Northumberland
County Council

Local COVID 19 Outbreak Prevention and Control Plan

VERSION CONTROL

Document Control	
Name of document	Northumberland Local Outbreak Prevention and Control Plan – COVID-19
Version and date	Version 1.1 - 30/06/2020
Owner	Northumberland COVID -19 Health Protection Board
Author	Northumberland County Council Public Health - Liz Morgan
Next review due	This plan will be continually reviewed as local processes are developed, and lessons are identified from testing the plan and real-life events.
7 Aug 20	Version 1.2 - 7 Aug 20 Updated by: DPH Update of testing pathways and processes; data availability; TORs for Health Protection Board and sub groups
14 Mar 21	Version 2.0 Updated by: Health Protection Board Complete refresh to include community testing, contact tracing, support for self-isolation, surveillance, responding to variants of concern, action on stubborn transmission, ongoing role of NPIs, vaccine roll-out, living with Covid, enhanced contact tracing.
19 Jun 21	Version 2.1 Updated by: DPH Revised Para 2 to reflect changing epidemiology

Table of Contents

Appendices

Northumberland County Council

Local COVID 19 Outbreak Prevention and Control Plan – Test and Trace

1. Context – Why this plan?

As part of the government's COVID-19 recovery strategy, the NHS Test and Trace service was launched on 28th May 2020 with the primary objectives to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives, and help return life to as normal as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy.

NHS Test and Trace brings together four tools to control the virus.

- Test. Increasing the availability and speed of testing.
- Trace. The introduction of the NHS Test and Trace service to identify any close recent contacts of positive cases and alert those most at risk of having the virus who need to self-isolate.
- Contain. A national Joint Biosecurity Centre that will work with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations.
- Enable. Government learning more about the virus, as the science develops, to explore the further safe easing of infection control measures.

The NHS Test and Trace service is therefore one strand of an overall approach for the management of COVID 19 outbreaks.

The aim of the Local Outbreak Prevention and Control Plan (LOCP) is to protect the health of the population of Northumberland by:

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

There is a great deal in place already to support this work. This includes:

- Generic national guidance on outbreak control structures and processes;
- Regional outbreak control plans;
- The Local Health Resilience Partnership;
- LRF structures for COVID 19;
- Relationships with the local NHS

Following publication of the Government's Roadmap for exiting national lockdown in February 2021 a refresh of the Contain Framework has been undertaken. To ensure the Northumberland LOCP plan remains fit-for-purpose for the months ahead this plan has updated with input from multiple stakeholders.

2. Context – A picture of Northumberland

Northumberland is home to 316,000 people and covers an area of 5,013 km^2, of which 96.7% is classed as rural. Nearly half (49.1%) of the population live in rural areas compared to the North East (18.8%) and England (18.9%). The number of people aged 65+ is higher than the England average at 24.7% compared to an average of 18.9 for Unitary Authorities overall. Life expectancy at birth for males is 79.2 and females 82.6 (2014-16). The county is sparsely populated with 63 people per km^2 (North East 304 and England 411 (2013)). Just over half (51%) of the population live in the 3% of urban land based mainly in the South East of the county. A fifth (20.8%) of the population are classed as income deprived and a quarter (25.4%) are employment deprived. (2015 IMD).

A picture of how cases have changed over time is available from the council's Covid 19 surveillance dashboards which are available at https://www.northumberland.gov.uk/COVID-19-in-Northumberland.aspx. National, regional and LA information on tests, cases, hospital data, vaccination and deaths is available from https://coronavirus.data.gov.uk/.

Mortality data. Up to the week ending 19th June 2021, 694 Northumberland residents had a record of COVID 19 on their death certificate; just over a third of these deaths took place in care homes. The peak week for deaths was the week ending 5th February. Deaths were more frequent in men than women nationally, however in Northumberland the opposite is true with the proportion of women who had their cause of death registered as COVID 19 at 53.5%. Nationally age-specific death rates increased with age and the existence of co-morbidities; this was also reflected in Northumberland. Within Northumberland, there is some variation in the numbers of deaths at LSOA across the county, even when accounting for care home deaths. The reason for the variation is likely to reflect a combination of increased proportions of older people, those with long term conditions and even larger numbers of care homes but could also be due to chance.

