Rutland County Council: COVID-19 Outbreak Control and Prevention Plan

Contents

1. Purpose of the Plan

This plan sets out how Rutland County Council will prevent, manage, reduce and suppress outbreaks of COVID-19 across the County. It also sets out how we will work with other agencies within the County.

This plan sets out the arrangements for surveillance of, and response to, local outbreaks and infections. The plan identifies aims, objectives and the appropriate governance and responsibilities.

On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a local Outbreak 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 Plan builds on existing health protection plans and response mechanisms and put in place measures to contain any outbreak and protect the public's health. The Director of Public Health (DPH) is responsible for defining the measures required to do this.

This summary plan sits alongside a detailed operational plan that will be used in the event of an outbreak or incident.

2. Aim of the Plan

The aim of the Local Outbreak Plan is to protect the health of the population of Rutland from COVID-19. This will be done through the following objectives:

- Preventing the spread of COVID-19
- Early identification and proactive management of local outbreaks
- Co-ordination of capabilities across agencies and stakeholders
- To assure the public and stakeholders that this is being effectively delivered

3. Resources: Proposed new Health Protection Team

Since the start of the pandemic the public health team have responded by suspending normal business and concentrating in the fight against COVID-19. In the short term the team will continue to respond to outbreaks in this manner.

However, it is envisaged that an outbreak response may be necessary for at least 12 months and may be needed for up to 24 months. Response is likely to happen alongside 'business as usual'.

As such, a new health protection function within the Public Health department is being recruited to provide a sustainable COVID-19 outbreak response. This team will provide a longer term health protection function within the Council, recognising that the local outbreak plan puts a response for health protection that is a new responsibility for Local Authority Public Health This new team, based in the Public Health Team serving Rutland and Leicestershire, will comprise additional Health Protection consultant capacity, manager resource, capacity for additional infection and prevention control support and additional capacity for contact tracing. It will extend the model of our existing Infection Prevention and Control (IPC) care home service but will respond to outbreaks in other settings. This team will operate during working hours to monitor and respond to outbreaks as required, alongside the consultant on call.

4. Control and Prevention

Controlling the spread of COVID-19 is the first step to preventing an outbreak. The Public Health Department will proactively work with workplaces and other settings to make sure Rutland can do all it can to halt any spread. These actions will include:

- Environmental and structural measures: Putting physical measures in place to support social distancing in public spaces and workplaces.
- Enhanced hygiene / cleaning: Reiterating the importance of people continuing to regularly wash their hands and follow good respiratory hygiene practices.
- Advice, guidance and training: Ensuring we use the media and communications to inform and message the public to promote adherence to the guidance and to support behaviours that reduce the spread of COVID-19.
- Engagement: Ongoing engagement through local communities and town and parish council, faith groups and the community and voluntary sector to promote guidance, model 'good' behaviours in communities and constructively engage with those people that are not complying with guidance. Primary care networks and/or primary care staff will also be used for engagement and messaging, with GPs seen as respected figures in their local communities.
- Resources and staffing: Proactively supporting settings (and particularly high risk settings including care homes) with accurate and timely advice and ensuring there are sufficient resources to implement infection control measures.
- Data: Use of epidemiological data alongside surveillance and monitoring data, gathered in relation to outbreaks, to flag up potential 'hot spots' for early targeting and intervention
- Additionally, settings will receive the national action cards (when available) so they are aware of the actions necessary in the event of an outbreak.

Outside the control of outbreaks the core Public Health Team will support settings in understanding the actions they need to take to prevent an outbreak in the first place.

5. Managing Outbreaks

The Public Health Department will operationally manage the response to outbreaks and incidents.

5.1 Partnership

Developing and delivering this outbreak plan requires the involvement and engagement of partners and key stakeholders at strategic and operational levels in line with the governance structures. It will involve leading and working with a large number of organisations across Rutland. Diagram 1 (below) sets out in brief the range of organisations involved in outbreak response.

Diagram 1: Multi-agency work in outbreak management

5.2 Communications

Good communication is key during an outbreak or incident. Overall, the Rutland County Council communications team, together with Public Health England (PHE) will undertake the lead role for public facing communications when responding to COVID-19 outbreaks or incidents locally.

Direct communication with cases/patients during the incident will be undertaken by Public Health England in the first instance with support and surge capacity being offered by the local team, under the direction of the Director of Public Health.

Rutland County Council communications team, working with the Public Health team will support elements of the outbreak actions, such as the infection control and prevention work, with targeted messaging and community engagement, working with partners across the system including in the primary care network and the voluntary sector. They will use a variety of tools including mainstream and community media, social media, local newsletters and workplace communication channels. The proposed communications plan can be found in appendix 1.

5.3 Outbreak notification

As a notifiable disease cases of COVID-19 must be reported to Public Health England (PHE). PHE will remain the first point of contact for the notification of positive cases and outbreaks. A standard operating procedure has been agreed regionally with PHE detailing the link between PHE and Local Authority Public Health Teams (Appendix 2).

