

North Somerset Council

Local Outbreak Management Plan

June 2020



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Executive Summary

Why do we need this plan?

All local authorities are required to produce a Local Outbreak Management Plan (LOMP) to provide assurance that appropriate actions are in place to respond to the pandemic. This is a welcome opportunity to confirm learning from the response delivered so far and describe what can be delivered through working together.

What will it do?

The plan gives clarity to all local stakeholders on how outbreaks will be managed as is required to cover seven themes. These are:

LOMP themes:	(1) Care homes and schools	(2) High risk places, locations and communities	(3) Local testing capacity
(4) Contact tracing	(5) Data integration	(6) Vulnerable people	(7) Local Boards

How will we know if it works well?

Progress in delivering the LOMP will be reviewed at North Somerset Partnership (as the Local Engagement Board) with regular reporting to other forums as required. Regular updates will describe any changes to our local situation and the responses proposed. Public facing data and intelligence will also provide the opportunity for all stakeholders to easily see the position for North Somerset.

Where can I find out more?

This plan remains a live document and will be updated regularly as capability expands and the pandemic evolved. The plan and a number of supporting documents are available to access at:

www.n-somerset.gov.uk/lomp

Section 1: Purpose of the plan

As the leader of local place, the upper tier/unitary local authority has a significant role to play in the identification and management of COVID-19 outbreaks. This Local Outbreak Management Plan (LOMP) gives clarity on how North Somerset Council will work with partner organisations at local, regional and national level to effectively identify and respond to a potential outbreak of the COVID-19 virus.

Building on long-standing health protection arrangements, the Director of Public Health has a crucial system leadership role in the delivery of the LOMP and by providing independent advice to a wide range of partner organisations and decision-makers on how to be protect the health of the local population.

The delivery of the plan requires effective and efficient coordination of resources across a range of teams and settings. There must be quick access to the necessary capacity and capability to deploy resources to priority areas for action, for example, an outbreak in a key setting like a school or care home.

The LOMP also sets out how a response to the threat of the virus requires regular and effective communication with and engagement of the local community. Since the start of the pandemic, the potential to minimise harm of COVID-19 has relied upon the support of residents and visitors in observing guidance in areas like social distancing, good hygiene and quick reporting of any symptoms with a commitment to self-isolating to protect others.

The plan describes the technical response from different public agencies and the relationships that must exist between them, but it is a plan for everyone in North Somerset. It is likely to be needed for many months to come. Never before has the need for a whole community approach been more critical in order to ensure that harm is minimised, and the health and wellbeing of residents is protected now and in the longer term.

It is likely that action plans will continue to evolve in the light of new guidance, new resources and learning from evidence and practice from elsewhere.

Scope

This plan describes local arrangements for North Somerset in response to outbreaks of infectious disease, specifically COVID-19. This plan is not intended to replace proven health protection protocols to manage outbreaks in specific settings but will also consider the wider impacts of COVID-19 on local communities.

Whilst this plan is specific to the COVID-19 pandemic, the principles and supporting documentation are valid for other outbreaks of infectious disease and will remain valid and essential for the system to prepare for winter resilience and influenza planning.

There are several key activities which are essential to effective outbreak control.

These include:

- Routine (and enhanced) surveillance;
- Detection;
- Risk assessment;
- Activation of special management arrangements;
- Investigation;
- Coordination;
- Communication;
- Application of public health control measures.
- Evaluation

These elements are interdependent and non-sequential; each element is described in more detail later in this plan. The principles underpinning our approach in North Somerset are as follows:

- The LOMP will build on existing health protection processes, not duplicate them. Responses will involve the entire public health system, building on and utilising the existing close working relationships between the local authority public health teams and PHE in the south west.
- The overarching aim is to keep the virus under control through improved co-ordination whilst maintaining community engagement. There is a commitment to openness and transparency throughout planning and response, communicating the most up to date science, evidence and data to wider partners and the public.
- There is a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.
- Planning and response to COVID-19 will include necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.
- Plans will ensure testing takes place quickly and tracing contacts of those who have tested positive occurs at pace, advising them to self-isolate
- A robust evidence base and local knowledge will be utilised to ensure a consistent approach to decision making and a continuous learning approach is in place, sharing and learning from one local authority to another to ensure the most effective response.
- The governance arrangements associated with the LOMP will provide the structure and responsibility to enable a place-based approach and impact. There is a commitment to actively engage with key partners, including town and parish councils and wider partners and communities including the community and voluntary section to ensure a whole system approach.

- The assurance role of the DPH will build on local knowledge and real time data flow between local and national systems, utilising and building upon already agreed approaches such as those defined within the South West Core Health Protection Functions Memorandum of Understanding.
- We will seek to regularly communicate with our local communities and ensure they are informed and understand the important of preventative measure and following any guidance they are given.

These principles are supported by the core working principles agreed by the South West Directors of Public Health (Appendix 7).

