



**SUPPLEMENTARY AGENDA PAPERS FOR  
RESUMED EXECUTIVE MEETING**

**Date: Tuesday, 30 June 2020**

**Time: 4.00 p.m.**

**Place: VIRTUAL MEETING - ZOOM**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
<b>1. URGENT BUSINESS (IF ANY) - COVID OUTBREAK MANAGEMENT PLAN</b>		<b>1 - 58</b>

Any other item or items which by reason of:-

- (a) Regulation 11 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Chairman of the meeting, with the agreement of the relevant Overview and Scrutiny Committee Chairman, is of the opinion should be considered at this meeting as a matter of urgency as it relates to a key decision; or
- (b) special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

**ITEM A: TRAFFORD COVID-19 OUTBREAK MANAGEMENT PLAN**

To consider a report of the Leader of the Council.

**PLEASE NOTE:** This is a supplementary item of Urgent Business.

**SARA TODD**  
Chief Executive

**COUNCILLOR ANDREW WESTERN**  
Leader of the Council

## **Executive - Tuesday, 30 June 2020**

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### Membership of the Committee

Councillors A. Western (Chair), C. Hynes (Deputy Leader), S. Adshead, M. Freeman, J. Harding, E. Patel, T. Ross, J. Slater, G. Whitham and J.A. Wright.

### Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on Monday 29<sup>th</sup> June 2020 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

1.

## TRAFFORD COUNCIL

Report to: Executive  
Date: 30 June 2020  
Report for: Noting  
Report of: Leader of the Council

### Report Title

**Trafford Covid-19 Outbreak Management Plan**

### Summary

#### **Trafford's Covid-19 Outbreak Management Plan**

The report sets out the details of the Council's proposed Outbreak Management Plan, which is required to be published by the end of June 2020. A copy of the Plan is attached for information and noting

### Recommendation(s)

#### **That the Council Executive**

- **note the content of the proposed Covid-19 Outbreak Management Plan**
- **note the governance arrangements as set out in the Plan**
- **note that the Plan is required to be published on 30 June 2020**

Contact person for access to background papers and further information:

Name: Eleanor Roaf  
Extension: 07581 344078

Background Papers: None

Relationship to Policy Framework/Corporate Priorities	Ensuring an effective response to covid-19
Relationship to GM Policy or Strategy Framework	<i>GM Outbreak Management Plan</i>
Financial	Delivery of the plan will be financed from the grant allocation of £1.15m for the Outbreak Management Plan
Legal Implications:	The Council is obliged to produce and publish a plan for the management of future outbreaks of Covid 19 in the Borough
Equality/Diversity Implications	The Outbreak Management Plan is intended to ensure that the needs of our diverse communities are properly met
Sustainability Implications	-
Resource Implications e.g. Staffing / ICT / Assets	
Risk Management Implications	<i>see guidance note overleaf</i>
Health & Wellbeing Implications	This plan will assist us in meeting our health and wellbeing objectives
Health and Safety Implications	This plan will help reduce health and safety risks

## Background

1. By the end of June 2020, every upper tier local authority is required to have published an outbreak management plan. The plan must be led by the local Director of Public Health, working with all key professionals and sectors and with the outline responsibilities for each sector and agency described.
2. The role of the outbreak management plan is to ensure that we have a multi-agency, co-ordinated response to preventing and responding to outbreaks of Covid-19 in Trafford. It is built on the recognition that local planning and response will be critical to success. The plan should enable us to improve the speed of our response, use our local knowledge effectively, and improve co-ordination between agencies and sectors.
3. The plans must be based on the following principles:
  1. Be rooted in public health systems and leadership
  2. Adopt a whole system approach
  3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
  4. Be sufficiently resourced

## Summary of the Plan

4. Trafford's plan has been written to meet the requirements above. A copy of the Plan is attached as an appendix to this report. We have divided our plan into three main sections:
  - Preventing outbreaks
  - Responding to outbreaks
  - Enablers

The plan is not intended to replace existing plans for the management of outbreaks in specific settings, but it enhances these, including considering the wider impacts of Covid-19 on local communities.

It includes links to the existing governance structures. Wherever possible, we are intending to enhance existing local arrangements rather than creating new structures or systems.

The Plan is expected to be required for the next 18 months- 2 years, and will be a dynamic document, updated and adapted as the situation evolves.

**Governance of the Plan**

- 5. As previously agreed, the delivery of the plan will be overseen by two new Boards: the Public Engagement Board (reporting to the Health and Wellbeing Board) and the Health Protection Board (reporting to the Recovery Co-ordination Group)

**Other Options**

The Report is for noting. The council is obliged to publish its plan

**Consultation**

The draft report has been shared with the CCG as the key partner for delivery

**Reasons for Recommendation**

To ensure that members are aware of the content of and governance arrangements in place in relation to the Council’s plan

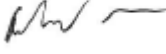
**Urgency of Decision** n/a

This report should be considered as 'urgent business' and the decision exempted from the 'call-in' process for the following reason(s): *(specify reasons)*

**Key Decision:** No

**Finance Officer Clearance** *(type in initials)*.....GB.....

**Legal Officer Clearance** *(type in initials)*.....JLeF.....

**[CORPORATE] DIRECTOR’S SIGNATURE** *(electronic)*...  .....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

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## Covid-19 Outbreak Control Plan for Trafford

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Date	Update	Contributor	Version no.
25/06/20	Final first live draft	ER HG LR	V1
26/06/20	Consultation draft sent to Leader	ER PD	V0.6
26/06/20	Updated consultation draft for RCG	ER	V0.6.1
29/06/20	copy for RCG and Exec	ER	V8.0

## CHAPTER ONE: Introduction

### 1. Purpose

This outbreak plan sets out how we will prevent and manage outbreaks of Covid-19 across Trafford so that our residents and communities can live safely through the various phases of the pandemic. It summarises the key roles and responsibilities for controlling Covid-19 in the borough and outlines our local response to the pandemic.

We have existing business continuity and outbreak management plans in place, but this plan builds on these, and provides an overview and summary of all the work we are doing to manage Covid-19 in Trafford. More detailed plans about how we will deal with outbreaks in specific settings and circumstances are described in separate documents. These documents are referenced throughout the plan. Our plan is specific to Trafford, but reflects the national and the Greater Manchester planning so that we are consistent and effective in our delivery.

The Covid-19 pandemic is constantly evolving so we intend to review and update this plan regularly in line with emerging evidence and best practice.

### 2. Aims

This plan outlines how we will address eight key aims:

- To prevent the spread of Covid-19;
- To identify and suppress outbreaks as early as possible;
- To define governance, roles and responsibilities in relation to our local management of Covid-19;
- To describe how we will communicate and engage with partner organisations and our residents;
- To mitigate the impacts of outbreaks on people who live and work in Trafford;
- To reduce the risk of increased health and other inequalities in our population, especially in our BAME and other higher risk communities
- To set out how we will use data and other sources of information to monitor local levels of infection; and
- To incorporate our response to the pandemic into existing structures and ways of working.

### 3. Key principles

The Association of Directors of Public Health (ADPH) has published [guidance](#) to support local authorities to develop their Covid-19 local outbreak plans. The guidance sets out four key principles, advising that the prevention and management of Covid-19 should:

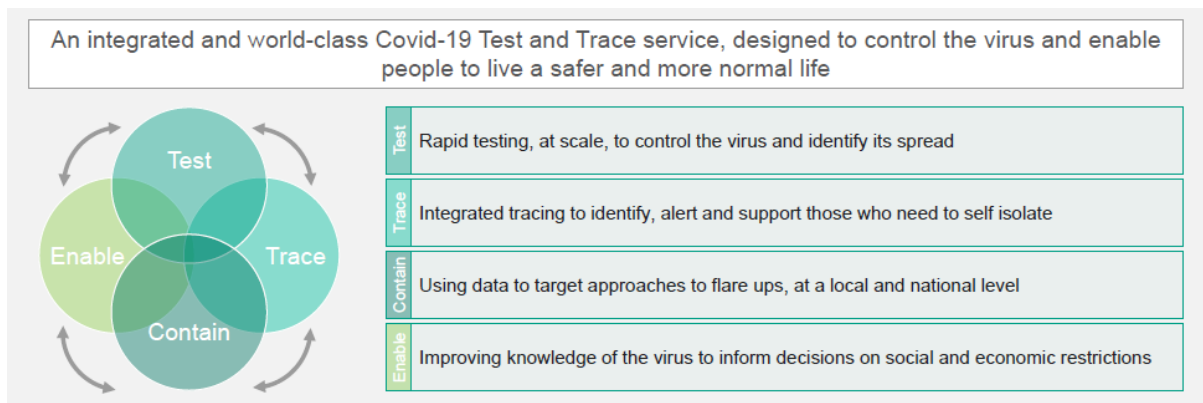
- Be rooted in public health systems and leadership;
- Adopt a whole system approach;
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence; and
- Be sufficiently resourced.

### 4. National and regional approaches

#### a. National approach



The UK Government has a four-pronged approach to tackling Covid-19: test; trace; contain; and enable:



This is underpinned by effective planning and response strategies at a local level. Local government has a key role play in the timely identification and management of cases in order to contain the spread of infection. This plan outlines how we will achieve this in Trafford.

### **b. Greater Manchester Approach**

Local authorities and other public sector organisations in Greater Manchester (GM) have long-established ways of working together for the benefit of everyone living and working across the ten GM localities. This is facilitated through the GM Combined Authority (GMCA) and the GM Health and Social Care Partnership (GMHSCP).

The overarching outbreak control plan for Greater Manchester sets out the work that will be undertaken on behalf of the ten GM local authorities and describes how this fits in with the roles and responsibilities of the individual boroughs to manage Covid-19 in their own areas. These linked plans will enable us to act consistently and collaboratively, and to offer each other support and mutual aid.

The GM outbreak control plan sets out 7 key themes for managing the current phase of the pandemic. Our local plan for Trafford addresses these themes:

- 1. Care homes and schools**  
Preventing and managing outbreaks in specific individual settings (eg schools, care homes).
- 2. High risk places, locations and communities**  
Prevent and manage outbreaks in other high-risk places, locations and communities (eg sheltered housing, dormitories for migrant workers, meat processing factories, transport access, rough sleepers and sofa surfers)
- 3. Local testing capacity**  
Develop local testing offers to ensure a swift response that is accessible to the entire population
- 4. Contact tracing in complex settings**  
Support the national and Greater Manchester contact tracing programmes to ensure that we reach people in complex settings and cohorts
- 5. Data integration**  
Ensure that the information governance arrangements are robust and that there is timely sharing of data; and to ensure there is sufficient expertise in the analysis and interpretation of data to identify any areas of concern and to support local decision making
- 6. Vulnerable people**

Supporting vulnerable local people to protect themselves from Covid-19 and ensuring they are able to self-isolate if required, with services designed to meet the needs of diverse communities.

#### **7. Local Boards**

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

**For simplicity, and to reduce duplication, our Plan is arranged as follows:**

- **Actions we will take to prevent outbreaks**
- **Actions we will take to respond to outbreaks**
- **Enabling systems and structures**
  - **Data integration and interpretation**
  - **Governance**
  - **Resources**

## CHAPTER TWO: Preventing outbreaks

The most effective way to reduce the local impact of Covid-19 is to prevent transmission of disease and thereby prevent outbreaks occurring.

Our key measures for preventing further spread of Covid-19 are summarised below.

### 1. Communication and Engagement

We will communicate simple and clear preventative measures to our staff, residents and local employers, and ensure that these are updated as new guidance and information is developed.

#### **This work will be overseen by the Public Engagement Board and the Communications and Engagement Group**

The detailed plans for this will sit with a dedicated Communications & Engagement Group that will report into the Health Protection Board and the Public Engagement Board.

We will include communication campaigns such as the #TogetherGM campaign across Greater Manchester and local campaigns which will engage with all households in the borough.

We recognise that communication is two way, and so we will engage with our local communities to understand their concerns around Covid-19 and to reduce any barriers they experience in accessing testing, adhering to social distancing or isolating when needed. Effective engagement will improve the help we offer residents, employers and staff to understand the risks posed by Covid-19 and make informed decisions about how best to protect themselves.