Testing data. There had been 6167 positive tests in Northumberland (as at 20th Jun 21) made through testing labs since the beginning of the 3rd lockdown (5th Jan 21). Case rates in Northumberland have fluctuated and at times have been in the top third of LAs and at the time of writing have experienced an acute increase in cases driven by increasing transmission in 17 – 24 year olds, the majority of who will be unvaccinated. However, there is a marked reduction in care home cases; this can be attributed to a combination of the vaccination programme and the lockdown measures.

Other data. Since the start of the pandemic a large number of outbreaks have occurred across multiple settings with care homes being a particular area of concern. Admissions within the Northumbria Healthcare Trust for patients with COVID 19 are starting to increase again but the need for critical care and respiratory support is low.

3. The legal context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012;
- With Directors of Public Health under the Health and Social Care Act 2012;
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984;
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders as specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004;
- In the context of COVID-19 there is also the Coronavirus Act 2020.

4. Local Outbreak Prevention and Control Plan Outline Structure

The Department of Health and Social Care (DHSC) has advised that local authority outbreak control plans are centred on 7 themes:

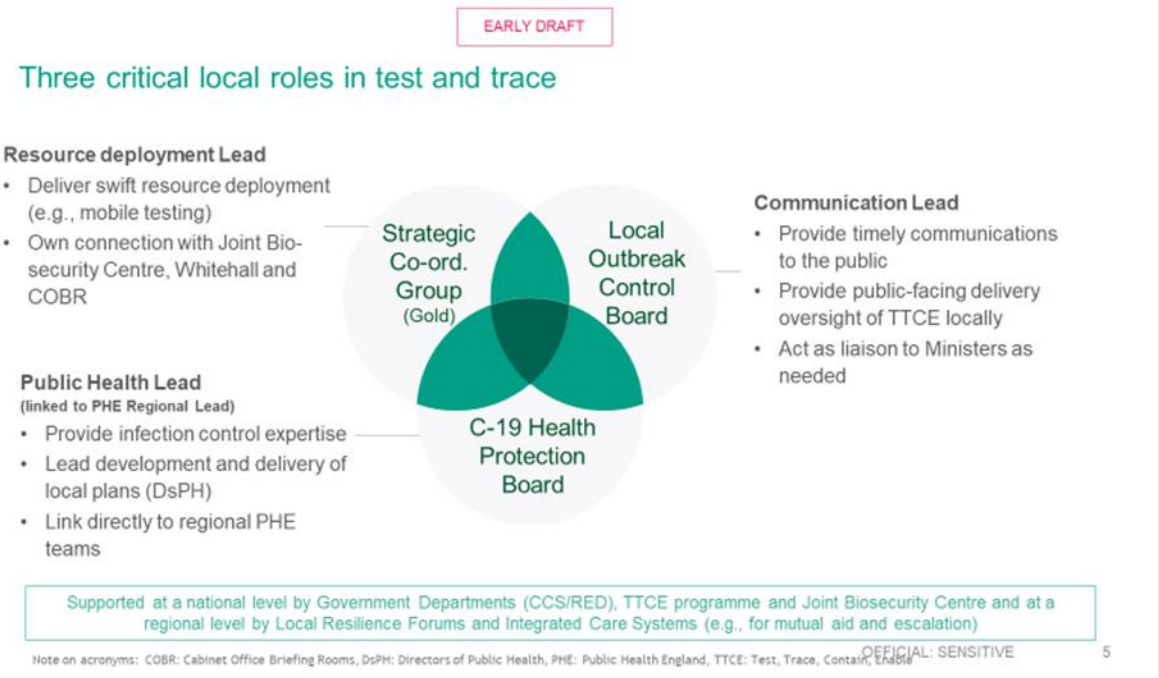
1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
4. Assessing local and regional contact tracing and infection control capability in complex settings (e.g. Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
5. Integrating national and local data and scenario planning through the Joint Bio-security Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages).
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Four priority areas have been identified as part of the Northumberland plan which support Themes 1 and 2. These are:

- Care homes and residential settings;
- Educational settings – early years, schools, colleges;
- Complex individuals, settings and communities – homeless, drug and alcohol service users, LD; hostels, refuges, HMP Northumberland, secure YP unit (this was previously two separate thematic groups); and
- Workplaces and businesses.

