COVID-19 Prevention and Outbreak Management Framework in the Humber

1 Introduction

This document provides an overview of the steps required to implement the Prevention and Outbreak Management Framework, and includes comprehensive contact tracing approach, as a means of reducing and controlling SARS-CoV-2 (COVID-19) transmission in the Humber area.

A comprehensive prevention and outbreak management approach, as part of a wider test, trace and isolate (TTTI) process, plays a vital part in suppressing the basic reproduction number (R0) of the COVID-19 virus which is key to ensuring the avoidance of a 'second peak' as existing restrictions are removed, stimulating longer term socio-economic recovery and ensuring the Humber is a safe place to live, work, visit and do business. In the context of the Humber prevention and outbreak management a whole comprehensive approach will be embedded including testing, risk assessment, prevention through to outbreak management providing support for vulnerable people and communities.

The implementation of a Humber prevention and outbreak management framework is part of an interdependent and integrated approach to testing, tracing, isolation and outbreak management within each Local Authority, and is set within the context of the establishment of the National Contact Tracing Service, the national 'Test, Track and Trace' strategy, and the development of constituent Outbreak Management Plans supplemented by each Local Authority.

This document presents the seven national pillars, immediate/short-term and medium/long-term steps that will be taken to mobilise a whole-system approach to contact tracing activity in the Humber as part of the National Contact Tracing Service (NCTS) and identifies some of the key risks to progression. For prevention and outbreak management to be truly effective it requires a highly effective approach to mass testing, underpinned by clear clinical governance and appropriate targeting of testing activity.

2 National Approach to Prevention and Outbreak Management

The national approach to contact tracing has been highly iterative and remains so, but is proposed to include two main elements:

1. NCTS: This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 tiers:

- Tier 3: A new cohort (c.15000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT).
- Tier 2: A significant number of trained contact tracing specialists providing PBCT, recruited through a national recruitment approach;
- Tier 1b: A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.
- Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

2. NHSX COVID-19 App: This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. Even when fully operational, this feature of the national model with be insufficient as a standalone approach due to limitations in terms of reach and functionality.

An infrastructure and logistics partner will work alongside Public Health England (PHE), Department of Health and Social Care (DHSC) and Cabinet Office on the rollout and delivery of the national approach.

The Humber prevention and outbreak management arrangements contribute to the delivery mechanism for NCTS Tier 1b across the Humber footprint.

Tier 1b with agreed Standard Operating Procedures (SOPs) with PHE will have 3 primary functions:

1. **Complex Contact Tracing** with:
    - Potentially complex settings (For example: Special Schools, Homeless Accommodation; Domestic Violence refuges; Police Stations; Houses of Multiple Occupancy; Day Centre Provision; Ports, COMAH sites, Critical Infastructure businesses, NHS Settings; Social Care settings; Statutory Service HQ's; residential Children's Homes)
    - Potentially complex cohorts (For example: rough sleepers, faith communities, asylum seekers)
    - Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)
2. Providing **direct support** to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.
3. **Consequence management** as a result of managing an outbreak in a complex setting or within a complex cohort.

The NCTS was launched at the end of May 2020. PHE have advised that during these early stages the vast majority of contact tracing activity will take place within Tiers 2 and 3, and within slightly bolstered PHE regional contact tracing function, (i.e. the Yorkshire and Humber footprint). They envisage the requirement of localities to undertake contact tracing activity to be minimal at this stage but expect this to potentially increase as the NCTS model expands and as mass testing approaches are mobilised in earnest. The significant impact on localities at this stage is anticipated to be in identifying local high risk settings and populations, undertaking preventative work, responding to complex cases and outbreaks in line with regional SOPs, supporting vulnerable individuals and populations required to isolate and undertaking local engagement activity.

It is strongly believed that the national-level mobilisation of NCTS, even as a minimal viable product will inevitably generate significant locality level activity in the form of consequence management in complex settings and the need to support complex individuals and households. The local thinking in relation to this will feed into national work, being led by Leeds City Council Chief Executive, Tom Riordan, in his new role as part of the national "Test, Track and Trace" arrangements, to develop local good practice and approaches to the development of Tier 1b and the leadership role of Local Authorities.

Eleven (11) pilot areas have been identified, our nearest being Leeds, and the learning from these pilots will be shared via regular engagement and best-practice sharing sessions. These 11 areas will rapidly develop and test outbreak control plans at a local level, identify common themes and share best practices, innovate to develop faster approaches to testing and tracing, and identify opportunities to scale the programme rapidly.