#### **With residents**

- It is essential the system continues to reiterate the consistent behavioural messages to our residents that will reduce virus transmission:
  - o Handwashing
  - o Social distancing
  - o What to do if you have symptoms
  - o What to do if your household members/close contacts have symptoms
  - o Support available when self-isolating and how to access it (particularly important for those where isolating may cause financial hardship).
- Our approach will use simple messages focussed around personal responsibility and protecting those who are more vulnerable
- The communication and engagement approach will vary for different communities. A detailed communications plan will outline this in more detail together with the range of approaches that will be used for different demographics and communities across Trafford as well as considering the media used; language; cultural sensitivity; and frequency of communications.
- Communications will be adaptive and rapidly respond to situations as they arise. We will use national and local data and intelligence to alert us to increasing risks either across the borough or in specific areas/communities/settings.

### **With partners**

- Trafford Health & Wellbeing Board and the multi-agency Health Protection Board and Public Engagement Board will work with all partner organisations to ensure consistent messages are reinforced and that we hear from partners about their concerns, so that we can find solutions together.
- Third sector partners (including faith groups) will be vital in this, both in supporting the wide range of third sector staff and volunteers with regular information and FAQs; and also to support promoting engagement across our diverse communities in Trafford

### **With local employers and businesses**

- It is important for local employers and businesses to have access to clear and consistent messaging, and for us to engage with them to prevent transmission of Covid-19
- Specific communication to local employers and businesses will include the simple behavioural messages highlighted for residents above, as well as regular information and FAQs for staff. A communications plan is being developed outlining how businesses can reopen safely and will include key messages for information and assurance for the public. We will work with town centre businesses and spaces to understand and support the works required to make them 'Covid-safe'. This includes work with, for example, the Trafford Centre, Altrincham Market, and Trafford Park.
- We have established communication routes with our local businesses via our weekly business bulletin, information on the business pages and also through social media – Twitter and Linked in.
- The Trafford Strategic Growth team will engage with local employers and businesses to signpost to the support available if businesses need to reduce operations or close temporarily as a result of Covid-19 impacts

## **2. Infection prevention and control, including Personal Protective Equipment (PPE)**

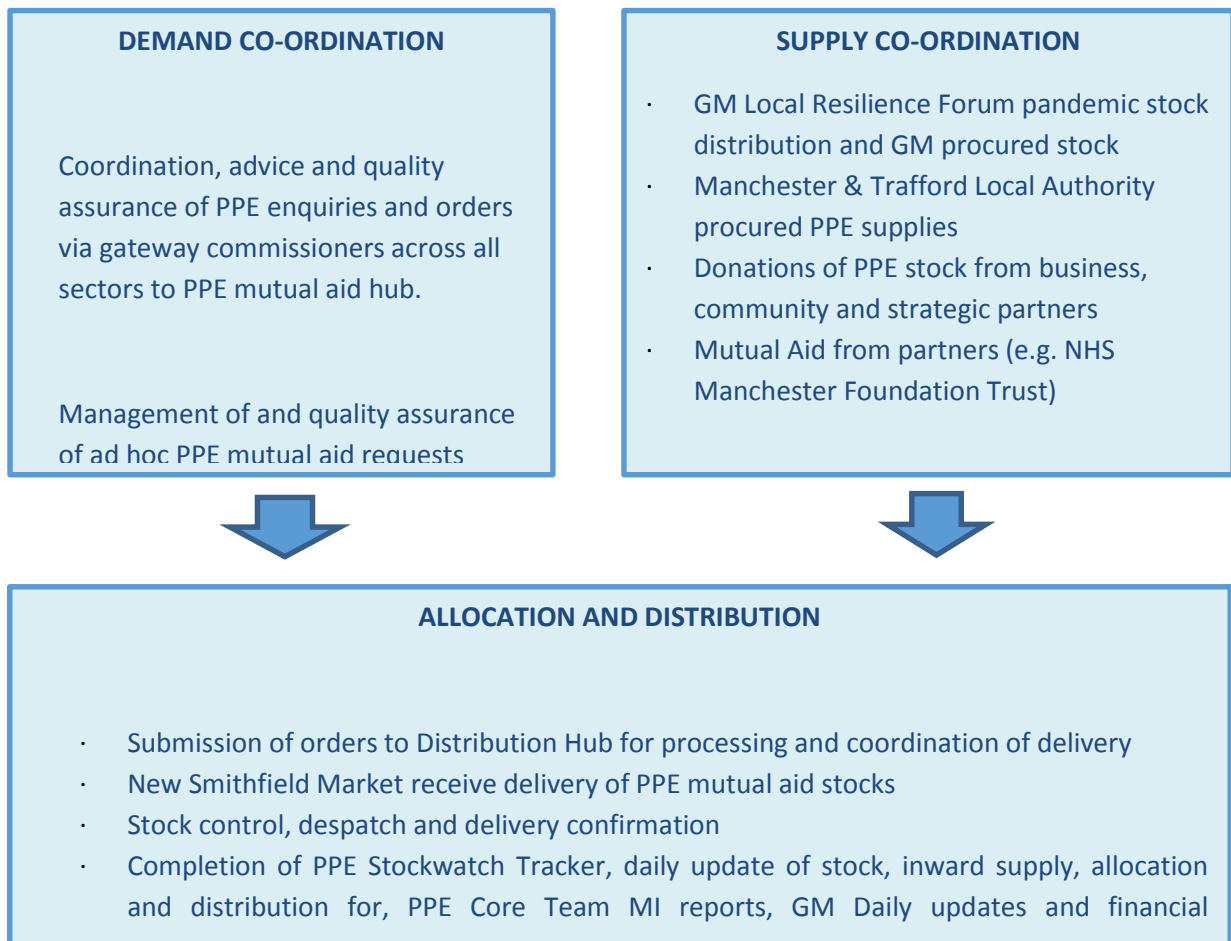
Good infection prevention and control processes are essential to ensure that the risk of transmission of Covid-19 is minimised. Public Health and the Community Infection Control Team provide guidance, education and support to settings on infection control, including handwashing, environmental cleaning, waste disposal, and the proper use of PPE.

We will support organisations to access the appropriate guidance, training and supplies to maintain effective infection prevention and control processes.

Personal Protective Equipment (PPE) is crucial in preventing the spread of Covid-19, particularly for staff coming into contact with people who may be infected with the virus. Trafford has formed a Mutual Aid Hub with Manchester, as well as working with GM procurement, to provide a robust local system to access the necessary volumes of PPE throughout the Covid-19 pandemic. This support will continue throughout the outbreak, and an emergency stockpile of PPE will be maintained to:

- Provide additional PPE if there are local outbreaks in certain settings which require immediate increase in PPE use to prevent spread.
- To provide a buffer should an organisation's PPE stock become reduced as a result of order delays/supply chain issues.
- Ensure key organisations have access to appropriate PPE and the guidance, education and support to use it properly.

## PPE Mutual Aid Hub High Level Operating Structure



### 1. Local testing capacity and integration of mass testing

We are developing sufficient local capacity and access to identify cases early to reduce onward transmission.

**This work will be overseen by the Testing and Contact Tracing group and the Testing Steering Group**

#### Our approach

Trafford has established a Testing Steering Group which meets weekly to give both a strategic and operational overview of the different testing routes available to Trafford residents. The group has developed a detailed Mass Testing Resource Plan which forms a key part of our approach to reducing the spread of Covid-19.

The objectives of the Mass Testing Strategy are aligned with the GM programme, namely:

- To minimise the number of people that come to harm through contracting Covid-19
- To minimise the number of people that come to harm due to non-Covid-19 conditions because of the impact of the pandemic on the health and care system
- To minimise the wider social harm caused by the pandemic

- To contribute to the research activity related to the pandemic

This plan identifies the testing resources that are in place and those which will be enhanced to:

- Provide a swift response to any outbreaks in Trafford
- Meet local, GM or national requirements that require mass testing in key high risk settings in Trafford
- Maintain the focus in Trafford on preventing outbreaks
- Provide fast access to testing via a range of testing opportunities for everyone who a Covid-19 needs test in Trafford.

There are a number of demands that are driving the need for more localised testing capacity. As lockdown restrictions are gradually lifted there is higher likelihood of increased viral transmission and the risk of outbreaks also increases. It is estimated that the GM Test and Trace programme will identify about 130 people /day that need testing. There is a need for a more flexible offer that improves access to testing for those most vulnerable to Covid-19 in Trafford and reduces inequalities in access for high risk groups. This will include the need for testing to be delivered in trusted settings close to home for people with no access to a vehicle or limited/no digital access and with assisted testing for those for whom self-swabbing would be difficult. Finally, we need to make preparations for winter and ensure our testing programme is integrated with the annual NHS flu vaccination programme, while taking care not to mix our well and ill populations. The plan is working on a modelling of future demand which may include significant changes to the delivery methods and to the types of testing offered.

### **Current testing provision in Trafford**

There are currently two types of test for Covid-19.

The first is **antigen** testing, which looks for signs of current infection with Covid-19. This is done by swabbing the back of the throat and nose. Tests can be ordered on line for testing at home, or people can attend a centre such as the Etihad or Manchester Airport and Military Testing Units. We also have a local swabbing team who can support testing of people who would not be able to self-swab and also works closely with our high risk settings.

The second is **antibody testing**, which looks for signs that the person has been exposed to Covid-19 and has developed an immune response to it. Because we do not yet know if any immune response is sufficient to provide protection against future exposure to Covid-19, the antibody test is currently only being offered as part of the research activity relating to Covid-19. We would not want anyone to get a false reassurance from a positive antibody test until we know that this gives evidence of a high level of immunity. The antibody test requires a full blood sample.

Over time, it is possible that the antigen test might move to a saliva sample rather than a swab; and that the antibody test might be possible with a finger prick test rather than the full blood sample. These would both make delivery of the programmes much easier and we would adapt our local offers accordingly. For this reason, our plan is a dynamic one and will be modified to reflect changes to the national offer, future government and GM policy and testing recommendations and any scientific advice regarding frequency of testing, and future testing kit development.

To date, Covid-19 testing activity has been developed under a number of 'Pillars'. The testing Pillars cover a number of pathways. Broadly, each pathway, irrespective of location, includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting. The Pillars are described in more detail in Appendix 1.

In Trafford, in addition to the testing of symptomatic people, we have been carrying out ‘whole care home’ testing of asymptomatic staff and residents in care homes and other residential care, to identify anyone who may have no symptoms but is potentially infectious. They and any contacts are then asked to self-isolate in order to reduce onward transmission.

We have also been included in some research on antibody testing, using GP practices and social care settings.

The Trafford Testing Steering Group has now developed a range of options to extend our testing offer, subject to the availability of access to kits and lab capacity. These include:

- Development of a local satellite site
- A network of local community testing venues in areas of highest need where car ownership is low and there are higher levels of vulnerable patients – we are looking in particular at sites in Partington and in Old Trafford
- An outreach testing team using staff who have existing contact with vulnerable cohorts who are unlikely to attend established testing sites
- Enhancing capacity through a rapid testing team who are also contact tracers
- Providing additional sites through the Military Testing Unit

## **2. Contact tracing**

We are supporting the delivery of the national NHS Test & Trace programme as well as maintaining robust local processes for contact tracing within Trafford and GM.

**This work will be overseen by the Testing and Contact Tracing Steering Group**

### **What is contact tracing?**

Contact tracing for Covid-19 is the process of identifying anyone who might be incubating the disease, because they have been exposed to it through contact with a **case** that is someone who has been confirmed as positive. By identifying these people, and asking them to self-isolate for 14 days, the onward transmission of the disease can be slowed or halted. It is therefore a very important tool for breaking transmission, but to be effective it requires:

- Positive people (cases) to be identified quickly
- Cases to be prepared and able to identify contacts
- Contacts of the cases to be quickly identified and contacted
- Contacts to be prepared and able to self-isolate

### **Definition of a contact**

#### Household Contact:

- Those that are living in the same household as a case e.g. those that live and sleep in the same home, or in shared accommodation such as university accommodation that share a kitchen or bathroom.
- Sexual contacts or those that have spent a significant time in the home (cumulatively equivalent to an overnight stay and without social distancing) with a case during the exposure period or cleaners (without protective equipment) of household settings during the exposure period, even if the case was not present at the time.

