



**TRAFFORD
COUNCIL**

**AGENDA PAPERS MARKED 'TO FOLLOW' FOR
HEALTH AND WELLBEING BOARD**

Date: Friday, 14 August 2020

Time: 10.00 a.m.

Place: Virtual Meeting

This meeting will be streamed live at

https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKq?view_as=subscriber

A G E N D A	PART I	Pages
6.	OUTBREAK MANAGEMENT PLAN To receive a report from the Director of Public Health.	1 - 64
7.	HEALTH PROTECTION BOARD ACTION PLANS To receive a report from the Director of Public Health.	To Follow
8.	PUBLIC ENGAGEMENT BOARD PLANS To receive a report from the Director of Public Health.	To Follow
9.	LCA SYSTEM BOARD To receive a presentation.	To Follow
10.	INFECTION CONTROL ANNUAL REPORT To receive a report from the Director of Public Health.	To Follow

SARA TODD
Chief Executive

Health and Wellbeing Board - Friday, 14 August 2020

Membership of the Committee

Councillors S. Johnston (Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater, M. Bailey, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne and J. McGregor.

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This agenda was issued on **Thursday, 6 August 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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Covid-19 Outbreak Control Plan for Trafford

Contents

CHAPTER ONE: Introduction	2
1. Purpose	2
2. Aims	2
3. Key principles	2
4. National and regional approaches	2
CHAPTER TWO: Preventing outbreaks	5
1. Communication and Engagement	5
2. Infection prevention and control, including personal protective equipment (PPE).....	6
3. Local testing capacity and integration of mass testing.....	7
4. Contact tracing.....	9
5. High risk settings and groups	12
CHAPTER THREE: Responding to outbreaks	17
1. Defining an outbreak	17
2. Managing an outbreak: key roles and responsibilities	17
CHAPTER FOUR:Key enablers	22
1. Data integration and interpretation	22
2. Governance arrangements	23
3. Resources.....	25
CHAPTER FIVE: Management in key settings: examples of our approach and actions	26
1. Care homes	26
2. Schools.....	27
Appendices.....	29
Glossary.....	41

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 national and 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

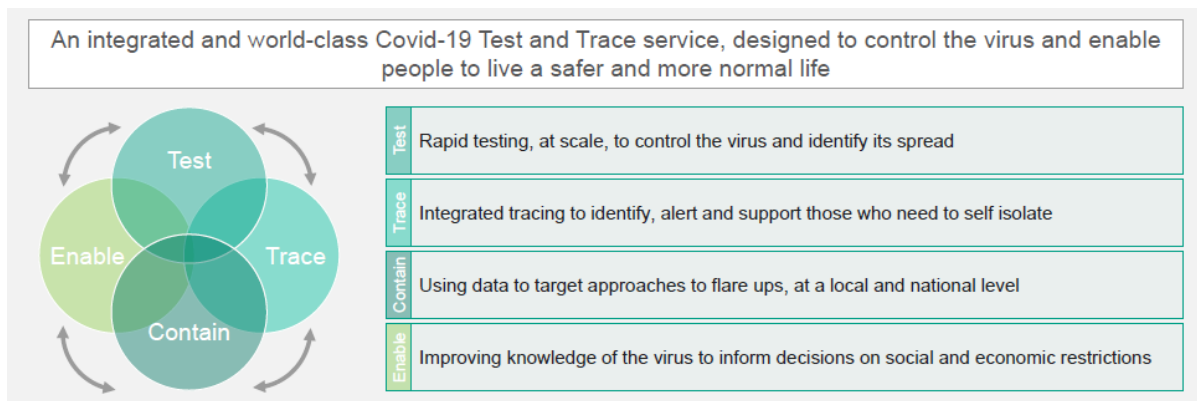
The Association of Directors of Public Health (ADPH) has published [guidance](#) to support local authorities to develop their Covid-19 local outbreak plans. The guidance sets out four key principles, advising that the prevention and management of Covid-19 should:

- 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.

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
2. **High risk places, locations and communities**
Preventing and managing 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**
Developing local testing offers to ensure a swift response that is accessible to the entire population
4. **Contact tracing in complex settings**
Supporting the national and Greater Manchester NHS Test & Trace programmes to ensure that we reach people in complex settings and cohorts
5. **Data integration**
Ensuring that the information governance arrangements are robust and that there is timely sharing of data; and ensuring 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 Board 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 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. The plan will also consider 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 promote 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-secure'. 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 LinkedIn
- 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

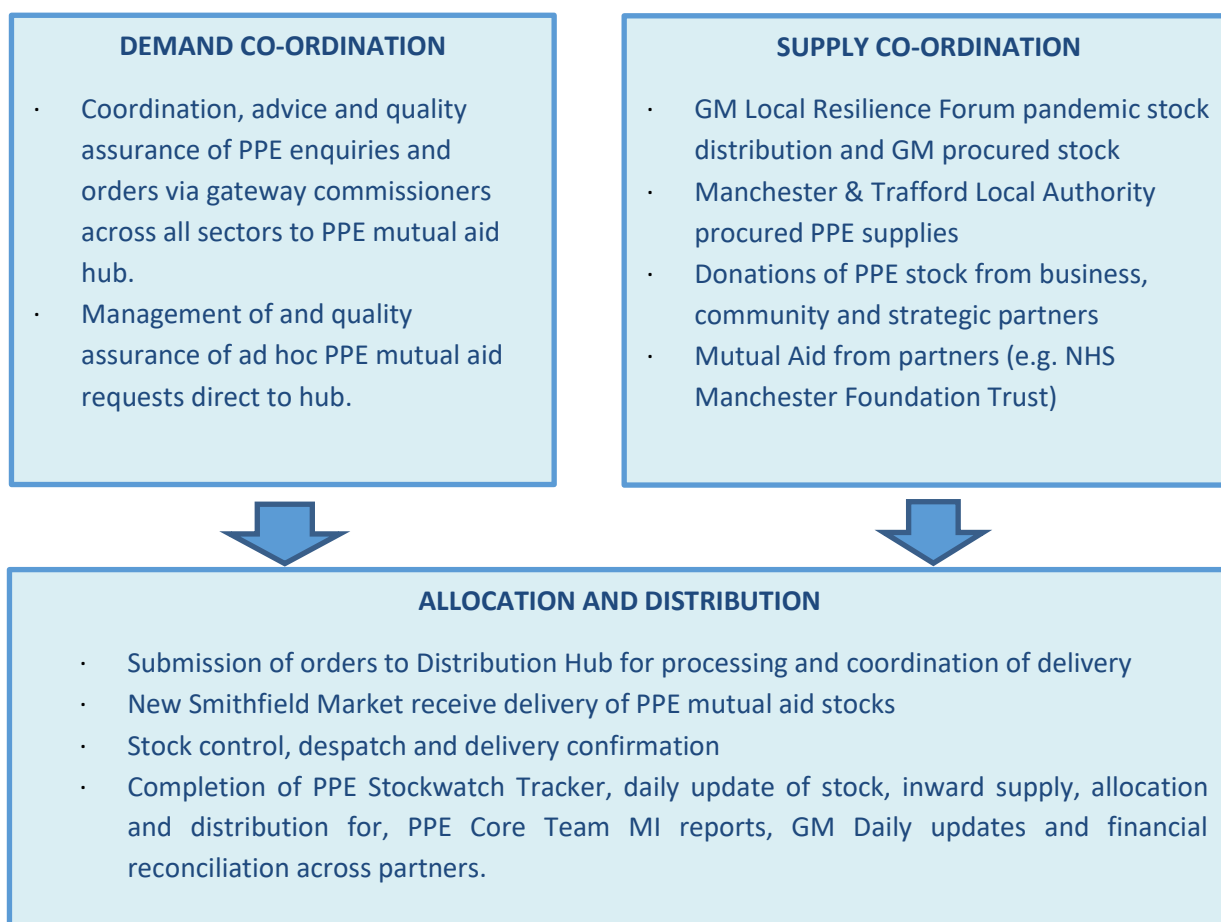
2. Infection prevention and control, including personal protective equipment (PPE)

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 (CICT) 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 pandemic. 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 supplies to prevent spread;
- 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



3. Local testing capacity and integration of mass testing

We are developing sufficient local testing capacity 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 Strategy and 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 needs a Covid-19 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 & Trace programme will identify about 130 people per 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 based on 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 online for testing at home, or people can attend a regional centre such as the Etihad Campus 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 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.

