
Southend-on-Sea Local Outbreak Control Plan

How we will prevent and manage a coronavirus outbreak in Southend-on-Sea

September 2020

Document History

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Related Documents

Document Title	Author	Version
E.g. national documents/sops etc		
All Standard Operating Procedures (SOPs) – developed by Public Health England – are located in the Appendix section. These are regularly updated, so please check for the latest version		

Document Approval

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1. Introduction

1.1. Background

On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 (COVID-19) it would expect every area in England to create a Local Outbreak Control Plan. Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020.

This Local Outbreak Control Plans were required to cover seven themes:

1. Planning for outbreaks in care homes and schools
2. Identifying and managing outbreaks in high risk places, locations and communities
3. Identifying methods for local testing capacity
4. Contact tracing in complex settings
5. National and local data integration
6. Supporting vulnerable people to get help to self-isolate
7. Establishing local governance structures.

1.2. Objectives

This document outlines the plan for local outbreaks of COVID-19 in the Southend-on-Sea in collaboration with Essex County Council and the alignment with regional and national systems for COVID-19 control through the test and trace programme.

The key objective of the Local Outbreak Control Plan is to protect the health of the population of Southend by:

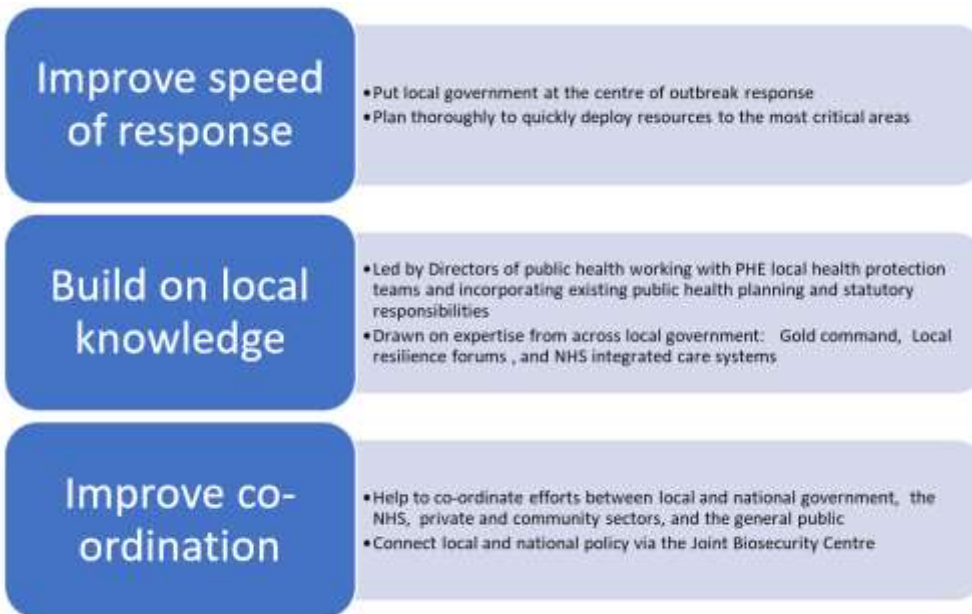
- Prevention of the spread of COVID-19 and associated disease
- Pro- active management of high - risk settings which would be complex and problematic if an outbreak were to occur.
- Early identification and proactive management of local outbreaks to reduce risk to life.
- Co-ordination of capabilities across partner authorities, agencies, and stakeholders.
- Building trust with citizens, communities, organisations and businesses to enable them to play their full part in keeping Southend safe and well.
- Assuring the public and stakeholders that this is being effectively delivered.
- Enable economic recovery through controlled relaxation of 'lockdown', underpinned by a robust and effective infection control strategy.

1.3. Good Practice

The response to this pandemic continues to yield new challenges and well as new findings about how the virus is spreading and the variability of impact on our population. To support the development of a more robust approach to our local outbreak control, a 'good practice network' of 11 sites has been initiated to look at how we can respond in different settings.



The learning from these sites will inform the evolving development of the outbreak control implementation plan through a number of ways:



The Local Government Association (LGA) Knowledge Hub is available for Good Practice examples, including 'Hints and Tips' for effective outbreak planning and extensive communications materials.

2. Governance

2.1. Context

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 specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004;
- In the context of COVID-19 there is 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 the local Health Protection Partnerships (in Greater Essex, this is the Local Health Resilience Partnership) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government. In regards to the powers to deal with individuals, we can apply for a Part 2A Order in cases requiring examination, isolation or quarantine. The new Coronavirus Act gives powers to designated Public Health Officers (in PHE), if all reasonable measures for voluntary cooperation have failed. These are for exceptional circumstances for imposing requirements on people for the purposes of screening, assessment, and possible restrictions afterwards (see Appendix 01a for more details).

Southend Borough Council will have powers to close individual premises, public outdoor places and prevent specific events. This means that the Council will no longer have to make representations to a magistrate in order to close a premise (see Appendix 01b for key legislative powers). Premises which form part of essential infrastructure will not be in scope of these powers. A non-exhaustive list of the types of categories of infrastructure will be set out in government guidance.

These powers should be used with discretion, and under the advice and guidance of the DPH. The Health Protection Board will work closely with the Essex Resilience Forum's Enforcement Tactical Support Group, initiated in September 2020, to ensure a consistent and joined up approach across Greater Essex, aimed at protection local citizens whilst seeking to achieve compliance with both legislation and guidelines. The Council will notify the ERF of any such action to ensure effective co-ordination both strategically and operationally.

In any event, in exercising any of these powers the Council must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days. They should NOT be applied to settings of national importance without prior consultation with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

Ministers have similar powers to take action against specific premises, places and events, as well as a power to direct the Council to act and to consider whether the Council's direction is unnecessary and should be revoked (including in response to representations from those affected by it).

To address more serious and wider-spread cases, ministers will be able to use their existing powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced – and approved by Parliament – on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors (such as food production or non-essential retail), or within a defined geographical areas (such as towns or counties)
- imposing general restrictions on movement of people (including requirements to 'stay at home', or to prevent people staying away from home overnight stays, or restrictions on entering or leaving a defined area)
- imposing restrictions on gatherings – limiting how many people can meet and whether they can travel in and out of an area to do so
- restricting local or national transport systems – closing them entirely, or introducing capacity limits or geographical restrictions
- mandating use of face coverings in a wider range of public places, including the hospitality industry

Shielded People - Shielding is a set of advice and support for Clinically Extremely Vulnerable (CEV) people to help protect themselves from the risk of exposure to Covid-19. If the DPH feels it is appropriate to consider 'Shielding' locally, they will need to escalate this to the regional team. The reintroduction of shielding in a local area is a decision that must be taken by Ministers on the advice of the CMO.

2.2. Governance Structure & Decision-making

National decision-making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage ministers across government.

The decision-making model follows the tried and tested approach to civil emergencies, based on the concept of subsidiarity, which is where decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level. At regional level,

this is delegated to the NHS Test and Trace Support and Assurance Teams (TTSAT) whose role is to:

- provide a crucial link between local and national government
- represent Whitehall working within local structures and provide a report back to ministers
- offer advice about escalating critical issues
- rapidly scale up responses

Local authorities should alert NHS TTSAT in instances where they are considering that the closure of a premises is necessary to manage local outbreaks. NHS TTSAT will provide advice as to whether that premise is of national significance and therefore whether the relevant government department needs to be consulted before action is taken.