#### Non-household contact:

- Direct contact: Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within 1 metre for 1 minute or longer.
- Proximity contact: Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.

#### Airline contact:

- International flights from exempted countries and local flights: Passengers sitting within two seats in every direction of a case (i.e. the 2 seats either side, or then 2 rows in front and behind of these seat) and cabin crew serving the area where the case was seated.
- International travellers from non-exempt countries: International travellers, except from countries on an exemption list. They may not have any connection to a case but are asked to self-isolate as a precautionary measure.

### **Our Approach**

Most people who have a positive test result for Covid-19 will be followed up by the National Test and Trace programme. About 20% of people, once contacted by the national team, will be identified as being 'complex'. This could be because of characteristics relating to the individual (for example, they might not have access to a phone, or may be reluctant to engage), or characteristics relating to the setting (for example, they may work in a school or care home, or another high risk/consequence setting). The Greater Manchester Integrated Contact Tracing Hub (GMICHTH) will manage all complex contact tracing on behalf of all GM local authorities with the exception of:

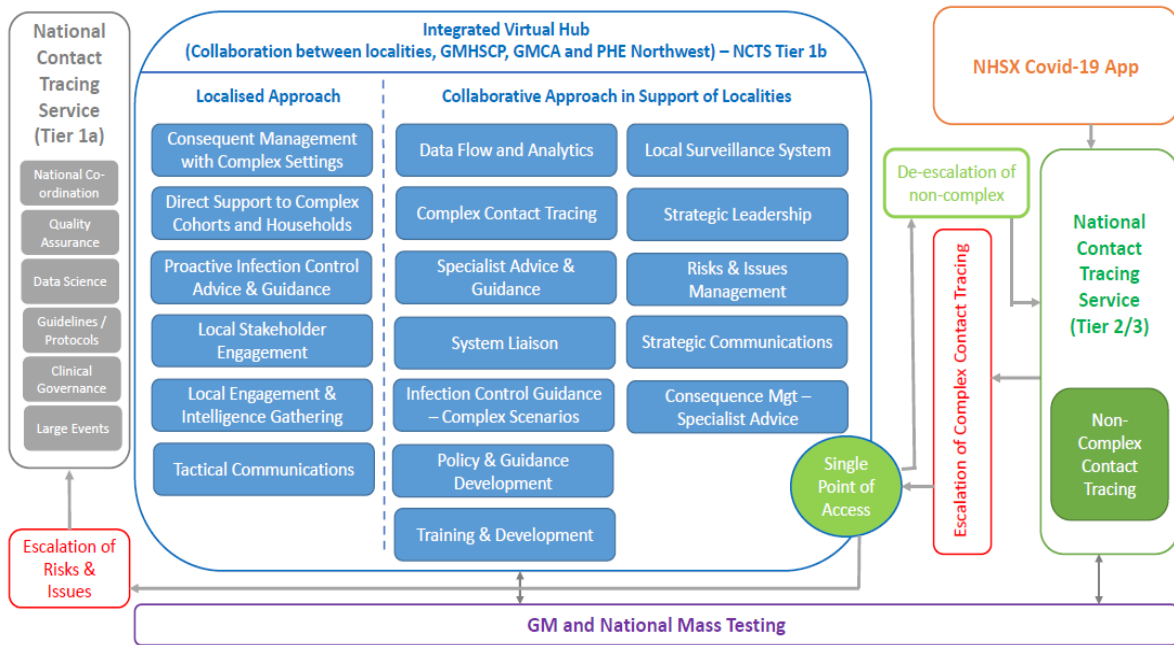
- Cases and outbreaks in care homes which will remain a locality responsibility (see Chapter 5)
- Contact tracing of homeless people, including rough sleepers, or other groups requiring specific community knowledge or links. This list will be amended as the programme develops, to reflect our shared learning of what works.



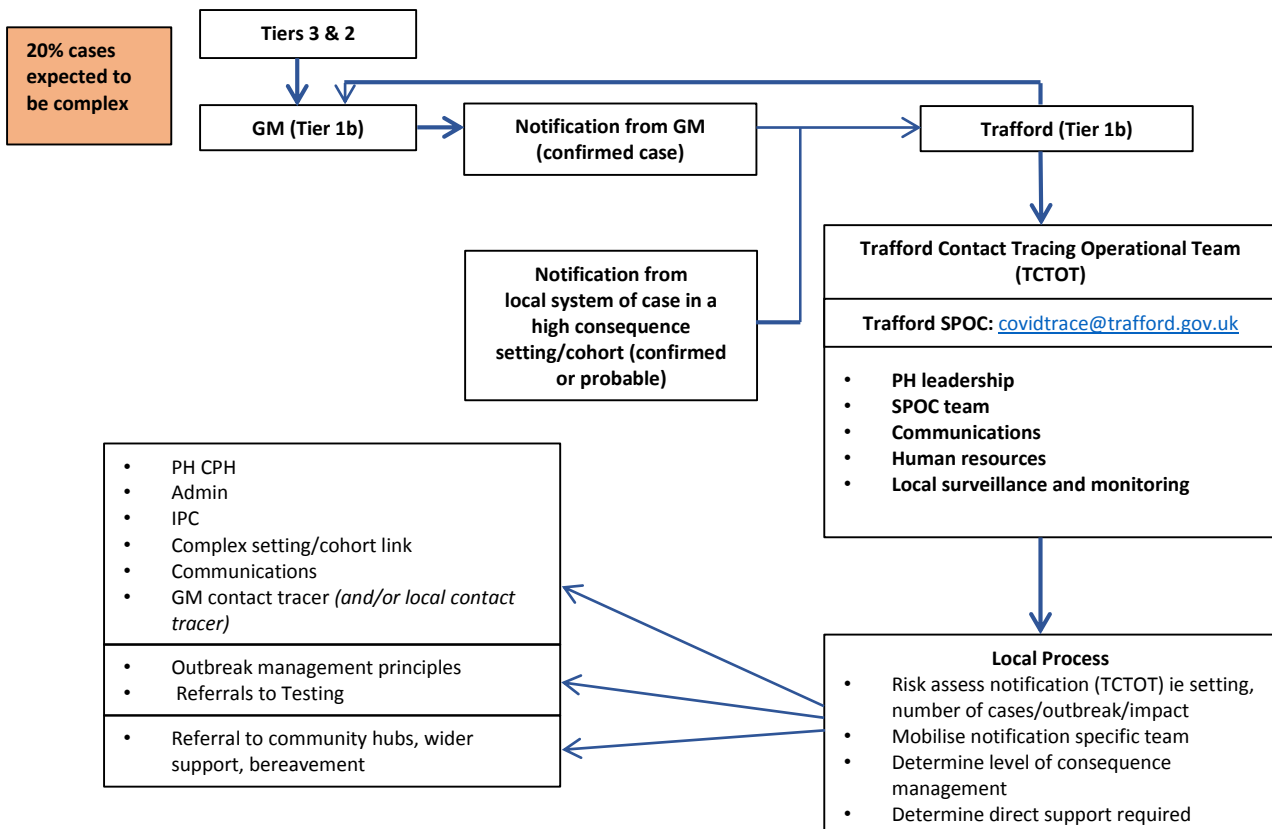
Trafford’s Locality Contact Tracing offer will deliver consequence management, direct support to settings and cohorts and contact tracing to highly complex cohorts.

Figure 1.i presents the GM contact tracing pathway, and 1.ii presents the Trafford’s locality pathway

**Figure 1.i GM contact tracing pathway**



**Figure 1.ii: Trafford Locality Contact Tracing Flow Chart**



As described later in section 5, a local network of complex settings and cohorts have been identified. Directories for in-hours and out-of-hours contacts are currently under development for each setting and cohort identified. These will be stored in the Covidtrace operational files.

We will continue to work with existing specialist services and their staff as they are expert at engaging with people who are identified as belonging to a complex cohort, for example rough sleepers or off street sex workers.

For services delivering from a complex setting or to a complex cohort, local supporting guidance is being developed and shared. This will describe the actions needed when there is a possible or confirmed case of Covid-19 to support rapid and appropriate action.

Trafford's locality process has been developed in line with GM systems to ensure an integrated and streamlined response.

#### **Key actions**

- Continue to develop, maintain and review the complex settings and cohorts directories
- Complete the suite of supporting guidance for complex settings and cohorts and review and update as required.

### **3. High risk settings and groups**

We are identifying and developing specific outbreak plans and preventative approaches for high risk settings. This extends to supporting high risk demographic groups as appropriate such as those who are shielded or BAME communities.

#### **This work will be overseen by the Live Well Board**

#### **Our Approach**

National government will continue to provide support to those shielding.

Any setting, cohort or household that require support because they have been asked to self-isolate without warning (eg. those who have been identified as a contact of a case) are the responsibility of local authorities.

The Trafford Community Response to Coronavirus will remain the primary route for people to access humanitarian assistance locally when needed. This is accessed via a central number where a triage system is in place to direct people to one of 6 community support hubs, or to Trafford Assist. We will also support multi-agency and cross-sectoral responses to meet diverse and emerging needs. This may include work with other boroughs in Greater Manchester, especially where communities in different boroughs have strong links to each other.

Trafford will endeavour to minimise the impact of Covid-19 outbreaks on our communities by:

- Providing direct support and advice to community settings that experience an outbreak via the Director of Public Health in partnership with Public Health England North West, and our Public Engagement Board.
- Ensuring common and consistent messaging to communities including reassurance about the response and associated actions.

- Reinforcing the messaging on prevention and ensuring that any learning from an outbreak is embedded across the borough.
- Working closely with communities to gather their knowledge and experiences about cases in the community and creating a two-way dialogue to ensure we are able to manage outbreaks by consent. Particular attention will be given to communities where the impact of Covid-19 has been the greatest. This includes our BAME population, people on low incomes, and people with underlying health conditions.

Trafford's JSNA, public health evidence and local knowledge has been used to identify a network of high risk places, locations and communities of interest as defined by the GM Test and Trace Guidance. The addition of a Public Health Surveillance Analyst role will enable speedy and robust identification of 'hotspots' – whether geographical areas or groups.

These include:

- Adult Social Care – vulnerable adults
- Anti-social behaviour cohort
- Asylum seekers
- BAME communities
- Care homes
- Care leavers in independent living settings
- Community health settings
- Complex families
- Early years settings
- GMFRS
- GMP
- Health settings (NHS CCG)
- Home care
- Off street sex workers
- People experiencing or have fled domestic abuse
- People from the deaf community
- People who have substance or alcohol misuse issues
- People with learning disabilities & settings that support this cohort of people
- People with mental health conditions & settings that support this cohort of people.
- Rough sleepers and others in precarious accommodation such as sofa surfers
- Schools
- Shielded residents
- Special schools
- Specific faith communities
- Traveller community

Many common long term conditions (LTCs) such as diabetes and cardiovascular disease also put people at higher risk of Covid-19 severity and complications. In addition, some LTCs may be exacerbated by increased stress and changes in diet and physical activity, and people with LTCs may experience reduced healthcare provision during pandemics. Therefore it is vital that the protective element of a healthy lifestyle is promoted.

Those communities whose health tends to be worse than the population will be supported to make positive changes to improve their general health and wellbeing which will, in turn, help to prevent and manage LTCs and give additional protection against Covid-19.