3 Seven (7) National Planning Pillar Components (themes)

In taking forward the local approach, the Humber Prevention and Outbreak Management Framework will incorporate the seven national themes as part of the overall planning. The seven themes are key to slowing the transmission of COVID-19 and enabling the population of the Humber to adjust as lockdown easement is implemented.

Governance and assurance will be in place as outlined in **Appendix 1** and escalation scenarios have been identified in **Appendix 3**.

1) Care homes and schools

Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).

Outbreak management and support will be led by Public Health England and the Local Authority through agreed SOPs. Preventative and reactive outbreak management capacity will be supported by the Local Authority Adult Social Care, Public Health and the local Infection, Prevention and Control Team and Community Health Services. Planning to include early warning systems with complexity triggers for escalation.

2) High risk places, locations and communities

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

Localities will lead within their areas the identification of high risk places, locations and communities and subsequent preventative measures under the direction of the DPH.

Outbreak management will be a joint approach between Local Authority and system partners including local businesses and the Port Health Authority in-line with regionally agreed SOPs with PHE. There will be a number of high risk areas across the Humber including Ports, critical infrastructure businesses, public and rail transport, COMAH sites.

3) Local testing capacity

Identifying 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.).

This area will be a Humber level shared response to include flexibility in swab testing and laboratory capacity. This will include Regional Testing Centre flexible use of capacity, Satellite review, oversight of Mobile Testing Units, local stock of swabs, and clarity of agreement with PHE for outbreak management and rapid response for Care Homes and Care settings.

Coordination of this activity will be via the Humber Test, Trace and Isolate Assurance Group.

4) Contact tracing in complex settings

Assessing 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).

Contact tracing in complex settings will be led by Public Health England at a Humber-level. Local-level intelligence will be vital to the effective identification and management of COVID-19 outbreaks.

The Humber DsPH will keep the potential need for locality support with contact tracing under constant review in conjunction with PHE and respond accordingly.

5) Data integration

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

Local data analysis capacity and systems will be secured and implemented in order to receive, analyse and act on national data in conjunction with local surveillance data and intelligence. The extent and exact nature of this activity will be dependent on the level of data made available at a local level, including through the Joint Biosecurity Centre.

Local monitoring of data at a Humber and local authority level will enable real-time surveillance of COVID-19 activity. Data integration will provide each DPH the information to understand potential hot spots and overview for consideration of local control measures.

6) Vulnerable people

Supporting 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.

Vulnerable local people will be supported by the Local Authority and system partners on a place basis, although there may be some cross boundary considerations. Partnership working between Local Authorities will provide support to meet the needs of the diverse and transient populations across the Humber area. Clarity of local systems will aid the identification of local vulnerable areas, such as Carers, freight transport through ports (early warning re symptom checking).

7) Local Boards

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.

Governance arrangements are out lined in **Appendix 1**.

Escalation to LRF of response requirements is anticipated to be mainly in two areas; declaration of a major incident to step up SCG and TCG processes and the need to seek legal powers through COBRA, if not delegated by to Secretary of State to Directors of Public Health.

4 The Humber Prevention and Outbreak Management Framework Approach

The Humber approach to prevention and outbreak management will be a whole system endeavour with leadership required from across local government, health, wider public service, PHE, the business community and the voluntary, community and social enterprise (VCSE) sectors. The vision is to ensure the development of the Humber approach maximises the opportunities for Humber level collaboration, whilst also valuing local flexibility.

A governance structure for the Humber Prevention and Outbreak Management Framework can be found in **Appendix 1.** Local Authorities have an incredibly wide and valuable remit in enabling the effective national roll-out of prevention and outbreak management. To ensure a consistent approach across the Humber, a set of core minimum requirements are proposed as part of a nine (9) domain plan as follows:

1. The Local Authority model: core requirements and structures
2. Supporting and protecting vulnerable individuals, household and groups
3. Consequence Management - Understanding and mitigating wider community impact
4. Leading the local partnership response
5. Connecting and engaging local communities
6. Building Humber regional resilience and mutual aid
7. High-level community impact considerations
8. Outbreak control readiness
9. Data/intelligence/surveillance

Further details about potential minimum requirements within these nine (9) domains are set out in **Appendix 2**.