5. Governance

DHSC guidance outlines three critical roles in test and trace: The LRF Strategic Coordinating Group which will give way to the council's Gold Command Group once stood down; the COVID 19 Outbreak Control Board; and the COVID 19 Health Protection Board.



The Northumberland Health and Wellbeing Board assumes the role of the COVID 19 Control Board and, through strategic oversight of the plan, is responsible for providing assurance for its development and delivery. The Terms of Reference for the Health and Wellbeing Board has been amended accordingly. The council remains accountable for the plan.

A senior operational group, the Northumberland COVID 19 Health Protection Board, brings together professional leads from across the system. This is chaired by the Director of Public Health and (revised) Terms of Reference and membership are at Appendix 1.

Both of these groups have a relationship with the council's Gold Command, the County Emergency Committee and a link into regional and sub-regional NHS and LRF structures. A risk register for LOCP activities is owned and managed by group members with the support of the Outbreak Prevention and Control Plan Programme Manager; this tool enables pro-active risk management across organisational boundaries and the escalation of risks to the Outbreak Control Board (Health and Wellbeing Board) where necessary. LOCP activities are

also subject to additional scrutiny from senior stakeholders via Northumberland County Council's corporate risk management framework.

In order to promote efficient, joined-up working between system stakeholders involved in Northumberland's pandemic response, the member-led Communications and Engagement Subgroup of the Health and Wellbeing Board has been integrated into the work of the Health and Wellbeing Board/Outbreak Control Board. This has allowed us to streamline communications planning, ensuring this is responsive to current strategic and operational discussions at the local level and the rapidly evolving national context. The Terms of Reference of the Health and Wellbeing Board have been updated accordingly. The governance structure is at Appendix 2.

Northumbria Local Resilience Forum (LRF). The Northumbria LRF structures are well established and have been directing a coordinated response to the pandemic. HPBs have been supported through this multi-agency Covid-19 response structure, which comprises a Strategic Coordinating Group (SCG), Tactical Coordinating Group (TCG) and the following Cells:

- Testing Cell
- Multi-Agency Information Cell (MAIC)
- Comms Group
- Compliance Cell
- PPE Cell
- Death Management Group (DMG)
- Vaccine Cell
- Concurrent Events Cell
- Logistics Cell

Northumbria LRF has also worked with the other NE LRFs to agree a strategy for surge testing and enhanced contact tracing in response to any identified variants of COVID 19 (VOC) that are of national concern within the LRF footprint. This is in response to the spread of a specific variant of SARS-CoV-2 known as Beta (VOC-202012/02) which originated in South Africa. The current national programme of surge testing is known as Operation Eagle.

In order to support the implementation of localised surge testing when a confirmed case of a COVID-19 variant has been identified within the LRF footprint, Northumbria LRF have developed a plan which will identify how local partners will work together with DHSC, PHE, NHS Test & Trace and the Joint Biosecurity Centre.

LA7 regional working. The seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland have been working as a collective LA7 since September 2020 focusing on a joint approach to Covid-19.

This has included political leadership to seek early intervention and restrictions, coupled with financial support, in September 2020 when infection rates were increasing rapidly across the area.

The approach was based on a deep understanding of our local communities and informed by data and intelligence which centred around the inequalities that local communities have faced, either directly or indirectly due to Covid.

The joint approach has centred around a small set of priorities, informed by Directors of Public Health:

1. Engage our communities and work with them to address inequalities
2. Localised, regionally coordinated Test, Trace and Isolate programme;
3. Roll-out of targeted community testing
4. Protection of vulnerable individuals in the community;
5. Rapid implementation of a vaccine programme

It has included funding and delivery of a well evaluated public facing campaign Beat Covid NE informed by insights from local people. This has given a joint message across the LA7 geography (https://www.beatcovidne.co.uk/).