### Health promoting behaviours and benefits

Behaviour	Protection against	Local support available	Cross cutting projects
Being physically active	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Type 2 diabetes</li> <li>• CVD</li> <li>• Mental ill-health</li> </ul>	<p>Trafford leisure exercise referral scheme</p> <p>Empower You – physical activity programme for people with disabilities and sensory impairments</p>	<p>Trafford’s NHS Health Check programme to identify people with unhealthy lifestyles that could be at risk of developing long term conditions.</p> <p>LIVA- digital support to BAME and deprived communities to be more active and make healthy lifestyle changes.</p> <p>Age UK Trafford provides healthy lifestyle support to older people from deprived communities.</p> <p>Manchester Deaf Centre provides support to the deaf community in Trafford to improve healthy lifestyles.</p> <p>Voice of BME supports BAME communities to access health checks and other health/cancer screening and provides support to improve healthy lifestyles.</p>
Eating a balanced diet	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Type 2 diabetes</li> <li>• CVD</li> </ul>	<p>NHS and commercial weight management services</p> <p>Diabetes Prevention Programme</p>	
Giving up smoking	<ul style="list-style-type: none"> <li>• CVD</li> <li>• Asthma</li> <li>• COPD</li> <li>• Cancer</li> </ul>	<p>Support from GP and Pharmacies</p> <p>Stop smoking in pregnancy programme</p> <p>CURE- support to stop smoking when in hospital</p>	
Maintaining wellbeing	<ul style="list-style-type: none"> <li>• Mental ill-health</li> </ul>	<p>42<sup>nd</sup> Street, Just Psychology, Kooth and CAMHS support children and young people’s mental health</p> <p>BlueSCI, social prescribing, counselling and therapies, Greater Manchester Mental Health Trust</p> <p>Pakistani Resource Centre support to people from BAME with mental health needs</p>	
Screening and Immunisation	<ul style="list-style-type: none"> <li>• Cancer progression</li> <li>• Infectious diseases</li> </ul>	<p>Support available from specialist groups as well as from primary and community services</p>	
Not overusing alcohol and drugs	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental ill-health</li> <li>• CVD</li> </ul>	<p>Achieve Trafford support</p> <p>Self Help Support Groups</p>	

	<ul style="list-style-type: none"> <li>• Type 2 Diabetes</li> <li>• Asthma</li> <li>• COPD</li> <li>• Cancer</li> </ul>		
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Understanding our local communities and services, and building relationships across these settings is fundamental to the effectiveness of outbreak management. Across Trafford, engagement and consultation with services and communities of interest will support shared understanding and ensure that the processes developed are effective at reducing local risks. Our Commissioning and Partnerships teams are in contact with providers on a regular basis so that we are aware of any issues, especially around PPE and ability to follow guidance. Daily updates are provided to our adult social care providers, and similar update for children’s services.

We have established six community hubs as part of a humanitarian aid response. These are run by the voluntary sector and are able to reach into the communities, and provide links to social prescribers, Trafford Housing Trust capacity builders and other resources. These hubs have also developed a further network of organisations that are also offering support to communities. A MOU has been signed by 13 partners agreeing for the hubs to operate until the end of August. However the term of the agreement is under review, with the ambition of ensuring the hub’s role change to meet more than just humanitarian aid whilst still having the flexibility to react to any further lockdown. The community hubs have also been supported by a range of agencies, including the Trafford Place based working / Social Prescribing workers, giving an ideal route into help for volunteers needing support to help people We have also been contacting those on the national shielding programme to ensure they have access to the appropriate support

Our response is further supported by a central phone line and website provided by Citizens Advice Trafford. This is the main access route into the 6 community hubs, and also offers callers a broad information and advice offer including employment, benefits, welfare rights, housing, consumer rights, relationships and so on.

Citizen’s Advice Trafford also work closely with out in house Trafford Assist which will look to support those that are unable to afford food, fuel or other essentials.

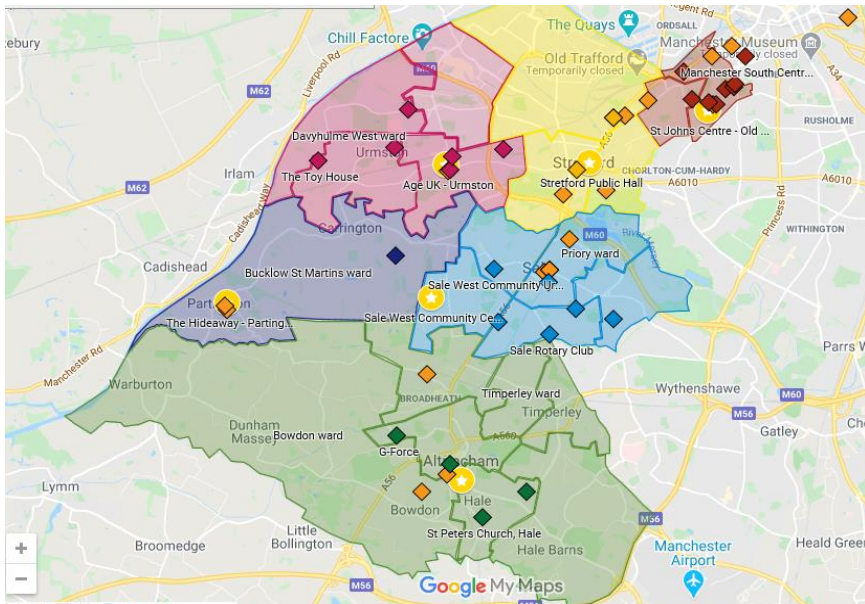
We are in the process of applying Equality Impact Assessments to the hubs to ensure we are reaching out to people that would not perhaps report in, and to identify where we need to make extra efforts or apply different approached.

**Key actions**

- All suspected and confirmed cases of Covid-19 in high risk places, locations and communities of interest should be reported promptly to the Trafford Single Point of Contact (SPOC): [covidtrace@trafford.gov.uk](mailto:covidtrace@trafford.gov.uk);
- We will continue to develop, maintain and review the complex settings and cohorts directories;
- As residents are advised they are no longer required to shield , Trafford MBC is arranging for them to be contacted to provide the local contact numbers for resilience hubs to ensure that they have any necessary support for the transition
- We will prioritise health promoting activity to reduce impact of LTCs among higher risk communities such as people from BAME groups and people with diabetes.
- Secure the Community Hubs model beyond August

- Widen the scope of the hubs to enable a more holistic approach to supporting people in their communities to support risk reduction in relation to an outbreak of COVID in their area.
- Continue to work with supermarkets and Defra to ensure that people are supported through online delivery of food and essential supplies.
- Consider use of NHS volunteers to ensure the supply of volunteers to support communities is maintained.
- **Key contacts**
- CAB Response Line – 0300 330 9073 – this is a public facing number offering a triage service and able to provide information and advice to Trafford Residents, including being able to put people through directly to Community Hubs.

### Map of the hubs and supporting organisations / projects



## CHAPTER THREE – Responding to outbreaks

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

### 1. Defining an outbreak

Broadly, an outbreak is defined as two or more confirmed cases within an identified setting and within a specified time period. Given the continuing high level of population susceptibility to Covid-19, we consider even a single case of Covid-19 in a high risk/high consequence setting to be of concern and we would take action to prevent any further spread, even where outbreak criteria are not met. Appendix 2 outlines the detailed definitions for Covid-19 clusters and outbreaks in different settings, as well as criteria to measure recovery and declare the end of an outbreak.

### 2. Managing an outbreak: key roles and responsibilities

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

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

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

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

#### a. Notification

This will happen either via GM Hub or locality. Initial notification of a confirmed case will link in with the contact tracing process outlined in the previous chapter.

All suspected and confirmed cases of Covid-19 in high risk places, locations and communities of interest should be reported promptly to the Trafford Single Point of Contact (SPOC):

[covidtrace@trafford.gov.uk](mailto:covidtrace@trafford.gov.uk)

#### b. Outbreak investigation and risk assessment

Outbreak investigation and management will be carried out in line with the agreed processes within Trafford Outbreak Management Plan – Covid 19 . Within this, the Trafford SPOC will work with the GM Integrated Contact Tracing Hub to review the information available and any required actions. This will involve contact with the setting to gather further information about numbers of symptomatic individuals and potential contacts including any other risks. Where significant risk is identified a joint decision will be taken between Trafford MBC and GMICTH/PHE to declare an outbreak.

**c. Advice & Controls**

Infection prevention & control advice will be provided to the setting to manage immediate risks. The advice will in the main be delivered via the GM Integrated Contact Tracing Hub, but in some settings this will fall to our local services. The advice will include social distancing; hygiene; PPE use; protective groupings (cohorts); enhanced cleaning; requirement for closure. Links to relevant national and local advice to be provided including template letters for further communications; FAQs; detailed infection control advice where required. There will be case by case consideration of the benefits of wider communications / media support such as letters out to wider groups or reactive press statements.

**d. Assess Testing Need**

Trafford MBC and GMICTH/PHE will determine the need for any further testing requirements with the priority being any symptomatic people who have not yet been tested. Our local swabbing team may be called upon to deliver any such testing, depending on the setting.

**e. Assess Need for Outbreak Control Team**

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

**f. Continued Follow-up**

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

**g. Close Outbreak**

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



#### h. Further Monitoring / Notification

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

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

#### Hours of Operation

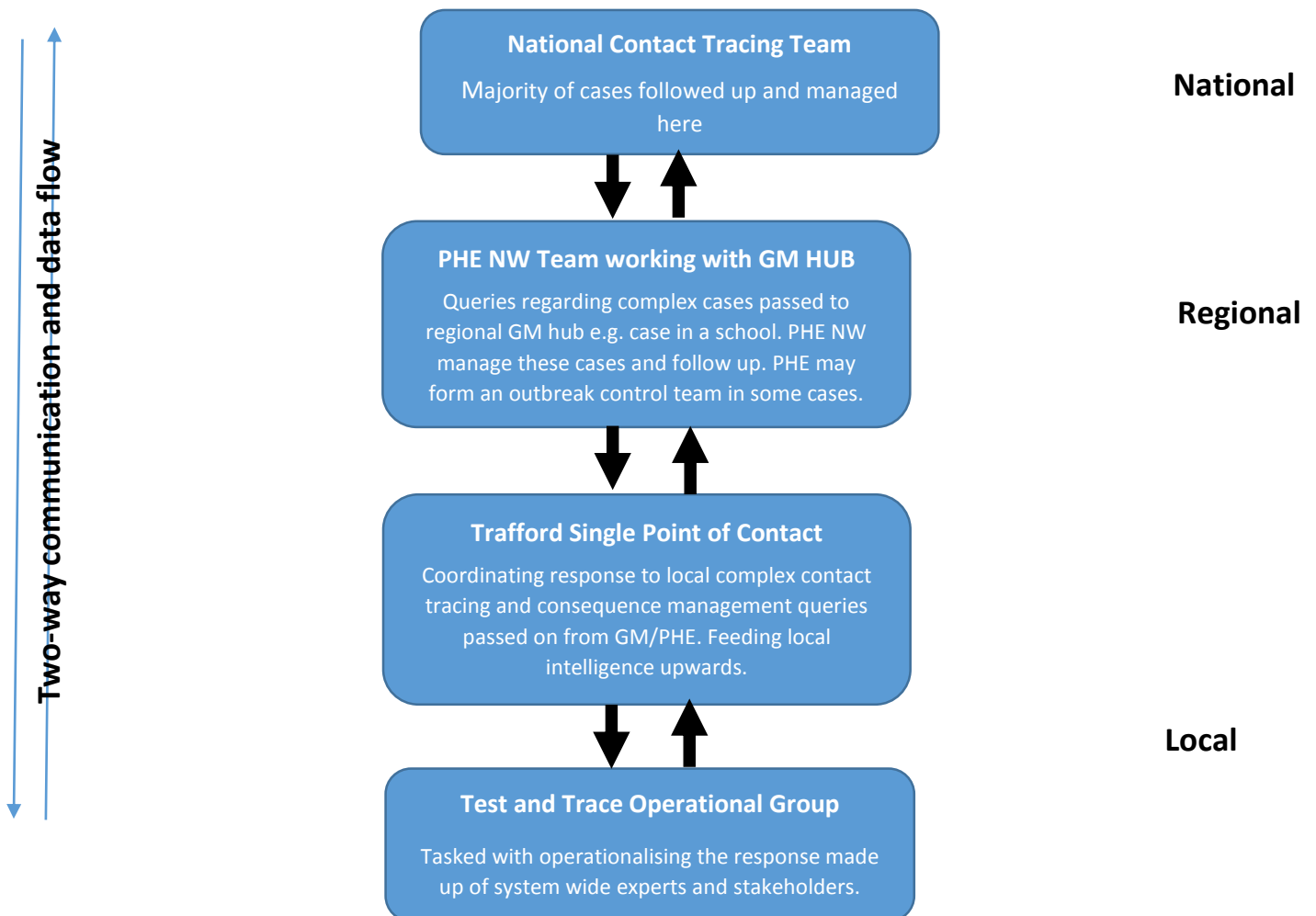
The Trafford SPOC will operate from 09:00 – 17:00 Monday to Friday. Outside of these hours, in emergencies, health protection advice will be provided by the PHE North West Health Protection Team.