4. 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**. A **case** is someone who has tested positive for Covid-19. By identifying contacts 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 contact
- 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 NHS Test & 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 (GMICTH) 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

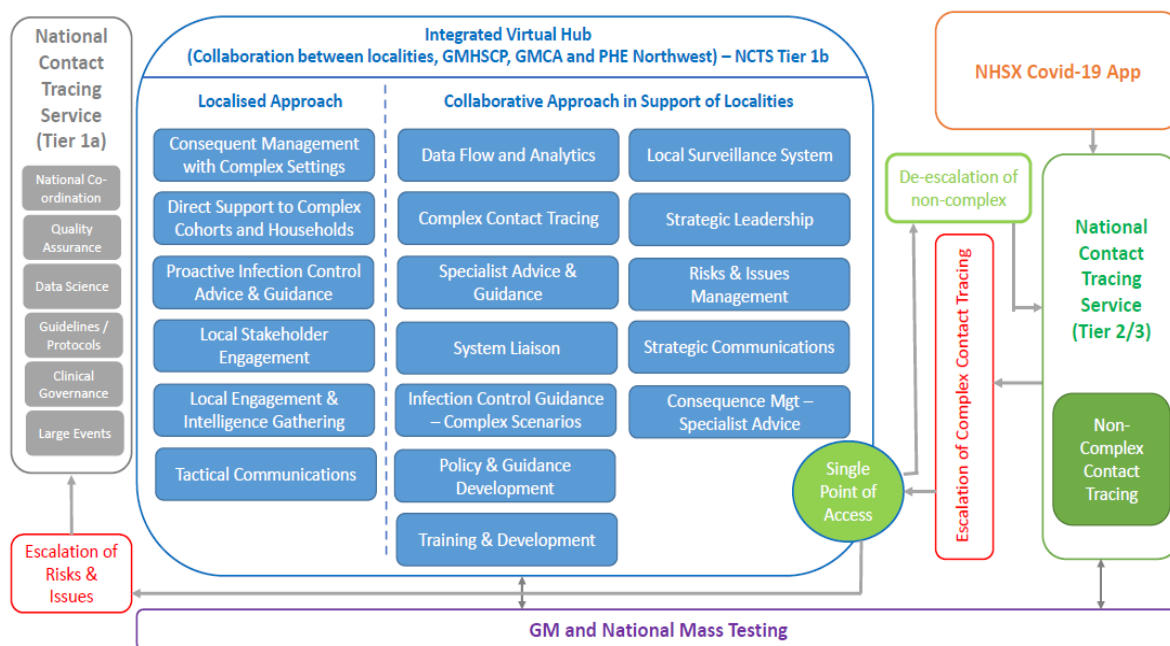
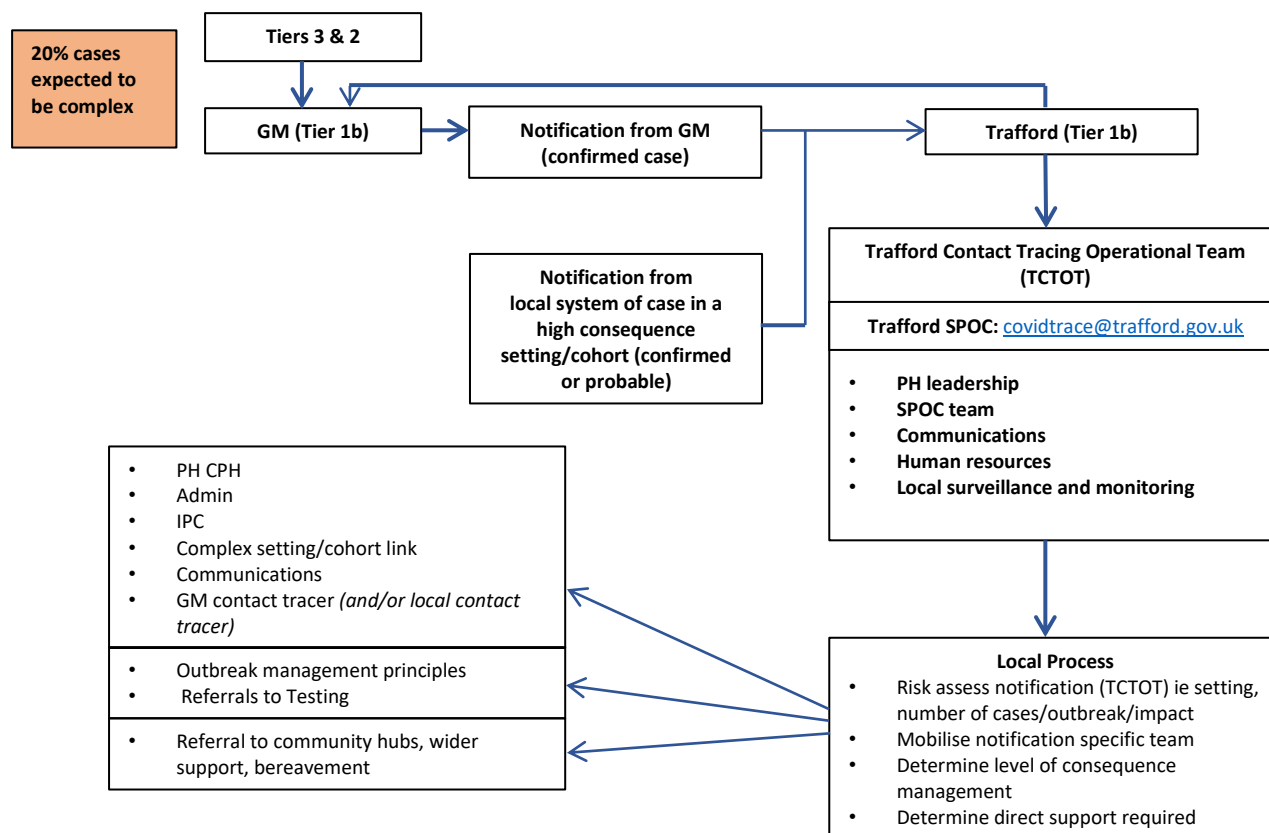


Figure 1.ii: Trafford Locality Contact Tracing Flow Chart



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.

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.

5. 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 Hubs 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 & Trace Guidance. The addition of a Public Health Surveillance Analyst role will enable speedy and robust identification of ‘hotspots’, whether these are 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
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Being physically active	<ul style="list-style-type: none"> • Obesity • Type 2 diabetes • CVD • Mental ill-health 	<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"> • Obesity • Type 2 diabetes • CVD 	<p>NHS and commercial weight management services</p> <p>Diabetes Prevention Programme</p>	
Giving up smoking	<ul style="list-style-type: none"> • CVD • Asthma • COPD • Cancer 	<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"> • Mental ill-health 	<p>42nd 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"> • Cancer progression • Infectious diseases 	<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"> • Obesity • Mental ill-health • CVD • Type 2 Diabetes • Asthma • COPD • Cancer 	<p>Achieve Trafford support</p> <p>Self Help Support Groups</p>	

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 updates are available 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 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 offering support to communities. A memorandum of understanding (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 changes 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 range of information and advice on topics like employment, benefits, welfare rights, housing, consumer rights and relationships.

Citizens Advice Trafford also work closely with our in-house Trafford Assist service 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 approaches.