Section 2: Working in partnership

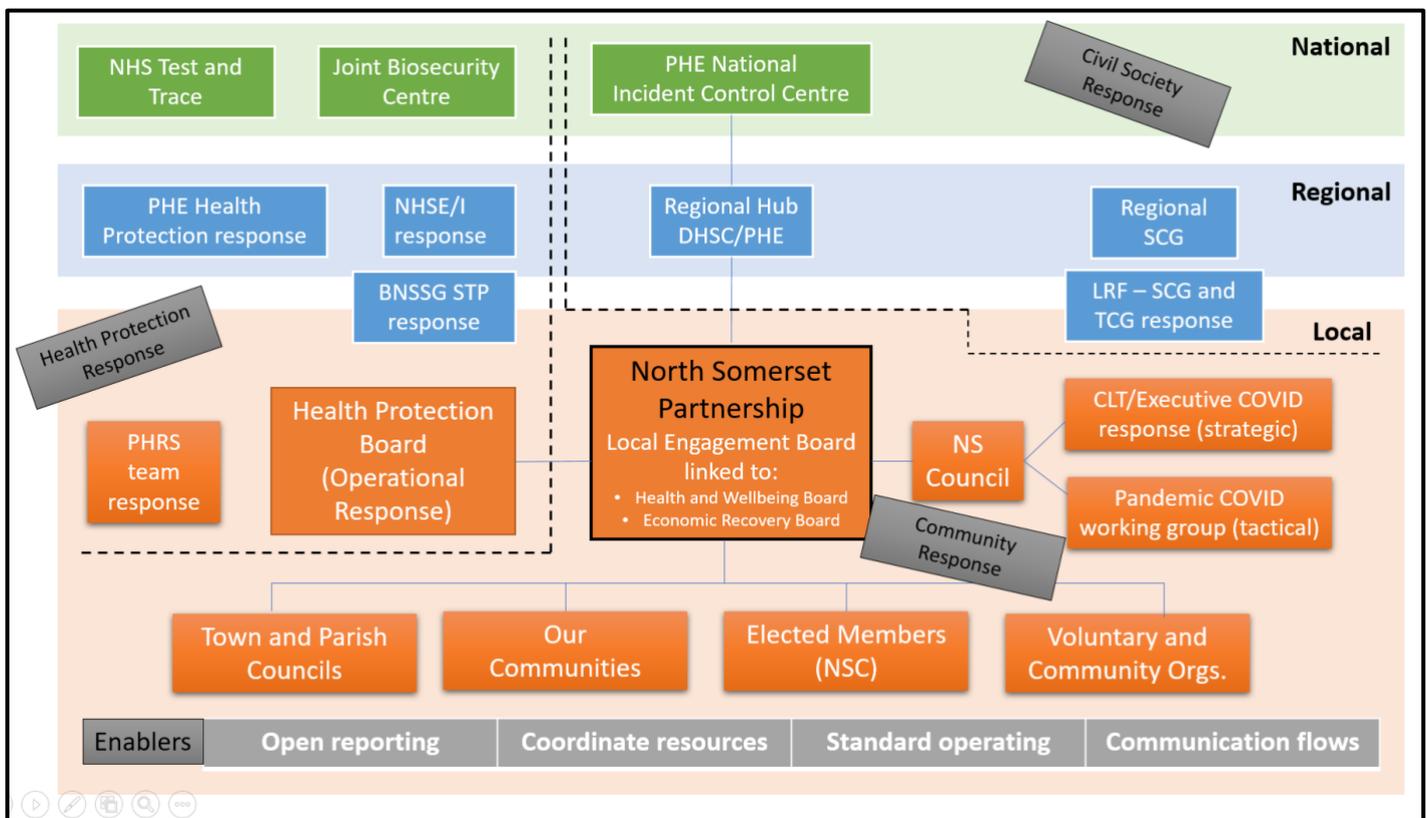
The commentary in section 1 recognised the importance of all organisations working together to deliver the COVID-19 response.

Figure 1 (below) shows the key organisations, forums or work programmes that will combine to help protect the health of people in North Somerset. There will be more organisations, groups and important individuals who contribute under each of these headings, but this is designed to give a systems overview.

More description follows under each of the three main themes within the response. These are:

- 1) **Health protection response** – the more technical aspects of identifying and mitigating the spread of the virus and its impacts
- 2) **Civil society response** – how different services and organisations working within North Somerset but connected to other parts of the South West or national structures will support a local response
- 3) **Community support** – the essential role of building and sustaining community understanding and support for different measures to help minimise harm and identifying opportunities to use community assets to help recovery from the pandemic

Figure 1: The systems map for the COVID-19 response in North Somerset



Health Protection Response

Local government consistently works with colleagues in Public Health England to manage outbreaks of communicable disease. Therefore, the management of the pandemic response largely follows well established practices. However, the scale and complexity of issues is at a much larger scale in the COVID-19 pandemic than anything that has been planned for or dealt with to date. The development of the LOMP is a good way of putting the roles and responsibilities around health protection action into context. The key forums and teams involved in preventing onward transmission of the virus are:

North Somerset Health Protection Board

The Board role will be delivered by the well-established Health Protection Assurance Group through monthly meetings. The Board is chaired by the Director of Public Health and features representation from a wide range of NHS organisations, Public Health England and Council teams. It will review the technical aspects of response against current guidance and good practice principles.

Public Health and Regulatory Services Team

The team already delivers a range of functions including outbreak management, support to local settings, regulation and enforcement. These functions are being enhanced during the pandemic response with support from an additional public health grant from government (see section 4 – health protection approach)

Public Health England (PHE) Regional Health Protection Team

PHE has responsibility for providing specialist advice and resources in responding to communicable disease incidents and outbreaks: They provide case management, surveillance, 24/7 response and work with local public health teams to provide leadership around community outbreaks. They also bring in national specialist advice as required. Public Health England is a Category One responder under the Civil Contingencies Act 2004.

Bristol, North Somerset and South Gloucestershire (BNSSG) structure

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

NHS England/Improvement (NHSE/I)

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

NHS Test and Trace

The new test and trace system has been in place since the end of May and is providing important support to the identification of potential onward spread. It will support any additional testing required as part of a response to the outbreak and provide intelligence on the range and location of contacts identified as a follow up to confirmed cases to assist local planning. More information can be found in [section 4](#).

Joint Biosecurity Centre

This new national resource will provide localised information from a wide range of sources to inform how the virus may be spreading in a local area and what steps could be prioritised to support any local response. More information can be found in [section 3](#).

Civic Society Response

The COVID-19 pandemic has shown the varied and deep impacts of a specific health threat on all aspects of our everyday lives including employment, education, transport, economic development, community connections and supporting friends and family. Any response to a specific outbreak needs to take this broad view and make best use of the expertise and resources available across a range of agencies and stakeholders. The established routes to do this, which has already been providing strong support to local needs, are:

Local Resilience Forum (LRF)– Tactical and Strategic Coordination Groups

The Avon and Somerset [Local Resilience Forum](#) has a clear role in joining up different areas of civic society around key actions to mitigate impacts of an emergency and to plan for recovery. The strategic and tactical levels of the LRF response would be engaged in the event of an outbreak to ensure resources are deployed efficiently and effectively.

Regional Hub – Department of Health and Social Care and PHE

The development of a new regional hub to support local areas in developing and implementing LOMPs is a welcome source of additional support. The terms of reference and learning about the best way to deploy this resource are still in development but will be incorporated into the action planning detailed in section 5.

