

Report to:	HEALTH AND WELLBEING BOARD
Date:	29 June 2020
Reporting Member / Officer:	Councillor Wills - Executive Member for Health, Social Care and Population Health Dr Jeanelle de Gruchy - Director of Population Health
Subject:	LOCAL OUTBREAK CONTROL PLAN
Report Summary:	<p>The Local Outbreak Control plan for Tameside provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place to deliver this, and appropriate routes of accountability.</p> <p>This is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. It includes sections on how our approach aligns to national and regional systems, including integration with the Greater Manchester Outbreak Control Plan, which is also in development; detail of the approaches we are taking to prevent outbreaks; and a description of the systems and steps in place to effectively manage outbreaks that may occur across our population.</p> <p>This is an iterative plan, which will continue to be informed by local circumstances, intelligence, evidence and on-going engagement with our communities.</p>
Recommendations:	That the Health and Wellbeing Board approve the content of this plan.
Corporate Plan:	The Outbreak Control Plan describes how we will manage and control Covid-19 in the current phase of the pandemic and will be crucial in enabling our communities to live with Covid-19. Providing this safe approach will be crucial in supporting the system across Tameside and Glossop to deliver against the corporate plan priorities, particularly considering those residents who are more vulnerable to the impacts of Covid-19 (Nurturing Communities and Longer & Healthier Lives).
Policy Implications:	This is a key strategic plan, which will inform and enable wider policy across the Council as to the steps we take to protect lives and safely ease lockdown.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The Council and CCG have received additional funding to support the outbreak of Covid-19. This includes £13.9 million allocated to the Council together with an indicative £6.2 million allocated to the CCG. However, it should be noted that current forecasts suggest this funding will be insufficient to support the related additional costs and reduced levels of budgeted income.</p> <p>In addition the Council has been allocated £2.1 million relating to</p>

Infection Control, 75% of which has to be distributed to care home providers in the borough to support related measures. The government have also recently allocated a ring-fenced test and trace grant of £1.4 million to the Council.

Members are requested to note these allocations as additional government funding that will support the local outbreak control plan.

**Legal Implications:
(Authorised by the
Borough Solicitor)**

The legal context for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management sits:-

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

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 through local Health Protection Partnerships. These arrangements are clarified in the 2013 guidance Health Protection in Local Government.

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 control 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 report is intended to provide Members with a comprehensive overview of the response to Covid-19 locally with particular regard to The Government's four key strands of test, trace, contain and enable to tackling Covid-19.

A number of the actions in the plan will require their own governance and decision making through Strategic Commissioning Board and it is recommended that regular reports are taken so clearly sighted on where focus needs to be. This will be particularly important given the budgetary pressures as set out in the financial implications and detailed legal implications will be included for Members' consideration at that time.

Risk Management:

The challenges posed by Covid-19 present significant risks to the Council and this plan is a mechanism via which we will mitigate direct risks of Covid-19 infection and transmission. This plan outlines the key steps and functions that will ensure emerging risks in the form of outbreaks in the local area are quickly identified, risk assessed and acted upon.

Background Information:

The background papers relating to this report can be inspected by contacting James Mallion, Consultant in Public Health, Population Health:-



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1. INTRODUCTION

- 1.1 This plan provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place to deliver this and appropriate routes of accountability.
- 1.2 It is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. The detail of how individual outbreaks in specific settings and circumstances will be managed may be referenced but will not be described in detail in this document.
- 1.3 This is an iterative plan, which will continue to be informed by local circumstances, intelligence, evidence and on-going engagement with our communities.

2. KEY AIMS OF THE OUTBREAK CONTROL PLAN

- 2.1 Prevent spread of Covid-19 and contain and suppress outbreaks.
- 2.2 Early identification of and management of outbreaks.
- 2.3 Define governance, roles and responsibilities and command and control arrangements relating to Covid-19 management.
- 2.4 Set out communications and engagement arrangements with partner organisations and residents.
- 2.5 Outline how the impact of outbreaks will be mitigated for residents.
- 2.6 Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside.
- 2.7 Where possible incorporate Covid-19 response into existing structures and ways of working.

3. RECOMMENDATIONS

- 3.1 As set out at the front of the report.

TAMESIDE COVID OUTBREAK CONTROL PLAN

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CHAPTER 1

INTRODUCTION

1. Purpose

This document provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms & infrastructure in place to deliver this, and appropriate routes of accountability.

It is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. The detail of how individual outbreaks in specific settings and circumstances will be managed may be referenced but will not be described in detail in this document.

This is an iterative plan which will continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities.

2. Aims

1. Prevent spread of Covid-19 and contain and suppress outbreaks.
2. Early identification of and management of outbreaks
3. Define governance, roles and responsibilities and command & control arrangements relating to Covid-19 management
4. Set out communications and engagement arrangements with partner organisations and residents
5. Outline how the impact of outbreaks will be mitigated for residents
6. Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside
7. Where possible incorporate Covid-19 response into existing structures and ways of working

3. Guiding Principles

The Association of Directors of Public Health (ADPH) sets out four principles for the design and operation of Local Outbreak Plans.

The prevention and management of the transmission of COVID-19 should:

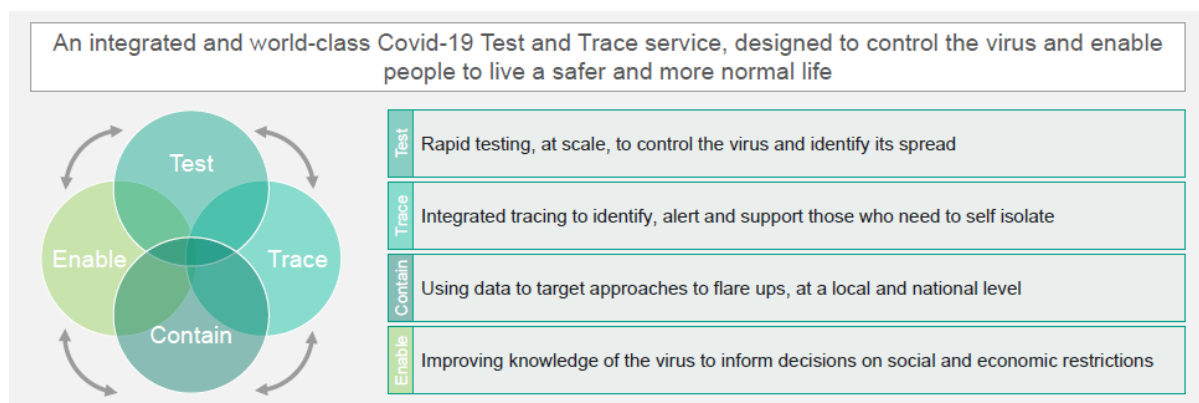
1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

The circle of health protection action below underpins how our approach to health protection and outbreaks are managed. As such this will be a live document that is under constant review as the response to Covid-19 is improved and based on our growing understanding informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities. It is also important to note that as our local learning improves based on how the system responds to complex, bespoke situations, approaches will be adapted and updated to incorporate this learning.



