

East of England	v0.5
COVID-19 MoU for PHE and LA Partnership Working	
12 March 2021	

	Public Health England	Local Authority <insert name>
Lead	<insert name>	<insert name>
Date		
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Purpose of the MoU
<ol style="list-style-type: none"> 1. The purpose of this Memorandum of Understanding (MoU) is to outline how the PHE East of England (EoE) Health Protection Team (HPT) will work with <insert name> Local Authority (LA) to manage case(s), incidents and outbreaks of COVID-19. 2. This MoU provides the principles and a generic framework for working collaboratively across HPT and EoE LAs. This allows for flexibility in operational arrangements within LAs to implement the principles and agreed actions set out in this MoU. 3. This MoU can be amended only in writing and subject to agreement by both PHE EoE and <insert name> LA. 4. This MoU supersedes all previous setting specific MoUs agreed by PHE EoE and LAs. It provides a generic template which can be applied to all settings.
Scope of this MoU
<ol style="list-style-type: none"> 1. This MoU outlines the principles of managing COVID-19 and can be applied to the following settings: <ul style="list-style-type: none"> • Care homes • Educational settings • Prisons • Workplaces • Socially vulnerable settings, including HMOs • Residential facilities for children and adults <p>Exclusions – NHS Community and Hospital Trusts; GP practices, dental surgeries and independent healthcare providers.</p>

2. This MoU builds on the previous setting specific PHE-LA MoUs (care homes, educational settings, workplace, socially vulnerable settings, prisons) which have laid the foundation for joint working between the PHE HPT and LAs in the EoE.

3. This MoU is divided into four sections and has an accompanying toolkit–

Section A - LAs currently not enrolled in the “Local Zero” pilots

Section B- LAs enrolled in the “Local Zero” pilots

Section C - the Outbreak Identification Rapid Response (OIRR) to be completed by the LA. LA should enlist their OIRR activities and arrangements, including enhanced contact tracing, common exposure reports and postcode coincidence reports

Section D – Surveillance and Monitoring – to be completed by PHE FES Team and LA Surveillance Leads enlisting PHE and LA responsibilities

Toolkit - There is an accompanying toolkit which has general information, including definitions, template letters and checklists which can be adapted by PHE and LAs as required.

Draft will be shared separately

Rationale for this MOU

1. To build on existing joint working arrangements and embed new developments, including “Local Zero” pilots, Outbreak Identification and Rapid Response (OIRR), management of variants and mutations.
2. To clarify the roles and responsibilities of the HPT and the LA teams, making effective use of expertise and resources of both organisations.
3. This MOU intends to contribute to the revised LA Outbreak Control Plan.

Governance

1. The Health Protection Boards will provide governance for the collaborative arrangements, review and monitoring.
2. The PHE-LA Partnership Group will provide a forum for PHE and LA to discuss new initiatives/ activities and enable sharing of good practice.

Section A
LAs NOT enrolled in the “Local Zero” Contact Tracing
PHE responsibility

1. The HPT may receive notifications of suspected or confirmed case(s), a cluster or an outbreak of COVID-19 in a setting via different sources such as 1) Test & Trace; 2) GP; 3) A&E, 3) LA; 5) Setting.
2. In addition, the following are also escalated from T2:
 - Case(s) who attended a setting while they were infectious
 - High number of cases in the setting
 - Complex settings such as care homes, critical national infrastructure, GP and dental practices.
 - Case reports other cases/ a potential outbreak in a setting.