PHE national incident coordination centre

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

Community Response

For the current response and any outbreak handling to be credible and sustainable it must be based on a strong understanding and acceptance among residents and communities. The key elements are:

North Somerset Partnership – Local Outbreak Management Board

The LOMP creates an opportunity to invigorate the North Somerset Partnership group as the coordination point of views and leadership in our local area. COVID-19 has been felt across all aspects of local life and will require this broad view on how best to plan for and respond to any local outbreaks. This is detailed under [Governance](#).

North Somerset Council – Strategic and Tactical Coordination Groups

The Council has well established forums for reviewing key actions, risks and implementation of actions through its strategic and tactical groups which have been managing the impact of the pandemic. Any local outbreak response requirements would be shared through these forums to ensure resources can be deployed effectively.

Elected Members

As key leadership figures in their local communities, elected Members have been kept up to date with the pandemic response through regular briefings. Any localised outbreaks would be notified to the relevant Members to support the mobilisation of resources and management of local stakeholders and ensure confidence among residents.

Town and Parish Councils

Continued briefings for Town and Parish Councils will be maintained with additional resources shared as required to address localised outbreaks.

Voluntary and Community Organisations

The development of the North Somerset Together community approach has been a source of strength in the response to the pandemic so far. This network, providing practical support to a range of vulnerable people in our communities, will be engaged in planning for and responding to the impacts of a local outbreak.

Our communities

Through the different routes listed above, and more directly through a wide range of communication channels, regular information about prevention and response will be shared with our residents, businesses and visitors.

Section 3: The North Somerset Context

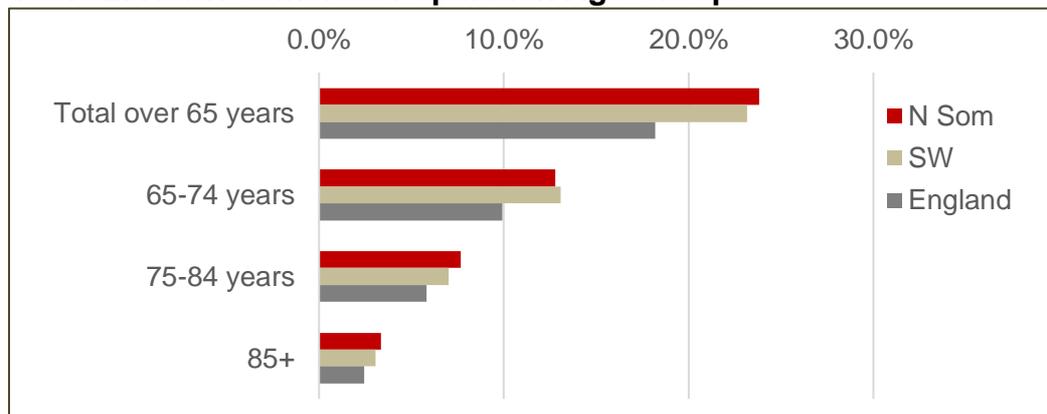
Demography

North Somerset is a unitary authority, covering an area of 37,500 hectares and a population of 213,919. The area is mainly rural with population concentration along coastal areas including major urban area of Weston-Super-Mare (population 80,000) with other major towns of Portishead, Clevedon and Nailsea.

Table 1: North Somerset Population Summary

North Somerset population 213,919		
Population aged 65-74	Population aged 75-84	Population aged 85 plus
NS: 27,351 12.8%	NS:16,444 7.7%	NS: 7,152 3.3%
SW: 13.1%	SW: 7.0%	SW: 3.1%
National: 9.9%	National: 5.8%	National: 2.4%

Table 2: North Somerset Population Age Groups



Governance

North Somerset Local Outbreak Engagement Board

The North Somerset Local Outbreak Engagement Board (OEB) will provide community leadership and public-facing engagement and communication for any outbreak response. The OEB role will be delivered as part of the North Somerset Partnership. The partnership will be chaired by the Leader of the Council. This will provide local democratic ownership and will ensure a full range of local organisations will be involved in planning and overseeing any response.

Key activities will involve communication of key decisions related to outbreak management, for example, the introduction or lifting of restrictions, and engagement with the local population to ensure risks and decisions are understood, acceptable and practicable. The terms of reference for the OEB can be found Appendix 2.

North Somerset COVID-19 Health Protection Board

The North Somerset COVID-19 Health Protection Board (HPB) will be responsible for the detailed delivery of the LOMP. The Board is based upon the existing Health Protection Assurance Group membership and governance, reporting to the Health and Wellbeing Board. The Board is chaired by the Director of Public Health (DPH) and supports the DPH assurance role under the Health and Social Care Act (2012). The terms of reference for the HPB can be found in Appendix 3.

North Somerset Health Overview and Scrutiny Panel (HOSP)

The HOSP has a statutory role in reviewing the delivery of actions to improve and protect the health of the local population. It has already agreed to review the local response to the COVID-19 pandemic at its autumn meeting and this will include the arrangements for the LOMP and the delivery of any response that it guides.

Intelligence and insight

Data dashboard

An integrated data and surveillance system which, alongside a robust evidence-base, is essential in any response to outbreaks of communicable disease. Alongside local authorities in the South West, North Somerset Council commits to openness and transparency, communicating the most up-to-date science, evidence and data to colleagues, wider partners and the public.

A publicly available and regularly updated COVID data dashboard is being developed and informs the activity of both the Health Protection Board and Outbreak Engagement Board. It will also help to inform local organisations and partnerships as they plan activities to limit the impact of the virus. More information is accessible on: www.n-somerset.gov.uk/lomp

Outbreak Control Summary

This dashboard will be supported by a regular Outbreak Control Summary report (Appendix 4) which will be reviewed at each meeting of the Health Protection Board and the Outbreak Engagement Board to track local issues and inform local action and management of outbreaks in North Somerset as required.