The Humber approach to complex prevention and outbreak management will be a necessarily fluid arrangement driven by the nature of the task, the type and scale and complexity and the overlap with consequence management and support. As such it will require a strong commitment to ongoing joint working and a recognition that the Humber approach is based upon collaboration rather than centralisation.

5 Immediate Actions

There are 3 stages to the roll out of the Humber Prevention and Outbreak Management Framework:

a) Immediate (Upon national mobilisation)
b) Short Term (From national mobilisation until 30th June 2020)
c) Medium to Long Term (Over the next 18 to 24 months)

The 'immediate' phase recognises the need for some activity to be mobilised immediately from within existing resources, in line with the mobilisation of the national programme for contact tracing and a requirement for potential staff to be identified within localities and at a Humber level. This phase also recognises the need for preventative and reactive outbreak management as supportive element to Tier 1b.

The 'short term' phase acknowledges that the pre-COVID-19 model for outbreak management and contact tracing was insufficient to meet the needs of a NCTS and thus this immediate mobilisation from existing resources was not sustainable and would need bolstering early on with additional resources. The Local Authority outbreak management plans iare currently in development alongside this framework.

The 'medium to long term' phase acknowledges that this approach will be a fundamental part of the Humber COVID-19 pandemic response and recovery for the next 18 to 24 months and that it could also provide an opportunity to establish a future-proofed blueprint for health protection, prevention and outbreak management within Local Authorities and in the Humber beyond COVID-19.

The roll out of a minimal viable product of the NCTS, and the anticipation that this will generate demand for Local Authorities which will grow significantly, moves Humber into the 'immediate' mobilisation phase of the Humber Prevention and Outbreak Management Framework.

Within this phase there are several actions that will be progressed with immediate effect:

1. The Humber Directors of Public Health COVID-19 Group will provide the single interface between the NCTS (Tiers 1a and 2) and the Humber LRF. This will be integrated with staff and resources from PHE Yorkshire and the Humber.
2. Local Authorities will take steps to establish a local contact tracing single point of contact to liaise with the Humber Directors of Public Health COVID-19 Group.
3. Local Authorities will map and identify existing resources and assets who can provide consequence management and support that will be required as a result of contact tracing taking place within NCTS. This will include through existing arrangements that are in place, through the existing trained contact tracing workforce that exist locally, through the local VCSE and through existing services who are able to provide bespoke support to complex settings, cohorts, individuals and households.
4. A Local Surveillance System will be established which builds upon the existing COVID-19 analytics and intelligence, and which allows an early indication of changes to infection rates and the emergence of geographical of demographic 'hot-spots' and "cold-spots". This will enable resources to be directed where required across the system and take a more proactive case finding approach when necessary. This will also provide a valuable enabling function to the wider national testing strategy which can also draw upon this asset and will be developed in partnership with key system stakeholders.
5. Steps will be taken to refine the governance and design arrangements across mass testing and contact tracing to ensure a truly integrated Humber approach to Track, Test and Trace.
6. Steps will be taken to establish a live data flow between NCTS and the local Test, Trace and Isolate Coordination and Assurance Group.
7. A suite of system-agreed SOPs with PHE, guidance notes and policies will be collaboratively developed to ensure consistency of approach across the Humber. Where possible these will build upon national and regional guidance. These will help to shape the roles of local systems in responding to complex contact tracing and consequence management activity.
8. We will work with the national Local Government Chief Executive lead for test, trace, isolate and track to shape best practice guidance in relation to the establishment of Outbreak Management Local Plans.

In parallel we will mobilise, with system approval, plans to progress the 'short term' actions that will be required in order to bolster the Humber system beyond immediate mobilisation. This will include:

1. Bolstering the short-term workforce required within a collaborative Humber prevention and outbreak management approach. This will also include bolstering additional capacity and roles to support Local Authorities to undertake their functions within the Humber Prevention and Outbreak Management Framework. Across the Humber this will include specialist Public Health advice and guidance, locality co-ordination, consequence management and support, business support, data and analysis, digital and ICT, operational management and strategic leadership. The initial focus will be on bolstering capacity by seeking to enhance staffing resources through the establishment of virtual teams from the following sources:
    - Existing public service employees in each Local Authority area who are shielded, furloughed or who could be redeployed;
    - Staff that could be redeployed from Provider services (Sexual Health, Public Health Nursing etc.), Environmental Health, Public Protection, other appropriate services;
    - Employees in organisations contracted in each Local Authority area (and their supply chains) who are currently furloughed or shielded.
    - Other commissioned CCG, NHS and Local Authority services as appropriate
2. Consider establishing a Humber training programme in line with PHE, based upon the national training programme, but tailored for the Humber and delivering this at pace and scale. This programme can and will be launched as the national Test and Trace develops in discussions with PHE if assessed to be necessary.
3. Establishing Humber access to the national contact tracing, prevention and outbreak management digital architecture.
4. Continuing ongoing dialogue with Humber Directors of Adult Social Services about how the mobilisation of Test, Track and Trace for the Local Authorities can be integrated with the recently announced infection control support for care homes.
5. Continuing ongoing dialogue with the 'Everyone Matters' Boards to understand the impact on workforce and business continuity of staff having to self-isolate as a result of the national roll out and establishing local and Humber mitigation measures.