Trafford Council's normal civil contingency contacts will be used for any relevant out of hours requirements. This includes access to local Public Health advice from the Trafford Public Health team

See Appendix 6 for a list of key contact details.

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

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



## **Other outbreak management considerations**

Organisations that deliver essential services may require support if large numbers of staff are asked to self-isolate. Alerting organisations to these risks is an important aspect of the communications and engagement work, supported by the Public Engagement Board and the Health Protection Board.

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

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

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

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

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

## **Consequences for Individuals**

Some individuals may either not be in a position to comply with self-isolation (e.g. homeless people, those with social or mental health issues), or may struggle to self-support if they are shielded or asked to self-isolate. Others may not comply with self-isolation due to the economic and social impact on them and their family.

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

1. Escalated to the Trafford SPOC via the GMICTH or via local intelligence
2. The Trafford SPOC will identify the most appropriate method to provide support to the individual to enable them to comply with self-isolation (via referral into relevant support or specialist service) – this will include any other relevant partners
3. Key partners to support individuals include but are not limited to:
  - TMBC Contact Centre as a front door to main support and council services
  - Trafford Community Response Hubs as a key provider of humanitarian support
  - Citizen's Advice Bureau – supporting residents to access financial support during isolation e.g. payment holidays.
  - Trafford Assist – this is Trafford's local welfare assistance scheme designed to help residents meet immediate short term needs, and help them back to independence.
  - Welfare rights for more complex financial support and welfare assistance benefits.
  - NHS volunteer service and local third sector support in their community.

- Foodbanks – ensuring that the foodbank offer is back to normal after the lockdown and able to fully support residents where they cannot access or afford food.

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

#### **Communications during a specific outbreak**

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

#### **Media and Political Impact**

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

The Public Engagement Board, the Health Protection Board and the Trafford SPOC will support specific settings with resources to provide clear advice and information in the appropriate media and format, and will manage any wider media and political impacts in these situations as they arise

#### **Managing Delivery**

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

## CHAPTER FOUR – Key enablers

### 1. Data integration and interpretation

We are working to ensure that the information governance arrangements are robust and that there is timely sharing of data; and that there is sufficient expertise in the analysis and interpretation of data to identify any areas of concern and to support local decision making

**This work will be co-ordinated by the Data Collection & Modelling work stream overseen by the Health Protection Board**

#### **Our approach**

There are three key strands of work within this theme.

The first is providing timely information that will help manage and predict outbreak patterns and impacts of Covid-19 outbreaks.

The second is providing data around the impact of Covid-19 on services and how this can be mitigated in the recovery plan.

These two aspects also require us to be able to provide an overview of the key indirect impacts of Covid-19 .

Finally, we need to ensure that we have robust processes for information management, governance and security.

#### **Guiding principles**

The following principles are central to a local approach to data management and interpretation

1. Data should be used to guide local decisions related to the pandemic
2. The dissemination of data should be done in a controlled and consistent way so that all sectors are giving the same message
3. All areas working with data related to the pandemic should work together
4. Data must be managed in accordance with information governance and data sharing agreements

#### **Aims**

**The aims of using data are:**

- Identify local outbreaks and hotspots through data analysis and mapping;
- Provide evidence to support neighbourhood-level decision making
- Provide evidence to support resource distribution decisions (eg. testing capacity)
- Provide evidence of communities or groups who may require additional support (eg. awareness of larger numbers of people in a particular area self-isolating)
- Where possible, undertake forecasting and predictive analytics.
- To allow the building back of services, taking into account the prevalence of risk factors in the community

#### **Key Strand 1 – outbreak management and prediction**

As identified earlier, the testing data will allow us to identify cases, clusters and outbreaks. While outbreak control teams will manage outbreaks locally, in addition to this there is a need to gain data

on other metrics – such as hospital bed or care home capacity in order that we are able to monitor the impact of the disease.

These data will be provided by the data workstream in accordance with the needs of the Director of Public Health. They will be presented in an easily accessible dashboard, with clear trigger points so that decision making is transparent.

### **Key strand 2- impact on services and the recovery plan**

Data on the impact of Covid-19 on services, and suggestions of where work should be focussed going forward will be driven by the recovery plan.

These metrics are being drawn together by the Trafford CCG in collaboration with council and Public Health colleagues.

### **Information management, governance and security**

Throughout Greater Manchester, details about individual patients will be accessible through the Graphnet system. This will include COVID-19 related data. Allied to this is a system that will allow data to be pulled at a pseudonymised level to be able to build a picture of local trends.

Information governance around coronavirus has been expedited, with changes being made to the Control of Patient Information regulations. This has allowed information to be shared more widely between different sectors in Greater Manchester. Information security is managed by existing systems in Trafford and in Greater Manchester.

### **Analysis, presentation and interpretation**

The COVID-19 workstream is a collaboration between Trafford Council and CCG, working to provide data on management of Covid-19 infection, but also to assist in the recovery phase.

An instructional framework is in development to better coordinate data activities, enable prioritisation and set parameters for the data needed.

This will be overseen by the Health Protection Board, headed up by the Director of Public Health.

### **Key products developed to date**

#### **Data for external stakeholders and the public**

- A weekly stakeholder briefing
  - This gives information around infection rates in the locality , together with related interpretation and messaging
- Trafford data lab applications
  - Local COVID-19 application with new cases, rates per 100,000
  - National Covid-19 tracker

Further public facing datasets will be produced as the data quality and consistency develops.

## **2. Governance arrangements**

**This work will be overseen by the Health and Wellbeing Board and the Recovery Co-ordination Group**

### **Our approach**

Trafford has established two Boards to provide oversight and governance of our local response to Covid-19:

### **i. Covid-19 Health Protection Board**

This is a multi-agency board chaired by the DPH, at 'silver' level, linking into other Silver Boards. It reports into Trafford Gold Command Recovery Coordination Group (RCG)

Its focus is on the coordination of key health protection elements relating to Covid-19:

- NHS Test and Trace
- Personal protective equipment (PPE)
- Infection prevention and control (IPC)
- Data management, analysis and interpretation
- Approval and dissemination of local guidance
- Internal communications

### **ii. Public Engagement Board**

This is an Elected Member led Board with a focus on communication and engagement with the general public. It will develop local support for implementing the necessary steps for reducing the transmission of Covid-19 by:

- Minimising the negative impacts of control measures on the general population, specified sub-groups of the population, and families and individuals
- Building trust in the NHS Test and Trace programme
- Linking to and promoting the work of the community hubs
- Ensuring that higher risk groups are identified and supported
- Co-producing materials with the VCSE sector and the public
- Developing measures to assess the success of the above activities and ensuring that any learning is embedded into future planning

Our Public Engagement Board is a sub-board of our Health and Well Being Board.

### **Supporting Structures**

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

- Trafford CCG
- Trafford Silver (Operations and Resilience / Adult Health & Social Care/Children's Health and Care)
- Trafford COVID Single Point of Contact
- Trafford LCO/MFT – Infection Prevention & Control
- North West Health Protection Team, Public Health England (GM Hub)
- Trafford Testing and Contact Tracing Group
- Covid-19 Data workstream
- GM Mass Testing Steering Group
- GM Contact Tracing Group

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

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

- Continued oversight of implemented actions and Infection Prevention Control Teams

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

Governance organograms are included in Appendix 7

### **3. Resources**

The impact of Covid-19 is still to be calculated but is hard to underestimate. In Trafford, we have all seen our lives and our work change hugely over a very short period of time. We are now adjusting to new ways of working, and having moved out of the most immediate response phase, are now considering how we return to a more normal life without risking an increase in cases of Covid-19.

Providing the level of protection that our workforce and our population is our priority, and we have had to invest in a number of new areas, diverting some of our workforce from their usual roles.

In recognition of the importance of local systems (and in particular the leadership of the Local Authority and local Directors of Public Health), the government has made finances available to every upper tier local authority to develop a resourced Outbreak Management Plan. For Trafford, our allocation is £1.15m. All of this money will be spent on delivering this Plan in accordance with the guidelines for the allocation. The bulk of the money will be spent on the infrastructure required to implement our infection prevention and control, testing, contact tracing and PPE programmes.

## CHAPTER FIVE: Management in key settings: examples of our approach and actions

### 1. Care homes

#### **The care homes work will be overseen by the Joint Quality Improvement Board**

#### **Our approach**

Care homes have rightly been identified as a very high risk setting. This is both because of the high risk of transmission of infection in residential settings, but also because of the high level of vulnerability to serious illness among both residents and staff in care homes. To reduce the risks, we have been working intensively with our care homes since the start of the pandemic, but we recognise that this has been a very difficult time for the homes. We would like to record our thanks to our care home managers and their teams for all their hard work as we recognise the enormous challenges they have faced.

Trafford Council has submitted a Care Home Support Plan to Central Government along with all other local authorities in Greater Manchester (GM).

The management of individual cases and outbreaks in care homes will remain the responsibility of Trafford Council, supported by the CICT. This includes contact tracing of staff, residents and visitors in homes where positive cases are identified. Any wider contact tracing (e.g. families of staff) will be conducted through the national NHS Test and Trace programme.

All suspected and confirmed cases of Covid-19 in care homes should be reported promptly to the Community Infection Prevention and Control Team.

#### **Key actions**

- Care home support managed through bi-weekly monitoring call by our adult social care commissioners
- Guidance provided to homes on a regular basis, with updates flagged
- Training provided on infection prevention and control
- Action cards produced by PHE circulated
- We have established a system for accessing PPE when routine supplies are disrupted
- Additional costs of PPE have been refunded
- Robust testing offer for symptomatic residents
- Whole home testing of asymptomatic staff and residents undertaken; across Greater Manchester we are currently reviewing the frequency of any repeats of whole home testing together with discussion on who should be included in this
- We have produced guidance to homes on safe practices for visitors
- Infection Control Grant distributed to all care homes - the focus is on using this to ensure that homes do not need to share staff and implementing infection prevention and control .

We are monitoring the situation in our care homes, using a range of sources of information, including from the homes themselves and from national and local monitoring and surveillance systems. Appendix 2 below describes when localities will be alerted of potential outbreaks in care homes and similarly, when localities should inform the GMICHTH of potential outbreaks.



## 2. Schools

### **The schools work will be overseen by the Start Well Board**

#### **Our approach**

We recognise the importance of ensuring that all of our children and young people have as normal a life as possible despite the global pandemic. This includes ensuring that they can access education and that existing inequalities are not made worse at this time. Our schools have remained open throughout, albeit for a reduced number of pupils, and we appreciate the hard work of our head teachers and their teams.

We have been working with our schools and early years settings to make sure that the increase in number of children returning to school is managed as safely as possible. All education settings include Early Years and Alternative Provision have received supplementary guidance describing the practical steps that they can take to reduce the risk of infection and of the risk of onward transmission. The guidance is updated as relevant and shared with each setting and on Trafford's education website. There has been extensive engagement with senior leadership teams across the settings to ensure engagement and understanding of preventative and reactive processes.

Outbreak management in schools and early years settings will be led by the GM Integrated Contact Tracing Hub (GMICHTH) unless:

- There has been a death in the setting
- There are a large number of vulnerable people (e.g. special educational needs unit)
- There are high numbers and the GMICHTH needs local support
- The outbreak is ongoing despite the implementation of routine infection control measures
- There are concerns about the safe running of the setting or institution
- There are other factors that require multi-agency coordination and decision making e.g. potential media interest

Where any of these concerns are identified, a multi-agency outbreak control team (OCT) will be convened. This may be led by Public Health England or a Consultant in Public Health based at Trafford Council depending on the nature of the concerns. Regardless of who leads the OCT, officers from Trafford Council will play a key role in managing the outbreak.