National and local monitoring will enable an understanding of the virus progression and level of risk by the Council. The majority of areas will be operating as 'business as usual'. However, at any one time, some Upper Tier Councils will be designated (see Appendix 02 for further detail) in one of the following categories:

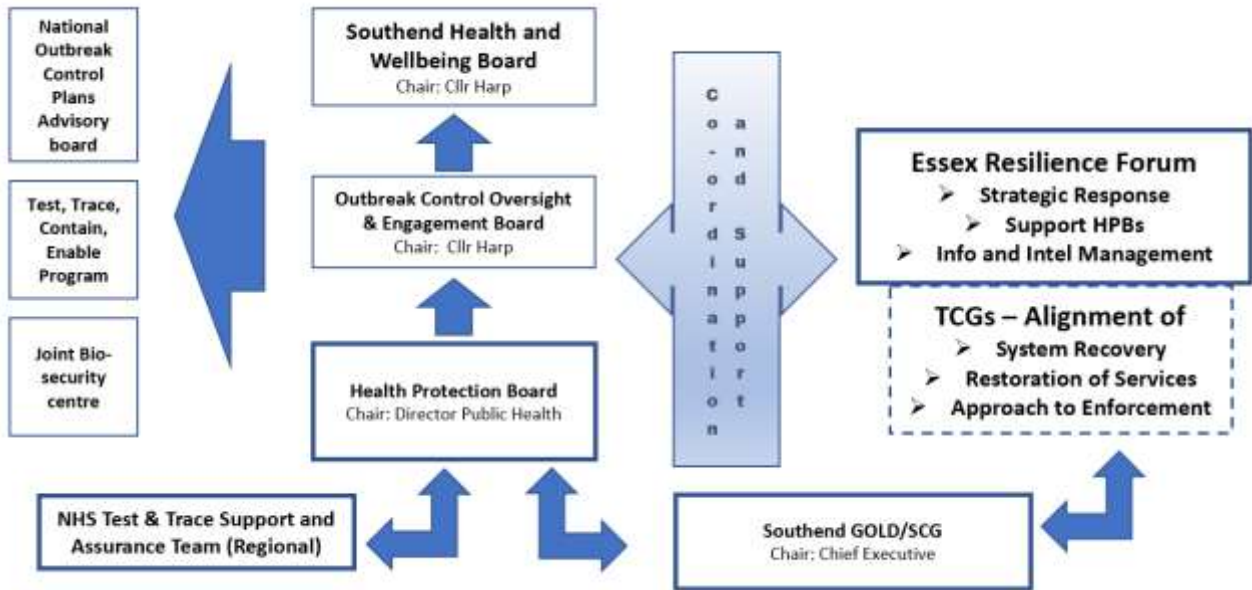
- area(s) of concern – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
- area(s) of enhanced support – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (eg epidemiological expertise, additional mobile testing capacity)
- area(s) of intervention – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

The Local Outbreak Control Plan has been developed and is implemented with support from the wider system and under the overall leadership of the Southend Health and Wellbeing Board. To support the delivery of the contact tracing in Southend (the Essex and Southend Contract Tracing service), two new Boards are being formed with distinct roles and responsibilities:

- Southend Health Protection Board - Responsible for the development and implementation of the local outbreak control plan and will be led by Director of Public Health. The core membership includes the Chief Executive of the Council, Public Health England and the local NHS body (Southend CCG).
- Outbreak Control Oversight and Engagement Board- Provides political ownership and public-facing engagement and communication for outbreak response and responsible for scrutiny and assurance. The core membership includes cross-party Councillors, including the Chair of the Health and Wellbeing Board, the Leader of the Council and the Chair of the People's Scrutiny Committee; the Cabinet Member for Community Safety; the Chief Executive; Director of Public Health; and representatives from Southend CCG and the Essex Police and Crime Commissioner.

They will be required to cascade information effectively between themselves to effectively manage the impact of further outbreaks of covid-19. The Southend Health Protection Board

will also work with the Essex Resilience Forum to support with effective co-ordination across Greater Essex and for direct link into national government.

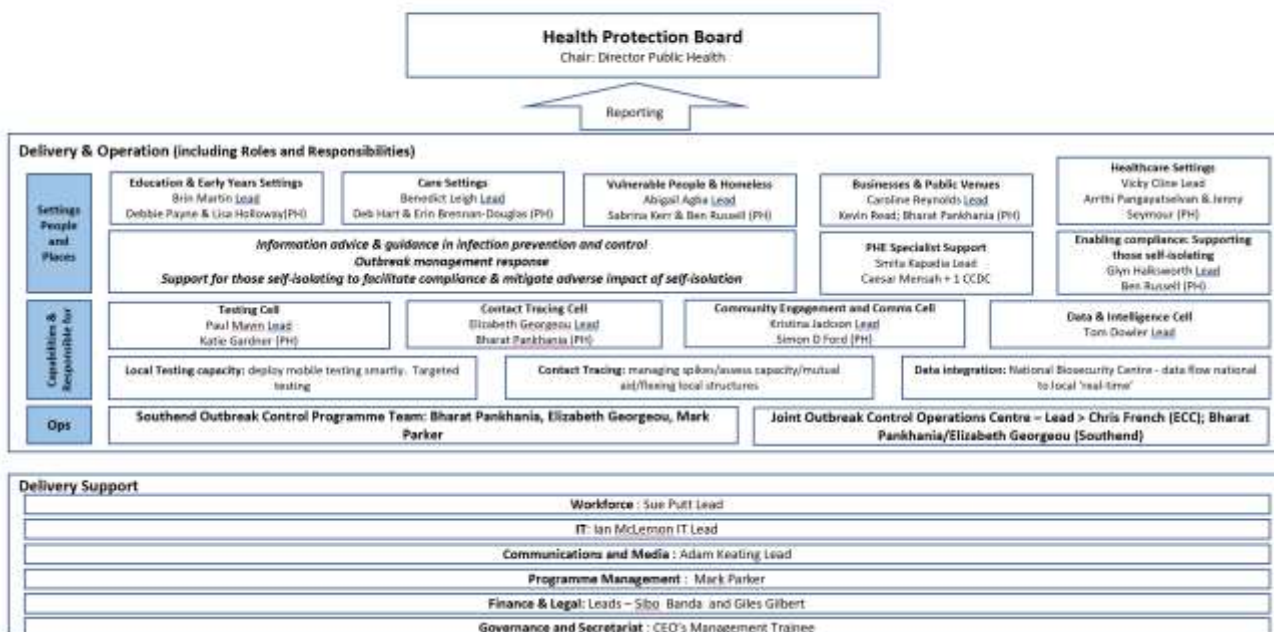


The two new Boards will be subgroups of the Health and Wellbeing Board and have met before the end of June to complete and signoff the Local Outbreak Control Plan. The Terms of Reference of these Boards are included as Appendix 03.

2.3. Delivery and Operations

The figure below shows what we have established to support the planning and operational management of this outbreak plan. This is reflective of the settings we are required to proactively review using both local and national data and intelligence, support with advising on infection prevention and control and in responding to any suspected and actual localised outbreak.