6 Features of the Humber Prevention and Outbreak Management Framework Approach

There are a number of features that will form part of the overall planning in the Humber. These include:

- Not duplicating activity in other levels of geography. We do not have enough of the skills or infrastructure to reinvent what will be being done nationally. Scale is critical – we cannot do the volume locally.
- Working on a timeframe of 18-months to 2-years.
- Building a system around traditional methods of Health Protection and Contact Tracing.
- The local Test, Trace and Isolate Coordination and Assurance Group led by the Director of Public Health with delegation to nominated Public Health senior member(s) of staff.
- Draw on staff and expertise from across the district (Council, NHS and beyond). This will include logistic and IT support.
- A small core team within each locality which can be stood up and down as needed. This team will have an expert element (including dedicated professional(s) with Infection Prevention and Control (IPC)/communicable disease expertise and experience of contact tracing) and provide wider support, in some respects built on the national model – Contact Tracing experts, Tier 1 and logistics.
- A strong connection with the PHE centre for complex cases and outbreaks.
- To provide community outreach and boots on the ground to support the PHE led functions and provide additional surge capacity, including consideration of the role of volunteers.

- Targeted local testing may be required – care homes/schools/workplaces. This might require local intelligence and local boots on ground delivery.
- It is likely a 7-day operation will be required.
- Dedicated administrative staff will be needed to keep a log of requests and delegation within Public Health to respond with timely replies.
- Standard Operating Principles offer advices on IPC and support and provided professional oversight of staff called to assist with contact tracing. This will support and augment the national efforts.
- A register should be kept at locality-level of all local residential and other high risk and or closed establishments.
- A register should be kept at locality-level of staff that could potentially be called up for a local testing and contact tracing incident.
- There is an important point about local ownership and fit into local systems in this - Promoting and legitimising the contact tracing service to the local population, and recognition that messages will need to be targeted to ensure salience for particular population groups
- May require locally oriented public health action (such as temporary closures), and recognition of the political sensitivity of such actions
- Complex cross border management of contacts will be needed.
- Ensure working in line with Mental Capacity Act implications.
- Identification of language issues or who may be suspicious of authority such as the Roma population or illegal immigrants.
- Consideration of gatherings that have occurred in breach of lockdown regulations where people could be less willing to disclose information.
- Identification of groups such as rough sleepers, drug users and sex workers where contact information could be harder to obtain.
- Provide follow up and support with an interface with wider community support, especially support to vulnerable and link to community hub or similar.
- Identification of type and nature of roles needed and competencies needed, for example, specialist Contact Tracing staff, support and logistics, link to enforcement, link to community support.
- Set up as a project turning into an ongoing service, i.e., oversight group, systems and processes, outbreak management protocols (all based on the PHE guidance), link to testing (and ability to control some of this), communications functions, interface and intelligence sharing with PHE Centre.
- Identification of skills and competencies within our councils continues to be important.
- Working within the principles established by ADPH - Whole systems approach / Subsidiarity / Localism / Minimum viable products etc.

7 Risks and Issues

The scale and complexity of this programme is significant and there are some key risks and issues which could hinder timely and efficient mobilisation and implementation.

7.1 National 'Unknowns'

This work has been constrained throughout by the iterative nature of the national model and the lack of key national decisions around several critical factors. These continue to include, but are not exclusive to:

- The modelled estimates of numbers that will enter the national system
- The modelled estimates of numbers of contacts per case
- The definition of 'complex'
- The articulation of 'complex contact tracing'
- The criteria and process for escalation from Level 2 (national) to Level 1b (local)
- The modelled estimate of the number of cases that might be escalated
- The lack of a clear articulation of the integrated whole system response required under Level 1b across LA, PHE and NHS especially around consequence management

- The lack of clarity about the financing of the resources required to build additional capacity at a Humber and Local Authority level
- The lack of any current national guidance, policies and toolkits, and SOPs to support delivery of Level 1b within a NCTS.