When the HPT is informed of any case, incident or an outbreak, the HPT will-

3. Collect basic information on cases, incidents and outbreaks reported to the HPT
4. Provide initial infection control advice to the setting
5. Inform the LA of the case(s)/ incident/ outbreak/ issue reported to the HPT in an email to the LA Single Point of Contact (SPOC), and a phone call for urgent issues
6. Hand over the responsibility for managing the incident/issue to the LA, except incidents in GPs, dental practices and private healthcare (see separate section for these settings)
7. Provide health protection expert advice to the Incident Management Team (IMT), when requested IMT requests should be sent to ICC.EastofEngland@phe.gov.uk, along with an IMT request form (**Appendix A**)
8. Provide ongoing support to the LA for identification and management of clusters and outbreaks, including attendance at regular (weekly or twice weekly) LA meetings, e.g., Surveillance meetings
9. **Variants and Mutations (VAM)-**
 - Notify the LA of a case of VAM via an email to the SPOC email address, DPH will also be notified/copied in the email
 - Inform LA of cases who have not engaged with the HPT after 24 hours of initial contact
 - Discuss the need for surge testing and an IMT
10. Provide advice on the interpretation and implementation of national guidance by email or telephone, as requested
11. Outbreaks in private healthcare settings, general practice and dental surgeries will be managed by the HPT.

LA Responsibility

1. **LAs will formally take over the management of the case/incident once they have been informed by the HPT**
2. LAs will also manage cases/incidents reported directly to the LA
3. LAs will manage the issues directly escalated to them from T2 NHS Test & Trace, these include the following-
 - Case reports that social distancing, infection control measures are not implemented/adhered in a workplace
 - Cases not complying with self-isolation
 - Workplace forcing case to work during infectious period

When the LA is informed of a case, cluster, outbreak or an issue LA will-

4. Contact the setting to collect basic information to undertake a risk assessment.
5. Carry out a risk assessment, with PHE support if required. This support will be in the form of a discussion with the CRC duty consultant, HPT patch lead or senior HP practitioner.
6. **Based on the risk assessment the LA will decide if an Incident Management Team (IMT) is required or not.** If the LA requires PHE attendance at an IMT meeting, the IMT request template (**Appendix A**) will be completed and submitted with the meeting request to the ICC email ICC.EastofEngland@phe.gov.uk.
7. **Actions/Control measures – The LA will:**
 - a. Lead on communication with the setting
 - b. Undertake any mass testing at the setting deemed necessary by an IMT
 - c. Carry out any enhanced contact tracing required
 - d. Inform and update stakeholders in line with local agreements
 - e. Inform the HPT of the confirmed outbreak in the setting
 - f. Inform the Health and Safety Executive (HSE) of the outbreak when relevant.
8. **Variants and Mutations (VAM)**
 - Receive notification from the HPT of VAM cases
 - Follow up VAM cases who have not engaged with the HPT after 24 hours of initial contact
 - Convene an IMT and make arrangements for surge testing if required.
9. **Declaring an outbreak or cluster over**

The incident/outbreak will be declared over by joint agreement of the IMT, or by the LA if no IMT is convened, in accordance with the standard definitions.

Section B
LAs enrolled in “Local Zero” Contact Tracing
LA responsibility
<ol style="list-style-type: none"> 1. LA will receive information on all cases in their residents as soon as they are reported to CTAS/ITS 2. LA will contact the cases to complete their CTAS records in accordance with their protocol. Cases will be invited for the digital journey and contacted by phone by call handlers as soon as they are reported 3. LA will contact the setting to collect basic information to undertake a risk assessment 4. LA will carry out a risk assessment, with PHE support if required. This support will be in the form of a discussion with the CRC duty consultant, HPT patch lead or senior HP practitioner 5. Deal with matters which are escalated to LA such as welfare and safeguarding issues 6. Based on the risk assessment the LA will decide if an Incident Management Team (IMT) is required or not. If PHE attendance is required at an IMT, the IMT request template (Appendix A) should be completed and submitted to ICC.EastofEngland@phe.gov.uk. 7. The LA will: <ol style="list-style-type: none"> a) Lead on communication with the setting b) Undertake to arrange any mass testing as indicated by the risk assessment or by an IMT. c) Carry out any enhanced contact tracing required d) Inform and update stakeholders in line with local agreements. e) Inform PHE (the HPT patch lead) about confirmed outbreaks at settings in their area. f) Inform the Health and Safety Executive (HSE) of outbreaks at settings if required 7. Declaring an outbreak or cluster over The incident/outbreak will be declared over by joint agreement of the IMT, or by the LA if no IMT is convened, in accordance with the standard definitions in Appendix A.
PHE Responsibility
<ol style="list-style-type: none"> 1. The HPT will provide health protection expert advice to the Incident Management Team (IMT), when requested IMT requests should be send to ICC.EastofEngland@phe.gov.uk, along with an IMT request form (Appendix A) 2. Provide ongoing support to the LA for identification and management of clusters and outbreaks, including attendance at regular (weekly or twice weekly) LA meetings. 3. Variants and Mutations (VAM)- <ul style="list-style-type: none"> • Notify the LA of a case of VAM via an email to the SPOC email address, DPH will also be notified/copied in the email • Inform LA of cases who have not engaged with the HPT after 24 hours of initial contact • Discuss the need for surge testing and an IMT