Southend Test, Trace, Contain, Enable



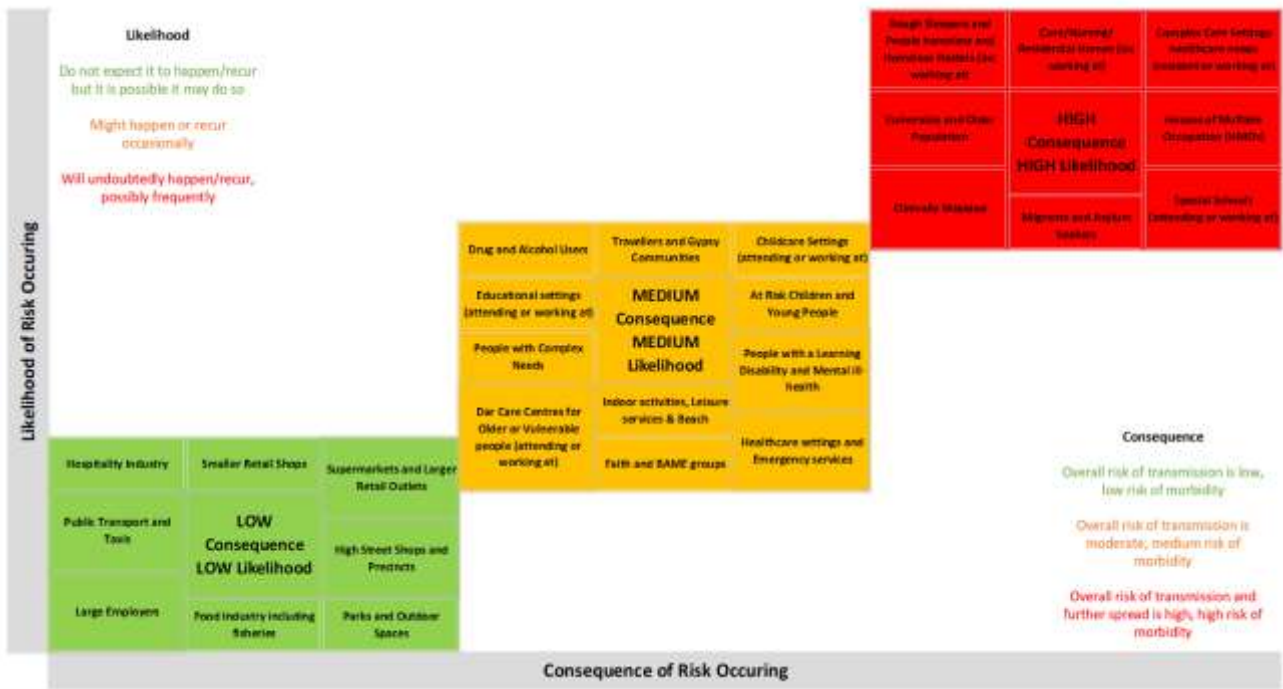
A number of key operating cells have been stood up, some of which were already in operation. The Contact Tracing and Data and Intelligence cells will have additional capacity from the 1st July, as part of redeployment, and will be crucial in providing key information to the Health Protection Board. The NHS lead for the Healthcare setting is also the lead for our infection prevention and control service provision.

Key contacts have been identified and briefed on their roles and responsibilities (highlighted in the figure above and detailed in section 3.1.2 *High Level Process and Contact Tracing*) across the settings and operation cells. These details are being shared across all the settings as part of our wider communication and engagement strategy.

2.4. Risks and Issues

The effective implementation of this plan is predicated on national guidance with this document remaining a dynamic plan having due regards for evolving evidence and updated legislation and national guidance.

We have undertaken a comprehensive risk assessment of our settings and this matrix below reflects our current status. Issues & Risks Logs will be maintained and reviewed by the Southend’s Project Manager through the joint operational group (Essex and Southend) and significant entries will be escalated to the Health Protection Board for further action or escalation as required. Key risks at the start of the project will be agreed by the Health Protection Board and added to the logs with proposed mitigations.



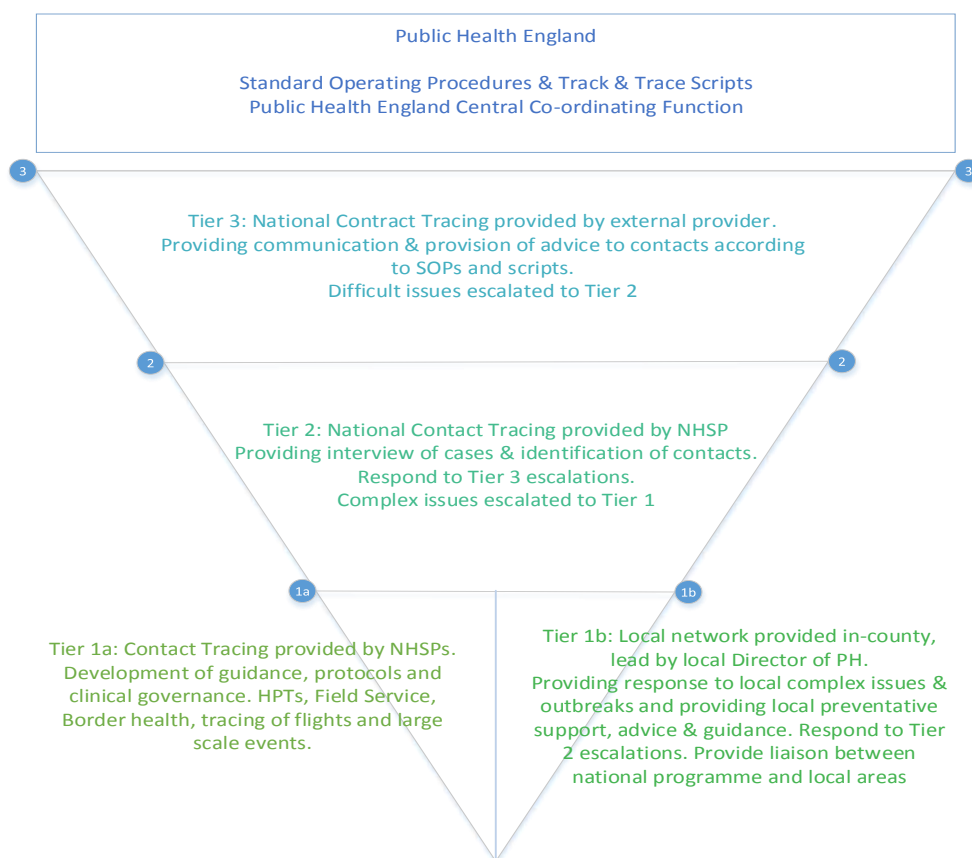
3. Operations

3.1. Processes and data flows

Outbreak control processes in Southend will integrate with the wider strategic regional outbreak control approach for the East of England, overseen by Public Health England. This will be through the implementation of a three-tier model (see Figure below). Clear escalation routes and criteria between the three tiers have been defined and these are detailed in section 4.2.

The Local Outbreak Control Plan will address the roles required for staff in Tier 1b of this model.

Three Tier Model:



3.1.2 Local processes for Southend

The Joint Biosecurity Centre will operate as an independent analytical function to provide data and analysis to government and to local authorities, helping to identify and respond to outbreaks as they occur and trends for early warning. This function will further develop over the coming months based on feedback from local areas and as we learn from outbreak management.

High level process

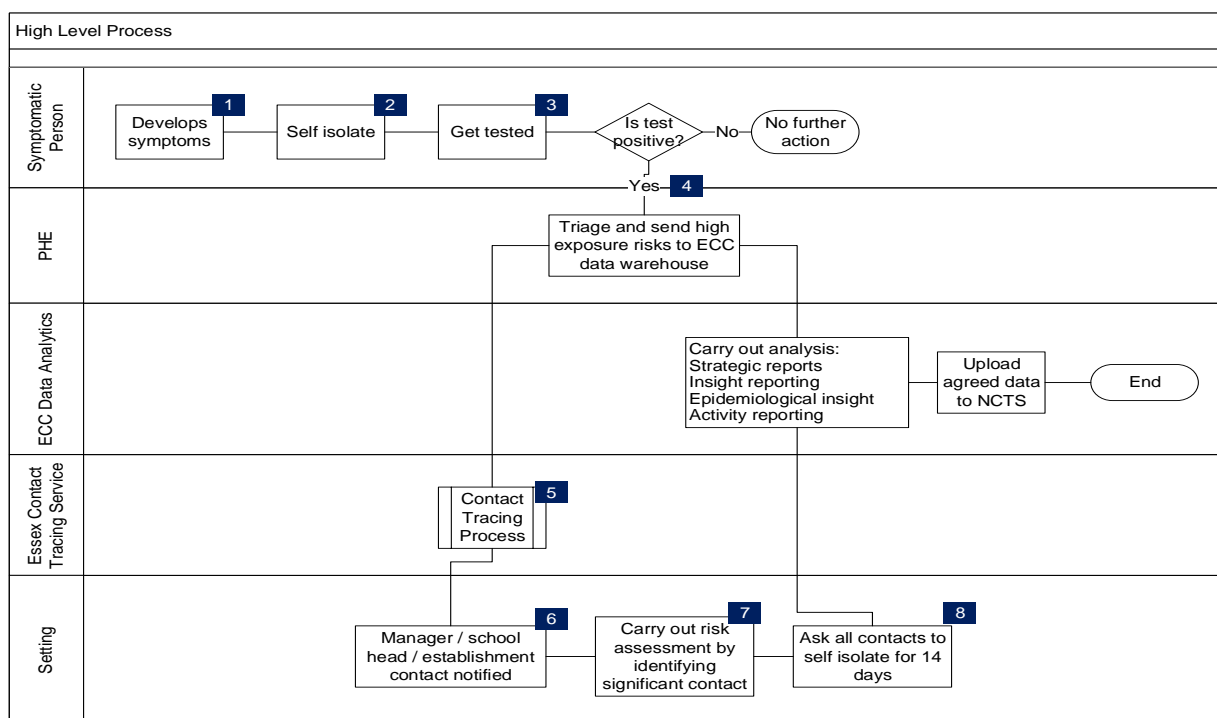
A common high-level process (shown below) will be used in the management of potential local outbreaks in Southend. This process will ensure consistency in approach, and that appropriate quality control and governance measures can be robustly applied.