4. National Approach

The UK Government has set out four key strands to the national approach to tackling Covid-19: test; trace; contain; and enable. The intention is for this to form a continuous data capture and information loop at each stage that flows through the Joint Biosecurity Centre to recommend actions. The local planning and response will be key to the success of this system, with local government having a key role to play in identification and management to contain the spread of infection. This plan outlines how the wider system in Tameside will achieve this.



5. Seven Key Themes to Managing & Controlling Covid-19

The following seven key themes have been identified nationally as key priorities on which to focus our local work to manage and control Covid-19. These are based on the priority areas and actions we need to focus on based on the wider experience of the pandemic to date, and also highlight the key mechanisms through which to deliver on these priorities including data; testing; and engagement.

1) Care homes and schools

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

2) High risk places, locations and communities

Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access

points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).

3) **Local testing capacity**

Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment)

4) **Contact tracing in complex settings**

Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

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, data requirements including NHS linkages).

6) **Vulnerable people**

Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

7) **Local Boards**

Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

6. **Greater Manchester Covid-19 Outbreak Control Plan**

As part of the existing integrated working across GM and the key role of the GM Combined Authority and the GM Health & Social Care Partnership, a Covid-19 Outbreak Control Plan has been developed across GM which follows the same principles as the outbreak control plans that each of the 10 GM local authorities have developed.

The GM plan supports our local plans with clear approaches across the city region to each of the seven key themes of the outbreak control plans including the overlapping systems of command and control required during outbreak response, which feed into the Local Resilience Forum.

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LIVING WITH COVID

Preventing Outbreaks

The most effective way to deliver on the priorities in this plan is to ensure appropriate measures are taken and partners and communities are enabled to prevent Covid-19 transmission and outbreaks occurring. The key partners involved in this plan and the ongoing work around the cycle of health protection and outbreak management will continually work to embed this preventative approach.

Some of the key measures and actions that will be taken to prevent the further spread of Covid-19 include:

1. **Communicating** simple and clear preventative messaging across a range of stakeholders, including staff, local employers and residents.
2. **Engaging** with local communities to understand barriers to adhering to social distancing and isolation. This will also improve our insight and understanding of how to enable people to have appropriate understanding of risks and make informed decisions.
3. **Local Testing Capacity** – developing sufficient capacity and access to testing to reduce onward transmission.
4. **Contact Tracing** – supporting the delivery of the national Test & Trace programme as well as taking forward our robust local response across Tameside and GM
5. **Infection control** – ensuring that organisations have the appropriate guidance, training and supplies to maintain basic infection control processes.
6. **PPE** - Ensuring key organisations have access to appropriate PPE and the guidance, education and support to use it properly.
7. **Consequence Management** - supporting residents to self-isolate and prevent onward transmission through the humanitarian hub.
8. **Data Integration** - closely monitoring case rates in local areas to ensure increases are identified and action taken.
9. **High Risk Settings & Groups** - identifying and developing specific outbreak plans and preventative approaches for high risk settings. This extends to supporting high risk demographic groups as appropriate such as those who are shielded or BAME groups.

1. Communicating

This section outlines the key areas for communications across our system and communities relating to Covid-19. The detailed plans and progress around this will sit with a dedicated Communications & Engagement Group that has been established and will report into the Health Protection Board.

Part of the delivery of these messages will be in the form of communication campaigns such as the #TogetherGM campaign across Greater Manchester and the Limiting The Spread Campaign locally in Tameside, which will engage with all households in the borough.

With Residents

- It is essential the system continues to reiterate the consistent behavioural messages to our residents that will reduce virus transmission:
 - o Handwashing
 - o Social distancing
 - o “Don’t be a contact”
 - o What to do if you have symptoms

- What to do if your household members/close contacts have symptoms
 - Support available when self-isolating and how to access it (particularly important for those where isolating may cause financial hardship).
- This approach relies on saturation of simple messages focussed around personal responsibility and protecting those who are more vulnerable
 - The communication approach will vary for different communities. A detailed communications plan outlines this in more detail and the range of approaches that will be used for different demographics and communities across Tameside, as well as the media used; language; cultural sensitivity; and frequency of communications.
 - Communications will also be adaptive and rapidly respond to situations informed by the cycle of health protection and outbreak control as intelligence informs us of increasing risks or target areas/communities/settings.

With Partners

- Tameside Health & Wellbeing Board and the multi-agency Health Protection Board will be working across all partner organisations to ensure consistent messages are reinforced
- Third sector partners will be integral to this both in supporting the wide range of third sector staff and volunteers with regular information and FAQs; and also to support promoting relevant messages to large sections of our community in Tameside

With Local Employers and Businesses

- It is important for local employers and businesses to have access to and promote clear and consistent messaging to enable people working and engaging with them to prevent transmission of Covid-19
- Specific communication to local employers and businesses will include the simple behavioural messages highlighted for residents above, as well as regular information and FAQs for staff. A costed communications plan is being developed outlining how businesses can reopen safely and will include key messages for information and assurance for the public. This has been informed by surveying town centre businesses and spaces to understand and support the works required to make them 'Covid-safe'.
- The Tameside Council Employment & Skills team provide proactive communications to local employers and businesses to make clear the support available if businesses need to reduce operations or close temporarily as a result of Covid-19 impacts

2. Engaging with Communities

Resident engagement is key to driving our understanding of how residents relate to and understand advice relating to Covid-19 (preventing the spread), but also in terms of what the consequences may be for residents e.g. economic, social.

A dedicated Communications & Engagement Group reports into the Health Protection Board which will deliver on more detailed plans to engage with our communities, sitting alongside the established plans and campaigns to communicate. The Tameside Health & Wellbeing Board will continue to be a key driver for this engagement and our wider community response to Covid-19.

This approach links in to how we support high risk places, communities and groups and the priority will be doing this with our residents and communities. Enforcement approaches are to be a last resort.