Joint Biosecurity Centre

A key element of the Test and Trace service delivery is the national Joint Biosecurity Centre (JBC). The JBC methodology will enable the setting of an alert level for the virus. The substantive task of JBC is to collate and analyse all data required to provide guidance and support to local areas in order to suppress the virus. This interplay between national and local will be key to enabling containment of the virus, working with national government where necessary to access the testing and tracing capabilities of the new service.

At a South West level there are plans for a COVID-19 Regional Data and Intelligence Framework to be developed which will enable local areas to have access to the necessary information to lead their COVID-19 response. This will be supported by local intelligence products developed and communicated at a North Somerset, BNSSG and LRF level as appropriate.

Working with key settings and populations of interest

Although action to prevent transmission of the virus will be delivered across the whole community, it is essential that additional support and resources are targeted at locations which may be a key risk route of transmission or vulnerable population groups who may be more likely to be infected or be a greater risk of poor outcomes if they contract the virus. The priority is to protect the health of the population and ensuring equality rights are considered through all response and the protection of vulnerable groups is paramount in all action.

A wide range of activity is already being delivered in these settings and focused on these population groups. This will continue and be enhanced as required in response to a localised outbreak, for example, additional communication, delivery of testing, contact tracing and additional infection prevention and control measures.

In any outbreak, there would be a comprehensive risk assessment of the types of settings, locations and population groups that may be affected and potential links between cases that cross between different categories. The list below is not exhaustive and would expand to meet the needs of any new situation that occurs.

Figure 2: An overview of key settings and populations of interest

Setting	Summary of how action is currently/will be taken
Healthcare settings	BNSSG response includes LA input; Locality links also established
Care homes	Multi-agency group in place; focus on home needs and response to cases
Schools and Colleges	Council support; school nurse health protection advice mobilized
Early years	Council support; health visitor health protection advice mobilized
Businesses	Council support; Health and safety and trading standards regulation/advice
Pubs/clubs	Licensing and Food and Health and Safety advice; community safety advice
Restaurants	Licensing and Food and Health and Safety advice; community safety advice
Hotels/camping	Food and Health and Safety advice; tourism business advice
Tourism destinations	Food and Health and Safety advice; tourism business advice
Airport/transport	Food and Health and Safety advice; Port health plan and role (with PHE).
Social care users	Council commissioning support; STP support; links with the VCSE sector
Shielded population	North Somerset Together network of support; VCSE links to community
Homeless support	Multi-agency group supporting accommodation and other needs

- Healthcare settings

Health care settings exist across the geography of North Somerset, notably; GP surgeries, dental practices, community healthcare providers and Clevedon and Weston General Hospital. Other organisations such as domiciliary care and district nursing teams provide care in people’s homes or care facilities. These settings are also supported by the South West Regional COVID-19 Hospital Outbreak Framework.

Specific guidelines are in place on Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC) on the gov.uk website. Response structures are in place at a BNSSG level; several specific subgroups oversee and coordinate advice and resources of the health system at a BNSSG level.

- Care homes

There are 92 care settings across North Somerset, currently providing care for 2,073 adults (June 2020). Care homes look after some of the most vulnerable individuals in our society and have therefore been significantly impacted by COVID-19.

A co-ordinated approach is taken to planning for and managing local outbreaks in North Somerset care homes. Plans are outlined in the North Somerset Care Home Outbreak Standard Operating Procedure which was developed to align local outbreak management support to the BNSSG multi-agency care provider wraparound support team offer. Infection prevention and control support is provided by Sirona and the BNSSG Infection Prevention and Control Cell, with a weekly Incident Management Team meeting to review all current outbreaks. Robust systems are in place through Adult Social Care to ensure homes have access to the appropriate PPE.

- Education and early years settings

There are 63 primary, 11 secondary and 4 special/ PRU schools in North Somerset. There are 3 local authority run nurseries and many privately-run early years providers and childminders in North Somerset.

Whilst evidence indicates a high degree of confidence that the severity of COVID-19 in children is lower than in adults, preventing the spread of COVID-19 is a key priority to protect children, early years and school staff and to minimise community wide transmission. A co-ordinated approach is taken to planning for and managing local outbreaks in schools and early years settings. This is delivered in partnership with the Sirona single point of contact for schools, who provide wraparound support for schools, PHE South West Health Protection Team, and the North Somerset Council Public Health and Education teams.

- Other risk settings:

- Large employers
- Food manufacturing sites
- Pubs/clubs.
 - 113 licensed pubs, clubs and off licences.
- Restaurants
 - 54 licensed restaurants and cafeterias.
- Hotels/camping.
 - 10 registered campsites and many hotels.
- Tourism destinations.
 - 39 registered leisure facilities.
- Airport/transport.
 - Avonmouth Port and Bristol Airport.

- Vulnerable populations

Shielded population

We know that 18% of the North Somerset population self-report that their day to day activities are limited a little or lot due to illness (Census), equating to 36,054 individuals. Following government advice on shielding for specific vulnerable groups, 9,206 people are currently being shielded (June 2020), with 5,060 provided with support by North Somerset Council.

Homelessness

Action to support those rough sleeping is supported through the national government funding. Local multi-agency partnership groups continue to meet to address needs and work in locations of higher risk of transmission. This approach to coordinate resources and knowledge will continue to develop as the restrictions on movement ease over the coming months.

Communications and engagement

A communications plan for the COVID-19 Pandemic is already in place for North Somerset Council and any additional activity associated with a localised outbreak will follow that well-tested approach. The principles underpinning the communication and engagement approached are to:

- Raise awareness of any changes to the guidelines or restrictions; to whom or where they apply. Encourage those shielding to be extra cautious.
- Educate about the potential consequences of not complying. Thank residents who are doing the right thing;
- Explain why changes are being made and what conditions will need to be met for them to be eased.
- Raise awareness of the local and national support available.
- Explain how COVID-19 is being monitored in the specific area (and what this monitoring shows).
- Encourage employers and community influencers to 'play their part' by sharing messaging with their own contacts. Thank employers who are doing the right thing.
- Ensure messages are accessible to all, including provision of tailored communications for specific populations e.g. additional formats or languages.