It is not anticipated that this process will address all potential outbreak scenarios. Rather it is intended to provide consistency of structure, within which professional judgement can be applied in the management of specific cases.

Where settings require specific outbreak control plans these will be informed by the common high-level process outlined here. Outbreak control plans will be developed, in collaboration with PHE, for the following specific settings:

- Schools & Educational settings
- Care homes
- Workplaces
- Vulnerable groups
- High-risk settings or communities

High level outbreak control process for Essex & Southend:



Case Definition

I. Symptomatic person

A symptomatic person will be defined as a possible case as per the current [Public Health England case definition](#). As of 12th June 2020 this includes:

- A new continuous cough
- or
- A high temperature
- or
- A loss of, or change in, normal sense of taste or smell (anosmia)

II. Self-isolation

Current guidance on self-isolation can be found on the [UK Government website](#). As of 20th August key guidance includes:

- If an individual has symptoms of coronavirus (COVID-19), however mild, or they have received a positive coronavirus (COVID-19) test result, must immediately self-isolate at home for at least 10 days from when symptoms started
- Individuals should consider alerting the people that they have had close contact within the last 48 hours to let them know you have symptoms
- Individuals should [arrange to have a test](#) to see if they have COVID-19

III. Getting tested

Tests can be arranged online. Guidance on how to self-administer a home test is available on the [testing website](#).

Whilst there is high demand for tests it cannot be guaranteed that tests will be available. Additional capacity is being mobilised nationally through the mobile testing unit and will be more readily available when there is a surge in demand or a local outbreak dictates the need for this redeployment. If a test is not available an individual with symptoms of COVID-19 must self-isolate for 10 days, or longer. If the person still has symptoms other than cough or loss of sense of smell/taste, they must continue to self-isolate until they feel better.

There will be situations in which a person who is symptomatic cannot or will not be tested. Examples may include a parent unable or willing to have their child tested or if testing capacity is not available.

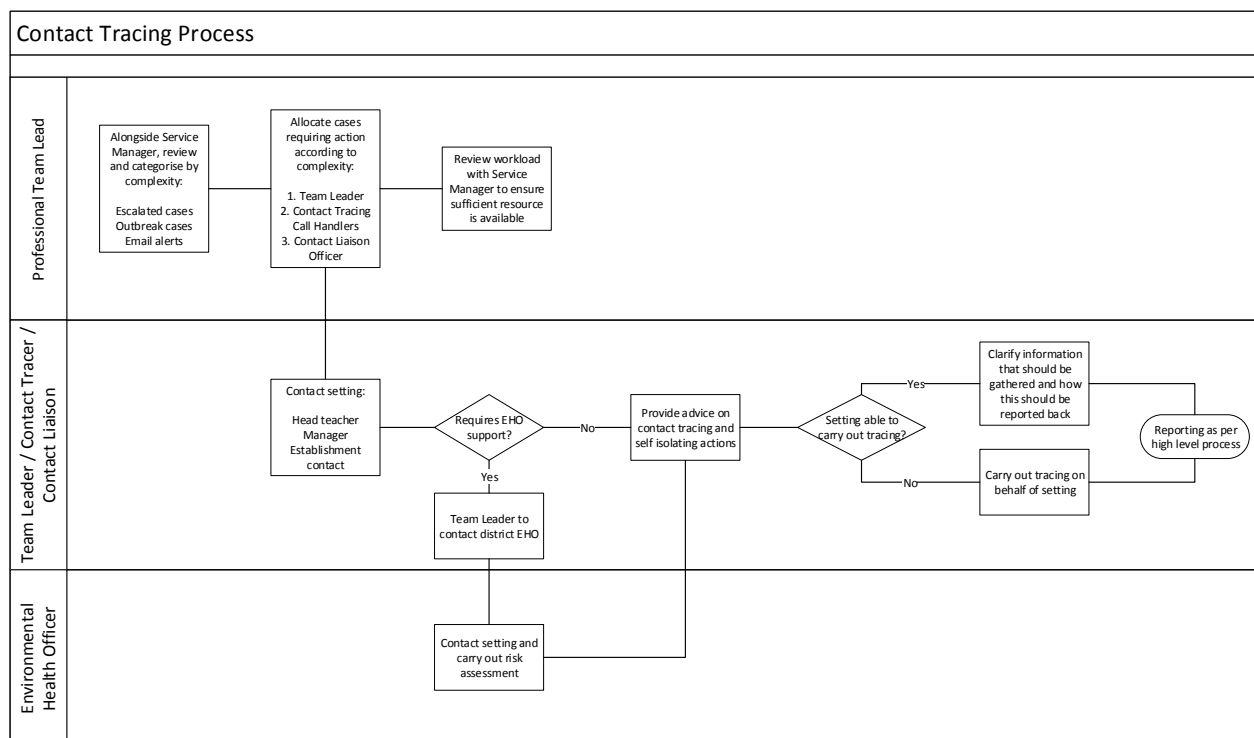
In such cases the individual needs to self-isolate for ten days but those they may have infected will not be contacted. It is expected that such cases will be rare enough not too significantly hinder infection prevention.

IV. Testing positive

Following a positive test result, the person who has tested positive will receive a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts. They will also be advised to self-isolate. The full contact tracing process will then be initiated.

V. Contact tracing

The flowchart below details our approach and response:



Local contact tracing (Tier 1) will be a joint responsibility between the health protection team (part of Public Health England) and upper tier local authorities. PHE will contact cases directly where there is lower risk of outbreak developing.

Where there is higher risk of outbreak developing, case information will be passed to the DPH and Local Intelligence team. Essex data insight function are constructing the data warehouse to which Essex and Southend Contact Tracing Service (ESCTS) will have direct and timely access to data passed down by PHE, as per our agreed Data Sharing Agreement. Senior contact tracing role in ESCTS will assess cases and pass to setting or group specific contact tracing lead in the service. With time and learning it might be possible for the assignment of contact tracing without involving senior staff.

Cases in which transmission may occur in a care home will be sent by the assigned lead to the care home cell. If not, the care home management will be contacted by the contact tracers.

In cases in which transmission may occur in schools the contact tracers will contact the school’s head teacher. If transmission occurs in a workplace it will be the manager of the workplace who will be contacted.

Cases involved in hospitals will be managed through the hospital’s infection prevention and control lead who will advise the setting lead. Similarly, if it is a community health provider it will be passed to their infection prevention and control lead. In primary care settings (for example dental surgeries, general medical practices, opticians) or other settings, contact tracers will contact the management of the service. A letter detailing this

approach has been sent out, on behalf of the DPH, by the local professional committees (e.g. for GPs, this is the Local Medical Committee).

In cases involving vulnerable groups not covered above such as the homeless, those living in houses of multiple occupation or gypsies or travelers where a site is known but precise contact details are not, contact tracing will be through a process being refined. It will involve support workers from the Homeless and Vulnerable team in collaboration with the Environmental Health Officers. This enhanced contact tracing service will be deployed to undertake door knocking and will pre-dominantly be a resource to identify people on the ground, provide advice on the need to remain in self-isolation and offer support as required.