A focus on health inequalities and taking our communities with us during the pandemic and representing the needs of those most affected by Covid has been based on working with our communities. Community champions have been core to this work.

The development of a more localised test and trace programme has centred on the Integrated Covid Hub North East and the move towards a more regional and local focused test and trace programme, including local tracing partnerships, support for testing and has drawn additional funding into the North East.

A joint approach to testing based on a set of principles has also been developed for the LA7 to ensure the roll out of targeted community testing is based on the protection of the most vulnerable, support for safe working arrangements and to contribute to action to reduce Covid transmission and Covid-related health inequalities. Plans have required, and will continue to require, considerable flexibility and agility to accommodate DHSC testing developments.

Dedicated work with our care homes and the production of materials to support guidance, a quality assurance toolkit and support for testing arrangements within care homes have formed part of this work.

More recently support for the implementation of the vaccination programme has been focused on support from local authorities, seeking a core data set, leadership into the oversight of the vaccination programme and insight work on vaccine hesitancy. A dedicated group to ensure high uptake of the vaccination programme is established.

Finally, the LA7 work is now also taking a joint approach to recovery, embedding health and wellbeing as a key outcome of economic recovery.

Cross-border outbreak management arrangements. The county has been required to work in partnership with PHE and colleagues in Scotland to collectively manage workplace outbreaks. These have been in the context of workplaces in Scotland with employees living in England but the principles of outbreak management have been established, underpinned by outbreak exercise scenario planning earlier in the pandemic and pre-existing cross border arrangements. Multi-agency cross border outbreak control arrangements function efficiently. These have pulled together NHS Borders, NHS Scotland, Health Protection Scotland, Scottish Borders Council, Northumberland County Council, PHE staff and the businesses

themselves to ensure that cross border testing, contact tracing and support for self-isolation is effective and joined up. Weekly cross border meetings (NCC, NHS Borders, Cumbria County Council and NHS Lothian) ensure that other issues are identified and addressed.

6. Communications

An evolving Communications Plan has been developed to address prevention of spread of COVID through raising awareness of restrictions and relevant guidance required, encouragement of social distancing, handwashing and use of face coverings; encouragement of self-isolation; information on testing; assurance to stakeholders and the public that plans for management and control of outbreaks are effective; providing information and advice to the public during outbreaks.

As there was insufficient evidence to develop effective campaigns designed to increase compliance and reduce transmission, local authorities in the region (Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside, Sunderland and Durham) have worked in partnership to develop an integrated, insight-led behavioural change campaign BeatCovidNE. This ongoing partnership work continues to inform behaviour change campaign activity, with ongoing and continued monitoring and evaluation at its heart to help shape future campaigns, as well as community programmes including Covid Community Champions and identifying ways to engage with hard-to-reach groups.

The plan is a live document which reflects the emerging DHSC and ICS communication plans; and with any specific communication and engagement work commissioned on behalf of NE Directors of Public Health. Activity will also support national and regional campaigns to raise awareness and encourage participation in the vaccination roll-out programme.

BeatCovidNE will continue to be the overarching behaviour change campaign over the next 5-6 months, as we're faced with new rules and guidance to follow, and the need to evolve the communications to:

- facilitate the safe reopening of society and the economy
- provide a continued regional voice of support for the vaccine, supplementing the work being done nationally
- encourage adherence to 'new-normal' behaviours
- support businesses to reopen safely and adhere to Covid-19 secure requirements

7. Priority Area 1 - Care Homes and residential settings

Care Homes for older adults and other residential settings are a priority area as the people who live there are generally some of the most vulnerable people in the community, because of age, medical conditions, frailty and close proximity to others. Staff are also at risk because they provide personal care and are unable to socially distance. Protecting older residents in care homes during the COVID-19 pandemic remains the priority in Northumberland. More detailed plans are at Appendix 3.

8. Priority Area 2 – Educational settings – early years, schools, colleges

Most schools and settings have been operating throughout the pandemic and have procedures in place to reduce risks to staff and pupils. Schools have become more experienced in processes that support a safe reopening for all pupils, specific COVID-19 risk assessments are in place to implement national guidance on effective protective measures such as 'bubbles', social distancing, cleaning, face masks and infection prevention and control. Mass testing procedures for secondary aged students are in place. Home testing kits for all school staff and secondary students going forwards are on school sites. Details of the plans are in Appendix 4.