This will link to the wider approach to communications and engagement across Greater Manchester, which is detailed in the GM Covid-19 Outbreak Control Plan and uses the established messaging of the #TogetherGM campaign. This aims to increase public understanding of and

compliance with public health instructions, while providing a sense of community, hope and optimism – by showing how Greater Manchester is joining together by everyone playing their part in stopping the spread of Covid-19.

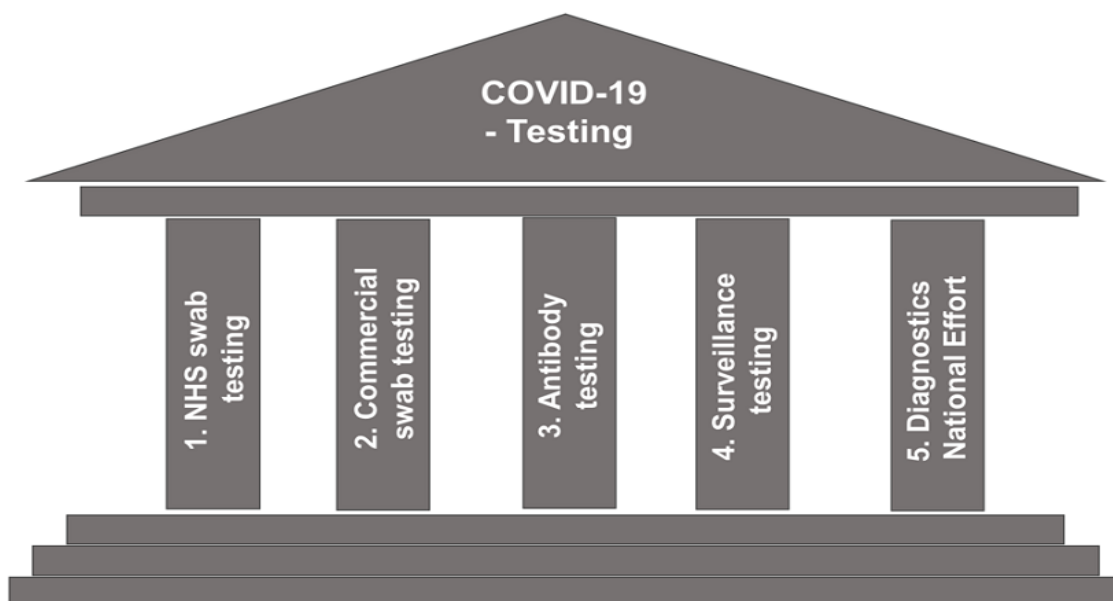
There are also clear local opportunities via groups including faith leaders and Faith United Tameside, as well as the wider range of third sector organisations, coordinated by Action Together to provide messaging, engagement and support into communities.

3. Local Testing Capacity

The aim of mass testing for Covid-19 in Tameside is to minimise the overall harm caused by the Covid-19 pandemic and allow lockdown restrictions to be eased. This mass testing strategy can support surveillance; treatment of individuals; support for essential workers; contact tracing; and outbreak management.

Delivery of the Mass Testing Strategy in Tameside will sit with the Health Protection Board via the Test and Trace Working Group. This structure will carry out the work required to ensure optimal capacity and access to testing across Tameside.

The national approach to Covid-19 testing includes 5 separate Pillars through which testing is delivered. The testing Pillars cover a number of pathways. Broadly, each pathway, irrespective of location, includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.



Across GM there is a Mass Testing Strategy and Operational Model which set out governance, resource requirements and delivery of testing across GM.

Pillar 1 – NHS Testing

Pillar 1 testing is NHS swab testing for those within an Acute setting. Tameside & Glossop Integrated Care Trust (ICFT) are testing the following groups on the hospital site:

- Patients who are symptomatic
- Staff who are symptomatic and/or symptomatic family members they live with

- Patients being discharged to care homes/hospice
- Patients in the hospice as requested
- All non-elective admissions to hospitals
- Patients requiring planned admissions

Pillar 2 – Resident and Essential Worker Testing

Anyone in Tameside **who has symptoms** of coronavirus, whatever their age, can ask for a test through the NHS website national portal or calling 119. Essential workers in Tameside can access priority testing through GOV.UK or through local processes via a dedicated email address..

The Pillar 2 testing programme includes:

- Viral antigen testing – indicating that the individual has a current infection
- Throat and nasal swabbing in communities
- Symptomatic or asymptomatic presentation
- Testing for Care Homes - Whole home testing of residents and staff has been carried out in Tameside care homes via Pillar 2 to understand the prevalence of Covid-19 in these settings and inform management. Options will be explored going forward as to how this may continue to ensure appropriate surveillance of Covid-19 infection in Care Homes as one of the highest risk settings.
- Testing for essential workers, local residents, children aged 0-18
- Local satellite site at Ashton Primary Care Centre, mobile pop-up testing site at Ashton Curzon and postal self-administered tests (nationally booked). The public health team are developing proposals to deal with 'surge' capacity where additional swabbing may be necessary – for example case finding during outbreaks or within health and social care settings such as domiciliary care or sheltered accommodation.
- Non-hospital/PHE Laboratories such as the 'Lighthouse Labs'

Pillar 3 – Antibody Testing

Antibody testing – 'serology test', commenced in June 2020. The presence of antibodies in a person's serum (taken from a blood sample) indicates past infection and does not necessarily confirm any form of immunity at the time. Results are being collected as a measure of prevalence of the COVID-19 virus in the population. The programme is targeting all asymptomatic NHS staff in hospitals, NHS patients, and will roll out to primary care staff, patients and in Care Homes.

Pillar 4 – Surveillance Testing

Pillar 4 is around surveillance of the population and is a core outcome of Contact Tracing. Individuals who test positive for COVID-19 through current or mass testing activity may be included in the tracing programme. Other groups of individuals traced after contact with someone who has tested positive will require inclusion in the testing programme.

Pillar 5 – Diagnostics National Effort

Pillar 5 programme supports industrial growth of capacity to provide and analyse more tests. The current limiting factors for antigen testing relate to laboratory requirements for platform/analyser-specific chemical reagents. Current assumption on supply of reagents is that production lies outside the UK. Consideration is being given to establishing production within the UK and/or within GM and EC to harness the regional life sciences and manufacturing assets and to maximise the economic opportunities.

4. Contact Tracing

The UK Government has announced the launch of the Test and Trace service as part of an integrated test, trace, constrain and enable (TTCE) approach to COVID-19. The aims of the national test and trace service are to reduce the national R number to below 1.0; save lives; and allow safe release from lockdown.

The national capacity around contact tracing consists of teams of national call handlers (Level 3) and professional contact tracers employed via NHS Professionals (Level 2). More complex issues will be passed to local areas (Level 1).