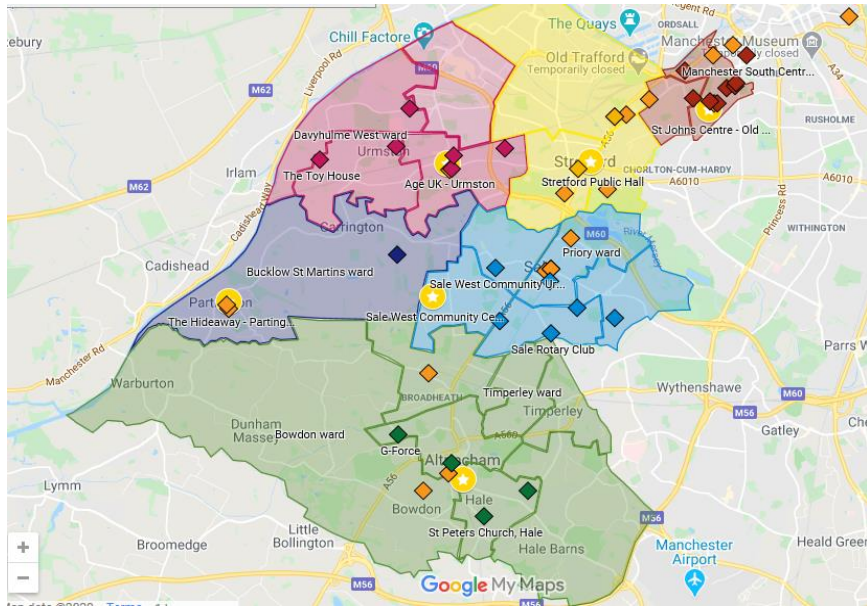
Key actions

- 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;
- 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 information and advice to Trafford Residents, including re-direction 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 NHS Test & 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 PHE NW Health Protection Team 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 the 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

b. Outbreak investigation and risk assessment

Outbreak investigation and management will be carried out in line with the agreed processes within Trafford Outbreak Control Plan – Covid 19 . Within this, the Trafford SPOC will work with the GMITCH 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 GMITCH/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 predominantly be delivered via the GMITCH 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; and requirements for closure. Links to relevant national and local advice will be provided including template letters for further communications; FAQs; and 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 GMITCH/PHE will determine the need for any further testing 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 GMITCH/PHE will discuss the need to convene an Outbreak Control Team. The key members of this will include Trafford Public Health; PHE; the 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 GMITCH/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 (e.g. 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.

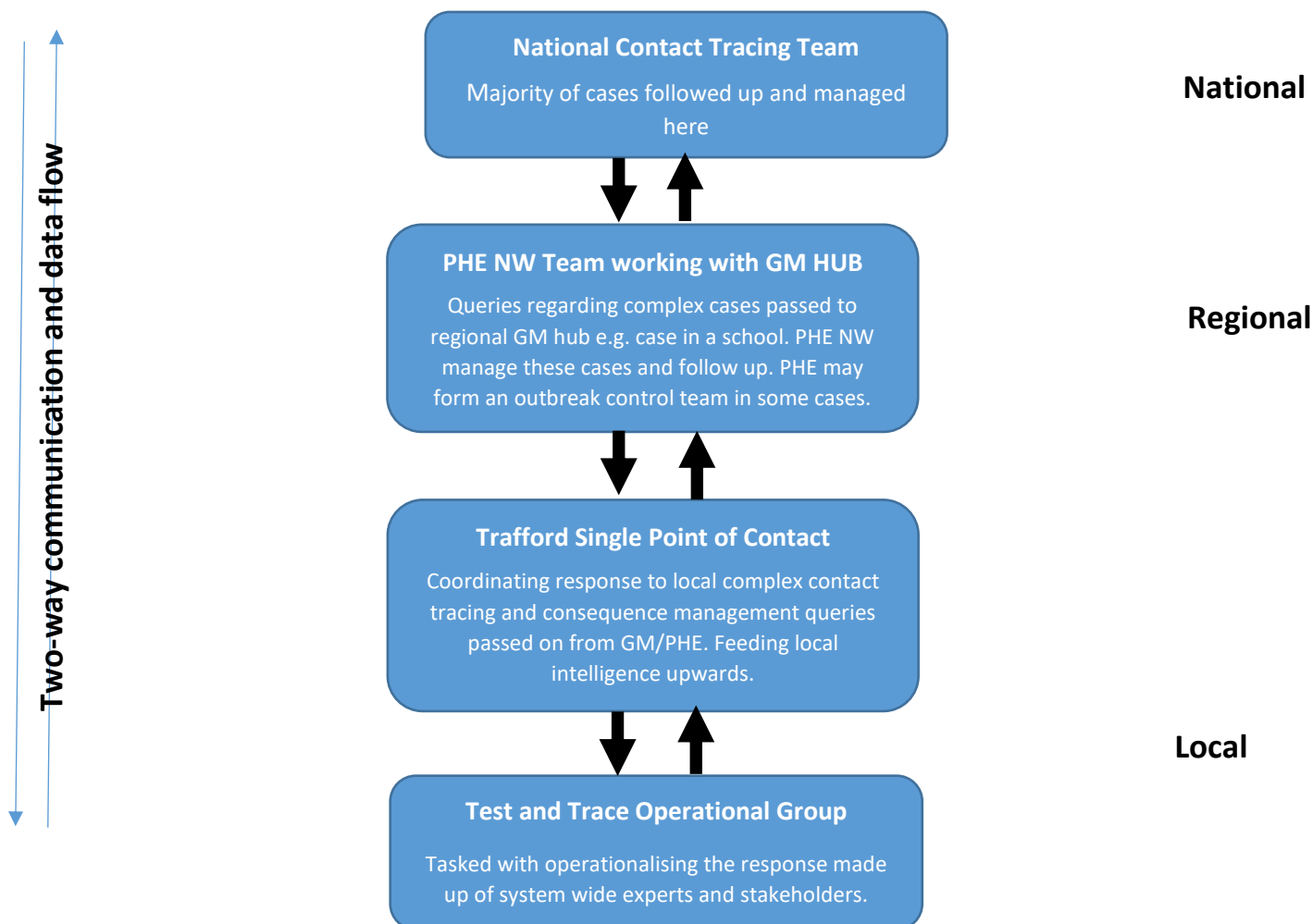
Hours of Operation

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 response. 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 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 NHS Test & Trace service can be implemented to prevent further spread of Covid-19 while also limiting any adverse impacts this may have.

Critical organisations and services in Trafford which are at risk if high numbers of staff self-isolate include:

- Primary and community care services
- Emergency services (police; fire & rescue; ambulance)
- Essential council services (e.g. refuse collection, safeguarding, social care)
- Care homes
- Utilities
- Schools and childcare providers

Please note this list is not exhaustive.

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 support themselves 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;
 - Citizens 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 channels 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 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 to:

- 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;
- 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 (e.g. hospital bed or care home capacity) in order 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 NHS Trafford CCG in collaboration with council and Public Health colleagues.

Key Strand 3 -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.