The approach will be to continue to work alongside PHE and other key stakeholders to resolve these issues.

7.2 Workforce Pressures

Mobilising the 'immediate' workforce that may be required across the Humber will be a considerable effort, as it will need to draw from existing resources. Many of the key staffing cohorts required for this endeavour are already working on other COVID-19 activity and the level of capacity within the system is limited.

The feasibility of mobilising a 'short term' bolstered workforce across the Humber is untested. It is not clear how many people could be mobilised via this route at low cost or no cost, or how soon they could be in place.

The risk of current capacity being reduced in some areas as a result of efforts to increase 'health protection' capacity in all localities and within PHE and current staff potentially being recruited elsewhere.

Each Local Authority has reviewed the capacity requirements and collaboration with local NHS/Local Authority Commissioners and Providers, Public Protection, and Infection Control has been established. The current and enhanced capacity has been identified within each Local Authority.

The Humber has been given access to the regional training package and limited access to national training package upon which to develop a Humber version which can be rolled out at pace and scale.

7.3 Digital Challenges

The lack of national clarity around whether Level 1b will have access to the national contact tracing digital architecture operating across Levels 2 and 3, and the lack of engagement from the national team on planning for this, creates a significant risk. An inability to access these systems would cause significant challenges as it would prevent live data flow, require the establishment of an entirely new standalone Humber system and surface a myriad of data protection and information governance issues.

Complex contact tracing/outbreak management at scale is treading new ground and undertaking this activity within a national framework and in a collaborative way involving a range of city-region and locality partners will undoubtedly pose some data protection and information governance issues that will need to be overcome.

At present the Local Authorities across the Humber are attempting to manage the response to COVID-19 in the absence of timely and accurate data and information.

7.4 Resourcing and Finance

The current range of the national 'unknowns' has placed significant limitations on the Humber Framework as there is no clarity at all on the volume and complexity of activity that might be escalated to Tier 1b from the NCTS Tier 2. This has made demand modelling and workforce planning highly speculative and prevented the development of a coherent business proposition at this stage.

The amount of potential funding is currently unclear and the potential cost of funding for each Local Authority Prevention and Outbreak Management Plan remains an issue. However, the rapid pace of mobilisation means that any resourcing required might need to be made available within a very short timescale to prevent programme slippage.

The UK Government has announced additional funding of £300 million for local authorities to support to COVID-19 Test and Trace and Outbreak Management services in their local communities.

The UK Government has also announced a new £600 million Infection Control Fund has been introduced to tackle the spread of COVID-19 in care homes. This fund, which is ring-fenced for social care services, will be given to local authorities to ensure care homes can continue to halt the spread of the coronavirus by helping them implement infection prevention and control measures.

The aspiration is to build the capability across the Humber to ensure a robust surveillance system to support the overall approach to prevention and outbreak management.

8 Collaborative Arrangements and Mutual Aid between the Humber Directors of Public Health and the Public Health Departments:

As a part of the requirement for Outbreak Control Plans at Local Authority level, the Humber Directors of Public Health have identified a number of requirements within the Outbreak Control Plan guidance that are better arranged on a Humber level. This includes

- Governance through a Health Protection Board
- The management of intelligence and data flow with the Biosecurity Centre, PHE Health Protection Team and the CTAS service.
- Access to and timely availability of testing to individuals and the initiation of mobile testing in the event of large outbreaks/sharp increase in the infection rate.
- High risk settings common to all 4 areas, e.g. Ports

Provision can be made for formal mutual aid if required but in the current circumstances a less formal memorandum of understanding serves to reflect our collective commitment to supporting each other through this local emergency.

The main operational mechanism for collaboration is through the membership and functioning of the Test Trace and Isolate Coordination and Assurance Group which connects all four departments. Requests for support can be overseen by this group.

In the event where a local Director of Public Health considers the situation in consultation with PHE to have reached the criteria to declare a major incident, they may make a request to their neighbouring Director of Public Health for additional staff resources to respond to the outbreak. Any staff provided as part of mutual aid would be assured as “fit for purpose”.