It is inevitable that there will be outbreaks/incidents where the setting is located in one local authority area, with cases or contacts in different one(s). In such situations, the overall management responsibilities will reside with the relevant Health Protection and lead local authority where the setting is located. Other local authorities should:

- a. be informed of any associated cases or contacts;
- b. be invited to participate in any Incident Management Team meeting;
- c. take responsibility for local actions, when and if appropriate.

VI. Manager / School head / Establishment Contact

Identifying those at significant risk of infection and removing them from a setting can stop outbreaks developing. By taking action, transmission in the setting is prevented.

A member of the contact tracing team will contact the manager of the organisation (the workplace, health setting, care home or school) to assess who is at risk (*see Section 3.5 below*). They will be able to offer:

- Generic leaflets and text that explain why a person is considered at risk, that they should self-isolate, what this means and why it is important;
- Support in understanding the guidance;
- Advise on the principles of social distancing to minimise recurrence.

It is expected that most managers will be willing to follow guidance. There will be cases in which managers are uncooperative. Such cases will need to be passed on to senior contact tracers / public health team members for a decision on what action to take. The options would be to do nothing, if the risk is deemed small or to intervene more directly.

Further cases associated with a setting are an indication that risk assessment may not have caught all those at risk or that advice was not followed. Where this occurs, a senior contact tracer should contact the manager. On some occasions, it may be necessary to visit a setting to see if the situation on the ground is as described, and this will be in agreement with the Communicable Disease Consultant at PHE. It is also possible that multiple cases occur by chance and not through a common setting.

VII. Risk assessment: who is a significant risk?

The risk assessment will involve trying to identify all those who may have had a significant risk of infection. To be at significant risk of infection an individual must have had contact with the person who tested positive during the infection period and the contact must have been significant. The infectious period and significant contact are defined as follows:

Infectious period: from 48 hours before the onset of symptoms (or the date the test was taken if they did not have symptoms) until 10 days after onset of symptoms (or the date the test was taken if they did not have symptoms).

Significant contact:

- had face-to-face contact of any duration (less than 1 metre away)
Or
- were coughed or sneezed on
Or
- spent more than 15 minutes within 2 metres of each other
Or
- travelled in a car or other small vehicle (even on a short journey)

All those having significant contact during the infectious period must be advised to self-isolate. They should be encouraged to apply for a covid-19 test if they develop symptoms.

It is not necessary for those in the same household as the person self-isolating to self-isolate. This would only be needed if symptoms develop and is explained on the following webpage: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>.

VIII. All contacts asked to self-isolate (14 days)

The full guidance on self-isolation can be found at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>. The key messages from this guidance can be found under section 2 above.

The details of the Southend Coronavirus Action Line have been provided in the information pack for the contact tracer to pass onto individuals asked to self-isolate. This is for those who do not have access to resources or help to support them in self-isolation.

3.2. Settings

This is a summary of our approach to preventing and managing any local outbreak across the five main settings. The full detail of our scenario planning is included in Appendix 04 and is broken down under three headings, namely (1) Prevent (2) Respond and (3) Support.

Care homes settings (including homes for people with learning disabilities and in mental health care) - All of Southend's care providers will be supported with infection control guidance and training as appropriate. We have already developed robust arrangements to manage outbreaks and in reducing the financial burden. Volunteers have been recruited in local communities and hubs to be deployed as necessary to support this setting.

Schools and Educational settings - Detailed guidance with a PHE-agreed flowchart (posters displayed) has been issued to all schools and early years settings. We are holding regular webinars for school leaders with Director of Learning and DPH. Maintaining an open engagement with public health will support local surveillance, help early intervention and mitigate impact on schools and the wider community. Clear communication and engagement will be vital to facilitate containment of any outbreaks – a local flowchart has been developed to support a streamlined approach in responding to cases in schools.

Workplaces (including retail businesses) – Networking is being developed as new guidance on easing of restrictions is progressing. Ensuring we provide advice and support in line with national guidance is essential in minimising the risks associated with the restricted ability to social distance safely and being in confined areas. We will review businesses risk assessment and safety measures to ascertain if it is line with government guidelines. Dedicated communications channels have been established to ensure we can alert people (staff and visitors) about an outbreak. We are also holding regular open webinars led by the Oversight and Engagement Board and the DPH, to provide advice and ensure continued dialogue in keeping our workplaces safe and ensuring that businesses are supported with complying to national legislation and guidelines.

Vulnerable groups – this will cover a wide range of areas and we have delineated our efforts to the following (1) Sheltered housing/ hostels (2) BAME residents (3) Gypsies and travellers (4) people who are homeless. We are building on existing support mechanism across these areas to maximise engagement with staff working in these settings and how we actively engage with these more vulnerable people. Where relevant welfare assessments will be undertaken and information and guidance provided in the relevant format to ease engagement.

Wider high risk locations & communities – This will include transport linkage (e.g. taxi drivers), the seafront, public places (e.g. leisure centres, libraries), place of faith gatherings and food premises. We are working on a detailed approach to establish more robust preventative measures appropriate to the setting. Promoting many of the measures introduced during lockdown such as contactless payment, PPE use, social distancing are key to mitigate any list of local spread of the virus. A more innovative approach to our prevention campaign is essential, such as using hyper-local digital sites and direct communication with younger age groups, to ensure people continue to take responsibility for their behaviour.

The government is publishing action cards to help businesses and other organisations work effectively with their local public health teams to manage an outbreak. These will be continuously updated as we learn about the most effective ways of dealing with outbreaks.

3.3. Local Containment and Incident Management

All local suspected outbreaks will be investigated by the Director of Public Health through the PH Intelligence and Data Cell and the Health Protection Team (HPT). Where these are small and contained, such as in a year group in one school, we will utilise PHE's operating procedure for responding to Incident Management which is part of business as usual.

Where a suspected outbreak is multi-faceted, we will utilise PHE's operating procedure alongside our locally developed TTCE's Incident Management Team Agenda template (see **Appendix 7**), which was produced following our local table-top exercise. This will facilitate the wider team engagement and help direct resources more effectively in containing a complex outbreak.

3.4. Standard Operating Procedures/ Flowcharts

A number of Standing Operation Procedures (SOPs) and/or Flowcharts have been developed between PHE and the Local Authorities. These SOPs provides clarity to all involved in the respective settings how the system operates and defines who does what when there is a suspected case. These SOPs are now in operation and shared with all the key leads:

- Care Homes - see Appendices 05a
- Educational & Early Years Settings - see Appendices 05b
- Workplaces - see Appendices 05c
- NHS Hospital Settings - see Appendices 05d
- Socially Vulnerable - see Appendices 05e

Other SOPs will be developed as required and these will all be reviewed regularly, following good practice, to improve how we respond collectively.

3.5. Resource Planning

Local authorities across England have received national funding to support the development and action plans to reduce the spread of coronavirus in their area. In Southend-on-Sea, we have been allocated £887,492 to ensure we can mobilise a local service, build additional capacity and upskill our workforce and communities.

We have already agreed to fund additional capacity for a number of areas which are detailed in the sections below. In summary this includes:

- Public Health capacity including Consultant for Communicable Disease Control;
- Contact Tracing service with a minimum of 25 contact tracers across Essex and Southend, with a plan to scale up to reflect demand;
- Training and support to stand up a new service and local partners;
- Additional required investment for Infection Prevention and Control;
- Additional local testing capacity where this is more urgently required;
- Community support capacity for those who may need to isolate;
- Local campaign, social marketing and communication;
- Support redeployment of skilled staff locally, including Environmental Health Officers.

This plan will be reviewed at intervals by the Health Protection Board to ensure it is being deployed optimally in managing effective contact tracing, suspected outbreaks and in delivering the communication and engagement strategy.