A shared approach to analysis, presentation and interpretation is crucial for both key strands 1 and 2

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

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)

	Criteria to declare	Criteria to end
<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 putative index case OR	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	(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. 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 (higher threshold for outbreaks compared to clusters)
<i>Outbreak</i>	Two or more confirmed cases of Covid-19 among	No confirmed cases with onset

	Criteria to declare	Criteria to end
in an outpatient setting	<p>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 >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>	dates in the last 28 days in that setting

Other Definitions

Possible case	New persistent cough, OR fever (over 37.8) OR change or lack of sense of smell or taste.
Confirmed case	Person with positive PCR test for SARS-CoV-2 (regardless of symptoms).
Outbreak	Two or more confirmed cases linked in space and time.
Incubation period	Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days
Infectious period	48 hours before onset of symptoms until 7 days from onset of symptoms
Exclusion period	<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

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
Core Membership
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
Children’s 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

Reference:

Public Health Leadership, Multi-Agency Capability:

Guiding Principles for Effective Management of Covid-19 Covid-19 at a Local Level

Draft 4.2, 29th May 2020

Public Engagement Board

Terms of Reference

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

Frequency of meetings	Bi monthly
Quorum / Attendance	
Key agenda Items	
Agenda & Papers	
Minutes	

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>

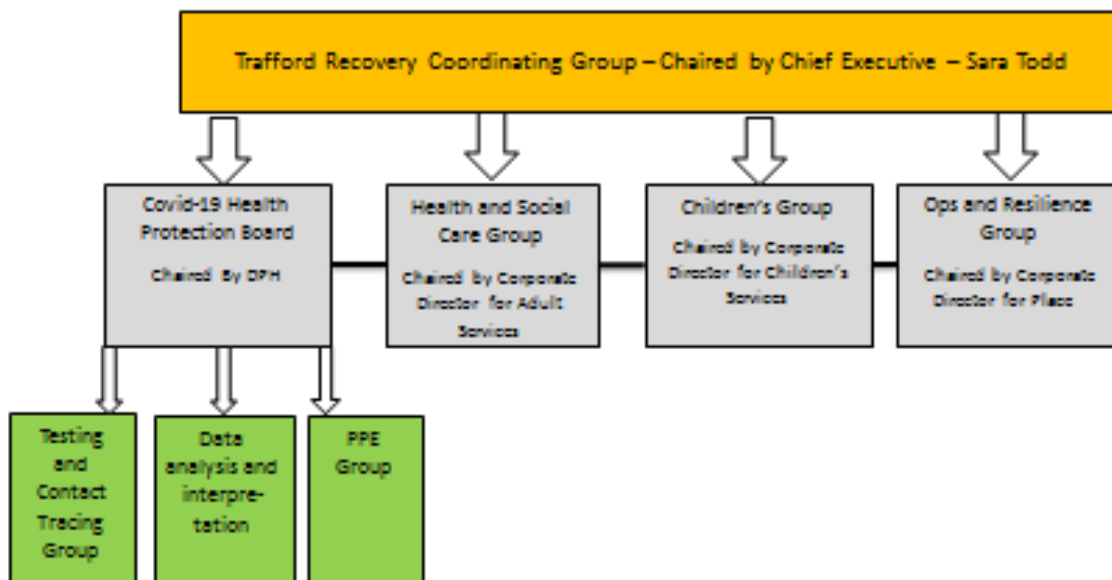
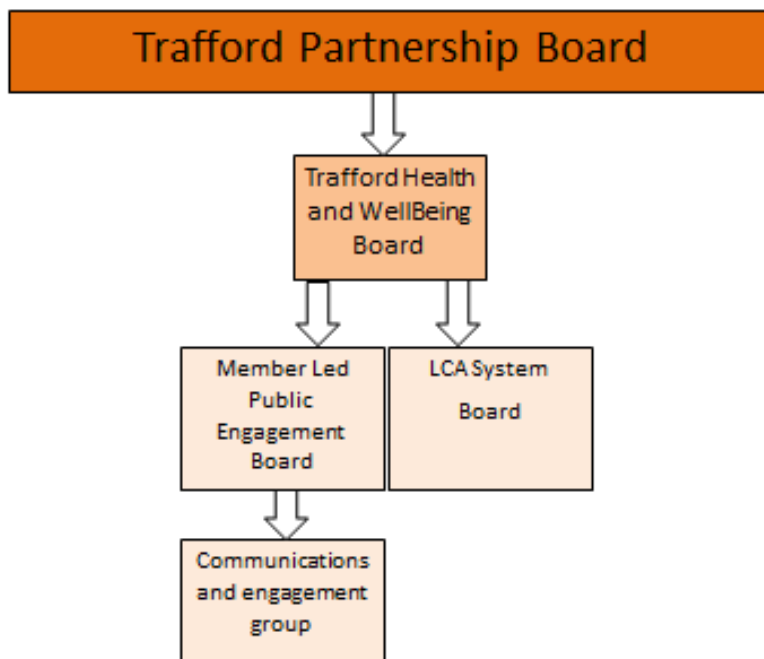
Appendix 6 – Key Contacts

Organisation/ Role	Email address	Phone number
Trafford SPOC	Covid-19@tameside.gov.uk	
Trafford Council Contact Centre	-	0161 912 2020
Trafford Council Communications Team	communications@trafford.gov.uk	-
Trafford Council Civil Contingencies Out of Hours	-	0161 912 1111
Public Health England North West Health Protection Team	lcc.northwest@phe.gov.uk	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 england.gmtop@nhs.net For dentistry England.gmdental@nhs.net

Appendix 7

Governance Organograms

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	Chronic Obstructive Pulmonary Disease
Covid-19	Corona Virus 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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Trafford's 10 Point COVID-19 Action Plan : August / September 2020

Introduction

This plan for August and September 2020 is an integral part of the Trafford Outbreak Management Plan, endorsed by the Health and Wellbeing Board

Following the rising rates of Covid-19 in Trafford since mid-July and the announcement on Thursday 30th July of the new restrictions and the declaration on Sunday 2nd August of a major incident relating to Greater Manchester, there is a need for enhanced action across the borough

The 10 point COVID-19 Action Plan mirrors the national and Greater Manchester approach with a focus on the following:

1. Data and intelligence (point number 1)
2. Testing (point number 2)
3. Contact tracing (point number 3)
4. Contain measures (points 4-8)
5. Planning ahead (points 9-10)

Sign off to be agreed

Leader of the Council

Chair of the Public Engagement Board

Executive Member for Health and Wellbeing

Chief Executive

Director of Public Health

Strategic Director Place

*Acting Chief Executive
Manchester Local Care Organisation*

Chief Accountable Officer

*Chief Executive
Manchester University NHS Foundation Trust*

Neil Thwaite

Chief Executive

Greater Manchester Mental Health Trust

The Trafford Health Protection Board is a multi-agency partnership that will oversee the implementation of this plan. For any further information about this plan please contact Eleanor Roaf

1. Ensure that strategic and operational decisions in respect of COVID-19 are informed consistently by high quality data and intelligence

- 1.1 Incorporate GM COVID-19 escalation framework metrics within the Trafford COVID-19 information dashboard, specifically the weekly incidence rate, positivity rate, Clinical Assessment Service (CAS) call increase, hospitalisations and inpatient diagnoses.
- 1.2 Use the detailed record level data available within the Public Health England COVID-19 Situational Awareness Explorer and other datasets to continually develop our understanding of the transmission (new cases) and prevalence of COVID-19 in particular geographical areas, age groups and local communities, including ethnic and faith-based groups and occupations
- 1.3 Support the work of the Health Protection Board and other groups to understand and address the differential impact of COVID-19 on individuals and communities within Trafford
- 1.4 Build the trigger framework into the daily stitreps across all partners with advice re early actions needed to reduce infection rates

Lead: Eleanor Roaf

2. Increase access to and uptake of testing

- Implement Trafford's Community Testing Model for antigen testing of symptomatic residents to ensure that everyone who needs a test can get a test with a focus on:
 - Further collaboration with Manchester University NHS Foundation Trust (MFT) to capitalise on Pillar One Testing arrangements and the deployment of the Trafford Local Care Organisation (TLC0) Swabbing Team to settings with outbreaks.
 - Ensuring capacity at the Etihad and Manchester Airport regional testing centres is utilised.
 - Continuing to maximise the use of the successful Mobile Testing Units (MTUs) at UA92, Sale Water Park and Trafford House.
 - Establishing two fixed testing sites in Partington and Trafford Park. Partington was highlighted as a key area for a testing site because of the poor public transport links and it is a high area of deprivation. Trafford Park was chosen because evidence from Test & Trace is that many people are now catching COVID from the workplace along with the fact that we have also had a number of outbreaks within Trafford Park. We have proposed having the Partington site be a walk in site and the Trafford Park site be a hybrid one that allows both walk ups and drive ins.
 - Creation of swabbing scheme for those who are vulnerable. The will involve 2 elements. First, the creation of a Virtual Swabbing Team from areas such as Domestic Abuse, Sexual Health and Homelessness Teams to ensure individuals from those areas are able to be tested. Second, local volunteers at community hubs will be used to distribute swabs to those who are vulnerable, digitally excluded or unwell.
- Develop a targeted communications programme to support and increase uptake based on insight gathered from key communities and settings ensuring all Trafford's residents know when and how to get a test as part of the community and engagement plan.
- Provide further support on testing to workplaces to reduce the likelihood of further outbreaks.
- Extend whole care home testing rolling programme to other care facilities including LD/MH supported living sites. Until clarity is provided on when all Supported Living facilities can be

tested, Trafford's Swabbing Team will be undertaking a pilot, whereby all Supported Living facilities are tested.