9. Priority Area 3 – High risk/consequence settings, individuals and communities

Due to significant overlap and shared resources and stakeholders across high-risk individuals, communities and settings the groups have been merged to provide consistent advice and support. Many are at higher risk of outbreaks and this can be due to the vulnerabilities, comorbidities or circumstances of different groups or the potential impact of having to self-isolate as a result of being identified as a contact of a person with COVID-19.

The mechanisms for controlling Covid-19 in these settings/groups include ongoing advice and support regarding risk assessments, IPC and supporting implementation of relevant guidance and ensuring all employees are aware of effective protective measures and symptoms of COVID 19. Ongoing communication with providers and stakeholders is via online groups and a provider forum, in addition to an online case notification form which is monitored daily to provide advice and alert the local authority to infections.

Details of ongoing action plans are outlined in Appendix 5 along with an overview of the individuals, communities and settings falling into this priority area. Due to the nature of support and engagement required by specialist residential and independent supported living settings, outbreak control and prevention work with these services is now delivered by the care homes wraparound support group.

10. Priority Area 4 - Workplaces and businesses

National guidance continues to stipulate working from home wherever possible. Most workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific Government guidance gives details of reducing the risk when full social distancing is not possible. The NHS Test and Trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for coronavirus and advising them to self-isolate. Employers should ensure employees with COVID 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- have coronavirus symptoms and are awaiting a test result
- have tested positive for coronavirus
- are a member of the same household as someone who has symptoms or has tested positive for coronavirus

- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

If multiple cases of coronavirus appear in a workplace, a Tier 1 outbreak control team from either Northumberland County Council or Public Health England will, if necessary, be assigned to help the employer manage the outbreak. Employers should seek advice from their local authority in the first instance. An outbreak control team will be needed for

- a health or care setting, for instance a hospital or care home
- a prison or other secure establishment
- a school for children with special needs
- any setting where there is a risk of a local outbreak

Compliance, Engagement and Enforcement. Throughout the course of the pandemic, the agreed approach has been to follow the approach set out within the "Four E's" – Engage, Explain, Encourage and Enforce:

Engage – officers will initially encourage voluntary compliance.

Explain – officers will stress the risks to public health and to the NHS. Educate people about the risks and the wider social factors.

Encourage – officers will seek compliance and emphasise the benefits to the NHS by staying at home, how this can save lives and reduce risk for more vulnerable people in society.

Enforce – officers will use the powers available to them, where it is a necessary and proportionate means of ensuring compliance to protect health.

This work has been supported through the development of partnership working with agencies such as Northumbria Police and the Health and Safety Executive (HSE), supported by Northumberland County Council's Public Health team, to bring together all relevant data to inform an intelligence-led approach and allow for the effective targeting and deployment of resources.

Regional working has been enhanced and strengthened to both draw upon existing networks and groups and develop as part of the LRF/TCG structure a Compliance Cell, which is comprised of Local Authority Regulatory and Legal Services, Police, HSE, Fire and Rescue Services and the Military.

As we progress with the implementation of the Government "Covid -19 Response – Spring 2021" roadmap, our ambition is to engage and work with businesses to support the safe reopening of our high streets and towns, and in doing so mitigate risk to our residents and communities. More detail is at Appendix 6.

11. Local testing capacity

Pillar 1 testing delivered by NHS Trusts. Swabbing and testing available for NHS patients and staff employed by the Acute, Mental Health and Ambulance Trusts; symptomatic testing of patients in the community as part of primary care; and out-of-hospital health staff such as GPs,

dentists, pharmacists, social care staff etc. PHE Labs are used for testing as part of an outbreak control scenario in some settings. Local NHS labs also test asymptomatic residents in the community prior to admission to a care home. Results are provided within 24 hours.

Pillar 2 symptomatic testing

There has been a significant expansion of the provision of PCR testing for symptomatic individuals in Northumberland since Autumn 2020.