The GMICHTH will lead the contact tracing for single cases or clusters identified in schools through

- Provision of information and support to the Trafford community infection control team
- Communication of potential consequence management requirements to the Trafford single point of contact (SPOC)
- Communication with the SPOC around potentially contentious or controversial cases which may attract adverse media attention and outlining where action is needed

We are monitoring the situation in our schools, using a range of sources of information, including from the schools themselves and from national and local monitoring and surveillance systems. Appendix 1 below describes when localities will be alerted of potential outbreaks in schools and similarly, when localities should inform the GMICHTH of potential outbreaks

#### **Key actions**

- We have held web based Q&A sessions for heads, SENCOs and others from schools and early years

- We have produced comprehensive supplementary guidance to schools on reducing and managing the risks, and we are keeping this updated
- We have supported schools with individual risk assessments
- We have provided micropacks of PPE to schools for use in case of a child or staff member becoming ill at school.
- We are refining the processes for sharing information quickly and accurately between the GMICTH, the Trafford SPOC and relevant teams within the council e.g. public health, education and the community infection control team
- All suspected and confirmed cases of Covid-19 in schools, early years and childcare settings should be reported promptly to the Trafford Single Point of Contact (SPOC):  
[covidtrace@trafford.gov.uk](mailto:covidtrace@trafford.gov.uk)

## Appendices

### Appendix 1: The Testing Pillars

#### **Pillar 1: Acute trust-led viral antigen testing**

**Delivered locally for Manchester Foundation Trust (MFT) and GM Mental Health Trust (GMMH) patients plus Trafford Local Care Organisation staff and some care home residents**

- Patients who are symptomatic
- Staff who are symptomatic and/or symptomatic people in their household
- Patients being discharged to care homes/hospice
- All non-elective admissions to hospitals
- Patients requiring planned admissions
- Requested, tested locally, analysed and reported within the Acute Trust setting
- Community swabbing team provide testing for residents in care homes where there is an outbreak as well as testing for residents moving into or transferring between care homes

#### **Pillar 2: Nationally commissioned viral antigen testing**

**Delivered locally in care homes, at regional testing sites and via the mobile testing units (MTUs)**

- Booked on the NHS national online portal or by calling 119
- Testing for care homes: 'whole home' testing of asymptomatic and symptomatic residents and staff has been carried out in all but two Trafford care homes via Pillar 2. We are aware that guidance is pending regarding the frequency of repeat testing.
- All but one homes for people with learning disabilities and mental health needs have now ordered tests for whole home testing
- Essential workers, including care home staff, book direct on the Employee portal at Manchester Airport and the Etihad
- Local residents including children can be tested at regional sites or using postal self-administered tests (nationally booked)
- Pop-up testing sites are planned for the West locality (4 new sites are awaiting approval)

#### **Pillar 3: Nationally commissioned serology (antibody) testing**

**Delivered locally**

- Commenced in June 2020
- All asymptomatic NHS staff in hospitals, NHS patients in Trafford
- Roll out commenced with GP practices, their staff and patients
- Antibody pilot in one Care Home with a view to roll out
- Requested through employers' systems, tested within hospital or care setting, analysed in hospital Labs, reporting through employers' systems.

#### **Pillar 4: Nationally commissioned surveillance testing**

**Delivered locally and nationally**

- Surveillance of the population
- This is a core outcome of contact tracing

- Individuals who test positive for COVID-19 through current or mass testing activity may be included in the tracing programme
- Other groups of individuals traced after contact with someone who has tested positive will require inclusion in the testing programme

**Pillar 5: Commercial capability to provide and analyse more tests to support mass testing**

- Type of testing to prioritise not yet determined
- Current limiting factors for antigen testing relate to laboratory requirements for platform/analyser-specific chemical reagents
- The current assumption on supply of reagents is that production lies outside the UK
- Consideration is being given to establishing production within the UK and/or within GM and the European Union (EU) to harness the regional life sciences and manufacturing assets and to maximise the economic opportunities

**Appendix 2 - Outbreak Definitions**

**Outbreak definition for non-residential settings**

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

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

	<b>Criteria to declare</b>	<b>Criteria to end</b>
<i>Cluster</i>	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days  (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
<i>Outbreak</i>	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days  AND ONE OF:  Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	putative index case  OR  (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	
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**Outbreak definition for residential settings**

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

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

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

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

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

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

	Criteria to declare	Criteria to end
	NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	
<i>Outbreak</i> in an outpatient setting	<p>Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>AND ONE OF:</p> <p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for &gt;15 minutes) during the infectious period of the putative index case</p> <p>OR</p> <p>(when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases</p>	No confirmed cases with onset dates in the last 28 days in that setting

#### Other Definitions

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

### Appendix 3 – Functions and details of the Trafford Covid-19 Single Point of Contact

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

Trafford SPOC – [covidtrace@trafford.gov.uk](mailto:covidtrace@trafford.gov.uk)

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

Ownership – Public Health Team, Trafford Local Authority

Key Functions of the Trafford SPOC:

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

#### Resources

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

- Oversight from Consultants in Public Health
- Administrative Support Capacity
  - Responsible for logging and cascading relevant actions and recording actions taken
- Coordination and case management Support

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

- Dedicated data intelligence analytic capacity to support the Data & Intelligence Group which reports into the Health Protection Board
- Dedicated communications and engagement capacity
- Virtual Contact and Swabbing Team resourced via capacity from specialist services

#### **Appendix 4 – Terms of Reference of key groups as part of Covid-19 Outbreak Control Plan governance**

- COVID Health Protection Board

##### **Trafford Covid 19 Health Protection Board**

##### **Terms of Reference**

### **1. Background**

1.1 Managing the current pandemic of covid -19 presents considerable challenges in Trafford as for the rest of the country.

1.2 Many organisations have a role to play in protecting the public from covid-19, and the overlapping roles and responsibilities of the main agencies/departments (particularly the NHS, Public Health in Trafford, Environmental Health and Public Health England), working with many different stakeholder organisations, can be complex.

### **2. Purpose of the group**

2.1 The primary role of the Covid 19 Health Protection Board is to provide strategic leadership to support the delivery of Trafford’s Outbreak Management Plan, including providing clarity on different agencies’ roles and responsibilities, and the explicit connection to the GM Outbreak Management Plan.

2.2 Trafford’s Covid-19 Health Protection Board will monitor outbreak management and epidemiological trends in the place (as set out in *ADPH Guiding Principles for Outbreak Management Arrangements* attached at Appendix 1).

2.3 It will supplement the work of the Adults Health and Care Board, the Operations and Resilience Board, and the Children’s Health and Care Board, and the TCG reducing duplication and ensuring consistency of approach in matters relating to health protection.

2.4 The Board will provide assurance to the RCG that robust plans and arrangements are in place to protect the population of Trafford. It will draw to the attention of the RCG any matter of concern in this context.

### **3. Scope**

3.1 The Board will consider health protection issues relating to covid -19 Topics that are within the scope of the Board include, but are not restricted to:

PPE

Test and Trace

Data management, analysis and interpretation

Infection prevention and control



Interpretation of guidance and development of policy

Training and staff development relating to health protection

Dissemination of information

#### **4. Key responsibilities of the Health Protection Board**

- To oversee the development of the Local Outbreak Management Plan
- To provide assurance to the RCG as to the adequacy of local arrangements for the prevention, surveillance, planning for, and response to, Covid 19 in Trafford.
- To highlight concerns about significant health protection issues and the appropriateness of health protection arrangements for Trafford, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the RCG
- To provide an expert view on any health protection concerns on which the RCG request advice from the Board
- To have appropriate health protection intelligence support to inform local decision making in partnership with lead agencies.
- To monitor a 'Covid 19 health protection dashboard' in order to assess local performance in addressing the key health protection issues relating to Covid 19 in Trafford, raising any concerns with the relevant commissioners and/or providers, or, if necessary, escalating concerns to the RCG.
- To monitor significant areas of poor performance through the HPB dashboard and to seek assurance that recovery plans are in place.
- To review the content of local plans relevant to Covid 19
- To make recommendations as to arising health protection issues that should be included in the local Joint Strategic Needs Assessment.
- To seek assurance that the lessons identified are embedded in future working practices.
- Health protection intelligence or dashboards to be provided by the relevant lead agencies.
- To link to the Member-led Covid-19 Public Engagement Board (a new sub group of the HWBB)
- In addition to reporting to the RCG, the Covid-19 Health Protection Board will report, via Trafford's Health Protection Forum to the Health and Wellbeing Board which will hold Greater Manchester PH England Centre, NHS England and Trafford CCG to account in terms of their health protection responsibility.

#### **5. Meeting arrangements**

- 5.1 The Group will be chaired by the Director of Public Health and will initially meet weekly, for one hour
- 5.2 The meetings will be convened by Public Health in Trafford who will provide secretarial support.
- 5.3 Items for inclusion on the agenda will be sought from all members in advance of each meeting. Draft minutes will be sent electronically to members and then approved at the next meeting.

5.4 Meetings will not be open to the public.

5.5 Conflicts of interest must be declared by any member of the group.

## 6. Reporting arrangements for the Health Protection Forum

The Covid 19 Health Protection Board will report back to the SCG, and also to the Health and Wellbeing Board via the HPF by submitting formal reports including any concerns or recommendations.

### Membership

Role
<b>Core Membership</b>
Director of Public Health (Chair)
Consultant in Public Health and Vice Chair
Consultant in Communicable Disease Control for Manchester, Public Health England
Public Health Intelligence lead
Head of the Community Infection Control
Trafford MBC CLT Lead
Trafford Council Resilience Forum representative
Trafford Clinical Commissioning Group – clinical lead
Trafford CCG management lead
TLCO management lead
TLCO clinical lead
CMFT Infection Prevention Control
Operations and resilience linked member
Adults Health and Social care linked member
Childrens' health and social care linked member
Schools/Education lead
Covid 19 Health Protection Programme lead
GM Commissioning Support Unit NHS HERG representative
Environmental Health – Head of Service or representative
Health and Safety lead

## APPENDIX 1

### Public Health Leadership, Multi-Agency Capability:

#### *Guiding Principles for Effective Management of COVID-19 at a Local Level*

## Draft 4.2, 29th May 2020

### Purpose of document

This document is intended to outline principles for design of COVID-19 Outbreak Management Plans led by the Director of Public Health at Upper Tier Local Authority level, working with all key professions and sectors with outline responsibilities for each sector and agency defined.

The COVID-19 Outbreak Management Plans are not intended to replace existing plans to manage outbreaks in specific settings, but will also consider the wider impacts of COVID-19 on local communities.

Local authorities and partners will have local governance and partnership arrangements and will use these to ensure Outbreak Management Plans are developed and delivered to meet local needs.

### Introduction

The foundational context for Local Outbreak Management is set out in the Public Health England and Association of Directors of Public Health joint statement *What Good Looks Like for Local Health Protection Systems*<sup>1</sup>. Local Outbreak Management Plans for COVID-19 are a combination of Health Protection expertise and capabilities (The Public Health sub-disciplines of Epidemiology & surveillance, Infection suppression and control techniques, Contact Tracing and Evaluation ) and Multi-Agency Capabilities of agencies in supporting these efforts through deployment of capabilities needed to deliver these Health Protection capabilities at scale where needed.

It follows that Contact Tracing sits as one component within the full range of public health tools and techniques needed to manage an Outbreak, and presupposes these other components are in place to be effective.

The specialist Health Protection skills and capabilities sit within a family of public health functions which work within an already functioning system: the Local Authority Public Health and Environmental Health functions, and Public Health England.

The Co-ordination capabilities sit within Strategic Co-ordinating Groups of Local Resilience Fora or other similar arrangements.