- Monitor test results across care homes to ensure homes are supported with reduced outbreaks , safe staffing levels as regular testing programme embeds
- Develop a targeted communications programme to support and increase uptake based on insight gathered from key communities and settings
- Respond to new testing priorities identified in national guidance and recommendations from GM Mass Testing Expert Group (both antigen and antibody testing)
- Explore whether any further testing capacity is needed for future surges in testing demand, including options linked to Deloitte or Mastercall

Lead: Donna Sager

3. Provide local contact tracing and environmental health capacity to prevent and respond to local outbreaks

The Trafford Test and Trace Team is fully established and working on developing SOPs that align to the GM SOPs.

- 3.1 Public health and Regulatory Services need to work together to support the demands placed on the Environmental Health Service. EH managers have suggested a way forward that needs costings and action.
- 3.2 Continue to work on identifying and engaging with high risk businesses
- 3.3 Domestic Abuse and Rough Sleeping Outreach Teams will be supported to complete the contact tracing and swabbing training to be able to support those clients who may present as unwell, need testing or to engage with the Test and Trace system. .
- 3.4 Build local contact tracing capacity by formalising arrangements with those services and colleagues who have expressed an interest in supporting the virtual contact tracing and swabbing team. The Test and Trace Support Officer (Tricia Jones) will be making contact with these colleagues and ensuring they complete the appropriate training.
- 3.5 The work of the T&T is aligned to the engagement work to ensure the issues raised by big workplaces and outbreaks are integrated into the engagement plan.
- 3.6 Guidance for complex settings, including scenario planning, that is still outstanding or needs updating will be completed by the end of August.
- 3.7 Draw down resources from the Greater Manchester Hub and mutual aid from neighbouring boroughs and explore what additional contact tracing and data analyst capacity is required locally / at GM level to follow up index cases and contacts that have not been successfully contacted via the National system
- 3.8 Ensure that materials are available in all languages required for community and workforce engagement

Lead: Helen Gollins

4. Develop and implement community engagement plans for targeted work in specific areas and with specific groups

- 4.1 Community engagement plans will be developed for targeted work with geographically based communities, as well as communities of identity or experience that have been identified as high risk or where data suggests new or emerging clusters of infection.
- 4.2 Plans will include a mixture of universal and targeted communications, and more intensive engagement to work to promote key public health messages, increase access and uptake of testing and build trust and rally the support of communities.
- 4.3 We will be working in partnership with Europaia and local businesses to develop translated materials and resources that can be shared in workplaces
- 4.4 Will be developing a multi-agency programme of activities supported by VCSE, Community Cohesion Forum and communities themselves. This will include:
- 4.5 Community Safety Team, Communities Officers and Information Officers will carry out face to face (socially distanced) conversations and surveys directly with communities and businesses in areas that have been identified as high risk or with highest transmission rates
- 4.6 Targeted engagement in local areas to raise awareness and understand issues being raised including local retailers and food establishments
- 4.7 Enabling and mobilising locally trusted community groups and organisations (including BAME partners) to facilitate engagement where possible

Lead: Josh Fulcher

Karen A – care homes/home care

Residential and Nursing Care Homes, Home Care, Supported Living

We will continue to engage with, and support, all social care providers within Trafford through:

- Regular briefings and telephone check-ins
- Analysis of data on NECS and from telephone check-ins on testing process, outcomes and PPE provision
- Immediate responses to issues such as non-provision of testing kits, non-collection of test, allergic reaction to tests etc
- Provision of relevant advice to specific queries and guidance
- Access to the community swabbing team as required

5. Further amplify key communication messages in relation to the new restrictions

- With recent cases amongst young people (18-40) accounting for a significant proportion of our total number of cases, we are working on a GM-wide plan aimed at this group of people (divided into 3 smaller sections within this group). This will tie together with health messaging and be a concerted campaign across GM;
- Use local data and intelligence to inform the direction of any communications
- There is a Targeted Youth Sub-Group that looks at key engagement activities and communications with our young people around Covid related issues using social media and direct engagement through our Street-talk team.

- Creation of [original material](#) to share on Council and CCG channels (external and internal)
- Utilising the text messaging system available to Trafford GP practices to target their registered patients with key messaging – this will involve further, more targeted breakdown of age groups and location in the coming weeks
- Further utilise Trafford’s primary care networks (PCNs) and the CCG’s Clinicians’ Briefing to keep practices up to date on the changing picture so they can communicate effectively with their patients
- Encouraging public health and community engagement teams to share any insight/statistics which can help the communications function to produce adequate local messaging, where necessary,
- Encourage community engagement team to use GM and Trafford-specific materials in their work
- Online community hub survey developed to capture views of those who have used the service. Closes 4 Sept.
- Consistent amplification and use of GM and national materials and messages which is shared with the CCG and Council’s comms function daily, ie. Better Health campaign, #TogetherGM

This work on the 10-point plan will supplement the overall communications plan agreed in the Covid outbreak communication strategy, drafted by Martin Dillon, Jamie Oliver and Linda Roy.

Multi-agency health and social care recovery locality plan steering group will support communications and engagement response to COVID within their organisations and work together as a system to develop joint approaches to communications and engagement in Trafford.

Leads: Martin Dillon, Linda Roy (Council communications), Jamie Oliver, Tracy Clarke (CCG communications and engagement)

6. Inform and engage the hospitality sector and businesses on the new guidance and regulations. Provide advice to event organisers on COVID-19 secure guidelines.

- Engagement with businesses in the hospitality sector during evening and weekend visits carried out by the Licensing and Environmental Health team. This operation is being planned in conjunction with GMP. Businesses will be targeted where there is intelligence of issues around COVID-19 control measures. Enforcement action will be taken where necessary.
- Information Officers will carry out proactive visits to businesses, offering advice on compliance with COVID-19 secure guidelines. Follow up action will be taken by Environmental Health to secure compliance, where necessary.
- Environmental Health Officers are engaging with event organisers to ensure that the risk assessment and procedures in place for the event, meet the Government’s COVID-19 Secure Guidelines.
- Strategic Growth
- To utilise the weekly Business Bulletin to inform businesses of latest, advice and guidance on embedding covid security practices.

- · To produce one-off Business Bulletins as required where urgent information is needed to be distributed out to businesses.
- · To fully utilise the @TraffordBiz twitter account on a daily basis or as required to inform businesses of covid security issues.
- · To utilise the Information Officers to distribute information on covid security to businesses in the town centres.
- · To run business specific webinar's/meetings to update businesses on covid security practices, share best practice and respond to business queries.
- · To utilise other key local and sub-regional stakeholders, such as the Trafford Park Business Network, BID, Altrincham and Sale Chamber of Commerce, FSB, GM Growth Hub, GM Chamber and MIDAS; to support the promotion of covid security information and guidance.