Local communication and engagement activity is delivered within a range of collaborative forums including at the local, Bristol, North Somerset and South Gloucestershire, the Local Resilience Forum and South West regional levels. That collaborative approach will continue in managing a response to a localised outbreak and recognises that impact may be felt across local authority or organisation

boundaries. Good collaboration is key to maintaining clear and credible public messages to mobilise and sustain an effective community-wide response.

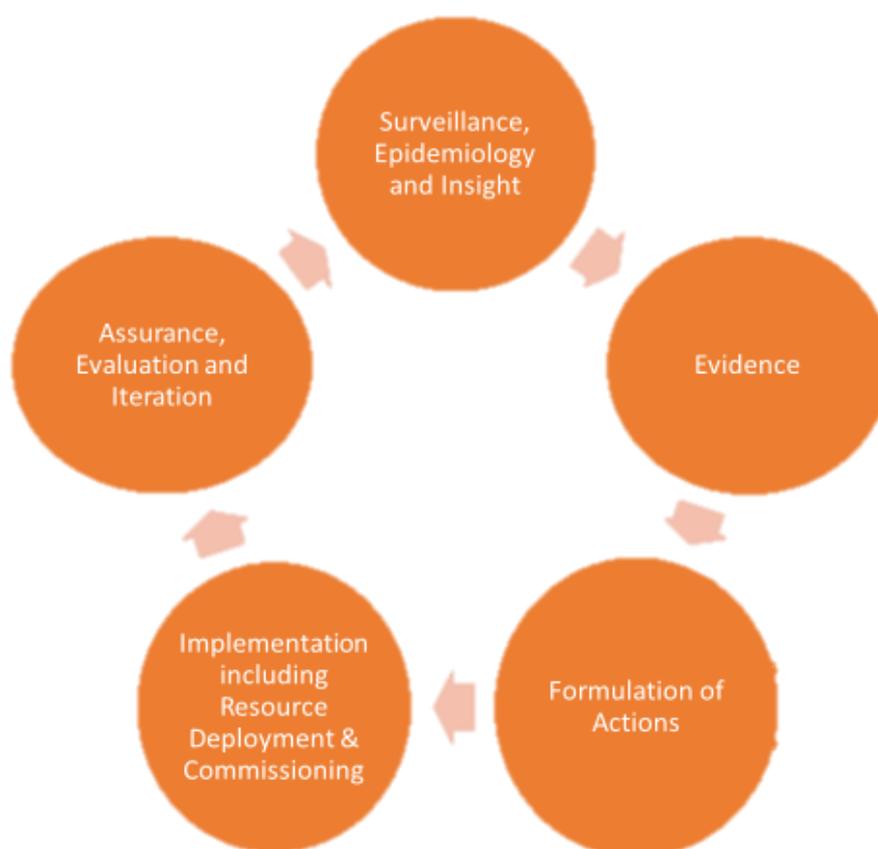
Direct communication with cases/patients during an outbreak will normally be either through the case/patient's hospital physician, the case/patient's general practitioner, Public Health England's regional Acute Response Centre, the NHS Test and Trace programme or, if associated with an outbreak, it may be the local Public Health and Regulatory Services Team. Records relating to cases/patients will be managed in line with the relevant organisation's policies on maintaining security of patient information and the retention and disposal of patient data.

The delivery of communications and engagement activity, like other areas of the response, will be guided by the dynamic risk assessment process. The Chair of the Incident/Outbreak Control Team will seek expert communications advice and agree how best to identify and brief stakeholders throughout the response.

Section 4: Health Protection approach

The principles of the response are based upon the cycle of health protection. Action starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

Figure 3: Cycle of health protection action



Under section 6 of the Health and Social Care Act 2012 Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

Under the amended Public Health (Control of Disease) Act 1984 and associated regulations, the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak lie with the local authority, including appointment of Proper Officer whose powers include the receipt of notifications.

Outbreak management

When identifying an outbreak, surveillance systems are in place to identify when cases of disease occur which are linked in either time, place or person. For COVID-19, an outbreak is declared when two or more confirmed cases of COVID-19 are identified among individuals associated with a specific setting with onset dates within 14 days. Outbreaks may be setting specific or relate to a geographic area, and the escalation of decision making is summarised in Table 3.

The primary objective in outbreak management is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

Secondary objectives include refining outbreak management, training, adding to the evidence base about sources and transmission of infectious agents and lessons learnt for improving communicable disease control.

Upon receipt of notification an initial risk assessment is completed by or on behalf of the Proper Officer. These risk assessments are supported by underpinning COVID-19 Incident Management Group Standard Operating Procedures (SoP) and utilise a risk assessment process outlined in Appendix 5.

The Outbreak SoP will be supported by a series of setting specific action cards, detailing additional actions to consider based upon potential vulnerabilities e.g. outbreak in a university, hotel or large business.