### Health Protection: Legal and Policy 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<sup>2</sup> to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

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<sup>1</sup> <https://www.adph.org.uk/wp-content/uploads/2019/12/What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf>

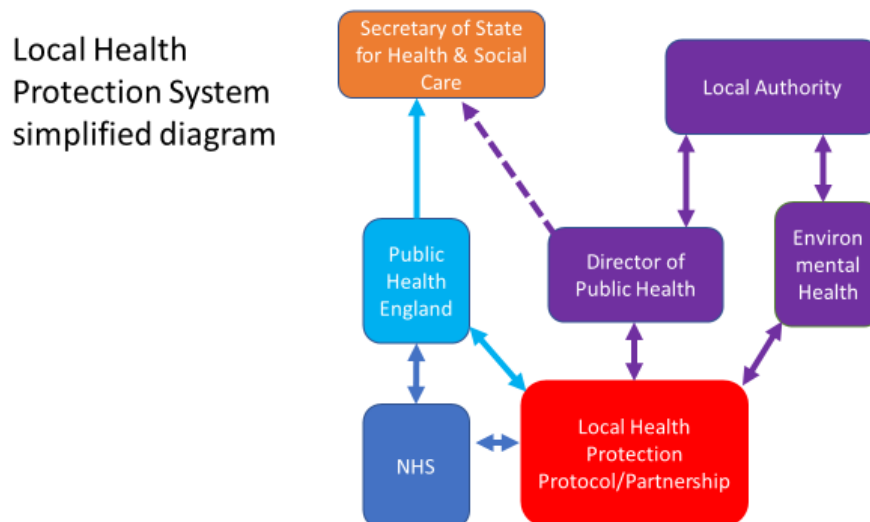
<sup>2</sup> And NHS England in the case of Prisons and custodial institutions

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 (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*<sup>3</sup>.

PHE is mandated to fulfil the Secretary of State’s duty to protect the public’s health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE’s health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.



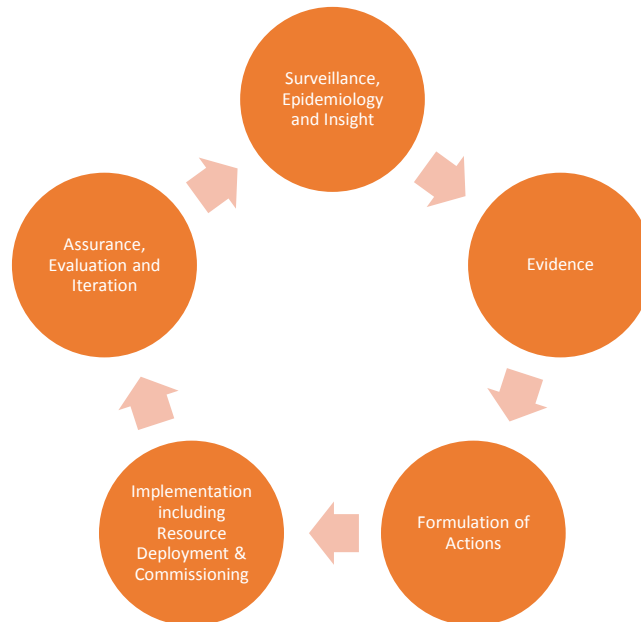
### The Cycle of Health Protection Action

Outbreak Management, and Contact Tracing within it are part of a cycle of Health Protection Action which starts from surveillance and epidemiology (reports of infection) through evidence of what is

<sup>3</sup> Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.



In the context of COVID-19 this means:

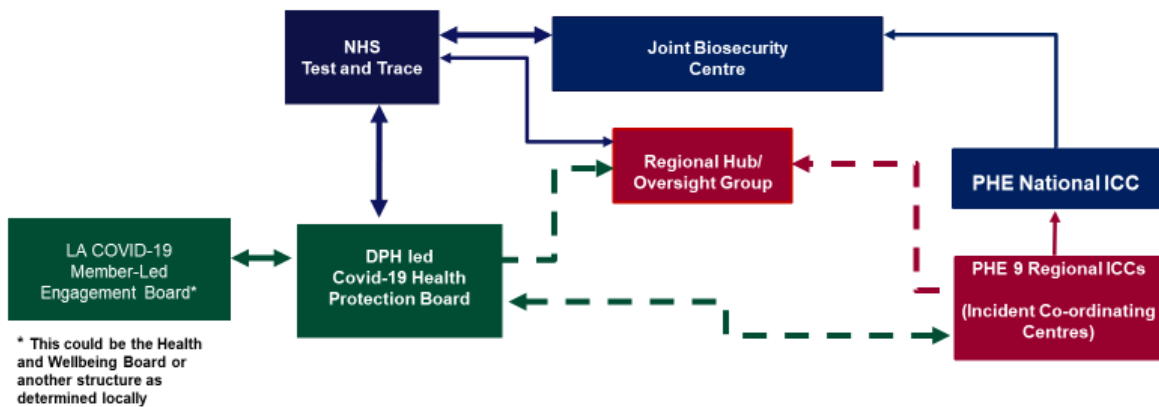
- Timely data flows from testing to be able to predict and intervene in outbreaks
- Updated evidence on spread of infection and control measures
- Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc

### **The role of the Local Resilience Forum**

The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19.

An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints. Local areas are best left to determine how these arrangements will work.

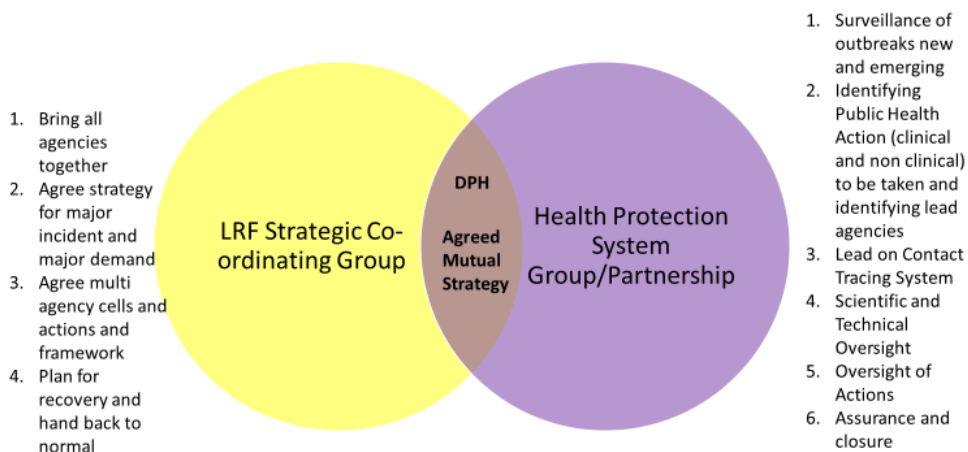
## Key Organisational Elements



The LRF and the Public Health parts of a local system require each other to deliver a Local Outbreak Plan. An SCG may take Scientific and Technical Advice in furthering their role, but it is clear that the Director of Public Health's role, and role of the Public Health family of agencies in Outbreak Management on an LRF or SCG in a major disease outbreak is not solely advisory, it is also Executive in furtherance of their role and as leader and holder of the Outbreak Management Plan for COVID-19.

The system will work best when every part of it acknowledges distinct, overlapping and mutually dependent responsibilities.

## Overlapping Responsibilities



## Local, Regional and National Roles and Leadership

The table below outlines the local, regional and national Leadership Role

Level	Place-based leadership	Public health leadership
<b>LOCAL</b>	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> <li>a) Sign off the Outbreak Management Plan led by the DPH</li> <li>b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed</li> <li>c) Hold the Member-Led Covid-19 Engagement Board (<i>or other chosen local structure</i>)</li> </ul>	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> <li>a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead)</li> <li>b) Review the daily data on testing and tracing</li> <li>c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</li> <li>d) Provide local intelligence to and from LA and PHE to inform tracing activity</li> <li>e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place )</li> <li>f) Ensure links to LRF/SCG</li> </ul>
<b>REGIONAL</b>	<p><i>Regional Lead CE in partnership with national support team lead, PHE RD and ADPH lead</i></p> <ul style="list-style-type: none"> <li>a) Support localities when required when there is an adverse trend or substantial orcross-boundary outbreak</li> <li>b) Engage NHS Regional Director and ICSs</li> <li>c) Link with Combined Authorities and LRF/SCGs</li> <li>d) Have an overview of issues and pressures across the region especially cross-boundary issues</li> </ul>	<p><i>PHE Regional Director with the ADPH Regional lead together</i></p> <ul style="list-style-type: none"> <li>a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region</li> <li>b) Prioritisation decisions on focus for PHE resource with LAs</li> <li>c) Sector-led improvement to share improvement and learning</li> <li>d) Liaison with the national level</li> </ul>
<b>NATIONAL</b>	<p><i>Contain SRO and PHE/JBC Director of Health Protection</i></p> <ul style="list-style-type: none"> <li>a) National oversight for wider place</li> </ul>	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO)</i></p> <ul style="list-style-type: none"> <li>a) National oversight identifying sector specific and cross-regional issues that</li> </ul>

	b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources	need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre
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### The Four Principles of Design and Operationalisation

There are four principles for the Design and Operationalisation of local Outbreak Plans and arrangements, including local plans for contact tracing. These are stated below and outlined in more detail after this. These principles can function as standards or tests for local systems to use in determining whether their arrangements have been developed in a way which will enable maximum impact and effectiveness.

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

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

#### Principle 1: Be rooted in public health systems and leadership

A good Local Outbreak Plan and Contact Tracing system will be led by Public Health, working as a “system within the local system”. A good Local Outbreak Plan will be able to receive, share and process data to and from a range of sources in a timely way to prevent and control the transmission of COVID-19.

In particular:

- The expert scientific and leadership capabilities of the local Public Health system will be central to the design and execution of the Outbreak Plan. The local public health system involves the Director of Public Health providing local leadership for health and of the Outbreak Plan and the delivery of specialist health protection functions by PHE
- Existing roles and responsibilities which are working well should be included and not disrupted in the design of the local Outbreak plans
- The Local Environmental Health function will be an equally crucial part of the public health core capability in the application of their capabilities and expertise
- The plan will be rooted in infection prevention control and health protection as its foundation.



- The Public Health system at local level must work together as a system within a system, recognising their interdependency
- NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and NHS organisations will facilitate this
- The Public Health system will be able to deploy and direct testing capabilities to deliver objectives in the management of outbreaks and contact tracing
- A good Local Outbreak Plan will be able to receive, share process data to and from a range of sources in a timely way to deliver all Outbreak Management functions including Contact Tracing. (See Appendix 1.)
- A good plan will show integration of data from all sources to enable a) contact tracing, b) infection mapping and surveillance and c) epidemiological analysis to enable decisions and monitor effectiveness and impact

### **Principle 2: Adopt a whole system approach**

Just as the Public Health “system within a system” is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system will be crucial to preventing and managing Outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:

- Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
- Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
- Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.
- Ensure that the local voice is heard through active engagement with local communities

### **Principle 3: Be delivered through an efficient and locally effective and responsive system**

A good Local Outbreak Plan will ensure that the system is designed to run efficiently and at local level with limited need for escalation outside the local authority. This includes timely access to and sharing of information, data and intelligence to inform action and monitor outcomes

- Command and control arrangements and decision making are localised.
- Arrangements for rapid and proactive management of outbreaks will be clearly set out in local plans

- Agencies will agree data flows, pathways and information sharing protocols in a timely fashion as a matter of priority
- Sufficient information must be shared which allows management of outbreaks and appropriate actions to be taken

**Principle 4: Be sufficiently resourced**

A good Local Outbreak Plan requires resource and capability, both financial and skills/expertise. In particular:

- Each agency must be prepared to contribute resources (people, capabilities, funds, assets) needed to make the plan effective
- Specific hypothecated funds for Outbreak Management will be made available from Government
- Ensure commissioning processes are swift and robust enough to deliver the required actions stipulated by the Plan or the Covid-19 Health Protection Board

**Appendix 2: 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.

The Secretary of State has issued 4 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, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19), and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (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.