Leads: Nigel Smith (Head of Regulatory Services), Suzanne Whittaker (Regulatory Services Manager)/ Stephen James (Strategic Growth)

7. Continue to support residents and patients who are clinically vulnerable and respond to the evolving guidance on shielding

1. CCG will write to all those that are still classed as 'Clinically Extremely Vulnerable', but have been advised that shielding is paused. Reiterate the messages, and how to protect themselves from catching the virus.
2. The details of the Community Response to COVID line will be detailed in the letter – so that they phone a central line if they are not coping, or they have any questions regarding employment, benefits, housing, general COVID questions, questions on how to access food super market delivery slots.
3. If the person required further support, then this would be identified through the triaging questions that Citizen's Advice Trafford have in place. There is then the option that these people will be put through to the community hubs for further support as required. This is still currently limited to food, fuel, medication and social isolation, however there are also contacts in place now with other voluntary sector groups that could help as well as social prescribers who can also help to navigate where they may get the help they need, including a pathway back into statutory services.
4. Council holds further details of who on the shielded list received a gov parcel. We could aim to phone these individuals to check up on them – but we do not have a resource that can do this at the moment – we would need to identify this. There are likely to be the most 'vulnerable'. There were approx. 1000 people across Trafford receiving food parcels, although a mixed reception to whether this was needed or not – a proportion of the food parcels ended up being re-donated back to the hubs.

5. We still have a store of food parcels for the shielded that we invested in early on, before the national food offer kicked in. The plan is to reserve these for shielded for the remainder of August, but then to donate these to hubs to be included in food parcels as required.
- Continuation of an acute visiting service available to people in care homes and in their own homes who are COVID positive or COVID query for face to face assessments (Aug and sept)
 - Additional phlebotomy capacity commissioned through primary care to address the backlog of patients for long term condition management/health checks and antibody testing

Leads: Mark Jarvis/ Rebecca Demaine

8. Embed infection control practices across all sectors including PHE guidance, correct PPE use

PPE

- Regular review of PPE and infection control related national guidance with push comms of headline changes to relevant providers including care homes, home care, domiciliary, MH, learning disability, VCSE, primary care and other sectors to ensure best practice PPE and COVID security practices
- Webinars/meetings to update organisations on COVID security practices, PPE, share best practice and respond to queries
- Locally produced H&S guidance to support messaging where there may be gaps or requirements for easy reference guides e.g. correct disposal of PPE by sector/scenario
- Refinement of processes to ensure easy access to emergency PPE supply
- Embedded quality monitoring processes to ensure the right PPE is being utilised in the correct care setting and ensure appropriate infection control practice is in place.
 - Ensure that the risks relating to AGPs and access to correct PPE are owned and managed
- Engaging with Providers to gain intel on supply chain issues and escalating as required.
- Proactively building links with key intermediary organisations to pre-empt PPE supply shortages and work with key stakeholders (GMCA, NHSE) to ensure risks mitigated
- Creating Demand modelling to track and predict future reliance on mutual aid for the fulfilment of PPE needs of providers and various other sectors
- Utilise existing comms routes, colleague briefings etc. to reinforce messaging
 - Move the infection control team into public health to ensure alignment and support to care markets, and recruit to vacant posts
- delivery of 4 x COVID19 infection control training sessions for Tafford home care providers on 26/27 August
- infection control team recommenced Nursing and residential care home inspections which include advice and support in respect to COVID19 outbreaks, measures and precautions
- Undertaking testing for all residents and staff for suspected outbreaks

- Work with care homes or providers with highest infection rates to further develop their infection control measures, reduce staff moving between sites etc.
- Continue to monitor the homes with supportive calls twice a week
- Extend enhanced infection control training to LD/MH and home care .

Leads: Laura Hobbs/Jacquie Coulton/ Phil Broad

9. Plan now for the return of students and pupils to schools and colleges in September

Schools and settings

- Meetings taking place between the Education team, Public Health, and Contact Tracing Team to document robust pathways for responding to notifications of cases linked to schools setting and ensuring timely flow of information between Trafford and GM contact tracing hub.
- Scenario training has been provided for all schools led by Public Health.
- Schools/settings will have step by step guidance on case and outbreak management.
- We will agree the role of the Schools liaison officers in relation to supporting schools with covid related concerns
- Public Health to continue to attend Cluster Lead and Headteacher meetings to answer questions on infection prevention, case management and control and contact tracing process
- Public health will attend meetings with trade unions representing school staff in September and beyond, to answer questions
- Schools have provided risk assessments which have been quality assured by a panel including officers from Health & Safety, HR, Public Health, Cleaning & Catering and Education and attended training for September opening. This work is ongoing.
- Public health to continue to provide weekly briefings to schools and settings regarding the appropriate data to offer ongoing assurances
- Letter will be sent out via schools to parents/carers requesting that they support the measures schools will put in place to prevent infection in readiness for the September opening. Schools to update home-school agreements in light of the government guidance on safe school attendance.
- A communication plan is to be devised over the summer to encourage the safe return of all children and young people in September, including interviews with influential members of the BAME communities.
- Toolkits of support have been provided to schools to facilitate the delivery of:
 - √ Recovery curriculum planning for the full return of pupils
 - √ Mental health and well-being support
 - √ Remote delivery of the curriculum in the event of pupils being absent and further lockdowns

These will be updated as appropriate.
- Children's social care has developed a set of surge plans that plan around increased referrals from schools to our front door as the schools fully re-open. We have also created additional Early Help Panels to give advice and information to schools and other partner agencies who are supporting families where issues and pressures are emerging.

10. Consider the suite of contain measures currently being developed for Greater Manchester and apply them as necessary to the local situation in Trafford, ensuring collaboration with adjacent authorities

This section of the plan will be updated when the measures are agreed by Friday 7th August.

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Weekly Covid-19 Data Briefing – External (26/07/2020 – 08/08/2020)



Contents:

- 1) Summary.
- 2) Overview chart and table.
- 3) Overview chart and table comparisons.
- 4) Triggers.
- 5) Exceedance reports.
- 6) Last 14 day analysis – Demographics (ethnicity).
- 7) Last 14 days – Demographics (age, sex).
- 8) Last 14 days – MSOA Map.
- 9) Actions, including our 10 point plan for August and September.

Date: 10/08/2020

Eleanor Roaf/Harry Wallace



Summary



- 1) We have seen a substantial drop in the number of positive cases this week with 46 new cases , but our figures are are still substantially higher than at the start of July
- 2) Our rate per 100,000 has improved (now 22.5/100,00) but we are still at number 22 in the country, and neighbouring areas in Greater Manchester are continuing to show increases.
- 3) Our testing rate is high, at 194.5/100,00, and our positivity has dropped to 1.7% average over the last 7 days
- 4) Following the triggers outlined by the GM PH Data and Intelligence Cell, (see slide 5) we are hitting triggers for our cases. We are no longer hitting triggers for our early warning indicators or our rate of positives.
- 5) Of cases in the last 2 weeks:
 - a) Hale Barns in South Trafford has had the highest number & rate of positives followed by Gorse Hill and Firswood.
 - b) We are no longer seeing the disproportionate number of 17-22 year olds
 - c) There has been a slight increase of people in the 45-60 age band testing positive when comparing the week starting the 26th of July and the 2nd of August. This contrasts with drops in all other groups
 - d) We are seeing a slight increase in the number of cases in the North of the borough.