5.3.1 Single case notification

PHE will inform the Council on call public health consultant of any single cases related to settings under theme one (Care Homes and Schools) and theme two (high risk places, locations and communities) of the control plan. This notification will also feed into the infection control service inbox, and into the proposed health protection team. Additionally, two way liaison would enable local Public Health to alert PHE of any single case issues that PHE may be unaware of.

5.3.2 Outbreaks in settings

PHE will remain the first point of call for notification of outbreaks and will be responsible for undertaking initial investigation and actions. COVID-19 is a notifiable disease and cases must be reported to PHE on 0344 225 4524.

There is an expectation that PHE will inform the DPH/on call Public Health consultant of outbreaks, as happens currently through the HP Zone database, and agree any further actions that may be needed in relation to Infection Prevention and Control (IPC), testing, contact tracing or communications. This information will also feed into the existing infection control email inbox and service.

In turn, Public Health will inform the Director of Adult Social Care or Director of Children's Services as appropriate.

Cases brought to the Council's attention by way of soft intelligence and community knowledge will be reported by the Council, through Public Health, to PHE for awareness and investigation.

5.3.3 Outbreaks in communities

Experience has shown that community outbreaks may not be notified by PHE East Midlands but may come about through local knowledge or national analysis. In this case, the on-call consultant and DPH will ensure PHE East Midlands are informed and will lead outbreak management.

A health protection consultant on call rota has been established within Public Health as the single point of contact for out of hours (OOH) PHE liaison and outbreak notification for Rutland, alongside a dedicated email address as part of the service level agreement for Public Health between Rutland County Council and Leicestershire County Council.

5.3.4 Contacting outbreak settings

In the event of an outbreak or situations requiring a setting to be contacted, existing on call mechanisms will be utilised by PHE and the on-call consultant either through RCC Senior manager for theme 1, educational settings and care

settings, or the LLR prepared emergency management number for theme 2, other high-risk settings.

5.3.5 Ongoing surveillance and management

In addition to managing outbreaks as above a daily sit rep will be delivered by PHE as required covering current outbreaks and new outbreaks. The battle rhythm will be determined by the number of outbreaks and may require daily meetings of a core group (DPH, Health Protection Consultant lead, consultant on call, PHE, RCC Senior Management Representative). This will consider if any additional actions are needed above and beyond that agreed by PHE/consultant on call and will escalate any issues as necessary to the Health Protection Outbreak Board. Outbreak management will be in line with the nationally developed action cards

If there are a fewer number of outbreaks then the daily sit rep briefing will not be required and the meeting of the Health Protection Outbreak Board will suffice.

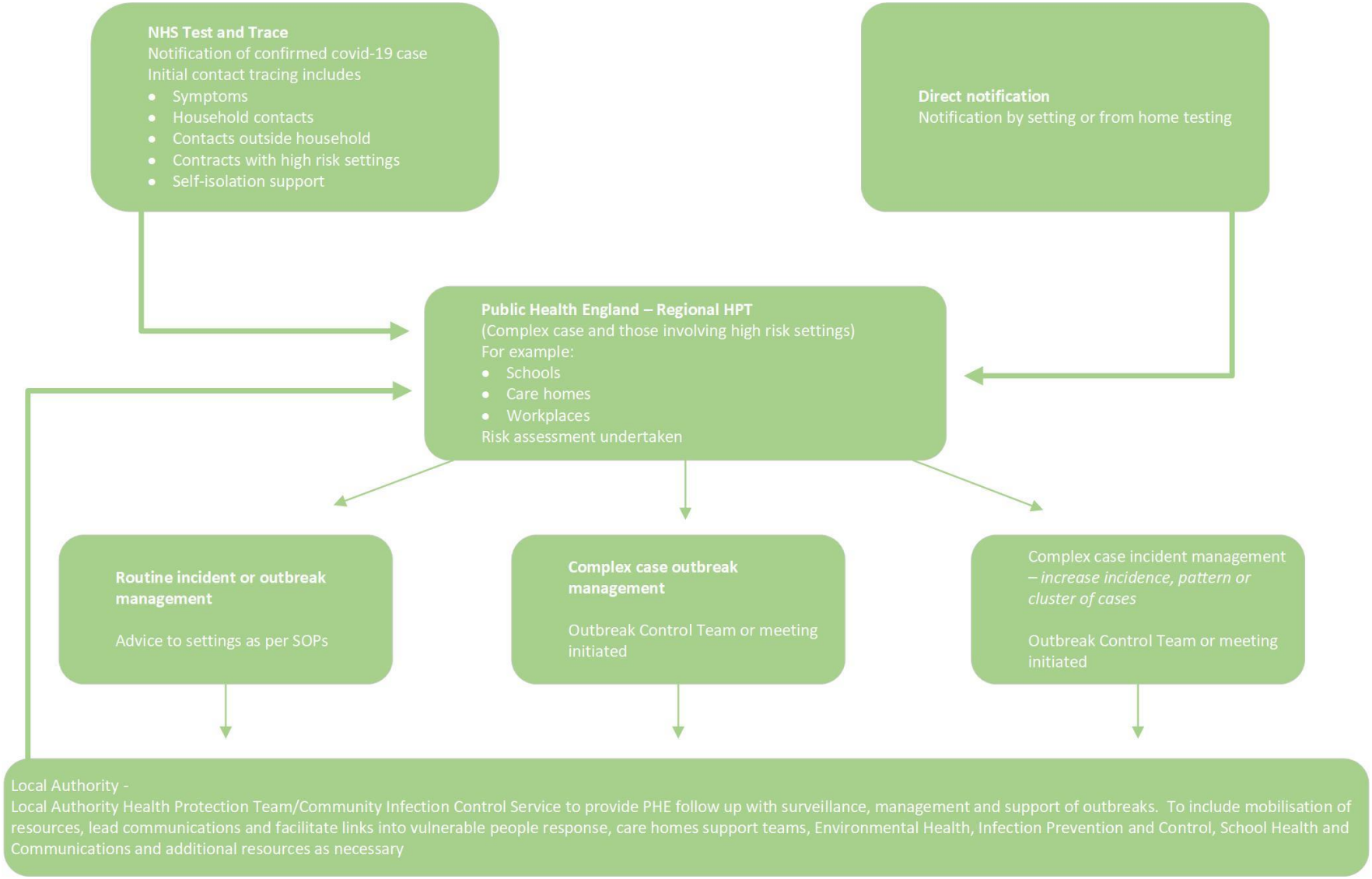
In the short term, the existing IPC outbreak service (for care homes) will record monitoring and surveillance data in relation to all outbreaks including schools and high risk situations, settings and places. Further outbreak actions for the Council will be picked up by the existing Public health team with input from the existing IPC service within the operational and governance structures described in further sections. Public Health consultants within the existing team, with responsibility for particular settings, such as schools, will support outbreak management and oversight in these areas.