3.6. Essex and Southend Contact Tracing Service

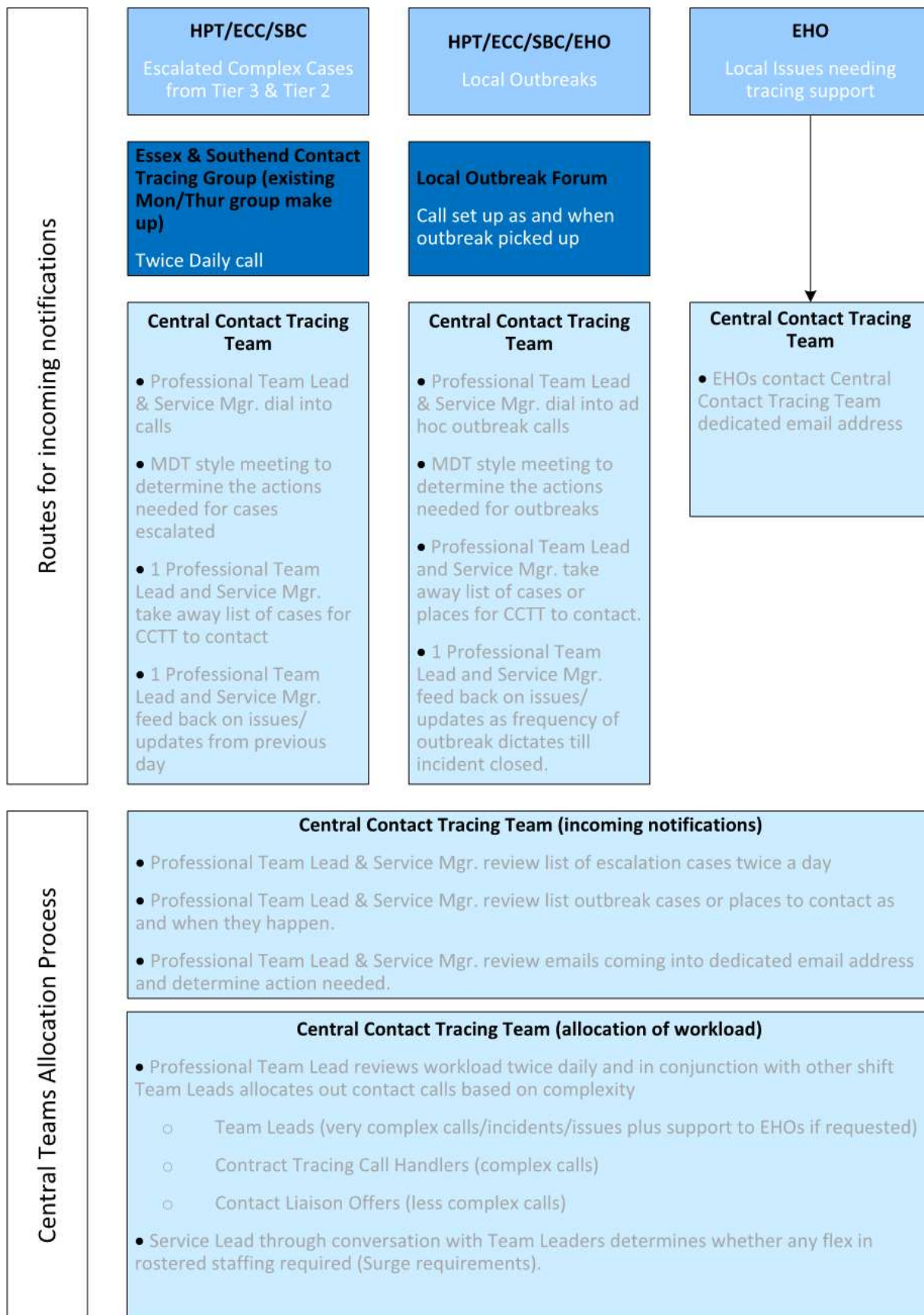
The host for the Essex and Southend Contact Tracing Service, will be two local providers of Public Health services who are therefore familiar with a contact tracing service.

The current need identified is for additional capacity of approximately 25-30 staff (pro-rata around 15% for Southend). This will be used to form five teams, each containing call handlers and an expert. For this context 'experts' are Environmental Health Officers (EHO). Should there be a surge in demand, we have made an arrangement to double capacity if needed, within the agreed resource.

We are currently looking at the EHOs deployment and the out-of-hours arrangements which may cover more than the Southend boundaries, to support any unexpected surges and build more resilience across South East Essex local authorities.

3.6.1. Contact Tracing Service Processes

Essex & Southend Contact Tracing Team



Central Team Contact and Tracing Process

Central Contact Tracing Team (contact tracing)**• Team Leads**

- Oversee and manage workload of team in conjunction with other Team Leads and Service Manager.
- Take lead in management of outbreak incidents within central team
- Liaise with Southend EHOs where their support needed in a particular locality
- Take referrals from Southend EHOs where the EHOs need support (allocate response out to team where appropriate)
- Make contact with other EHOs in other Districts if surge capacity needed. Notify identified lead if this is needed.
- Make contact and undertake contact tracing process for very complex cases
- If resultant contacts less complex allocate out to rest of team as appropriate.
- Undertake public health risk assessment, including escalation of issues or concerns to HPT/PHE for advice.
- Document information obtained from cases/incidents and outcomes.
- Ensure escalations are actioned and closed appropriately.
- Liaise with contacts in border areas where cases/incidents straddle
- Liaise with border forces and ports as appropriate and under guidance from HPT

• Contract Tracing Call Handlers

- Make contact with cases/organisations/locations following PHE protocol and scripts
- Undertake public health risk assessments
- Ascertain contacts (where these are considered to not be complex, complete documentation for T3/T2 to pick up calls)
- Call contacts (utilising the Contact Tracing Liaison Officers if appropriate)
- Provide public health advice where appropriate including advice relating to complex incidents/outbreaks
- Document information obtained and outcomes in Microsoft system.
- Escalate any difficult issues or difficult non-compliance or concerns to a Team Lead.
- Pick up cases escalated from the Contact Tracing Liaison Officers
- Ensure escalations are actioned and closed appropriately.
- Flag workload capacity issues to a Team Lead.
- Flag to Team Lead if Southend EHO support required for geographical expertise.

• Contact Tracing Liaison Officers

- Make contact with cases following national PHE protocol and scripts
- Document information and outcomes in Microsoft system
- Escalate issues or non-compliance to Contact Tracing Call Handlers

3.7. Local Testing Capacity

Most of the testing for those who have symptoms of covid-19 will be done through the national testing routes. Individuals assess this themselves either through the [NHS website](#) or calling 119. The options will be to go to a drive-through test centre, attend a walk-through Local Testing Site, or have a test delivered to be taken at home and returned. There are drive-through test centres at Stansted and Ipswich as well as a mobile testing unit (MTU) whose location changes each day but includes Southend Airport and Rayleigh. The list of dates and sites is available on the Council website.

A walk-through Local Testing Site in central Southend is well positioned to be accessible to residents and is in easy reach of the town centre workforce, businesses and the local university campus. Established in collaboration with the Department of Health and Social Care, tests can be booked on the NHS website or by calling 119.

There are additional testing options for key workers, with the details can be found on the Council's webpage. Care home managers can also ask for testing of their residents or staff from the national portal, or via the health protection team of Public Health England if they think they have an outbreak. The testing in cases of suspected care home outbreaks is undertaken by Commisceo Primary Care Solutions.

Testing of patients admitted to hospital or attending the emergency department is arranged by the hospitals. Hospitals will also test patients being discharged in to care homes even if they are not symptomatic.

All the above must cover the vast majority of testing that is needed in Southend. There will be situations in which these arrangements are inadequate. For example, a person in temporary accommodation without a phone, internet access or transport. For these rare occasions we can employ Commisceo Primary Care Solutions. They will undertake the testing but need a definite safe location to undertake the testing, for example an individual's room in a house of multiple occupation. This will be undertaken of a fee for service basic depending on the number of tests that needed to be done in a location and the distance that needed to be travelled to that location.

Mobile Testing Units (MTUs) – These are nationally deployed by the Department of Health and Social Care and managed through the regional teams. Around 30 additional MTUs (Strategic Reserve) are being deployed over the next 5 weeks, regionally dispersed. The Strategic Reserve can be deployed in support of local outbreaks when requested by the Director of Public Health to provide surge capacity.