The key roles and responsibilities of the national test and trace service (Level 2 and 3) are as follows:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Level 1.
- Level 3 call handlers to escalate difficult issues to the level 2 staff who will deal with these issues.
- The interviewing of cases, and identifying their contacts using Standard Operating Procedures (SOPs) and scripts
- Level 2 staff will escalate complex issues and situations to Level 1.

As part of the test and trace service, cases where there is added complexity, high risk setting, or people who are more vulnerable will be passed to local areas to provide more bespoke support (Level 1). To enable this across GM, a Contact Tracing Hub has been established to bring additional contact tracing capacity as well as expertise from the Health Protection Team in Public Health England into the system. The GM hub acts as Level 1 in Greater Manchester and will be an interface for those complex cases passed through by the national service. This includes complex contact tracing or supporting people to isolate where required.

The key roles and responsibilities of the GM Contact Tracing Hub (Level 1) are as follows:

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

As part of this system, a dedicated Single Point of Contact (SPOC) has been established in Tameside to manage these cases where input is required from the local authority.

The key roles for the local authority in supporting contact tracing include:

- Escalation of locally identified potential contact tracing requirements to GM SPOC.
- Oversight and management of contact tracing requirements in relation to care homes (Infection Prevention & Control team)
- Contact tracing for complex scenarios which fall outside the scope of the SOP, or where there is an acute level of complexity that requires a bespoke response. These are articulated in the SOP as 'underserved' populations.
- Co-ordination of locality consequence management in relation to complex settings
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals / households
- Co-ordination of local communications and engagement in relation to potentially contentious or controversial for either information or action
- Recording activity and reporting back to GM Contact Tracing Hub
- Training and development of locality staff
- Joint management of an outbreak in accordance with SOP

Further detail of these processes can be found in the GM Outbreak Control Plan and associated SOPs developed by the GM Hub and PHE, which provide detailed step-by-step guidance as to the processes followed in each specific situation.

5. Infection control processes

Good, basic infection control processes are essential in ensuring that the risk of transmission of Covid-19 is minimised. Population Health and the Infection Prevention and Control Team continue to provide guidance, education and support to settings on infection control, including handwashing, environmental cleaning, waste disposal, and the proper use of PPE.

6. PPE Management

Personal Protective Equipment (PPE) is crucial in preventing the spread of Covid-19, particularly for staff who come into contact with people who may be infected with the virus. Tameside & Glossop Strategic Commission has worked with GM procurement in supporting the local system to access the necessary volumes of PPE throughout the Covid-19 pandemic. This support will continue throughout the outbreak, and an emergency stockpile of PPE will be maintained to:

- Provide additional PPE if there are local outbreaks in certain settings which require immediate increase in PPE use to prevent spread.
- To provide a buffer should an organisations PPE stock become reduced as a result of order delays/supply chain issues.

7. Consequence Management

When contact tracers advice residents to self-isolate there are potentially consequences for individuals and organisations within Tameside. These consequences will be managed locally to minimise the impact of the virus on residents.

Organisational Consequences

Organisations that deliver essential services may require support if large numbers of staff are asked to self-isolate; this is a key role of the SPOC.

In situations where consequence management issues are identified for organisations, the following actions will be taken:

1. Escalated to the Tameside SPOC via the GM hub or via local intelligence
2. The impact on the organisation will be discussed with the organisation – this will include any other relevant partners
3. Agile risk assessments will be conducted with all partners and actions will be developed to mitigate the impacts identified

This process will ensure that appropriate isolation as advised by the test and trace service can take place to prevent further spread of Covid-19 while also limiting any adverse impacts this may have.

Critical organisations/services in Tameside which are at risk if high numbers of staff self-isolate include but are not limited to:

- Hospital services
- Primary Care services
- Emergency Services (Police; Fire & Rescue; Ambulance)
- Essential council services (e.g. refuge collection, safeguarding, social care)
- Care homes
- Utilities
- Schools and childcare providers

Consequences for Individuals

Some individuals may either not be in a position to comply with self-isolation (e.g. homeless people, those with social or mental health issues), may struggle to self-support if they are shielded

or may not comply with self-isolation due to the economic and social impact on them and their family.

In situations where consequence management issues are identified for individuals, the following actions will be taken:

1. Escalated to the Tameside SPOC via the GM hub or via local intelligence
2. The Tameside SPOC will identify the most appropriate method to provide support to the individual to enable them to comply with self-isolation (via referral into relevant support or specialist service) – this will include any other relevant partners
3. Key partners to support individuals include but not limited to:
 - TMBC Contact Centre as a front door to main support and council services as well as humanitarian hub support
 - Citizen's Advice Bureau – supporting residents to access financial support during isolation e.g. payment holidays.
 - Welfare rights for more complex financial support and welfare assistance benefits.
 - NHS volunteer service and local third sector support in their community.
 - Action Together – as the main support agency and link into wider third sector organisations including volunteers across the borough

There is a potential resource impact for the system of supporting individuals to self-isolate, for example through continuing to provide humanitarian hub support. These resource implications will be escalated via the Tameside Test & Trace Working Group and fed through to the Health Protection Board where required.

8. Data Integration

As outlined in the cycle of health protection and outbreak management, data surveillance and intelligence are crucial in informing areas for action and increased focus or response.

As part of the governance structure around this plan, a Data & Intelligence group reports into the Health Protection Board which is working to develop a robust intelligence dashboard to inform how we control and manage Covid-19 in Tameside.

The data flows from the test and trace system are essential for improving the understanding of the location and spread of the virus within the local population. This needs to be integrated with local surveillance data to provide a fully integrated intelligence dashboard both at a GM and Tameside level.

As data flows and access improve, our ambition will be to gain a more detailed picture of the spread of Covid-19 across Tameside which will be nearer to real-time data (in the form of daily dashboards). The aim will be to use time series/trend analyses to:

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

The key areas of focus for the daily dashboards will be:

- Care Homes
- Hospitals
- Other high risk settings (eg. homeless accommodation)
- Schools
- Local geographies (by MSOA/Town/Postcode)
- Those experiencing inequalities (eg. BAME and Shielded groups)

Data presentation will move towards local mapping and decision making frameworks of indicators as we move forward and data flows and access improve.

Additional Information

There is an important role for soft intelligence to support the work of the Data & Intelligence Group. It is proposed this will operate as a regular 'touch base' with key partners including the hospital (infection prevention & control team); adult health and social care; local business leaders group; key VCSFE representatives (Action Together); Pandemic Resilience Leads and Managers; other providers of council services.