4. Provide advice on the interpretation and implementation of national guidance by email or telephone, as requested.

Section C

Outbreak Identification and Rapid Response (OIRR)

LA responsibility

To be added by LA

LA to add details on arrangements for

- 1. Enhanced contact tracing**
- 2. Common exposure reports**
- 3. Post code Incidence reports**

Regular joint meetings with LAs

Regular surveillance data exchange

PHE responsibility

- PHE EoE is introducing a new weekly alert system from the week beginning Monday 12th March 2021 to enhance situational awareness regarding the COVID-19 outbreak.
- Each lower tier local authority in the East of England will be placed at the appropriate level (from 1 to 5) for its current situation using a set of indicators.
- The lower tier local authority level will be determined by the highest category so, e.g., if any indicator is in level 5 then the local authority will be level 5.
- Any lower tier local authority in the highest levels (4 or 5) will be subject to a rapid assessment process.
- **This will involve a review of the latest epidemiology and local intelligence gathering via PHE patch teams and utilisation of existing local networks.**
- Any further actions should not be triggered purely by the levels but take into account all relevant facts and circumstances at the time.
- The levels and their associated thresholds will be reviewed regularly as the epidemic progresses.

Section D**Data sharing**

To be completed following discussions with PHE FES Team and LA Surveillance Leads

Data flows from LAs to PHE to be agreed

Reporting of outbreaks identified by LAs to PHE

PHE and LA responsibilities to be listed

Interim arrangement – to be added

Proposed Development**Outbreak reporting and outcome indicators**

There is a proposal for an interactive Dashboard to be developed at pace to capture new Covid 19 outbreak managed (2 or more cases linked by time, person, place *excluding household transmission*) through a shared platform between the HPTs and LAS. The lead organisation managing the outbreak will be responsible for completing the dashboard within 72 hours of an outbreak being reported. This will enable generation of regular reports for surveillance and monitoring.

Appendix A

IMT Request for PHE Health Protection Team (HPT) attendance	
Please complete this form to request HPT attendance at an IMT and submit with the meeting invitation to ICC.EastofEngland@phe.gov.uk	
Requesting Organisation	
Name and Address of outbreak setting	Postcode:
Contact Name and details	Name: Phone: Email:
HP Zone No. (if available)	
Date and Time of the IMT	
Is this a new outbreak/situation?	
Brief description of the outbreak/situation	
What specific input is required from the HPT?	

Version Control

Version & Date	Amendments	*Authors
V0.1 14/02/2021	First version for comment	Victoria Matthews
V0.2 26/02/2021	Revised v1 considerably to develop it into a template format	Deepti Kumar
V0.3 03/03/2021	Added in details to reflect ECT and Variants	Deepti Kumar and Victoria Matthews
V0.4 11/03/2021	Further amendments to text, layout etc.	Victoria Matthews, Smita Kapadia, Deepti Kumar
V0.5 12/03/21	Amendments following discussion at the End to End Outbreak Identification meeting Included contribution from FES in Sections C and D	Dorothy Gregson, Mike Hill, Olabisi Williams, Priya Duggal. Elain Edwards, Lynsey Emmet, Deepti Kumar