4. Data Integration

4.1. Data sharing

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act (CCA).

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm’s length bodies, Local Authorities and GPs. These notices require that data is shared for purposes of COVID-19 and give health organisations and local authorities the security and confidence to share the data they need to respond to COVID-19.

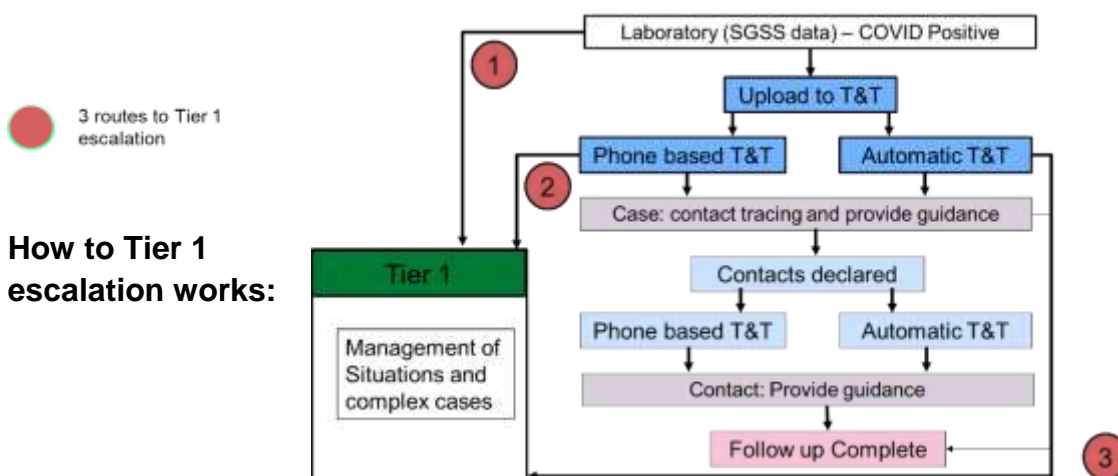
The data sharing permissions under the Act and the statement of the Information Commissioner all apply. Under the CCA and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

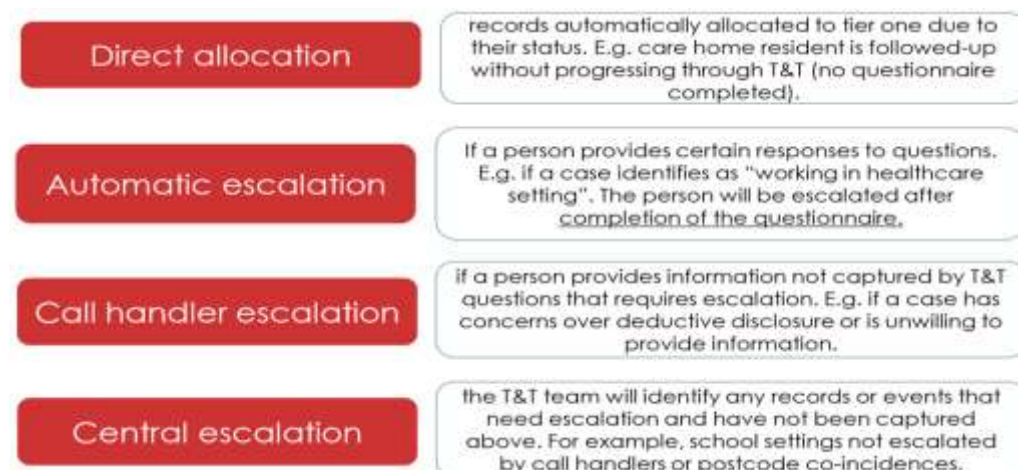
4.2. Proposed Test and Trace Tier 1 escalation routes

We continue to work to improve our understanding of the data flows and management processes. This includes:

- Data types and format
- Intended Information Governance guidelines and compliance requirements
- Frequency
- Feedback reporting

There will be three routes to Tier 1 escalation, outlined in the figure below:





Complex and high risk settings

- a) Case living or working in care home/long term care facility or other care facility for those with complex needs
- b) Cases in Healthcare workers
- c) Cases in Emergency Services workers
- d) Cases in Border Force and Immigration officers
- e) Cases who attended healthcare for non COVID reasons
- f) Cases in those living or working in Prison or other places of detention
- g) Cases in those attending or working in special schools
- h) Cases in those living in homeless hostels or shelters or refuges and similar residential settings
- i) Cases attending Day care centres for older/vulnerable people
- j) Cases with concerns about deductive disclosure
- k) Cases where contacts can't be identified without disclosure of name to employer or other third party
- l) Cases or employers unwilling to provide information

Consequence management

- a) Identified impact on local public sector services or critical national infrastructure due to high proportion of staff quarantining
- b) Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc)
- c) Likely media or political concerns/interest

Increase in disease frequency or severity that may require further investigation locally

- a) Second or subsequent cases in school class /bubble
- b) Reported high absenteeism rate in school or workplace
- c) Reported high levels of hospitalisations

Cases where liaison with setting or employer may be required

- a) Cases who have attended educational/childcare setting while infectious

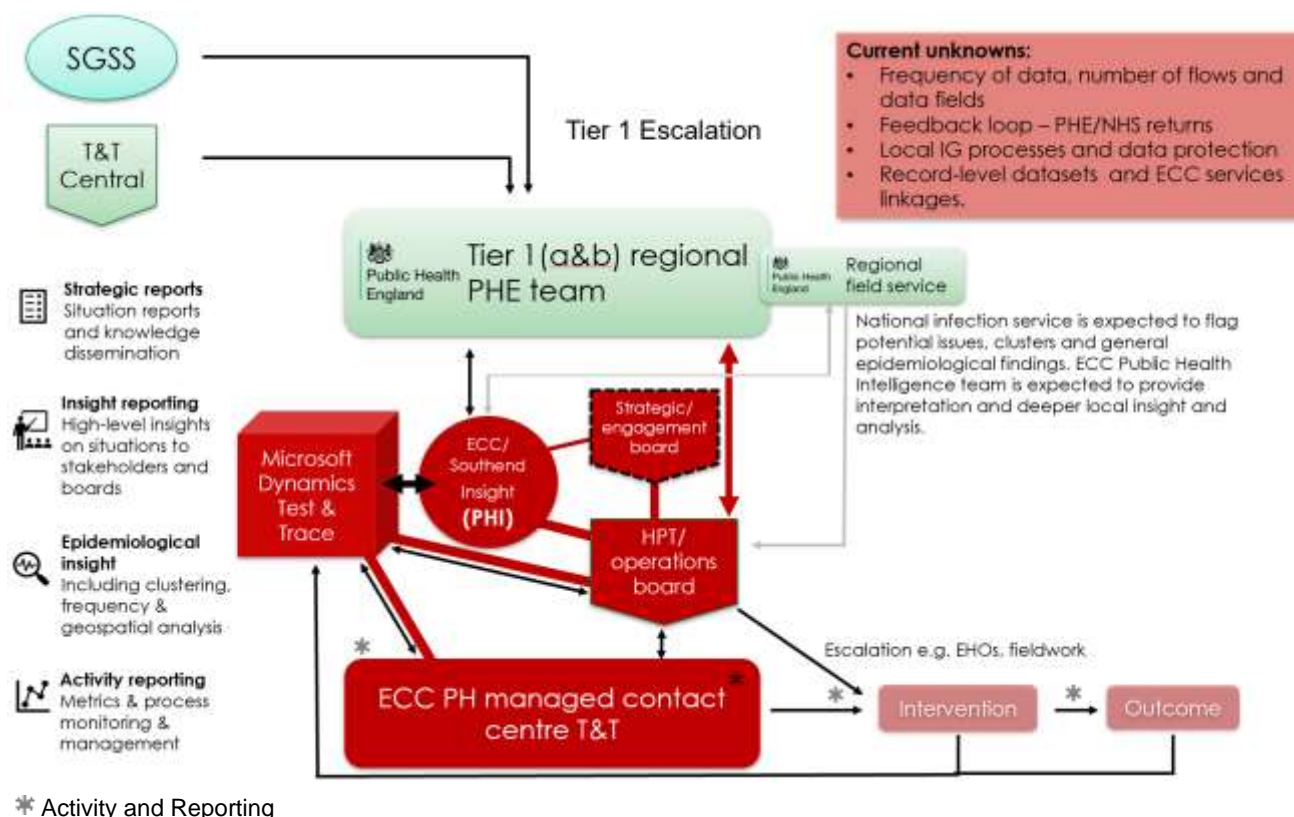
- b) Cases who have attended work while infectious and who are unable to identify their contacts who will require follow up

PHE information sharing proposal

- Outbreaks and complex situations – shared through local health protection systems and their existing systems;
- Vulnerable people and others who self-identify as needing support – three questions included on web-tool to allow people to self-identify as vulnerable or think that they need support;
- Daily activity reports – propose to share information with each LA on the number of cases and contacts reported daily in their area;
- Weekly epidemiology and performance reports – detailed draft reports have been developed for local areas. Propose to provide at UTLA level or possibly SOA.