Overview Charts and Tables

Period	Area	Cases	Tests	Cases per 100,000	Persons tested per 100,000	positivity
Most recent 14 days (up to 08/08/2020)	Trafford	123	5893	52.0	2493.1	2.1
	North West	2659	140880	36.5	1932.0	1.9
	England	9239	833336	16.5	1488.7	1.1

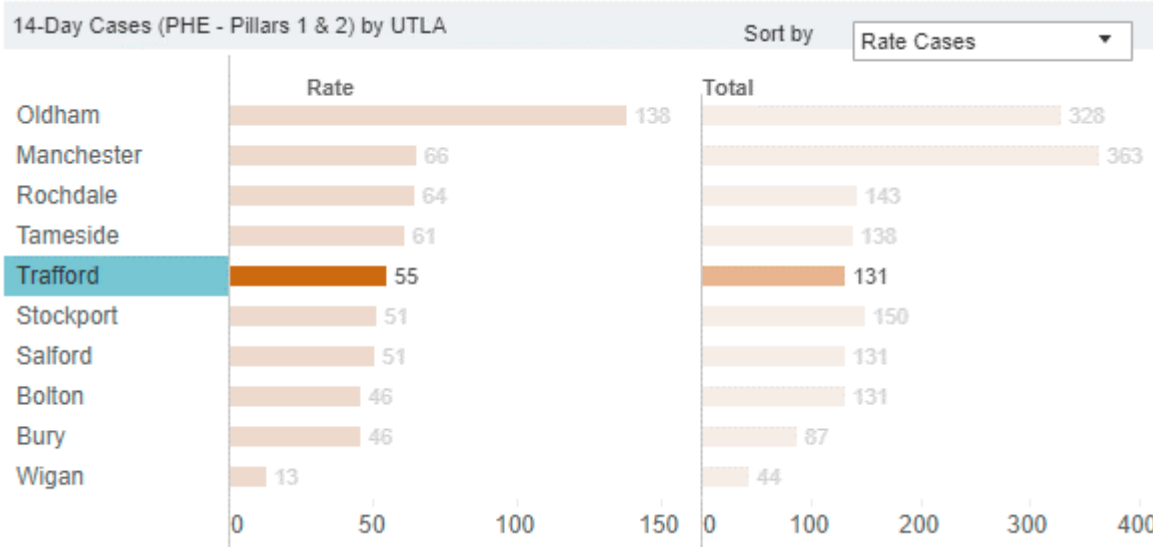
B) July 26 2020 to August 8 2020



Source: Epidemiology of laboratory-confirmed COVID-19 cases in Trafford, North West



Overview Charts and Tables comparisons



14-Day Cases (PHE pillar 1 & 2) is up to 07/08/2020

Rank (Highest incidence)	LTLA	Region	Rate per 100,000 population			
			Prior 7 days (2020-07-22 to 2020-07-28)	Most recent 7 days (2020-07-29 to 2020-08-04)	Absolute difference	Relative change
1	Pendle	North West	40.5	84.2	43.7	Increase
2	Blackburn with Darwen	North West	87.3	82.6	-4.7	=
3	Oldham	North West	59.8	69.2	9.4	=
4	Bradford	Yorkshire and Humber	47.3	55.7	8.4	=
5	Leicester	East Midlands	60.0	55.2	-4.8	=
22	Trafford	North West	40.6	25.0	-15.6	Decrease

Source: Epidemiology of laboratory-confirmed COVID-19 cases in Trafford, North West & LA Testing Dashboard

Triggers



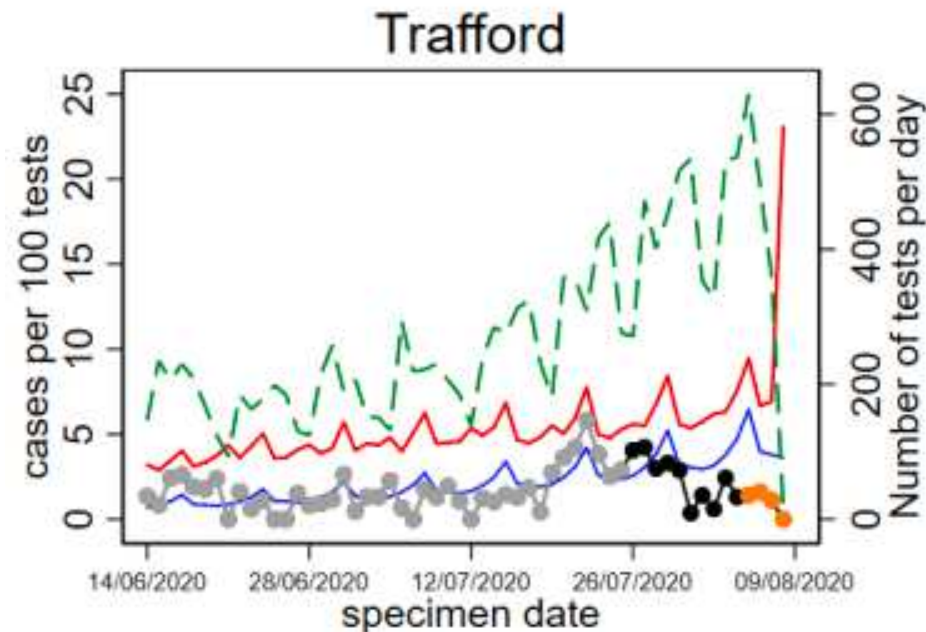
Trigger	Threshold	Trafford Previous week	Trafford Current Week	Source
Number of cases	Locality specific values but approximately Red: over 20 cases per week Amber 10-20 cases per week Green – less than 10 cases per week	80 (26/07/20 – 01/08/20)	50 (02/08/2020 – 08/08/2020)	PHE COVID-19 test and case data
Rate per 100,000	Red >50 cases per 100,000 per week, Amber 25-50 per 100,000 per week, Green <25 per 100,000 per week	33.7 (26/07/20 – 01/08/20)	21.06 (02/08/2020 – 08/08/2020)	PHE COVID-19 test and case data
Positivity Rate	Red >7.5%, Amber 4% to 7.5%, Green <4%	3.4% (19/07/20 - 02/08/20)	2.1% (26/07/20 - 08/08/20)	PHE, Regional SAR report Pillar 1 and 2 data,
Exceedance Report	Red: exceeded threshold for 2 or more days in the last 14 OR observed cases per 100 test is greater than forecast mean for 12 out of 14 days Amber: exceeded threshold one day in the last 14 Green: not meeting the criteria for Red or Amber	12 of 14 days the observed of report cases is above the threshold (19/07/20 - 02/08/20)	0 of 14 days the observed of report cases is above the threshold (26/07/20 - 08/08/20)	PHE Exceedance report

Exceedance Report (26/07/20 – 08/08/2020)



RAG	Observed (O)	Expected (E)	mean X	max X	No. days O exceeds Expected	No. days O exceeds Threshold	IRR	lower 95% CL	upper 95% CL
GREEN	123	233.87	-0.57	0.49	2	0	0.942	0.905	0.98

The red line is the 99% threshold, the blue line is the expected or average number of cases per 100 tests each day which is predicted from the regression model. The grey line and points are the observed number of cases per 100 tests in the baseline period, i.e. the six weeks of data that are used in the exceedance algorithms regression model. The black line and points are the observed number of cases per 100 tests in the 14-day investigation period. The orange points are the observed number of cases per 100 tests in the last four which are subject reporting delay so care is required in interpreting these as they are liable to change as more data is reported. The green dashed line is the total number of tests (pillar 1 and pillar 2 tests combined) each day in the LTLA. A rough estimate of the number of cases each day can be obtained by multiplying the observed cases per 100 tests each day by the number of tests each day, and dividing by 100