This will also be relevant if any of the four areas are having to deal with cross boundary elements of any large/complex outbreak involving Local Authorities outside of the Humber.

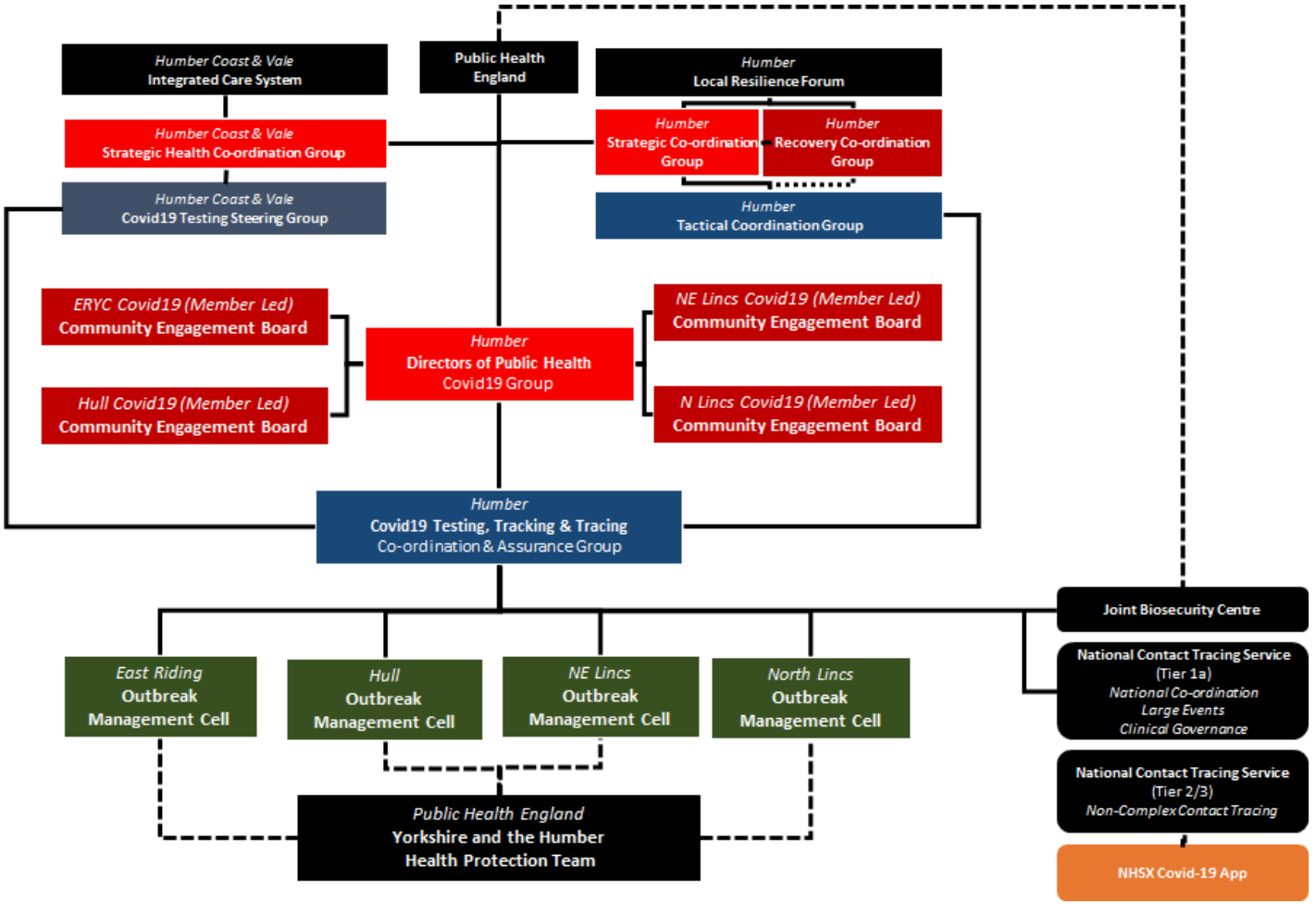
This support may also be considered in relation to the recovery phase of any larger scale/complex outbreak particularly any follow up “wellbeing check-in”.

If staff are involved locally for a prolonged period in managing a complex outbreak in collaboration with PHE, there may be some call for “back fill” for some routine functions and/or access to technical service specific support.

Directors of Public Health should also consider personal and professional support to each other as being a component part of this collaborative approach across Public Health departments.