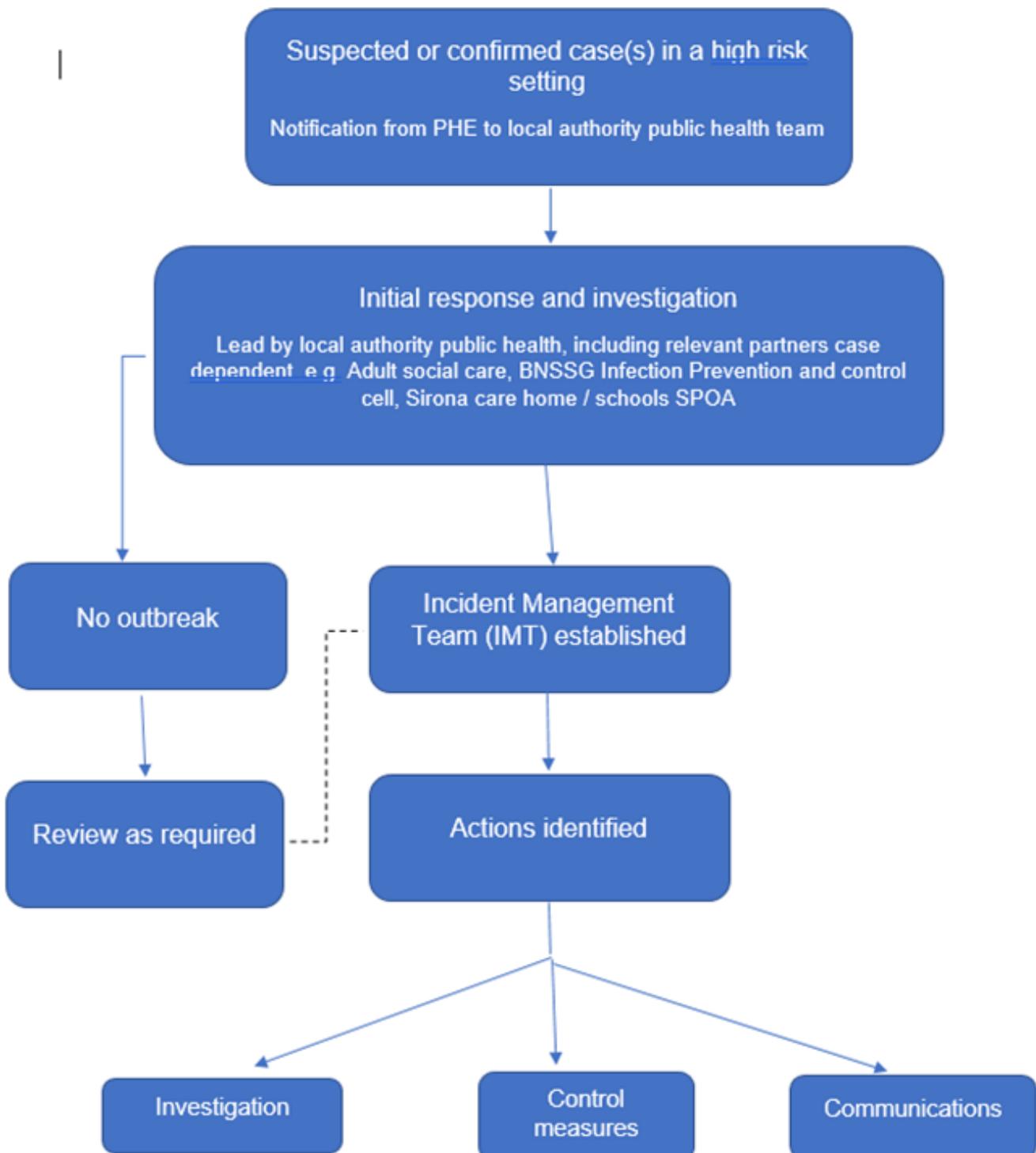
Should an LRF multi-agency tactical coordination group be required, an Op-link message will be implemented.

Thresholds for consideration around multiagency coordination include:

- Potential for significant wider population impact in a short timescale
- Specific risk that requires support from multiple agencies (e.g a prison setting)
- The requirement for mutual aid from other Category 1 and 2 responders
- The declaration of a major incident.

All outbreaks are collated into a dashboard, with monthly snapshot reports provided to the Health Protection Board for review by partners. Details are also incorporated into COVID-19 dashboard and reporting, shared with the Outbreak Engagement Board.

Figure 4: Outbreak notification pathway



Escalation of response

Outbreaks may occur in an individual setting or a geographic area. Dependant on the context, the decision-making principles and support provided will be broadly as follows:

Table 3: Decision making in outbreaks

Setting-specific outbreaks	Sectoral or geographic outbreaks
<ul style="list-style-type: none"> • Reports of confirmed cases (e.g., by a student, employee or customer) should be communicated by the setting owner to PHE local Health Protection Teams as quickly as possible using agreed pathways. • Responsibility for decision making lies primarily with the individual or group responsible for that setting (e.g., Head Teacher, restaurant owner) • PHE Health Protection Teams, Environmental Health Officers and the Director of Public Health teams can support with risk assessments and advice about measures, such as infection prevention and control, cleaning and surfaces, additional testing and engagement with contact tracing • Setting owners will need to comply with actions that are agreed at a national, cross-boundary or local level where those actions have been sanctioned under law. 	<ul style="list-style-type: none"> • When outbreaks, either confirmed or suspected, arise in multiple similar settings (e.g., restaurants, sports grounds, offices) accountability for decision making lies primarily with North Somerset Council, though powers will be retained by the relevant national Minister(s). • In practice, this means North Somerset Council will have the power to close multiple individual premises or events as deemed necessary and proportionate, and to request the implementation of wider sectoral or cross-boundary actions by Ministers when required. • In situations where decision-making powers are retained by Ministers (e.g., broad sectoral outbreaks, issues concerning strategic assets etc), joint decision-making arrangements will be established to ensure North Somerset Council have access to the powers they need to contain outbreaks.

Local - Outbreaks manageable locally

The majority of individual setting outbreaks will be managed locally with public health advice and support from the North Somerset Public Health and Regulatory Services Team and PHE’s Health Protection Team.

Local/national - Outbreaks managed between local and national

In circumstances where an outbreak spreads into a local community, a wider set of resources may need to be deployed and greater engagement will be needed with the local community and stakeholders. The role of well-established emergency planning arrangements, with strategic coordinating groups, will be key where local arrangements, even with increased capacity, are tested.

For example, where local capacity is exhausted and mutual aid is required or where the outbreak crosses geographic boundaries. In these situations, tried and tested LRF arrangements will be key, along with the role of the NHS Test and Trace to draw in national additional national capabilities as needed.

National – Local outbreaks with national implications

There will be some situations where local outbreaks will be of national significance. Joint decision-making arrangements will be established to ensure North Somerset Council have access to the powers we need to contain outbreaks in these circumstances.

Examples of this might be where powers held by the North Somerset Council are exceeded and a request for intervention from national government is required (e.g., a sectoral decision is required at a national level); multiple outbreaks that require resource prioritisation by Ministers (e.g., where an outbreak requires more resources than local decision makers can access through their own systems or mutual aid, including supplies of items such as PPE).

