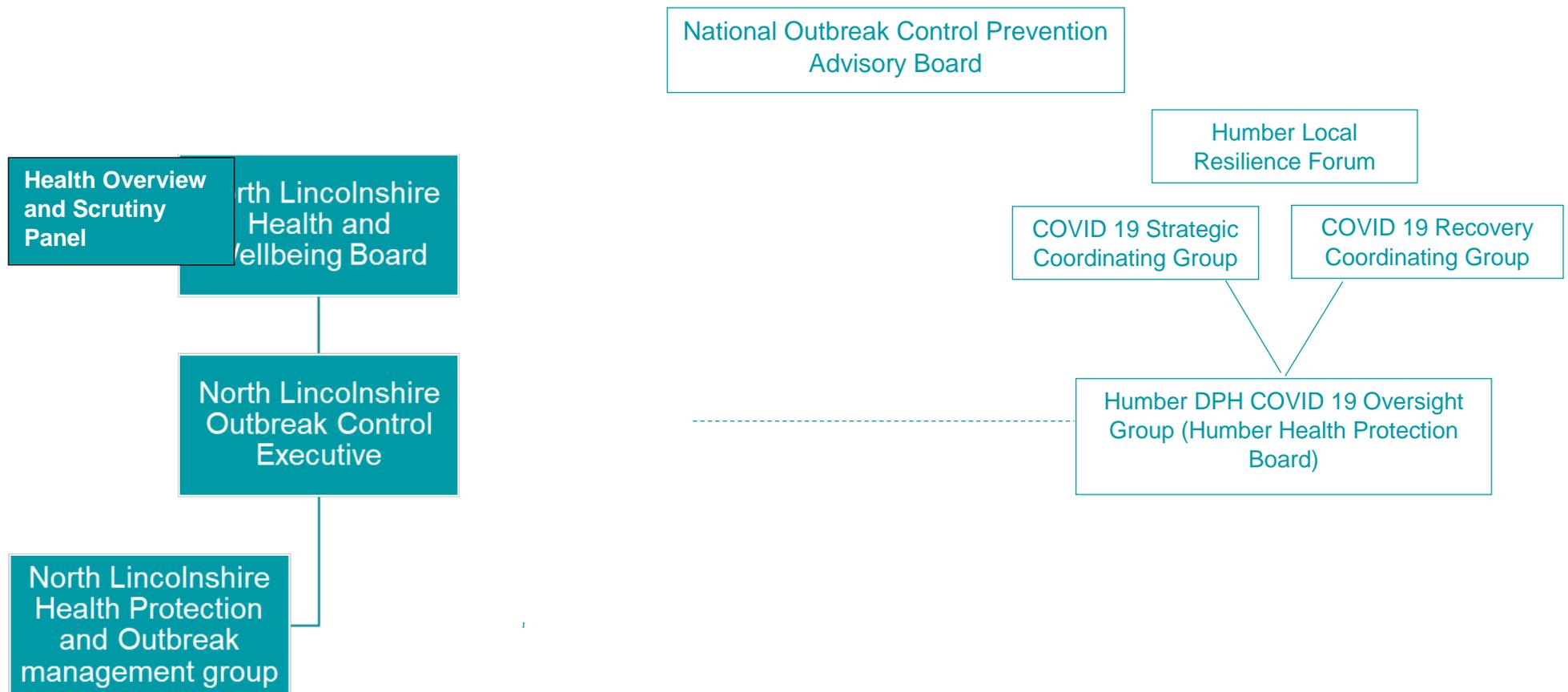
Appendix 1: Local Outbreak Prevention and Control Governance Arrangements

Appendix 2: Local response to confirmed COVID-19 cases and local outbreaks

Appendix 3 Appendix 3: Public Health England Joint Working Agreements

Appendix 1: Local Outbreak Prevention and Control Governance Arrangements

This section describes the governance arrangements for overseeing the effective implementation and monitoring of outbreak control and prevention. The diagram below shows how North Lincolnshire works in concordat with current Humber-wide LRF. The Humber-wide COVID-19 coordinating groups which report into North Lincolnshire's local executive arrangements. Information about the roles and responsibilities of North Lincolnshire's local executive arrangements are provided below:



Health and Wellbeing Board

Health and Wellbeing Boards are a forum where leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Locally, the Health and Wellbeing Board is an integral part of the cycle of health protection action and has been designated as the 'LA COVID 19 Member-Led Engagement Board' as required in the Local Outbreak Plan governance structures.