APPENDICES

Appendix 1 – Humber Prevention and Outbreak Management Framework



Appendix 2 – Local Authority Plan Assurance Considerations

<table>
<tr><th>9 Domain Plan</th><th>Summary actions</th></tr>
<tr><td>1) The Humber Local Authority model: core requirements and structures</td><td>Core requirements for engaging/co-ordinating with the national tracing model:

Identify a Local Authority Contact Tracing and Outbreak Management Lead (guidance strongly suggests that this should be the local Director of Public Health)

Consider COVID-19 Health Protection Board responsible for the development of local outbreak control plans by Directors of Public Health.

Establish Strategic Co-ordinating Group gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g., Public Health, Humber Emergency Planning Service, Police, Fire, NHS etc.).

The recently established Test, Trace and Isolate Coordination and Assurance Group will provide assurance on some of these requirements.

Each ‘place’ to establish local COVID-19 Health Protection Groups to oversee the local process for Outbreak Management Plans.

Review the requirements of a Local Outbreak Engagement Board to provide political ownership and public-facing engagement and communication for outbreak response. Across the Humber Local Authorities, the Engagement Board approaches will be:
<table><tr><td>East Riding of Yorkshire</td><td>Cabinet Sub Committee</td></tr><tr><td>Hull</td><td>Health and Wellbeing Board Sub Committee</td></tr><tr><td>North East Lincolnshire</td><td>Place Board</td></tr><tr><td>North Lincolnshire</td><td>Health and Wellbeing Board</td></tr></table>
Consider all partners involvement at all levels of governance, i.e. Local Authority Contact Tracing Lead, Public Health leads for infection control and outbreak management, Environmental Health services, Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police), Consideration of representation from local VCS and faith groups)</td></tr>
<tr><td>2) Supporting and protecting vulnerable individuals, households, and groups</td><td>Consider specific residents and groups who may need additional support as a result of being asked to self-isolate.

Understand local vulnerability and develop local approach to address these.

Consider the role of existing COVID-19 response provision such as locality hubs for vulnerable and shielded groups and how these can support local response.</td></tr>
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	Consider the role of existing services for vulnerable individuals, households and groups including those provided by the VCSE and proactively establish support pathways. Consider the need to establish contingency plans to house individuals for whom self-isolation requires them to move from their primary household.
3) Consequence Management - Understanding and mitigating wider community impact	Understand and plan to mitigate impacts of extended scope of self-isolation in your area, potentially through a high-level impact assessment. These impacts include impacts on local economies, businesses and enterprises, community groups, essential services and workforce, and local enforcement. 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). Map potentially complex settings and establish a plan for proactive preventative infection control advice and guidance. Contribute to the establishment of Humber-wide standard operating procedures for potentially complex settings and cohorts. Additional considerations: local level SIT rep reporting (for high risk services), sharing of best practice, planning for the next phases of the easing of restrictions and regular engagement with critical local businesses in key sectors etc.
4) Leading the local partnership response	Ensure locality level understanding of and 'buy in' to the agreed Humber Contact Tracing and Outbreak Management Framework. Ensure a 'whole-area' approach is taken to responding to the potential expansion of self-isolation and general increased risk as lock-down is incrementally eased. Consider inviting key partners to be part of the proposed Test, Trace and Isolate Coordination and Assurance Group (CCG, Police, Fire, VCS etc.), supporting local area-based data hub to co-ordinate local information, and /or developing joint-action plans between all partners. Commit to the proposed approach to mutual aid and support.
5) Connecting and engaging local communities	Consider level of support LAs are able to provide in supporting the local uptake and outreach of the national testing and tracing model. Develop understanding of the potential outreach and engagement gaps. Consider mitigating the risk of low-take up and engagement with hard-to-reach groups and communities. Develop a local communications strategy.
6) Building Humber regional resilience and mutual aid	It appears highly likely that this variation may continue into the future and as such developing regional resilience within the Humber appears to be a critical consideration e.g.

	• Voluntary secondment of resource into Virtual Teams to support rapid regional deployment of resource to areas of pressure and need. • Establishment of more formal mutual aid and sit-rep reporting within localities (Local Authority areas) in the Humber.
7) Outbreak Control Readiness	Review local outbreak control readiness, processes and structures and begin considering undertaking scenario planning on how outbreaks will be managed within key or complex settings (e.g. Care Home, Schools, and Hospitals etc.) Make the workplaces and settings safe by ensuring social distancing and core H&S requirements and reporting are being managed and adhered to.
8) Data/Intelligence/ Surveillance	Establish a local data-hub to co-ordinate and communicate local information and data on tracing and testing in the Humber area.