## Public Engagement Board

### Terms of Reference

<b>Name of Committee</b>	<b>Public Engagement Board</b>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• Member led Board</li> <li>• Focus on communication and engagement with the general public, to develop local support to implementing the steps necessary to reduce the risk of spread of covid 19</li> <li>• To minimise the negative impacts of any such measures on the general population, specified sub-population groups, and families/individuals</li> <li>• To build trust and participation in the Test and Trace programme</li> <li>• To link to and promote the work of the community hubs</li> <li>• To ensure that higher risk groups are appropriately identified and supported</li> <li>• To co-produce materials with the VCSE and the public using local insights and addressing they key issues that our communities are raising</li> <li>• To develop measures to assess the success of the above, and to ensure that any learning from covid-19 is embedded in future planning</li> </ul>
<b>Accountable to</b>	Health and Wellbeing Board
<b>Membership</b>	<p>Membership to include:</p> <ul style="list-style-type: none"> <li>• Council Leader or named Elected Member</li> <li>• Nominated leads from opposition parties</li> <li>• VCSE representatives – including specialists relating to key population groups (older people; BAME; children; mental health , LD)</li> <li>• Partnerships lead</li> <li>• Communications lead</li> <li>• DPH</li> <li>• DASS</li> <li>• DCS</li> <li>• Neighbourhood representatives</li> <li>• CCG representative</li> <li>• TLCO representative</li> <li>• Healthwatch Representative</li> </ul>
<b>Chair</b>	Lead Councillor

<b>Frequency of meetings</b>	Bi monthly
<b>Quorum / Attendance</b>	
<b>Key agenda Items</b>	
<b>Agenda &amp; Papers</b>	
<b>Minutes</b>	

## **Health and Wellbeing Board Terms of Reference and Membership**

### **1. Functions of Health and Well Being Board**

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health related services and the board itself.
- A power to encourage close working between commissioners of health related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.

### **2. Regulations relating to Health & Well Being Boards: Statutory Instrument**

#### **2013 No. 218**

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 [http://www.legislation.gov.uk/uksi/2013/218/ contents/made](http://www.legislation.gov.uk/uksi/2013/218/contents/made) The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards. This means that it is best not to think of health and wellbeing boards according to the strict model of other section 102 committees, but to think of them as a basic section 102 committee with some differences. The sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge under the new regulations.

The modifications and disapplications which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint subcommittee of boards.

### **3. Membership of Health & Well Being Boards**

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act:

- sets a core membership that health and wellbeing boards must include:
- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- a representative of each relevant clinical commissioning group (CCG)
- any other members considered appropriate by the council
- requires that the councillor membership is nominated by the executive leader or elected mayor (in councils operating executive arrangements) or by the council (where executive arrangements are not in operation) with powers for the mayor/ leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
- requires that the CCG and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but
- requires the authority to consult the health and wellbeing board if doing so any time after a board is established.
- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

### **4. Trafford Health and Well Being Board additional locally agreed functions**

In addition to the statutory functions outlined in section 1 above the governance task

group, convened in November 2015, agreed the Board would:

- Provide oversight to the delivery of the Trafford (Locality) Plan (although accountability for the delivery of the Plan will remain with the Trafford Joint
- Commissioning Board, reporting into the GM Joint Commissioning Board).
- Maintain a positive relationship with the Joint Commissioning Board in order to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree annually, a number of key priorities (5-10) based on those in the Trafford
- (Locality) Plan, the CAMHs strategy and relevant data sets such as the JSNAA, the indices of Multiple Deprivation and Public Health profiles, as well as reflecting GM agendas emerging from the GM Joint Commissioning and GM Early
- Intervention and Prevention Boards.
- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Put in place a Performance dashboard to monitor progress against the agreed priorities and receive exception reports relating to progress as necessary.
- Receive written reports at regular agreed intervals from the Safer Trafford, Sport and Physical Activity Partnerships, from the two Safeguarding Boards and from the project groups.

## **5. Trafford Health and Well Being Board Membership**

Following a review of the overall structures of the Trafford Partnership in 2015 it was proposed to amend the membership of the Board to the following:

- Executive Member for Adult Social Services and Community Wellbeing
- Executive Member for Children and Families
- Shadow Executive Member for Adult Social Care and Community Wellbeing
- NHS England representative
- Corporate Director of Children, Families and Well Being (Director of Children's Services)
- Director of Public Health
- Chief Accountable Clinical Officer NHS Trafford Clinical Commissioning

Group

- Chief Operating Officer NHS Trafford Clinical Commissioning Group
- Chair of Health Watch
- Third Sector representative
- Independent Chair Children's Local Safeguarding Board
- Independent Chair Adult Safeguarding Board
- Chair of the Safer Trafford Partnership - GMP
- Chair of the Trafford Sports and Physical Activity Partnership
- Chief Executive Officers of health care providers:
  - (Central Manchester University Hospital NHS Foundation Trust
  - University Hospital South Manchester NHS Foundation Trust
  - Pennine Care NHS Foundation Trust
  - Greater Manchester West Mental Health NHS Foundation Trust)

## **6. Meeting Arrangements**

## **Notice of Meetings**

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

## **Chairmanship**

The chairmanship for the Health and Well Being Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.

## **Quorum**

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two Clinical Commissioning Group member present.

## **Substitutes**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. . Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

## **Decision Making**

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. There will be no restriction on how the Chairman chooses to exercise a casting vote.

## **Meeting Frequency**

The Health and Well Being Board will meet quarterly in line with the new schedule of dates agreed within the Trafford Partnership review.

## **Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from NHS Trafford as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

## **7. Members' Conduct**

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

## **8. Amendment of the Constitution**

The Health and Well Being Board may vary its constitution by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

## 9. Governance and Accountability

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

- Trafford Test and Trace Working Group  
**Insert ToR**

### Appendix 5 – Links to relevant national guidance and operating procedures for specific settings

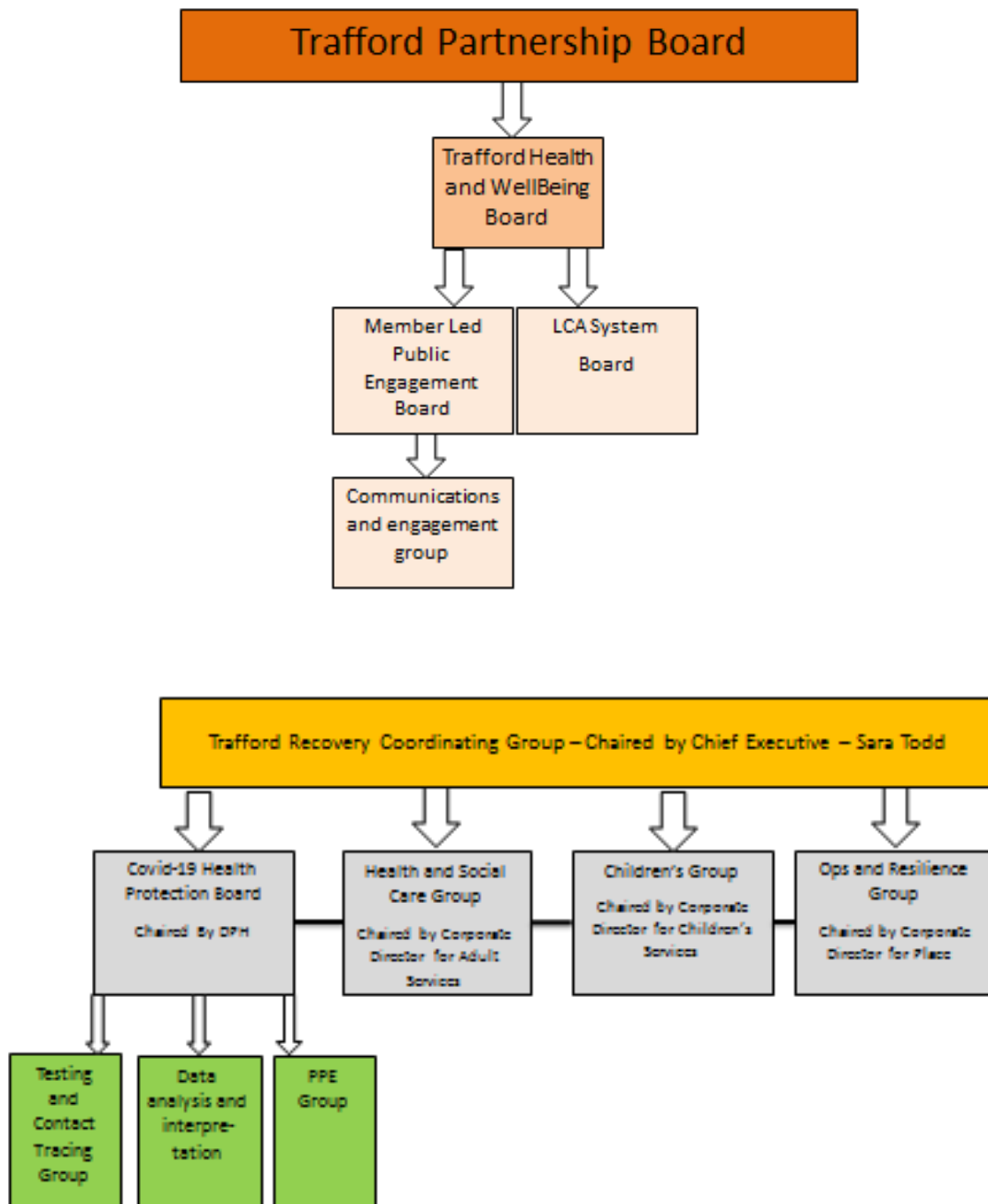
- [NHS England Primary Care Guidance](#)
- [Current guidance on the use of PPE in all Primary Care settings](#)
- [Standard Operating Procedures for General Practice](#)
- [Standard Operating Procedures for Community Pharmacy](#)
- [Standard Operation Procedure for Dental Practice](#)
- [Standard Operating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



## Appendix 6 – Key Contacts

Organisation/ Role	Email address	Phone number
Trafford SPOC	<a href="mailto:Covid-19@tameside.gov.uk">Covid-19@tameside.gov.uk</a>	
Trafford Council Contact Centre	-	0161 912 2020
Trafford Council Communications Team	<a href="mailto:communications@trafford.gov.uk">communications@trafford.gov.uk</a>	-
Trafford Council Civil Contingencies Out of Hours	-	0161 912 1111
Public Health England North West Health Protection Team	<a href="mailto:lcc.northwest@phe.gov.uk">lcc.northwest@phe.gov.uk</a>	09:00 – 17:00 Monday to Friday 0344 225 0562 (option 0 then 3) Out of hours 0151 434 4819
Trafford (ICFT) Community Infection Prevention & Control Team	-	0161 912 5176 (9-5pm – out of hours please call PHE contact)
GM H&SCP Pharmacy, Optometry and Dentistry Teams	-	For pharmacy and optometry <a href="mailto:england.gmtop@nhs.net">england.gmtop@nhs.net</a>  For dentistry <a href="mailto:England.gmdental@nhs.net">England.gmdental@nhs.net</a>

## Governance Structure



## Glossary

ADPH	Association of Directors of Public Health
BAME	Black and Minority Ethnic
CAB	Citizen's Advice Bureau
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CICT	Community Infection Control Team
COPD	<b>Chronic</b> Obstructive Pulmonary Disease
COVID-19	<b>Corona Virus</b> Disease 2019
CVD	Cardiovascular disease
DPH	Director of Public Health
FAQ	Frequently asked questions
GM	Greater Manchester
GMCA	GM Combined Authority
GMFRS	Greater Manchester Fire & Rescue Service
GMHSCP	GM Health and Social Care Partnership
GMICTH	Greater Manchester Integrated Contact Tracing Hub
GMMH	Greater Manchester Mental Health Trust
GMP	Greater Manchester Police
GP	General Practitioner
IPC	Infection prevention and control
JBC	Joint Biosecurity Centre – (government body bringing together expertise and analysis to inform decisions on tackling Covid-19)
LCO	Local Care Organisation
LTCs	Long Term conditions
MFT	Manchester Foundation Trust
MOU	Memorandum of Understanding
MTU	Mobile Testing Units
NHS	National Health Service
OTC	Outbreak Control Team
PCR	Polymerase Chain Reaction – (a technique used to "amplify" small segments of DNA)
PHE	Public Health England
PPE	Personal Protective Equipment
RCG	Recovery Co-ordination Group
SARS	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedure
SPOC	Trafford Single Point of Contact
TMBC	Trafford Metropolitan Borough Council
VCSE	Voluntary, Community and Social Enterprise
WHO	World Health Organisation

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