5.4 General Outbreak Management Process

Diagram 2 sets out, in broad terms, how outbreak management will work. Building on the notification routes set out earlier in this document. The regional PHE Health Protection Team will remain the initial lead for outbreak investigation. Broadly, incidents will fall into three themes:

- Single, non-complex settings based outbreaks where PHE will undertake routine investigation, advice and management
- Complex case management, largely individual setting based, where an outbreak control team will be stood up
- Complex outbreaks, involving communities or clusters in work sectors which, again will require the setting up of an outbreak control team.

Diagram 2: Outbreak management process flowchart



PHE and the on call consultant will assume control for complex outbreaks in contact with the DPH and lead the establishment and leadership of an Incident Management Team (IMT) which will include reference to the RCC Director of Adult Services (DAS) or the Director of Children's Services (DCS) or nominee.

The incident lead/outbreak control team will exercise the appropriate measures at their disposal including:

- Communications
- Community engagement
- Deployment of testing
- Enhanced surveillance and contact tracing as deemed necessary
- Any legal powers as deemed necessary under relevant Public Health Acts, the Coronavirus Act 2020 and any other powers that may be conferred in due course. The legal powers available are listed under appendix 3.

The membership of a core outbreak control team shall comprise:

- Incident lead (Consultant in Public Health and/or DPH)
- PHE Consultant in Communicable Disease Control (CCDC)
- RCC Communications On-Call Officer
- RCC Senior Management Team On-Call Lead
- Testing lead/link,

other members as required;

- PH Analyst
- NHSE/I
- CCG
- Other County Council colleagues
- Other LRF partners organisations (Police, etc)

6. Planning for local outbreaks in care facilities and educational and early years settings.

6.1 Care Facilities: local outbreak response

There are 11 care homes in Rutland (359 registered beds), two of which cater for Service Users with Learning Disabilities (40 registered beds). The remaining nine homes support older people and those with physical disabilities, two are

registered as Nursing homes (128 registered beds) and the other seven are purely residential homes (191 registered beds).

As of 25th June 2020, 301 beds were occupied and of these 301 residents, 175 were designated as self-funders. There is a Framework Agreement with five domiciliary care agencies are commissioned to meet the needs of Rutland residents (253 packages, of which 159 are private arrangements as of 25/06/20).

There are an additional three agencies that Rutland has temporary spot contracts with to provide additional capacity at this uncertain time (25 packages of care, of which 14 are private arrangements). There are several other domiciliary care agencies that operate in Rutland but do not contract with Rutland County Council.
Rutland County Council has an in-house care provider (the REACH Service) which offers predominantly short term reablement and rehabilitation services in conjunction with the Rutland County Council Therapy Team. As of 25th June 2020 they were working with 11 Service Users.