Information flow & management processes

National infection service is expected to flag potential issues, clusters and general epidemiological findings. Southend Public Health Intelligence team is expected to provide interpretation and deeper local insight and analysis. Local flows shown in below:

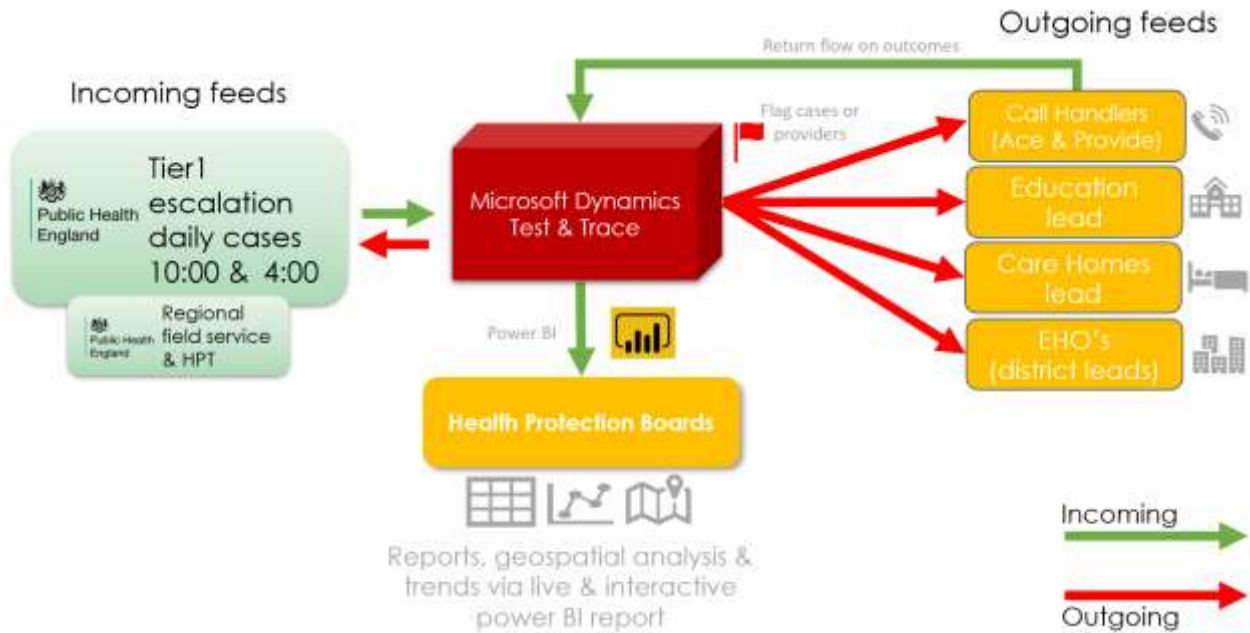


Current unknowns:

- Frequency of data, number of flows and data fields;

- Feedback loop – PHE/NHS returns;
- Local Information Governance processes and data protection;
- Record-level datasets and local services linkages.

Proposed detailed data flows:



5. Communication and Engagement approach

The Government is providing lots of information and resources to promote the NHS Test and Trace scheme nationally and to support local authorities to communicate with residents about Test and Trace locally.

We are using that content, and will localise it where needed, and then share and communicate through relevant channels and methods. Of importance will be using the data available to us to identify communities we need to target (both geographical, demographic etc), and how best to tailor this messaging. This insight will be crucial to ensure we are targeting where we are seeing emerging issues and areas that are not adhering to social distancing measures (see Appendix 06 – Communications and Engagement strategy)

Communications approaches will be tailored to different audiences and centre around three key headings:

PREVENT:

1. Prevention – what is our strategy is to prevent the spread of the virus and encourage them to use track and trace? We are already using PHE assets as relevant. Widespread “push” messages are being disseminated out across all owned channels, both from SBC and partners. We will also look at opportunities for “earned” content through, for example, media opportunities, partnerships, paid for opportunities. This will be supplemented by local targeted activity which will be determined through insight and data. This supplements the local ‘Stay Safe, Stay Apart’ campaign and messaging that encourages people to socially distance.

RESPOND:













2. Management of Outbreaks – what is our strategy when an outbreak occurs? For this activity communications will be two-fold – firstly direct and targeted communications to support the outbreak. This will align to the process/protocols put in place by Public Health colleagues for each scenario. Much like the process/protocol, there will be a generic approach which will be tailored to the relevant audience. It is anticipated that template guidance for communication will be issued by PHE which we should follow and adapt where appropriate. In these instances, the setting will be provided with these templates and supported with finalising and issuing these via established channels. The second element would be any wider communications required in relation to local outbreaks, for example managing public/media interest and scrutiny around local outbreaks. This will include identifying trusted local spokespeople
3. Local action in response to outbreaks/R number/additional insight –what is our strategy for implementing local action to further prevent the spread of infection? Activity will focus on clearly communicating the process around how decisions are made around local action, and communicating what decisions are made and the impact of these.

SUPPORT:

4. Support – for people who need to isolate. Activity will focus on providing those who need to isolate with effective support and guidance of how best to support themselves during a period of isolation (including financial support/guidance around sick pay), including, where appropriate, directing to local support services such as the Southend Coronavirus Action Line and Good Neighbours scheme for example.

For each of the three elements of the communications and engagement approach, a separate plan is in development which will allow for detailed scenario planning and templates to be developed.

6. Appendices

No.	Title	Last updated	Document
01a	Legislative Powers in local government for Outbreak Control	29 June 2020	 01a LOCP Control powers for lockdown
01b	Powers to impose restrictions on settings and members of the public	22 July 2020	 01b Powers to impose restrictions or
02	National Monitoring - Designation of local systems	22 July 2020	 02 National Monitoring - Designa
03	Terms of Reference for the 2 new Boards	29 Sept 2020	 03 Terms of Reference for 2 new E
04	Setting-specific scenario and service plans	10 June 2020	 04 LOCP Scenario Planning.docx
05a 05b 05c 05d 05e	Standard Operating Procedures (SOPs) <ul style="list-style-type: none"> ➤ Schools v5.1 ➤ Care Homes v8 ➤ Workplaces v7 ➤ NHS settings v0.5 ➤ Vulnerable groups v9.1 	23 Sept 2020 24 Aug 2020 20 July 2020 17 July 2020 24 July 2020	 05a SOP PHE-LA Schools V5.1.docx  05b SOP PHE-LA Care Homes V8.docx  05c SOP PHE-LA Workplaces V7.docx  05d SOP PHE-NHS Hospital settings V0.5  05e SOP PHE-LA Socially Vulnerable V9
06	Communications and Engagement strategic approach	18 June 2020	 06 Communications and Engagement stra
07	TTCE's Incident Management Team Agenda	24 Sept 2020	 07 TTCE Incident Management Team A