There is also an established Covid-19 Impacts Dashboard produced by Tameside & Glossop Strategic Commission Business Intelligence team. This details metrics, outcomes and information relating to the wider impacts of the Covid-19 pandemic on the delivery of the Tameside & Glossop Corporate Plan priorities. This includes areas such as vulnerable children and adults; economic; environmental; and organisational impacts.

9. High Risk Settings & Groups

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

As part of the national Test & Trace service, complex contact tracing which involves high risk settings or individuals requiring additional support will be automatically passed to the GM Contact Tracing Hub. Further detail about the process and roles and responsibilities in these situations is detailed in the previous section on contact tracing and there is further detail in the GM Outbreak Control Plan.

Support for vulnerable individuals

The council are taking proactive steps to support those who are more vulnerable to Covid-19 via the existing Humanitarian Hub and the core support provided around food, medicines and wellbeing. This has supported those who are shielding throughout the pandemic and is also accessible via the Council's main contact centre.

The GM Contact Tracing Hub and Tameside SPOC will also provide assistance and prevention advice where vulnerable individuals are identified as cases or contacts through the Test and Trace service. This support may include referral into the local humanitarian hub; or bespoke support via existing specialist services (eg. social care; domestic abuse services).

Support for high risk settings



Table 1 below outlines some of the known high risk settings in the borough. This is based on local intelligence and information and also the criteria which the national Test and Trace service have applied to situations where local input will be required. Further detail of this can be found in the GM Outbreak Control Plan. This is not an exhaustive list and is expected to grow and develop over time as new situations arise.


As part of the established governance around this plan, the Health Protection Board and Tameside Test & Trace Working Group are working proactively with a range of settings, services and organisations to ensure risk assessments and mitigation plans are in place to minimise the risk of Covid-19 transmission. This risk assessment process has been led by Tameside Council's Health & Safety team and has included working closely with all Council services, schools and other partners to ensure these steps have been taken. Appendix 4 outlines a list of further national

guidance and standard operating procedures for specific settings in the context of working with Covid-19.

Ongoing discussions and communications with other sectors such as health care, emergency services, voluntary and community sector organisations and local employers and businesses are also taking place. This is supported by the Council's Environmental Health, Trading Standards and Business Compliance teams as well as the Employment & Skills team who all provide proactive support to businesses.

The most appropriate point of contact for these settings where situations or concerns arise is the Tameside Single Point of Contact at covid-19@tameside.gov.uk

Setting	Key Partners & Processes (contact tracing and consequence management)
People living or working in prisons	PHE NW / GM Hub to coordinate support
Homeless population	Tameside SPOC will liaise with TMBC Community Safety Team (risk assessments and mitigation plans in place)
Border Force and Immigration officers	PHE NW / GM Hub to coordinate support
Care home resident or staff member	<p>TMBC PH / Adult Social Care / ICFT Infection Control teams coordinate management and response (dedicated procedures and SOPs). National contact tracers to follow up staff.</p> <p>Further information and local guidance for care homes can be found here:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>PHE NW Care Home COVID-19 pack 2020</p> </div> <div style="text-align: center;">  <p>PPE guidance - Tameside summary at</p> </div> </div>
Primary Care	<p>PHE NW / GM Hub to coordinate support and liaise with Tameside SPOC / CCG Primary Care leads where significant complexity or consequence management issues arise (risk assessments and mitigation plans in place).</p> <p>General Practice If significant staffing pressures occur in General Practice, practices should invoke their business continuity plan and notify the CCG.</p> <p>Community Pharmacy Staff in community pharmacies may be unable to socially distance, therefore the use of PPE is routine. Full guidance can be accessed via the link to the Community Pharmacy SOP in Appendix 4. If significant staffing pressures occur in Community Pharmacy, they should invoke their business continuity plan and notify GMH&SCP.</p> <p>Dentistry Services are currently being stepped back up; where face-to-face care is required, staff wear appropriate PPE. Full guidance can be accessed via the link to the Dentistry SOP in Appendix 4</p> <p>Optometry Routine services have been re-instated; where face-to-face care is required, staff wear appropriate PPE. Additional guidance can be found</p>

Setting	Key Partners & Processes (contact tracing and consequence management)
	in the Optical SOP in Appendix 4.
Acute Healthcare Workers	ICFT Infection Prevention & Control Team will lead follow up in acute healthcare settings as per existing procedures
Emergency Service Workers	PHE NW / GM Hub to coordinate support
School pupils or staff and early years	<p>PHE NW / GM Hub to coordinate support – Tameside SPOC and TMBC Education team to provide proactive support to these settings (dedicated schools/childcare resource pack). Tameside SPOC also rapidly escalate issues to GM Hub based on local intelligence</p> <p>Further information and guidance for schools can be found in the Tameside Schools Support Pack</p>  <p>Tameside COVID 19 Resource Pack for Schools</p>
Residents with mental health illness	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with specialist services where appropriate and/or additional support including humanitarian hub
Entertainment venues	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with TMBC licensing and environmental health teams to consider appropriate support / actions
Religious settings / places of worship	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with relevant partners including faith leaders where appropriate to consider support/actions
Other businesses / charities	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with relevant partners and businesses to consider support/actions

Compliance and enforcement

Some situations may involve potentially infectious people who cannot or will not agree voluntarily to be tested. In such circumstances you should still try to persuade the potentially infected person to agree to a test or to self-isolate by: the 4 E's - Engage, Explain, Encourage, and last resort Enforce.

- Attempt negotiation directly,
- Advise of consequences (power to direct to attend, offence if they fail to attend, remove with reasonable force)
- Ask for assistance (Trusted person contact, case worker, family member or friend, religious leader, Environmental Health officer, local councillor, police officer to provide assistance)

CHAPTER 3

RESPONSE

The previous chapter outlined the key mechanisms and steps that will be taken to prevent outbreaks of Covid-19 in Tameside, based on the seven key themes of outbreak control plans that have been identified nationally. The following sections detail the system responses in place where outbreaks of Covid-19 do occur.