Rutland County Council has a strong approach to infection prevention and control with a number of areas of regionally identified areas of good practice such as the use of a Single Point of Information, effective post discharge contacts and good relationships in the sub region. Since mid-March the Council has been in regular contact with care homes and domiciliary care providers across Rutland to offer support and ensure they have access to the latest guidance; this includes a single point of dissemination of information via the council from all partners. There is a continuing fortnightly conference call with all providers, offering an opportunity for them to raise any concerns, which is either addressed or escalated regionally. These will be used to continue engagement around outbreak management.

In addition to the routine for general management outbreak response a Care Home outbreak IPC response helpline is already in place and fully operational across Leicestershire, Leicester City and Rutland (LLR) on a 7 days per week basis. This is led by Leicestershire County Council; working in collaboration with Leicester City Council; Rutland County Council and PHE.

Following PHE initial assessment and advice the follow up outbreak monitoring, surveillance and oversight is handed over to the LLR IPC service.

A robust system is in place to provide regular monitoring calls to care homes where outbreaks exist, support and IPC advice is provided until closure of outbreak (after 14 days free of positive cases). Where care homes require additional help and support issues/concerns are escalated to IPC specialist and/ or PHE.

It is intended to develop this model further, as per section 3, and incorporate it into the planned health protection team which will deal with COVID-19 outbreak responses across a number of settings.

As part of the existing care home model the team also make proactive calls to care homes providing preventative advice and support to those homes without outbreaks. The intention is to continue this service, if possible, and to include it as part of the wider planned health protection team for outbreaks in other settings.

Care home action cards covering the required responses to specific care home scenarios will be issued to care homes when available. It is expected that measures available to care settings will include isolation measures, closures to new admissions, stopping visitors and staff and resident testing.

Care home outbreak response will also draw upon the expertise of the LLR Prepared (the Local Resilience Forum) care homes 'cell' in sharing good practice and improving prevention.

6.2 Care facilities: contacting

Care settings have been identified within Rutland and contact details established in the operational plan.

Additionally, an extensive list of contact details related to care homes is already in place as part of the existing IPC service and is available to the on call consultant but can also be enabled through the Rutland Senior on call manager.

The Care Quality Commission (CQC) web-site also provides updated contact information for Care Homes, Nursing Homes and Extra Care Housing.

6.3 Educational and early years settings: local outbreak response

Across Rutland there are 21 childminders with a maximum capacity of 121 children. 16 nurseries and preschools can take a maximum number of 705 children. Additionally, early years provisions on school sites equates to a further 3 providers with 65 places available.

The independent school, Brooke Priory, has a maximum of 48 places and The Parks has 10 places for pre-school children. In Rutland, all of the child-minders and preschools are classed as Private, Voluntary and Independent (PVI).

They are currently supported by regular conference calls, email contact and daily briefings to the sector that inform providers of up to data information and guidance that will be used to continue engagement around outbreak management.

There are 18 primary schools in Rutland, including 1 independent primary school. Out of the 5 secondary schools, three are academy led and two of the schools (Uppingham School and Oakham School) are independent. There is 1 school that provides post 16 education (Harington) and this is classed as a free school. Rutland Adult Learning & Skills Service offers adult learning provision and there are 2 special schools. Across our academies and maintained schools there is a capacity of 5559 pupils. When broken down this includes: 2886 primary places and 2673 secondary places.

The post 16 provision is categorised as a free school and Rutland Adult Learning & Skills Service is owned and internally managed by the Local Authority. This provision will be able to facilitate 60 learners over 15 sessions a week, taking the total number to 900 maximum.

There are currently daily briefings that cover updates, guidance and resources, regular conference calls including weekly virtual head teacher meetings and email contact, that will be used to continue engagement around outbreak management.

The Public Health Department will issue educational and early years settings with the nationally produced action cards in order that they understand the actions available to them in the event of an outbreak.

A process has been established whereby schools are asked to notify the Public Health Department and the RCC Education Team when they have a positive COVID-19 case, in addition to notifying PHE. When the Local Authority have been notified, this information is then be fed into the Public Health consultant on call/IPC service as well. This information will be recorded and monitored alongside, and as part of, the existing 'care home' monitoring and surveillance system. In the medium term this information will be fed into the proposed health protection team.

PHE already notify public health of any COVID-19 outbreaks in schools. These are recorded on the existing 'care home' monitoring and surveillance system. Initial investigation and outbreak advice will be provided by PHE including actions on isolation, closure, cleaning and other infection prevention and control measures

After initial investigation PHE will handover the follow up and day to day management of schools outbreaks where they no longer have the capacity to manage these.

In these instances a Local Authority PH consultant will have oversight of these outbreaks for health protection/IPC input with support from an IPC nurse.

Action cards for schools and other children and young peoples settings will be used to inform any outbreak response in these settings.

6.4 Educational and early years settings: contacting

Education and early years settings have been identified and listed in the operational plan and are contactable through the RCC on call senior manager.

7. Planning for outbreaks in other high-risk locations, workplaces and communities.

Certain locations are classed as high risk due to the vulnerability of people, the increased risk of onward transmission or the complexity of tracing contacts. This will include sheltered housing, dormitories for migrant workers, transport access points, prisons, rough sleepers and the hospitality industry.