Decision making

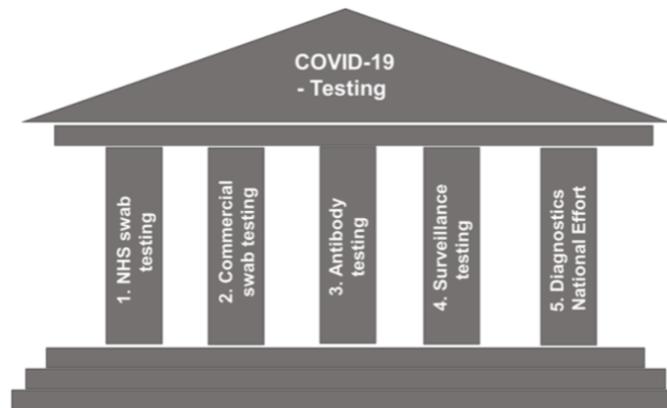
North Somerset Council have a specific and distinct range of legal powers under public health, environmental health and health and safety laws which allow us to temporarily close public spaces, businesses and venues for a specific reason and period under the Coronavirus Act 2020. Decisions will follow a consensus-based approach and consultation with key stakeholders through the Outbreak Engagement Board.

Testing

The national Coronavirus (COVID-19) Testing Strategy sets out five pillars for testing as shown Figure 5. All are relevant to understanding the epidemiology of COVID-19. Of particular importance are Pillar 1 (antigen testing carried out by PHE and NHS labs for hospital patients and frontline workers in the NHS to identify who has the infection) and Pillar 2 (antigen testing delivered by commercial partners (e.g. universities, research institutes and companies) which includes testing for care homes, community based critical key workers in NHS, social care, and other sectors as well as those in the community who are symptomatic to identify who has the infection) which enable diagnostic testing for test and trace purposes. Pillar 3 testing

(antibody testing to help determine if people have been exposed to the virus – currently only for NHS workers) will increasingly support our understanding of who in our communities have had the disease, together with national surveillance data available via Pillar 4.

Figure 5: Pillars of national testing strategy



Access to testing is via the national line 119 or via <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

Testing is available in several different settings:

- Regional testing sites – at Bristol Airport and in neighbouring local authority areas, for example, sites in Taunton and Gloucester.
- Home testing - delivered to someone's door so they can test themselves and their family.
- Without leaving the house (availability is initially limited, but there are national plans for expansion).
- Mobile testing units – deployed to meet need under direction of Avon and Somerset LRF Testing Cell and South West Mobile Testing Unit Forum.
- NHS facilities - testing within an NHS facility such as a hospital is available for patients and NHS workers. National work planned to increase NHS capability by providing test kits directly to 'satellite' centres at places like hospitals that have a particularly urgent or significant need.

Across all these testing methods, there is a network of couriers who collect the completed samples and deliver them safely to laboratories. Results are communicated back to individuals and into national data systems.

North Somerset are part of a BNSSG Testing Strategic Oversight Group which oversees local strategy and the process for both antigen (active infection) and antibody (previous infection) testing.

Mobile Testing

A Mobile Testing Unit (MTU) provides a clinically assured stand-alone testing capability in the community. It is an adapted standard white van that can be used in a variety of different settings and setups to deliver testing where needed.

The MTU comprises a van with pop-up shelters and an integral traffic management system. It can operate at varying scales in order to best serve the community, with a standard capacity of up to 500 tests per day. The number of tests that can be completed in a day depends on the size of the site, the ratio of vehicle to pedestrian subjects, and the hours of operation.

MTUs support pillar 2 testing and are managed by the DHSC. The South West MTU oversight group plan the positioning of the MTUs available in the South West and are fed local intelligence through the LRF Testing cell. There are currently 9 MTUs available for deployment in the South West area with plans to expand to up 19 by July 2020.

The DHSC maintain a regional reserve of at least 2 MTUs at any time from within the region's allocation of vehicles. These 2 MTUs are available to respond to areas of urgent need in response to outbreaks, under the direction of the Director of Public Health.

North Somerset Council has several pre-approved sites which can be used to position an MTU at short notice.