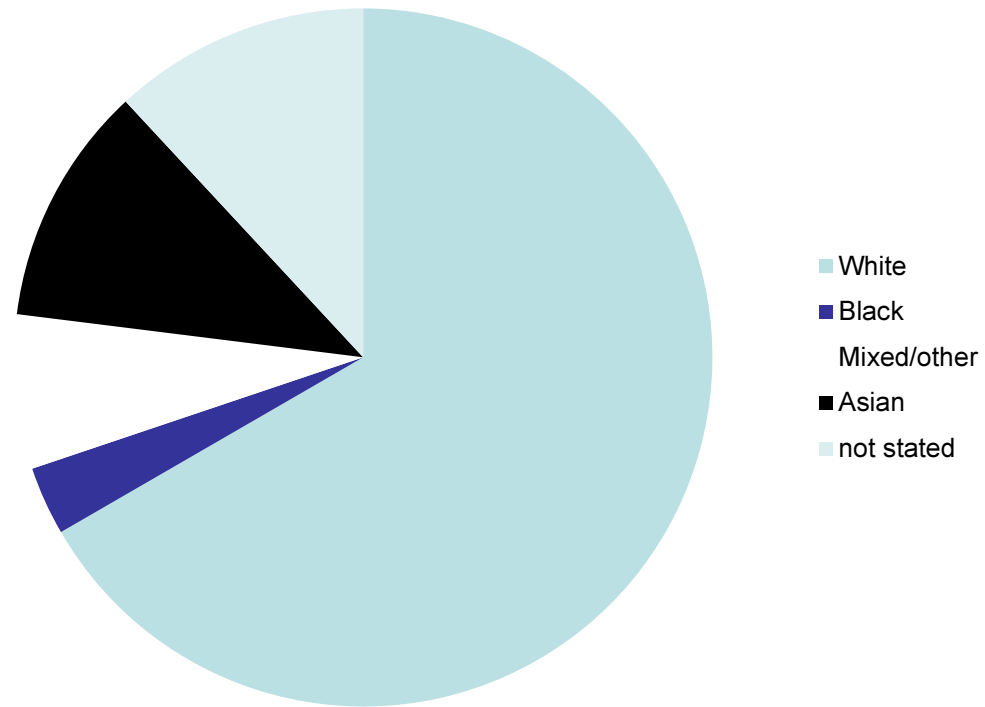


Source: PHE Exceedance report

Demographics: Ethnicity (26/07/2020 – 08/08/2020)



88% of cases had ethnicity recorded (115 of 130)



Source: PHE
Test & Case data



Demographics: age and sex (26/07/2020 – 08/08/2020)



Age	26/07/2020 - 01/08/2020	02/08/2020 - 10/08/2020	Total
0-14	9	2	11
15-29	26	11	37
30-44	19	11	30
45-59	18	20	38
Over 60	8	6	14

Gender	26/07/2020 - 01/08/2020	02/08/2020 - 10/08/2020	Total
Female	40	23	63
Men	40	27	67

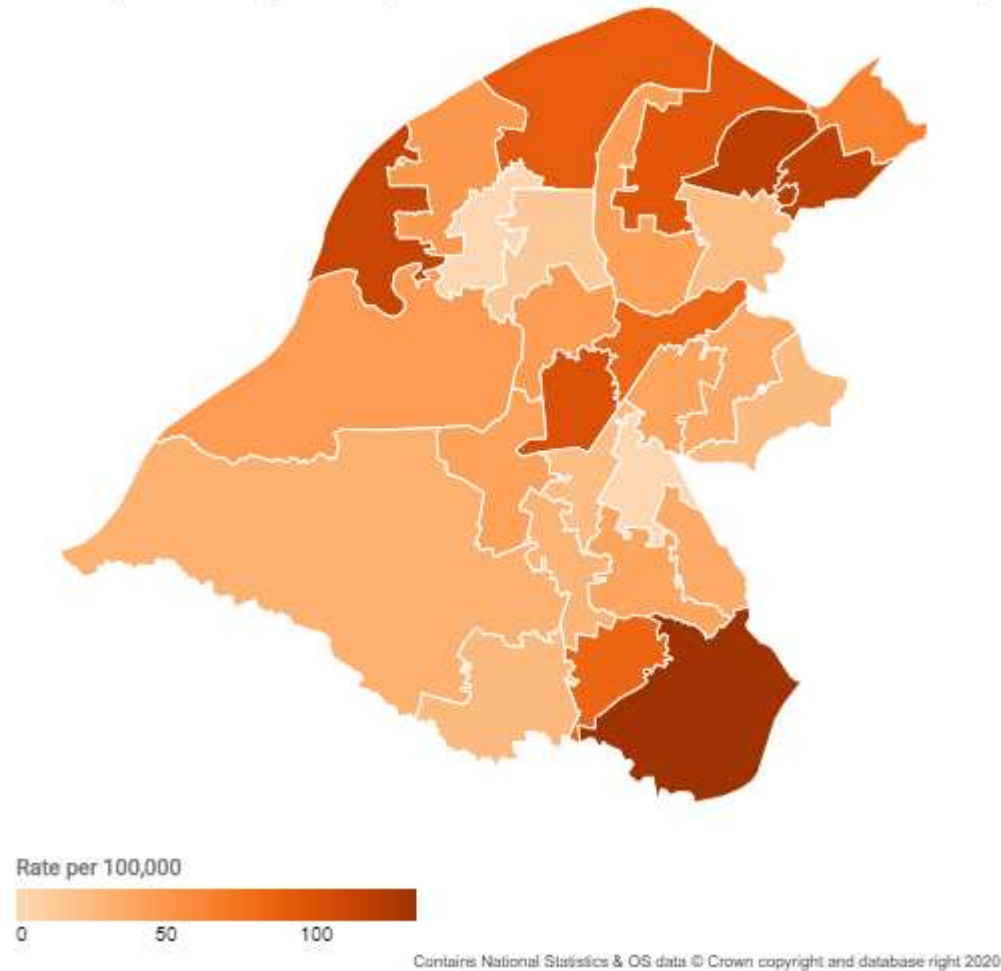
Cases	26/07/2020 - 01/08/2020	02/08/2020 - 10/08/2020	Total
Pillar 1	5	9	14
Pillar 2	75	41	116

Source: PHE
Test & Case data

Last 14 Days Analysis Map (26/07/2020 – 08/08/2020)



Rate of positives per 100,000 in Trafford (26/07/20 - 08/08/20)



Source: PHE
Test & Case data



Actions



- 1) We are monitoring the exceedance data within the context of other indicators such as our positive rate and number of tests.
- 2) We have developed a 10 point action plan for August and September, which is being ratified and progressed through our Health Protection Board and Public Engagement Board
- 3) We are continuing to conduct community outreach in areas with the highest number of cases.
- 4) Linking in with contact tracing to map out clusters
- 5) Exploring why certain demographics are showing up in the last 14 days, and developing neighbourhood plans to respond to these.
- 6) Working with businesses (including large employers, and the hospitality industry) around engagement, especially with the new restrictions

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Trafford's 10 point plan for August – September 2020



- Ensure that strategic and operational decisions in respect of COVID-19 are informed consistently by high quality data and intelligence
- Increase access to and uptake of testing
- Provide local contact tracing and environmental health capacity to prevent and respond to local outbreaks
- Develop and implement community engagement plans for targeted work in specific areas and with specific groups
- Further amplify key communication messages in relation to the new restrictions
- Inform and engage the hospitality sector and businesses on the new guidance and regulations. Provide advice to event organisers on COVID-19 secure guidelines.
- Continue to support residents and patients who are clinically vulnerable and respond to the evolving guidance on shielding
- Embed infection control practices across all sectors including PHE guidance, correct PPE use
- Plan now for the return of students and pupils to schools and colleges in September
- Consider the suite of contain measures currently being developed for Greater Manchester and apply them as necessary to the local situation in Trafford, ensuring collaboration with adjacent authorities

Recommended apps for daily updates; produced by Henry Partridge in the Trafford data lab



- Covid-19: this app shows week-on-week change in the absolute and relative number of coronavirus cases by English local authority. It is designed to serve as a simple early warning system. <https://www.trafforddatalab.io/covid19.html>
- Local_covid-19: this app provides detailed information about coronavirus cases and registered deaths at local authority level. Users can compare infection rates by CIPFA nearest neighbour and monitor trends in care home and hospital deaths https://trafforddatalab.shinyapps.io/local_covid-19
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- 3) trafford_covid-19: this app shows the trend in confirmed cases in Trafford and presents updated infection rates for all GM authorities. https://trafforddatalab.shinyapps.io/trafford_covid-19
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- An interactive map of the latest weekly confirmed cases by MSOA in Greater Manchester: https://trafforddatalab.shinyapps.io/trafford_covid-19
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- All of the apps retrieve the latest data as they load.

Link to national data sets:

<https://coronavirus.data.gov.uk/cases>