7.1 High risk settings: outbreak response

Outbreak response oversight will be provided by the local authority consultant lead supported by the DPH and PHE as described in previous sections. Action cards covering the required responses will be issued to specific high-risk locations when available.

The lead PH consultant will be responsible for providing oversight and identifying the need for further epidemiological assessment in collaboration with PHE and DPH where required.

Actions will include:

- Contact with setting. The lead consultant with IPC nurse support will make contact with the outbreak setting, if appropriate, to ascertain the situation and provide any input necessary. PHE may also be contacted to provide further information about the outbreak.

- The Public Health team will contact outbreak settings to understand any particular concerns or issues in the setting that require further input in key areas e.g. social distancing, PPE, risks in car sharing to work. A checklist will be used based on the relevant operational action cards to ensure that key areas are discussed.

- Any actions identified to be followed up as soon as possible and logged on the non-care homes spreadsheet template on sharepoint.

- Where there are significant concerns consider establishing an IMT with support from PHE in line with governance/escalation processes.

The proposed Health protection team will provide additional support, when in place (in the short term this will be provided by existing IPC arrangements).

Proactive, preventative aspects of this work in relation to specific outbreak situations will be developed. Escalation procedures and wider governance structures will be utilised by the lead PH consultant where significant further public health action is required in outbreak management. For high risk settings, the knowledge and resources of the wider Council, and Environmental Health resources, will form an important part of the IMT.

7.2 High risk settings: Contacting

High risk settings including Stocken Prison, Rutland Water, St Georges, Kendrew Barracks and venues involving the hospitality sector have been identified and are contactable. Details have been collated in the operational plan.

The RCC senior manager on call will be informed of any outbreak for information and support.

8. Community Based Outbreaks

In addition to the consideration of high-risk settings and situations it will be important to be able to respond in a timely manner to 'hot spots' in particular communities or geographical areas.

The DPH in collaboration with other members of the public health team and PHE will continue to monitor and assess the epidemiological data and outbreak data to be in a position to respond and intervene early.

In such an event:

- An IMT would be convened
- There would be rapid development and implementation of IMT actions,
- Oversight would be maintained by leadership and governance structures as outlined in this plan.

Actions would include:

- Further data analysis and epidemiological assessment

- Deployment of targeted testing capacity in the area affected
- Media and communications
- Community and sector engagement including on the ground engagement
- Exercising of any necessary legal powers

9. Testing

The purpose of testing is establish whether an individual has COVID-19 or not. For an individual with symptoms, there are two ways of getting a test, either through booking an appointment at a drive-through or walk-through test site or by asking for a home test kit that will be delivered.

Additionally, Coronavirus test kits are available to test the residents and staff of care homes, regardless of whether staff or residents have symptoms or not.

For the purposes of the outbreak control, access to additional testing beyond the national 'offer' enables rapid investigation of an outbreak to establish whether individuals actually have COVID-19, and for surveillance to enhance the knowledge of virus spread in any one setting our outbreak. Additional testing capacity for Rutland will be stood up to enable this.

9.1 Outbreak Response Testing in settings

Public Health England (PHE) East Midlands will remain the first point of call for notification of outbreaks and will be responsible for undertaking initial investigation and actions. This includes mobilising Derbyshire Health United (DHU) to undertake testing of symptomatic individuals at any high-risk setting e.g. schools, care homes, homeless shelters, workplaces etc. The Local Authority Public Health Team will have access to DHU to undertake further testing at high-risk settings when the need arises. Target deployment is within 24 hours of receipt of notification. DHU will obtain required samples and convey them to University Hospitals of Leicester (UHL) within 6 hours.

UHL has capacity to analyse 500 swabs a day at a turnaround of 24 hours. Over that volume, support can be requested from the East Midlands Pathology Network if a turnaround time of 24 hours is required to be maintained. All results from swab tests will be returned to DHU and passed on to the local public health team. UHL/DHU will also notify PHE of positive test results.

Where mass testing is required in a particular setting, for example, a prolonged outbreak where testing of all individuals (symptomatic and asymptomatic) is required, the existing LRF Testing Cell is well placed to coordinate and deploy local testing capacity. This will be supported by regional mobile testing unit (MTU) capacity deployed by the Regional Coordinating Group with input from the Director of Public Health.

In rare situations where the above options are at maximum capacity, testing of symptomatic individuals will be arranged through the national Pillar 2 portal: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

9.2 Outbreak response testing in communities

At present, there is a military run Mobile Testing Unit (MTU) that operates across Leicester City, Leicestershire and Rutland to provide geographically accessible testing to symptomatic residents. The MTU has capacity to undertake 300 tests per day. A timetable of approved sites is in place until the beginning of July 2020 with the MTU remaining at each site for 3-4 days. The existing LRF Testing Cell is well placed to coordinate and deploy this Mobile Testing Unit to a specific geographical location if intelligence identifies a 'COVID-19 hotspot' area. As the local Mobile Testing Unit is linked to the national Pillar 2 digital booking portal, last minute changes are not possible. In situations where rapid deployment is required, the next point of call will be the regional mobile testing unit (MTU) deployed by the Regional Coordinating Group with input from the Director of Public Health.