Domain 9: High-level community impact considerations

Theme	Area of Impact
Local economy	Impact on small and medium-sized enterprises (extended self-isolation); Communication and enforcement of social distancing in high-footfall retail environments (shopping centres, high-streets etc.); Pressures emerging on local infrastructure (and implications for tracing and social distancing) arising from increased re-introduction of retail and business sectors. Impact on inward investment
Community impacts	Economically vulnerable individuals (e.g. zero hours contracts) and groups required to self-isolate without financial support through furlough or other schemes; Increased pressure at scale on those groups who are identified as vulnerable; Impact of extended self-isolation on VCS and mutual aid groups.
Essential services and workforce	Impact of extended self-isolation on public services, health, LA, Fire and Police; Enhanced business continuity planning for scenarios of significant self-isolation (10, 20, 30%) rapidly occurring; Knock-on impacts on local economy and community of disruption to local services.
Local enforcement	Consider approaches for responding to non-compliance of self-isolation in complex cases;

	Consideration of joint enforcement plans with local partners (police) to plan and mitigate scenarios of significant non-compliance; Place-based problem-solving solutions around hot-spots (retail, high-streets, parks etc.)
Workforce	Consider existing business continuity plans and prepare for scenarios where large proportions of the local workforce (especially those required to deliver critical face-to-face or in-office services) are required to self-isolate with short-notice.
Cross boundary impacts	Consider school population movements and business locations across Local Authority boundaries. Review and understand workforce commuting across Local Authority Boundaries. Identification of hospital patient flows across boundaries and the link with social care requirements.

Appendix 3 – Escalation Scenarios

The scenarios outlined below are a flexible and proportionate approach to support outbreak management decision making, guided PHE SOPs and local circumstances. These may be superseded in the future by the 'Play Book' in development by the Joint Biosecurity Centre.

Scenario	**Criteria to declare**	Management	Criteria to end
Small local (Cluster)	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 14 days
Local high risk	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Increasing High risk	Ten or more confirmed cases of COVID-19 among individuals associated with more than one specific setting with onset dates within 14 days OR Identification of absence of alternative source of infection outside the settings for initially identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Major High Risk	50 or more confirmed cases of COVID-19 among individuals associated with a number of different settings such as Schools, Care Homes and NHS Premises with onset dates within 14 days OR Identification of alternative source of infection outside the settings for identified cases	Local Authority alongside PHE and actions as per SOPs	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Local Complex Medium Risk	100 or more confirmed cases of COVID-19 among individuals and small number of deaths associated with a variety of settings, including Schools, Care Homes, Businesses and NHS Premises with onset dates within 14 days	Local Authority alongside PHE and actions as per SOPs	Reduced confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Local Complex High Risk	200 or more confirmed cases of COVID-19 among individuals and increasing number of deaths associated with a variety of settings with onset dates within 14 days with an impact on across the 'place' area	Local Authority alongside PHE and actions as per SOPs. Potential request for mutual aid to support in more than one 'place' area.	Reduced confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident Standby	There is an impact to the community and resources across a range of locations – numbers of infections have increased (10% of population), increased number of deaths (2%), complex contact tracing (5-10%) due to exposure from positive cases.	LRF precautionary review meeting to consider potential rising issues: Need for resources, maintenance of essential services for community, access to testing, BCP beginning to be exceeded	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident (1)	Whole Village, Town or City Lockdown due to multiple outbreaks across a large number of locations – numbers of infections have increased (25% of population), high number of deaths (4%), complex contact tracing (15%) due to exposure from positive cases. There is a significant impact to the community and resources implication to the responding organisations.	LRF declaration of major incident as per EPM due to: Need for resources, traffic management, cordon control, implementation of fines, maintenance of essential services for community, access to testing, use of legal powers, military support	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
Major incident (2)	Outbreak in a large organisation, for example, Hospital where there is sustained local transmission across a community with significant impacts to all local businesses and the community. The significant impact to the community is requiring resource deployment from all responding organisations.	LRF declaration of major incident as per EPM due to: Need for resources, traffic management, cordon control, implementation of fines, maintenance of essential services for community, access to testing,	Cases are at a level that can be managed within local resources and a reduced number of confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)