1. Defining an outbreak

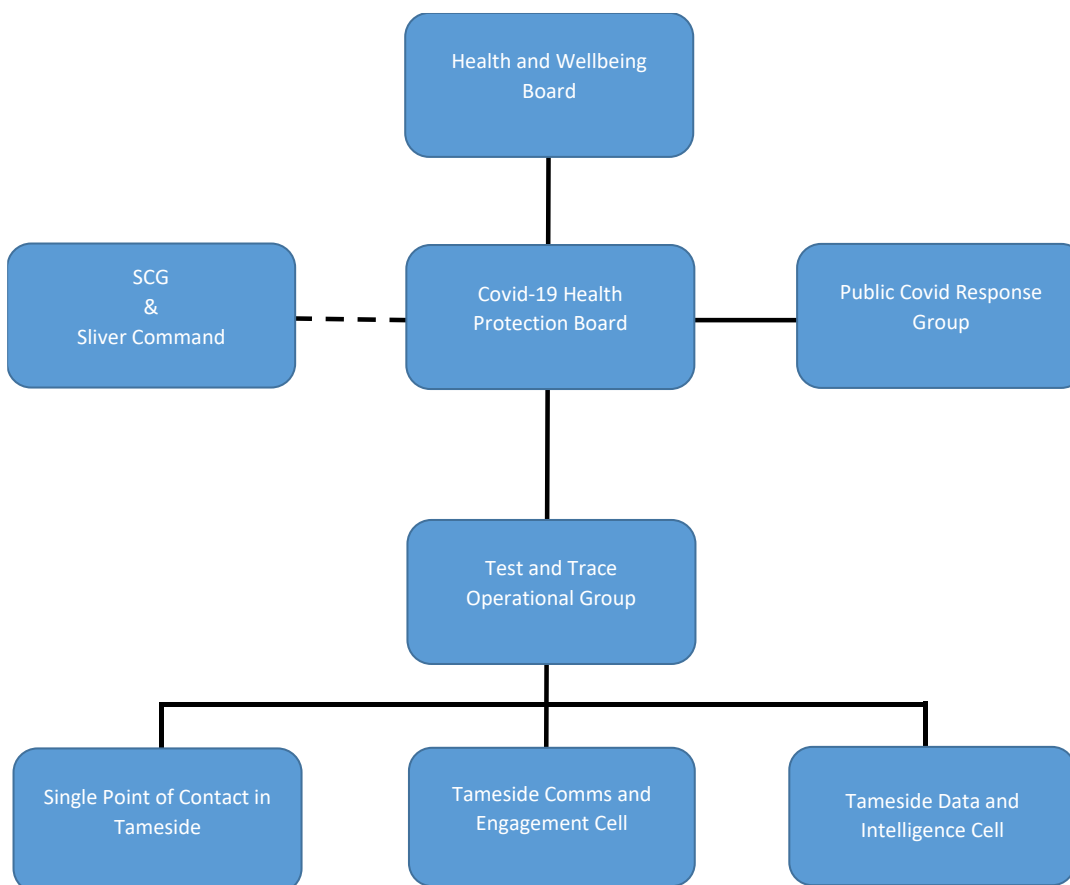
The emergence of Covid-19 represents an outbreak on a macro scale, which is comprised of a number of more localised outbreaks.

Appendix 1 outlines the detailed definitions for Covid-19 clusters and outbreaks in different settings, as well as criteria to measure recovery and declare the end of an outbreak.

2. Governance / Command & Control Arrangements

Overall accountability and oversight of the Tameside Covid-19 Outbreak Control Plan, and the response to Covid-19 outbreak situations sits with Tameside Health & Wellbeing Board. This is supported by the Health Protection Board, which is chaired by the Director of Public Health.

See figure 1 below for governance structure.



The following structures and partners across Tameside are currently established to support the Health Protection Board and manage the response to COVID-19:

- Tameside SCG
- Tameside Silver (Operations / Health & Care)
- Tameside COVID Single Point of Contact (Population Health)
- Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) – Infection Prevention & Control
- North West Health Protection Team, Public Health England (GM Hub)
- Tameside Test & Trace Working Group
- Covid-19 Data and Intelligence Cell
- Covid-19 Comms & Engagement Cell
- GM Mass Testing Steering Group
- GM Contact Tracing Group

These command and control structures will feed into SCG via the Health Protection Board. This route of accountability will have responsibility for:

- Monitoring and contributing to the surveillance of new and emerging outbreaks of COVID-19
- Identifying and implementing national and local Public Health actions in both clinical and non-clinical settings
- Leading on testing and contact tracing systems as part of the wider Test, Trace, Contain and Enable strategy
- Providing scientific and technical oversight
- Continued oversight of implemented actions and Infection Prevention Control Teams

Lead officers for the Tameside Single Point of Contact (SPOC) will feed relevant information and raise challenges or issues that may require wider input into the Health Protection Board

3. Managing an Outbreak - Key Roles and Responsibilities

As outlined in the previous section on Contact Tracing, all positive Covid-19 test results are fed through the national Test and Trace service. From here, relevant contact tracing will take place by national Level 2 and Level 3 call handlers, with more complex issues and cases being passed to the GM Hub for relevant follow up, which may subsequently include the Tameside SPOC.

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

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

This risk assessment will be led by colleagues in the NW Health Protection Team (PHE) who sit in the GM Hub. If following assessment, this is identified as an outbreak it will progress under existing outbreak management arrangements as per the established Operational Local Health Economy Outbreak Plan for Tameside. Further details of the steps required in specific situations are outlined in the GM Outbreak Control Plan and associated SOPs developed by PHE. The key steps that will be led by Tameside Council in conjunction with PHE are as follows:

1. Notification

This will happen either via GM Hub or locality. Initial notification of a confirmed case will link in with the contact tracing process outlined in the previous chapter. The Tameside SPOC will be informed of the situation and will log basic information to determine next steps and immediate follow-up.

2. Outbreak Investigation & Risk Assessment

The Tameside SPOC will work with the NW Health Protection Team (PHE) to review intelligence and make connections that lead to a potential outbreak situation. This will involve contact with the setting to gather further information about numbers of symptomatic individuals and potential contacts including any other risks. Where significant risk is identified a joint decision will be taken between Tameside MBC and PHE to declare an outbreak.

3. Advice & Controls

Infection prevention & control advice provided to the setting to manage immediate risks. Also to include social distancing; hygiene; PPE use; protective groupings (cohorts); enhanced cleaning; requirement for closure. Links to relevant national and local advice to be provided including template letters for further communications; FAQs; detailed infection control advice where required. Consideration for wider communications / media support such as letters out to wider groups or reactive press statements.

4. Assess Testing Need

Tameside MBC and PHE to determine the need for any further testing requirements with the priority being any symptomatic people who have not yet been tested.