9.3 Testing of specific key-worker groups

While the primary aim of mobile testing is being able to test symptomatic people in the community, there may be incidences where an MTU will need to cater to a specific need. For example where an identified group of key workers in an organisation has reached a critical mass of employees who are self-isolating with COVID-19 symptoms. In this event, it would be preferable to directly contact the group to be tested to alert them to the site information while keeping the site off the digital booking portal, thereby ensuring that the test slots are only available for the group being tested. The most appropriate resource to deploy in this situation will be the regional mobile testing unit (MTU) deployed by the Regional Coordinating Group with input from the Director of Public Health.

9.4 Testing sites

A range of testing sites suitable for the deployment of mobile testing units or 'hyper local' testing solutions, such as venues that are used as polling stations have been identified in Rutland and are listed in the operational plan.

10. Contact tracing in complex settings

It is the view of Public Health England that they have sufficient contact tracing capacity to service the estimated number of outbreaks in the East Midlands. However, the Council has available surge capacity through two different levels if Public Health England run out of capacity for whatever reason.

In the short term the existing IPC Care Home response is manned by staff who could be redeployed, subject to training, to assist with contact tracing. The staff have acquired relevant transferable skills through their involvement in monitoring outbreaks within care homes.

However, as part of the planned new Health Protection team additional capacity will be available to support contact tracing and outbreak responses.

Training will be provided for this surge capacity and will be deployed as part of the outbreak response as required.

11. Supporting the Vulnerable

The Rutland population is older than the national average with 25.5% over the age of 65 compared to 18.4% in England.

Based on the 2011 census the majority of the county population (97.2%) belong to White ethnic groups, (including White Irish). The next largest ethnic group in Rutland is Mixed or Multiple Ethnic Group (1.1%) Asian (0.9%), followed by the Asian (0.9%), and Black ethnic groups (0.7%). Only 0.2% of the population come from traveller ethnic groups.

According to the 2011 Census, 12.0% of the population in Rutland live in a one-person household. Extrapolating this percentage to the latest population figures suggests 4,791 residents in Rutland lived alone in 2019.

Looking at disability the 2011 census found 15.5% of the county population reported having a limiting long-term illness this would equate to around 6,189 people in 2019. This is significantly lower than the national proportion of 17.6%.

Homelessness is similar in the county than the national average with a rate of 2.5 statutory homeless households per 1,000 households seen in 2017/18. This is equivalent to 39 households in the county.

Parish and Town Councils provide an essential route to engage with vulnerable and isolated communities across Rutland.

Rutland County Council have a dedicated crisis helpline for people that have been affected by coronavirus (COVID-19) and have no other source of support. The helpline is available to the vulnerable if they are self-isolating and need immediate support with:

- getting food
- getting your medicines
- feeling isolated and you need some support

People that are vulnerable, self-isolating, and have no one to get food and medicines should call 01572 729 603.

The process maps for medicine and food support in Rutland are included as Appendix 4.

12. Surveillance, Data and Epidemiology

Communicable disease surveillance involves the monitoring of the frequency and distribution of disease, as well as the human impact including hospital admissions and deaths.

Surveillance involves gathering a wide variety of data about a disease from a range of sources to provide a picture of emerging trends, hotspots and the groups of people who are being most affected or at risk. An overview of sources of data is shown below **(Diagram 3).**

Diagram 3: Data sources informing surveillance and monitoring

Within our approach to outbreak control, data management happens at two broad levels:

1) Data on local outbreaks that details information on cases identified and their management plans through to aggregated data reported to partners.

2) Integration of data from multiple sources to generate local outbreak intelligence reporting

12.1 Local outbreak data management

On an operational basis Public Health consider exceedance reports available data on pillar 1 and 2 tests and ONS data on deaths to examine deaths and identify trends. This is supplemented by analysis of outbreak notifications and soft intelligence to consider any possible linkages or areas of concern either geographic or within communities of interest.

12.2 Data Integration

Locally, the LLR Data Cell has transformed the LLR COVID-19 Business Intelligence landscape and has built on the wealth of available data to support the development of usable insight/intelligence within the health economy.

The LLR COVID-19 Data Cell have attempted to replicate the recently introduced national COVID-19 Alert System. This alert system is updated weekly & shared with the Health Economy Strategic Group.