Local Testing Sites (LTS). Walk through PCR testing sites are in place in the North, West and South East of Northumberland at the following locations:

- People's Park (Institute Road) car park, Ashington
- Marine Terrace car park, Blyth
- Sandstell Road car park, Berwick
- Former Fire Station site, Hexham

Mobile Testing Units (MTUs). Our approach to the deployment of MTUs across Northumberland continues to evolve to meet and stimulate demand for testing. At the time of writing (June 2021), drive through testing at MTU sites is currently available at the following locations:

- Morpeth, Merley Croft
- Alnwick, Alnwick Gardens
- Cramlington, West Hartford Fire Station

MTU locations are reviewed on a weekly basis to ensure fielding decisions are evidence-led and that the number of tests is maximised. A working group has been established to oversee this.

Rapid MTU deployment in response to outbreaks. An exercise has been undertaken to identify potential MTU sites in all primary and secondary towns in Northumberland and to obtain the necessary approvals from DHSC so that an MTU can be rapidly deployed to any area of the County in response to an outbreak. A significant outbreak affecting multiple settings occurred in Haltwhistle and the surrounding area, in the rural West of Northumberland, in December 2020. An MTU was deployed from the regional strategic reserve to provide local residents with access to testing quickly and prevent further transmission. Testing uptake for this unit was encouraging, and the rapid deployment of the unit was a crucial element of our approach to containing the outbreak and preventing further transmission.

Risks and issues

Rurality and inequality of access to testing. Our overriding objective when working with DHSC colleagues to deliver semi-permanent testing sites was to widen access to testing for those who may struggle to access testing via existing channels. Adapting the national LTS model to ensure equality of access to testing across Northumberland's large rural geography is challenging; while data suggests residents in some of our more rural wards prefer to order a

home test kit, we have attempted to encourage access to site-based testing by mirroring usual patterns of travel and installing LTS sites in towns which already serve as a hub for the surrounding villages.

Testing uptake. National data suggests that less than 50% of individuals with symptoms of Covid-19 seek a test[1]. Our own behavioural insights work commissioned at the regional level suggested confusion among residents about when and how to book a test. Northumberland has taken part in a DHSC-led communications pilot aiming to improve testing uptake through targeted communications.

Alternative testing routes for vulnerable groups and individuals. Facilitating testing for vulnerable individuals including for example, those in crisis, with no fixed address and who may be unable or unwilling to access testing via the usual channels remains a challenge. While national initiatives to widen access to testing for these groups are welcome, given the level of risk and vulnerability associated with potential cases among these groups, any solutions need to encompass the rapid deployment of testing to individuals at their location to promote uptake and prevent transmission among high risk groups. We are working with local NHS partners and DHSC Regional Testing Coordinator to develop a bespoke pilot to improve testing uptake among residents with alcohol and substance misuse issues; options under consideration include a scaled-down asymptomatic testing site model and targeted provision of home testing kits.

Future aspirations

Improve testing uptake. Improving the uptake of PCR testing across Northumberland's testing infrastructure remains a key priority as the County transitions out of lockdown. We will continue to work closely with communications colleagues at the local, regional and national levels to understand barriers to testing uptake and to develop innovative communications approaches which include harnessing the power of our network of community champions to raise awareness of testing and support for self-isolation.

Capture learning to inform approach to VOC testing. We will continue to adapt our approach to testing provision to meet and stimulate demand, while capturing the lessons from this work to improve the effectiveness of outbreak response and business as usual (BAU) testing operations and to inform planning for Variants of Concern surge testing.

Further development of regional testing approaches. The ICS Regional Testing Strategy Group leads on the development of the NE approach to testing.

Asymptomatic testing programmes. DHSC introduced asymptomatic testing for care home residents and staff in July 2020, the intention being to protect staff and residents through early detection of cases and implementation of measures to reduce transmission. Similar programmes have subsequently been implemented in a range of health and care settings.