5. Assess Need for Outbreak Control Team

If the outbreak is complex and multiple issues arise, Tameside MBC and PHE will discuss the need to convene an Outbreak Control Team (key members will include Tameside Population Health; PHE; Infection Control Team; representative of setting; other relevant stakeholders and partners including healthcare; CCG; or environmental health representatives). Communications implications should also be considered at this stage and involved in the OCT if appropriate. A high threshold will be applied and an OCT will only be convened for the most complex situations. In lower risk scenarios, the Tameside SPOC will coordinate local response and determine whether a local response team meeting is required.

6. Continued Follow-up

Consequence management issues to be picked up across partners and addressed. This will be coordinated by the Tameside SPOC. Examples may include bespoke support for vulnerable individuals; PPE supply issues; complex local contact tracing requirements; staffing and continuity issues in a service/setting. Settings will remain in contact with PHE and Tameside SPOC to inform of any further issues or changes to the situation. The risk assessment will be reviewed if information emerges that would change the approach (eg. increase in number of cases)

7. Close Outbreak

In the short term, once all necessary infection prevention and control and consequence management actions are complete the situation is closed for further actions. The outbreak can be declared over 28 days after the last case of Covid-19 infection. Further actions around consequence management may need to continue beyond this period if there has been significant impact.

8. Further Monitoring / Notification

The setting will monitor the situation and will notify Tameside SPOC and PHE if the situation worsens and further input is required.

The GM Hub holds the SOPs which outline more detailed steps that will take place in the event of outbreaks in specific settings and situations. These have been informed by detailed scenario planning which has taken place at a GM and local level.

Hours of Operation

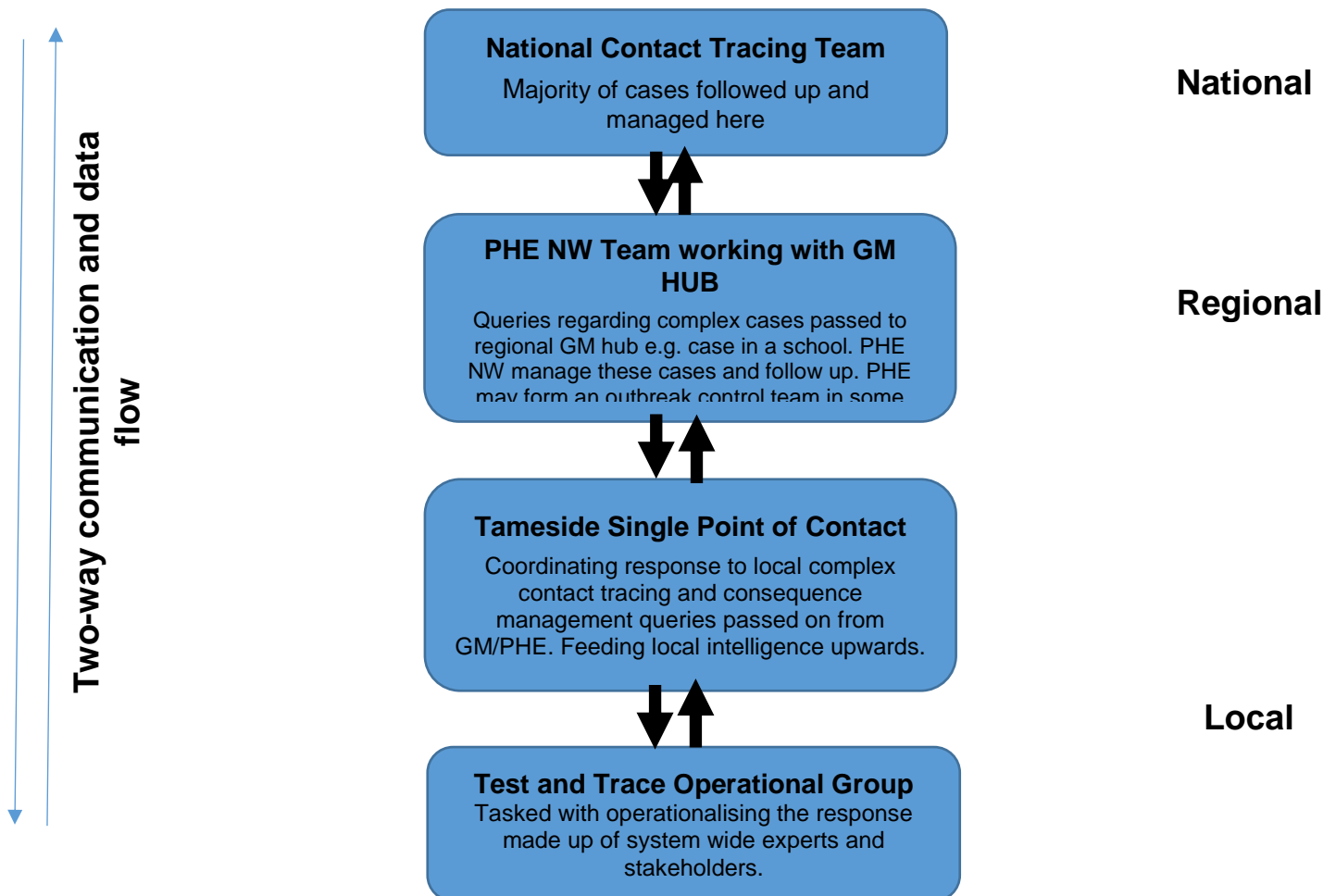
The Tameside SPOC will operate from 09:00 – 17:00 Monday to Friday. Outside of these hours, in emergencies, health protection advice will be provided by the PHE North West Health Protection Team.

Tameside Council’s normal civil contingency contacts will be used for any relevant out of hours requirements.

See Appendix 5 for a list of key contact details.

Figure 3 below summarises the different levels of roles and responsibilities during an outbreak situation emphasising the important role of two-way communication in that system.

Figure 3 - Summary of Roles and Responsibilities Relating to Covid-19 Outbreak Management



Other Outbreak Management Considerations

Communications during a specific outbreak

- During an outbreak it will be necessary to ensure clear communication across all partners. The Tameside SPOC will work with communications leads across Tameside Council and other partners including PHE to determine any reactive and wider communications required in relation to a specific outbreak
- Where required, Tameside SPOC will work with PHE to develop reactive press statements relating to outbreak situations as they arise
- SPOC contact details will be shared with partners to help two-way communication and help support partners in preventing and managing cases.

Media and Political Impact

Outbreaks in certain organisations such as schools may result in wider media interest, which can cause public unrest and disruption.

The Health Protection Board and the Tameside SPOC will support specific settings with existing resources to provide clear advice and information and will manage any wider media and political impacts in these situations as they arise.