To replicate the national COVID-19 Alert System, it has been necessary to identify the key metrics and triggers that would guide decisions on where LLR currently sits on the Alert System. The LLR COVID-19 Data Cell identified the following as the key measures:

- Community Transmission Rates
- UHL & LPT Admissions
- LLR Cases, Deaths & Excess Deaths
- Operational Capacity (Bed capacity-all types)
- Care Home Capacity & Incidences (Domiciliary Care Input also)
- Testing Data (Pillar 1 and Pillar 2 data)
- Resourcing availability (Dialysis, PPE, O2, Reagents etc)
- National Triggers & NHSE/I Guidance Compliance
- Workforce availability (Staff Absence)
- Potential Population Harm

To support the new LLR COVID-19 Alert System, a weekly meeting takes place through a local ‘SAGE’ to review the available data and make a recommendation on the available information. The LLR SAGE group is comprised of strategic, data & operational leads from:

- Public Health,
- UHL & LPT providers,
- Primary Care,
- Social Care

The purpose of this group is to review the data available to LLR & make a recommendation on what level of the COVID-19 Alert System LLR currently sits on. Pre-existing data sharing agreements have allowed partner organisations to access to data at an appropriate level.

Key to this meeting is the acknowledgement of the national position (to avoid the potential for mixed system messaging) when making any key recommendations. -It is important to note that the new LLR COVID-19 alert system will be the view of the new LLR COVID-19 SAGE (who will be guided by the available evidence).

The alert levels are described below:

Description	Level	Actions
Risk of local authority healthcare services being overwhelmed	5	All elective services should be suspended and all non-urgent face to face contact suspended
Local authority area transmission is high or raising exponentially Threshold R- Rate or local admission	4	
Virus is in general circulation across local authority area	3 (split below)	Phased restoration & transfer to new normal (with Cancer & Urgent Elective activity taking place)
Number of cases & transmission in the local authority area is low	2	Full implementation of new normal (based on the 10 agreed LLR principles)
COVID-19 is no longer present in the local authority area	1	

		Restoration/Recovery of those services, pathways or interventions classified by the local authority COVID-19 Cells as:
3 Split into three sub levels	A	Red

	B	Amber
	C	Green

A review process for data with associated trigger points are outlined in the table below:

Trigger	**Threshold for review**
Community Transmission Rates	3 days of negative or positive growth
UHL & LPT Admissions	3 days of negative or positive growth
Cases, Deaths & Excess Deaths	7 days of negative or positive growth
Operational Capacity (Bed capacity-all types)	1 days of negative or positive growth
Care Home Capacity & Incidences (Domiciliary Care Input also)	3 days of negative or positive growth
Testing Data (Pilot Test, Trac & Trace Data)	3 days of negative or positive growth
Resourcing availability (Pharmacy, PPE, O2, Reagents etc)	7 days of negative or positive growth
National Triggers & NHSE/I Guidance Compliance	7 days of negative or positive growth
Workforce availability (Staff Absence)	3 days of negative or positive growth
Potential Population Harm	TBC
Population Movement	N/A

The COVID-19 tactical cells and UHL/LPT are currently grouping their Restoration/Recovery interventions/services into a Red, Amber & Green category system, with each category being implemented based on where LLR sits on the level 3 sub categories.

Recently, postcode level data on cases has started flowing to GP systems and to the DPH, following formal Information Governance approval. This will enable daily mapping of cases and potential hotspots.

13. Governance and Structure

This plan is based on the guiding principles document from the Association of Directors of Public Health (ADPH) outlining the purpose of plans, the legal powers on which the plan is constructed and sets out principles for governance. (Appendix 5).

The experience of the Leicester ‘outbreak’ has shown the need for rapid action in the event of the outbreak. Previous sections relating to outbreak

management highlight the operational leadership sitting with PHE and the on call consultant.

Overall, accountability for the management of outbreaks of COVID19 and the control of SARS COV-2 rests with the Director of Public Health and the County Council. These governance arrangements include:

- COVID-19 Health Protection Board- Responsible for the oversight of local outbreak control plans and outbreak management by Directors of Public Health.
- Political Oversight Board- Providing political ownership and public-facing engagement and communication for outbreak response.

13.1 The Political oversight board

The political oversight board across Leicestershire, Leicester City and Rutland will act as a decision making board in the event of increasing cases and outbreaks of COVID19. It will be comprised of the leaders of Rutland County Council and Leicestershire County Council and the City Mayor, members of the NHS 'Executive' (CCG single accountable officer, Chief Executive of UHL, Chief Executive of LPT), The Police and Crime Commissioner supported by the D'sPH for Leicestershire, Rutland and Leicester City.

13.2 The COVID19 Health Protection Board

The COVID-19 Health Protection Board works across Leicester, Leicestershire and Rutland (LLR) will seek to protect the health of the population of LLR by;

- Providing oversight of the outbreak management plan and communications plan
- Seek assurance of the response to outbreak and incidents
- Ensure oversight of data sources to support early identification and proactive management
- Ensure effective communication with stakeholders and the public
- Ensure effective links to wider system response including LLR Prepared.

- Provide the specialist analysis of the local situation and local expert advice.

- Identify risks to the Health and Wellbeing Boards for the three upper tier local authorities.