The North Lincolnshire Health and Wellbeing Board is the member led, democratically accountable body, strategically placed to ensure and enable public engagement and communication in respect of the prevention of outbreaks and the response to local outbreaks. Members of the Health and Wellbeing Board include:

- Leader of the Council
- Deputy Leader of the Council
- Cabinet Member Children & Families
- Chief Executive North Lincolnshire Council
- Deputy Chief Executive North Lincolnshire Council
- Chair of NL Clinical Commissioning Group
- Accountable Officer, Clinical Commissioning Group
- Director Nursing and Quality, Clinical Commissioning Group
- Director of Public Health
- Director of Adults and Community Wellbeing
- Director of Children and Community Resilience
- Representative of NL Healthwatch

Outbreak Control Executive

Accountable to the Health and Wellbeing Board, the executive group provides the strategic oversight of health protection in respect of COVID 19 in North Lincolnshire, including prevention, surveillance, planning and response.

Health protection systems and outbreak control response operate at different levels, local, regional and national. The outbreak control executive is responsible for the place-based response to ensure a community focus and appropriately tailored response. It also provides the interface with regional and national response through the Humber Local Resilience Forum arrangements.

The Director of Public Health has primary responsibility for the health of their communities, including being assured that the arrangements to protect the health of the communities they serve are robust and implemented. This is achieved through the DPH leadership in the outbreak control executive.

The Outbreak Control Executive are responsible for the approval of ongoing development and delivery of local outbreak arrangements, including:

Roles & functions	Decision making:
<ul style="list-style-type: none"> • Planning to prevent and respond to local outbreaks in settings such as schools and care homes. • Identification and management of other high-risk places, locations and communities of interest. • Identifying methods for local testing to ensure swift and accessible response • Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying escalation as required. • Ensuring local services can support vulnerable people to self-isolate 	<ul style="list-style-type: none"> • Approve recommendations from the local health protection group for allocation of resources • Advise and agree community engagement • Agree a communications strategy • Approve implementation measures • Monitor response to local outbreak and ensure learning is taken into health protection cycle • Recommendation to Health and Wellbeing Board and wider system on policy work streams in respect of recovery and renewal. • Identify, monitor and escalate risks, issues and opportunities

Membership:

- Deputy Leader of the Council (Chair)
- Director of Public Health (accountable officer)
- Deputy Chief Executive
- Director of Nursing and Quality CCG
- Director of Adults and Community Wellbeing (DASS)
- Director of Children and Community Resilience (DCS)
- Director of Learning, Skills and Culture
- Head of Marketing
- Representative of North Lincolnshire Healthwatch
- Public Health England Consultant in Communicable Disease Control
- North Lincolnshire and Goole Foundation Trust senior executive.

Health Protection and Outbreak Management Group

Providing the technical, specialist and operational capacity to facilitate the cycle of health protection action and implement the local outbreak plan. This group is responsible for development and operational implementation of local outbreak control plans, to ensure they meet the needs of the local population, reporting to the Outbreak Control Executive. It also links with the technical and professional leadership of the Humber Directors of Public Health arrangements.

The Health Protection and Outbreak Management Group are responsible for:

- Surveillance - timely data flows from testing to inform predictive analysis and intervention in outbreaks
 - Ensure integration of the NHS Test and Trace programme with local communities and services in line with the Local Outbreak Plan
- Scientific and technical oversight - updated evidence on spread of infection and control measures
 - Receive and act on data and intelligence, including epidemiology and Early Warning Indicators, provided from sources including the Humber LRF DPH group, Public Health England, NHS Test and Trace and the national Joint Biosecurity Centre
- Implementation – includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures
 - Recommend approaches to community engagement, including with vulnerable and/or higher risk communities of interest
 - Recommend the communications strategy for the Local Outbreak Control Plan
 - Recommend implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within the JBC ‘playbook’.
 - Monitor the response to local outbreaks and ensure learning informs future practice
 - Identify, monitor and escalate risks and issues as appropriate (to other local or regional groups).