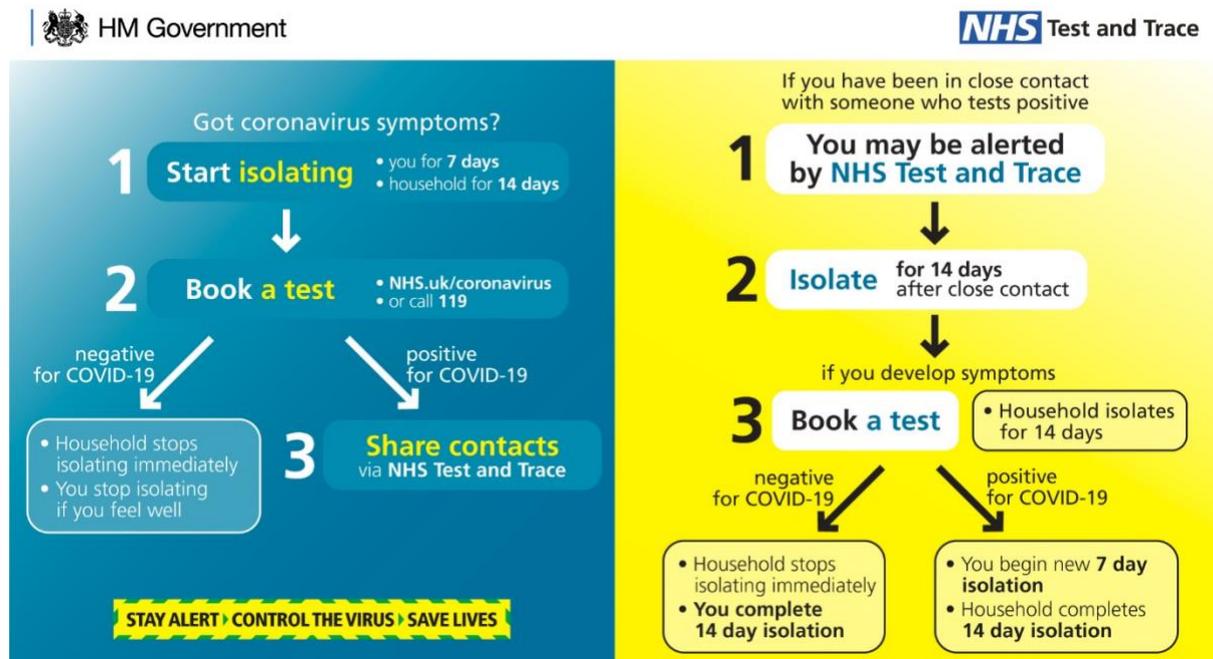
Contact tracing

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

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

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

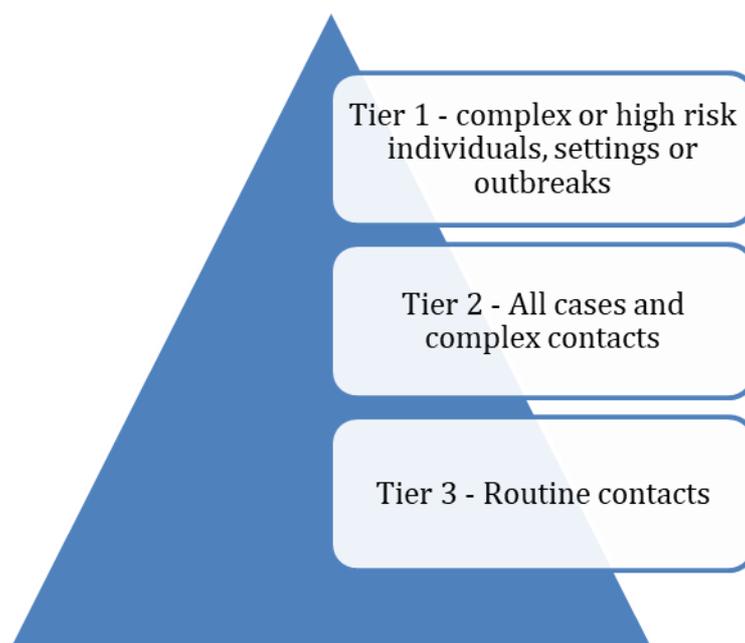
Figure 6: Test and Trace flow diagram



Test and Trace data is managed by the National Test and Trace (N-TAT) Service which operates at three levels (figure 7).

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for Covid-19 has worked in or recently visited a health or care setting, a prison or other secure setting, a school or critical national infrastructure, then the case will be referred to Public Health England’s regional teams and the Director of Public Health (tier 1).

Figure 7: N-TAT Tiers of operation



Data sharing and operational roles and responsibilities are managed under a Memorandum of understanding between North Somerset Council and Public Health England.

A new National Local Government Advisory Board will be established to work with NHS Test and Trace. This will include sharing best practice between communities across the country.

North Somerset Council will build on existing close working arrangements with PHE in order to provide contact tracing capability to respond to outbreaks and complex community issues. Support through mutual aid will assist with surge capacity needs within the tier 1 PHE health protection service described in 'South West Contact Tracing Collaboration – Outline of Operational & Governance Arrangements (Appendix 6)

Health Protection response resources

The tables overleaf describe the staff resources required to manage differing levels of response activity in North Somerset.

Scenario 1 – Busy but manageable

Example: a modest number of settings, working with PHE, for example 3 care homes, 2 schools, 1 early year's provider

- Public Health team: 1 WTE PH consultant, 1 WTE PH Manager, 0.8 WTE PH Registrar
- LA other capacity: Communications Manager, Adults Social Care Compliance Team, Children's Services, Health and Safety Manager.
- NHS capacity: CCG Infection Prevention and Control team, Provider Infection Prevention and Control teams.
- NHSE/mobile units: Testing capacity and administration

Scenario 2: escalated activity

Example: a significant number of settings e.g. 5+ care homes or 4+ schools or 2+ early years providers

Rapidly become overwhelmed (within 3-7 days) unless deployment of additional local resources:

- This would probably require 50% more capacity.
- Would need to draw in other staff which could be drawn from:
 - Public health staff
 - Public Health Nursing Service staff (from community provider)
 - Mutual aid from other Local Authority public health staff
 - Review potential for EHO input (but recognise statutory functions already being delivered from a low staff base).

Scenario 3: protracted higher levels of activity

Example: a significant number of settings e.g. 5+ care homes, plus 4+ schools, plus 2+ early years provider

In addition to above would require asking for support from:

- Other North Somerset Council staff
- Mutual aid from other Local Authorities
- NHS support
- Mobile testing capacity
- Specialist cleaning teams.

Access to NHS capacity both for outbreak support and treatment of cases is dependent on degree of restoration of NHS services. We would also expect additional pressure on the NHS as it would be needing to respond to Coronavirus cases with potential impacts on service locations/models and patient flows to control infection

Gaps in services

Risk	Status	Owner
North Somerset Council do not have specialist cleaning teams resulting in limited ability to access and rapidly deploy specialist cleaning teams	Options being considered through PCWG members	DPH
North Somerset Council do not currently have access to HP Zone (PHE's clinical record system to manage results, cases and contact tracing).	No solution in place but continued liaison with PHE ensures intelligence can be share effectively.	DPH

Financial support

Each local authority has received an additional ring-fenced public health grant to support the response to local outbreaks. North Somerset Council has been allocated £868,000 which must be accounted for in line with the national guidance.

This will be invested in additional capacity in teams within the Council, plus commissioning of additional capacity to mount an effective response, for example, extra specialist health protection advice, rapid testing of new locations or additional infection prevention control measures required for a particular location or population group.

Options are being explored for the most efficient and effective deployment of resources including ways to share resources across local authorities, collaboration within the Healthier Together Strategic Partnership and combining efforts with colleagues in Public Health England at a regional level.

A more detailed resources plan will be developed and presented to the Health Protection Board for review before being agreed by the Outbreak Engagement Board. In the meantime, the Director of Public Health will be able to commit resources to appropriate control measures in response to any identified outbreak without delay.

North Somerset Local Outbreak Management Plan Appendices:

- 1. System diagram**
- 2. Local Outbreak Engagement Board Terms of Reference**
- 3. Local Health Protection Board Terms of Reference**
- 4. Outbreak Control Summary**
- 5. Outbreak risk assessment criteria**
- 6. South West Contact Tracing Collaboration**
- 7. DPH principles**
- 8. Data sharing statement**
- 9. Dependencies with other plans**