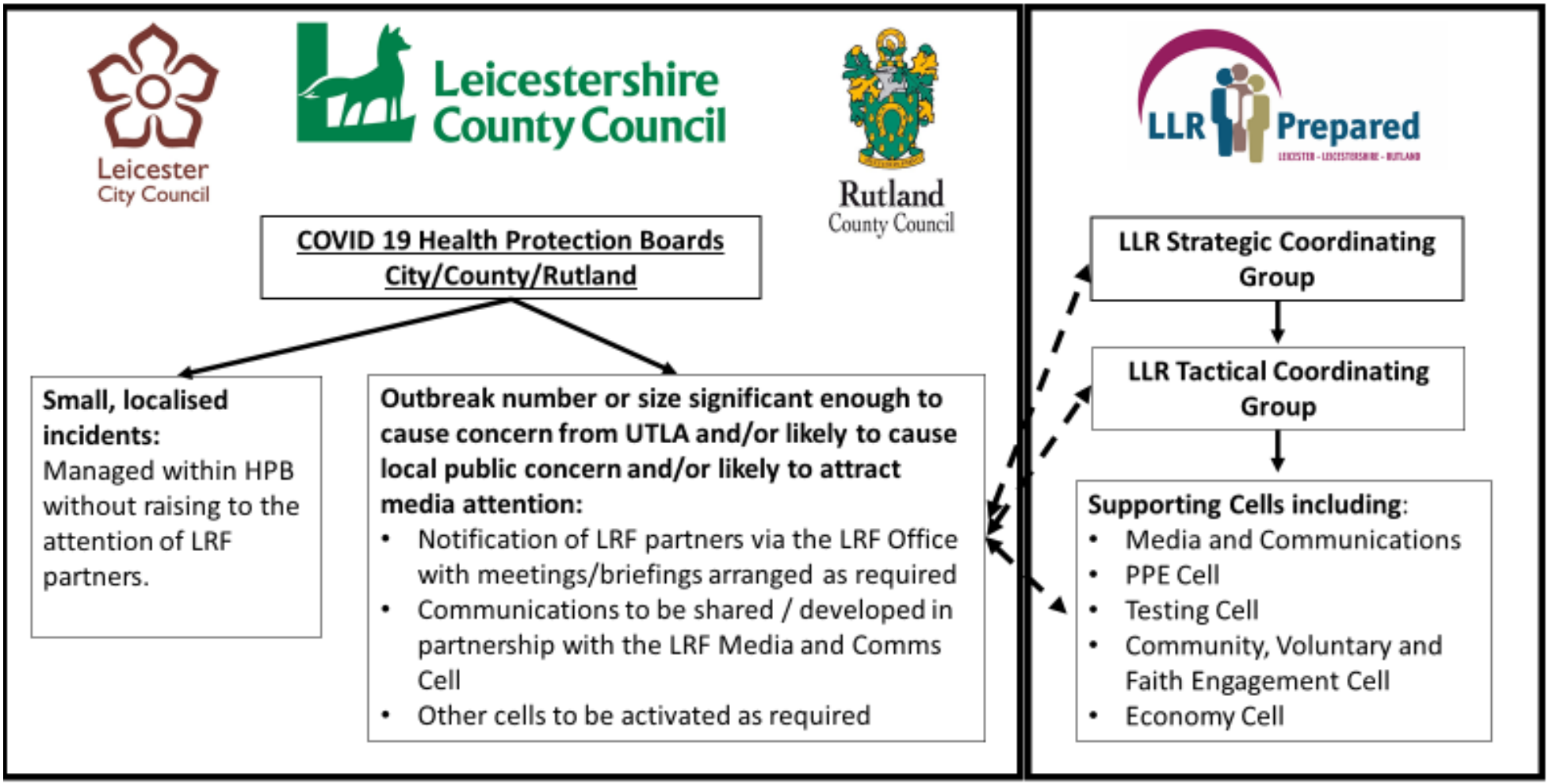
- The Board will formally report to the Political oversight board.

A draft Terms of Reference is included at appendix 6.

13.3 The LRF role

If outbreaks are in sufficient number or a size significant enough to cause concern from the Council and/or likely to cause local public concern and/or likely to attract media attention then LLR Prepared partners will be notified via the emergency management office with meetings/briefings arranged as required. At this level communications will be shared and/or developed in partnership with the Media and Comms Cell. It is also likely that other cells (potentially including the PPE cell, the Faith Cell, the Volunteering cell and the Testing cell may be activated as required. A schematic of the relationship is shown below:

Diagram 4: Relationship between the LRF



14. Supplementary document appendices list

Appendix 1

Local Outbreak Communications plan

Appendix 2

Standard Operating Procedure between East Midlands Public Health Departments and Public Health England

Appendix 3

Summary of available legal powers

Appendix 4

Supporting the vulnerable process maps for food and medicines

Appendix 5

ADPH principles

Appendix 6

Health Protection Board Terms of reference