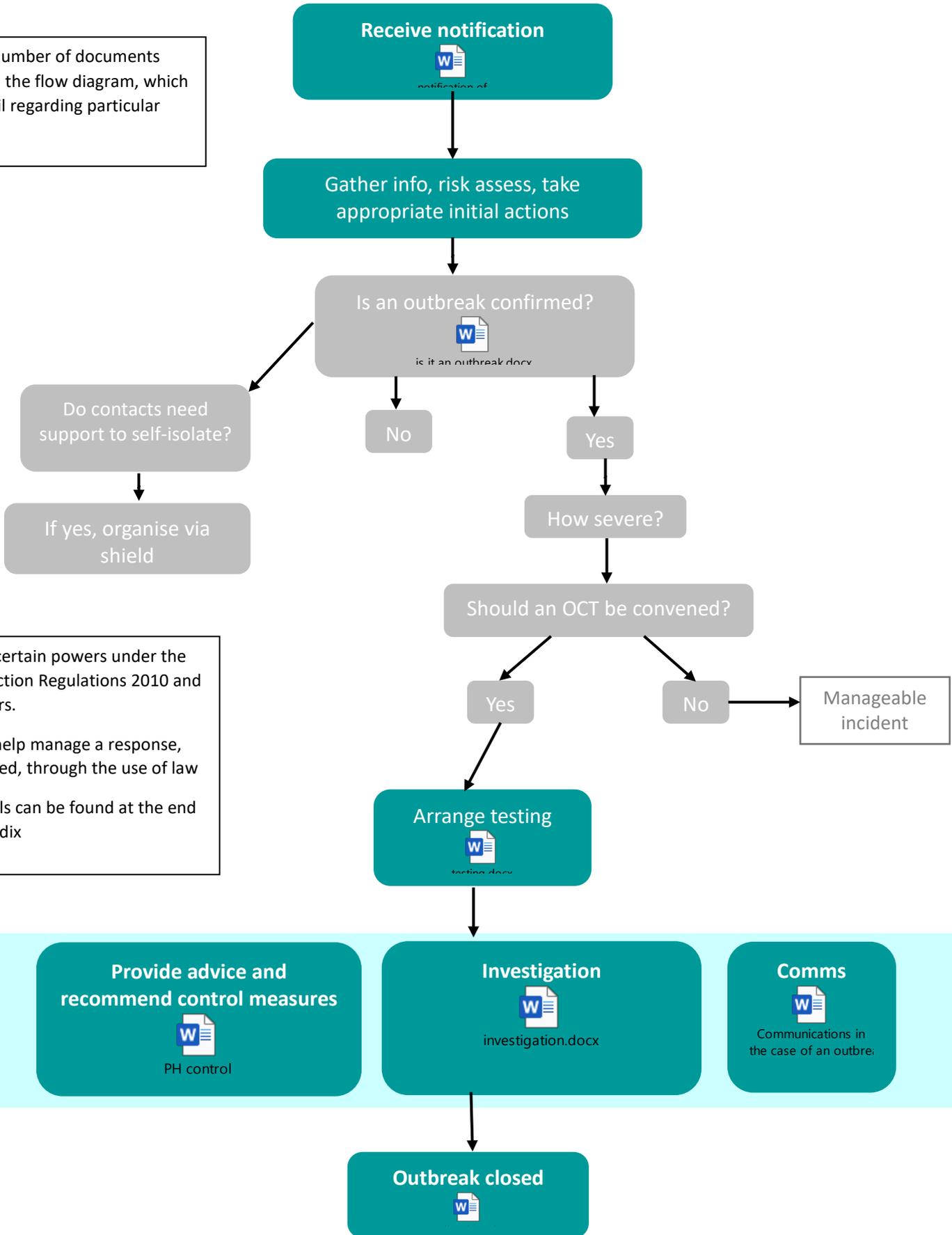
Membership:

- Public Health Consultant (Chair)
- Public Health Consultant advisory
- Heads of Service to include operations, education, adults and children, housing, economy, strategy, communication.
- Health agencies (NLAG)
- CCG Deputy Director of Nursing
- Intelligence Hub lead
- Data analysts
- Communications

Appendix 2: Local response to confirmed COVID-19 cases and local outbreaks

There are a number of documents embedded in the flow diagram, which provide detail regarding particular processes.