Managing Delivery

A log of all actions arising from the various work streams supporting Covid-19 outbreak management will be held by the Tameside SPOC and PHE centrally and can be reviewed through the governance to track progress and ensure actions and control measures are being followed up.

APPENDICES

Appendix 1 - Outbreak Definitions

Outbreak definition for non-residential settings

1. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.
2. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
<i>Cluster</i>	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)	No confirmed cases with onset dates in the last 14 days
<i>Outbreak</i>	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	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	<p>the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case</p> <p>OR</p> <p>(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</p>	
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Outbreak definition for residential settings

3. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	Criteria to end
<i>Outbreak</i>	<p>Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.</p>	No confirmed cases with onset dates in the last 28 days in that setting

4. Table 3 provides a broader definition of outbreaks in either in-patient and out-patient settings.

Table 3: Declaring and ending an outbreak in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	Criteria to end
<i>Outbreak in an inpatient setting</i>	<p>Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital.</p> <p>NB. If there is a single laboratory confirmed case,</p>	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	Criteria to declare	Criteria to end
	this would initiate further investigation and risk assessment.	
<i>Outbreak in an outpatient setting</i>	<p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>AND ONE OF:</p> <p>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</p> <p>OR</p> <p>(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</p>	No confirmed cases with onset dates in the last 28 days in that setting

Other Definitions

Possible case	New persistent cough, OR fever (over 37.8) OR change or lack of sense of smell or taste.
Confirmed case	Person with positive PCR test for SARS-CoV-2 (regardless of symptoms).
Outbreak	Two or more confirmed cases linked in space and time.
Incubation period	Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days
Infectious period	48 hours before onset of symptoms until 7 days from onset of symptoms
Exclusion period	<p>Symptomatic confirmed cases – 7 days from onset of symptoms; 14 days for elderly care home residents</p> <p>Asymptomatic confirmed cases – 7 days from date of test</p> <p>Household contacts of cases – 14 days from onset of symptoms/(date of test if asymptomatic) in family member</p>

Appendix 2 – Functions and details of the Tameside Covid-19 Single Point of Contact

As part of the preventative approach to the control and management of Covid-19 in Tameside, a Single Point of Contact has been established to interface with the GM Contact Tracing Hub. This acts as a point of contact for two way communication with the GM hub and colleagues in Public Health England to escalate cases and situations where they are identified both by the national Test and Trace system, and locality intelligence.

Tameside SPOC – covid-19@tameside.gov.uk

Hours of Operation: 9am-5pm Mon-Fri

Ownership – Population Health Team, Tameside MBC

Key Functions of the Tameside SPOC:

- To act as contact point for GM Contact Tracing Hub
- Will receive cases from the GM Contact Tracing Hub in 3 forms of escalation
 - For information
 - For action
 - For preparedness (no action required, but may be required in the future)
- Criteria considered for escalation to Tameside SPOC from GM Contact Tracing Hub
 - Large number of contacts are likely to meet the proximity or direct contact definition
 - High numbers of vulnerable people are identified as potential contacts within the setting
 - Potential impact on service delivery if staff are excluded for 14 days from exposure
 - Significant consequence management concerns
 - Concerns around support needs of potentially vulnerable individual or household
 - Outbreak declared
 - Healthcare setting
 - Social care setting
 - Death or severe illness reported in the case or contacts
 - Significant likelihood of media or political interest in situation
- To escalate issues/cases identified locally to the GM Contact Tracing Hub where further contact tracing support or specialist input from the Health Protection Team (PHE) is required
- To act at a key point of contact and coordination in the event of an outbreak situation – in liaison with PHE and the GM Contact Tracing Hub

Resources

The Tameside SPOC will require the following resources to process enquiries and escalations and also follow up with appropriate actions:

- Oversight from Consultants in Public Health (x 3)
- Administrative / Business Support Capacity (x 1 WTE)
 - Responsible for logging and cascading relevant actions and recording actions taken
- Case management capacity
 - To be drawn from pre-identified resource in the system (eg. Population Health Team; Community Infection Prevention and Control team; other specialist colleagues drawn from the Tameside Test & Trace Working Group membership as required)

Wider resource requirements to support the functioning of the Tameside SPOC will include:

- Dedicated business intelligence analytic capacity (TMBC BI Team) to support the Data & Intelligence Group which reports into the Health Protection Board

- Dedicated communications and engagement capacity (TMBC Communications team; Action Together) to support the Comms & Engagement group which reports into the Health Protection Board
- Local resource to flexibly deploy Covid-19 testing capacity

Appendix 3 – Terms of Reference of key groups as part of Covid-19 Outbreak Control Plan governance

- COVID Health Protection Board



COVID Health
Protection Board To

- Tameside Health & Wellbeing Board

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- Tameside Test and Trace Working Group



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Appendix 4 – Links to relevant national guidance and operating procedures for specific settings




- [NHS England Primary Care Guidance](#)
- [Current guidance on the use of PPE in all Primary Care settings](#)
- [Standard Operating Procedures for General Practice](#)
- [Standard Operating Procedures for Community Pharmacy](#)
- [Standard Operation Procedure for Dental Practice](#)
- [Standard Operating Procedure for Optometry](#)
- List of adult social care guidance: <https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>
- Infection prevention and control guidance (including PPE guidance): <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- Wider advice for schools and education settings <https://www.gov.uk/government/publications/covid-19-school-closures>

Appendix 5 – Key Contacts

Organisation/ Role	Email address	Phone number
Tameside SPOC	Covid-19@tameside.gov.uk	

Tameside Council Contact Centre	-	0161 342 8355
Tameside Council Communications Team	communications@tameside.gov.uk	-
Tameside Council Civil Contingencies Out of Hours	-	0161 342 2222
Public Health England North West Health Protection Team	lcc.northwest@phe.gov.uk	09:00 – 17:00 Monday to Friday 0344 225 0562 (option 0 then 3) Out of hours 0151 434 4819
Tameside & Glossop (ICFT) Community Infection Prevention & Control Team	-	0161 922 6194 (9-5pm – out of hours please call PHE contact)
GM H&SCP Pharmacy, Optometry and Dentistry Teams	-	For pharmacy and optometry england.gmtop@nhs.net For dentistry England.gmdental@nhs.net

Appendix 6 – Other Supporting Documents

Tameside Operational Local Health Economy Outbreak Plan	 Operational Local Health Economy Outt
National college of Policing guidance	 Coronavirus-Act-20 20-030420-public he
Greater Manchester COVID-19 Outbreak Control Plan	 DRAFT GM COVID-19 Outbreak