The LA has certain powers under the Health Protection Regulations 2010 and Part 2A Orders. The powers help manage a response, where required, through the use of law. Further details can be found at the end of this appendix



Appendix 3: Available Powers available to the LA for enforcement

Health Protection Regulations 2010

In 2010, regulations came into force to complete the modernised legal framework for health protection in England.

Three sets of regulations complement the updated Public Health (Control of Disease) Act 1984, which was substantially amended by the Health and Social Care Act 2008. These are:

- [the Health Protection \(Notification\) Regulations 2010 \(SI 2010/659\)](#)
- [the Health Protection \(Local Authority Powers\) Regulations 2010 \(SI 2010/657\)](#)
- [the Health Protection \(Part 2A Orders\) Regulations 2010 \(SI 2010/658\)](#)

Part 2A Orders

The Regulations of the Public Health Act include legal powers, available to enforce actions to protect public health: Part 2A Orders. They are available to local authorities and involve an application to a magistrate.

Local authorities would typically use these powers in consultation with other organisations, such as PHE, the NHS or the emergency services.

PHE has specific responsibilities to report on the use of the orders.

Appendix 4: Public Health England Joint Working Agreements (SOPs)

A series of Joint Working Agreements (also referred to as SOPs), have been developed by PHE to outline initial joint working arrangements between the regional PHE team and local systems responding to confirmed cases of COVID – 19. Common principles are outlined and flexibility in implementation is advised.

Please note as of 25th June 2020, these are draft versions. These files will be updated with the final versions of the PHE Joint Working Agreements when available.

Setting	Scope	JWA
Care Homes	Care homes, supported living/independent living, domiciliary care, direct payment	 Care Homes JWA.docx
Domiciliary care	Settings where CQC registered domiciliary care is provided in people's own homes. It does not include unpaid carers.	 Domiciliary Care JWA.docx
Educational settings	Education settings including schools, special schools, FE colleges and early years settings (Local Authority nurseries, independent sector nurseries and childminders).	 Educational settings JWA.docx
Residential education setting	Residential education settings including boarding schools and residential special schools	 Residential Education setting.d
University	Residential education settings includes university and halls of residence.	 University JWA.docx
Underserved groups	Local communities of interest that may be complex or underserved by public services and may be at increased risk of transmission and/ or more severe consequences of infection. For example, including and not restricted to: <ul style="list-style-type: none"> • Roma communities • Traveller and Gypsy communities • Faith or other community settings (e.g. for Eastern European, BAME populations) where transmission may be exacerbated by close-proximity and barriers to accessing services or advice • Clusters or outbreaks of infection 	 Underserved groups JWA.docx

	<p>concentrated in underserved communities</p> <ul style="list-style-type: none"> • Rough sleepers and those who have found themselves without a home 	
Vulnerable populations in residential settings	<p>Communal residential settings for:</p> <ul style="list-style-type: none"> • People who are homeless – (hostels and other) • People who are seeking asylum in Home Office accommodation, including Urban House hotels or other communal residential settings* • People who are drug and/or alcohol dependent (in residential settings) • People fleeing abuse and violence (refuges and other communal residential settings) <p>*Asylum seeker accommodation, including in hotels, is provided by Mears and commissioned by the Home Office and healthcare is commissioned by CCGs. Ensuring Mears and Home office are linked into prevention and response to COVID-19 will be addressed at regional level.</p>	 Vulnerable people JWA.docx
Workplaces	<p>workplace settings including offices, manufacturing sites, retail industry, leisure facilities, transport, and hospitality Industry. Although educational establishments, care homes and healthcare settings are workplaces they are covered under separate Joint Working Arrangements</p>	 Workplaces JWA.docx
Police Forces	<p>This SOP covers all 5 police forces within Yorkshire and Humber. This therefore includes all staff who are employed by each of the police forces outlined above who may identify themselves to the Track and Trace (T&T) service as a member of the police force for purposes of contact tracing.</p> <p>Police officers on covert operations will be dealt with separately (see Complex Cases section), where there is concern that identification of their occupation to the T&T</p>	 Police Forces JWA.docx

	service would pose a significant threat to life.	
Primary care	GP practice settings	 Primary Care JWA.docx
Yorkshire Ambulance Service	This JWA covers all staff employed by Yorkshire Ambulance Service	 Yorkshire Ambulane Service JWA.docx