[1] UCL Covid-19 Social Study Release 28, 13th January 2021 p.69 https://b6bdcb03-332c-4ff9-8b9d-28f9c957493a.filesusr.com/ugd/3d9db5_bf013154aed5484b970c0cf84ff109e9.pdf accessed 3.3.21 14:00

Estimates suggest that up to 1 in 3 people with COVID-19 infection are asymptomatic and may be able to transmit infection without knowing they are infected. During the second wave of coronavirus in 2020, the government explored the use of asymptomatic testing to help manage outbreaks in the community and settings such as workplaces and schools. Asymptomatic community testing has been facilitated by the Medicines and Healthcare Regulatory Agency (MHRA) approval of the Innova lateral flow device (LFD) test for COVID-19. Lateral flow devices are more suitable for large scale asymptomatic testing than PCR tests because they are relatively cheap, do not require laboratory processing and provide results within 30 minutes. However, limitations include lower sensitivity than PCR testing, meaning that not all cases will be detected. If this is not fully understood, a negative LFD result could provide false reassurance and reduce compliance with non-pharmaceutical interventions to minimise transmission.

Community asymptomatic testing with LFDs was made available to local authorities in Tier 3 restrictions in December 2020. NCC submitted an expression of interest as part of an LA7 initiative and following DHSC approval commenced targeted community testing in January 2021. The government has extended community testing to all local authorities until April 2022.

National asymptomatic testing programmes. Since July 2020, a range of national asymptomatic testing programmes, using lateral flow and / or PCR tests have been made available for the following settings and groups:

- Care home staff and residents
- NHS primary care staff
- NHS trust staff
- Care home staff and residents
- Eligible extra care and supported accommodation staff and residents
- Domiciliary care staff
- Personal Assistants
- Prisons
- Workplaces with 50 or more employees
- University and college staff and students
- Secondary school staff and students
- Primary school staff
- Household, support bubbles and childcare of school pupils

There has been a substantial increase in asymptomatic programmes since January 2021. The Northumberland LOCP wraparound groups and public health team provide advice and support to settings including schools, care homes, domiciliary care providers and extra care and independent supported living schemes to implement and participate in national asymptomatic testing programmes. The NCC community testing programme provides operational advice to support settings including schools, children's residential homes and other education providers setting up asymptomatic lateral flow testing sites.

NCC targeted community testing programme. NCC had established 3 primary asymptomatic supervised community testing sites in leisure centres at Alnwick, Ashington and Hexham community sites and a further site at Berwick Children's Centre. These sites were open to people who lived or worked in Northumberland but all but one has closed due to the expansion

of alternative home testing provision. In addition, service-based testing sites have been established at Stakeford Local Services Depot, children's residential settings, Northumberland Fire and Rescue Service sites, Learning and Skills venues and at alternative educational providers. These sites provide asymptomatic LFD testing for staff and where appropriate service users and residents.

Future Developments. The government's Roadmap to easing restrictions described in the COVID-19 Response - Spring 2021 describes an expansion of regular asymptomatic community testing.

NCC will need to maintain local capability and capacity for asymptomatic testing as part of the exit from lockdown. The council is participating in the DHSC Community Collect programme, using an innovative roving model to complement provision through community pharmacy and multiple other outlets. Collect sites will provide access to regular home testing for other eligible groups.

12. COVID 19 Rapid Response and Outbreak Management

Any case which is identified as potentially complex in accordance with agreed criteria should be escalated to the North East PHE HPT to discuss and agree management. The definition of 'complex' has evolved as the pandemic has developed and thresholds of complexity have changed. Although additional capacity has been put in place, further surge would be expected to be provided locally through the Northumberland COVID 19 Health Protection Board. Current arrangements already exist to support the HPT in undertaking the contact tracing process in complex settings, facilitating access to, or undertaking contact tracing in vulnerable individuals and communities through local knowledge and contacts, as required.

We want to ensure that local contact tracing is tailored to the needs of individuals and communities to avoid detriment to any index case or contact. Where the HPT has been unable to effectively interview an index case, or the case is from a 'community of interest' where it has been agreed for a trusted or familiar person to provide a more supportive approach, the HPT and local authority will work together to mobilise tailored support. For example, it is important that the quality of interviews is not compromised by language barriers, learning / behavioural difficulties or where safeguarding issues may arise due to exploitation, substance misuse or vulnerabilities. In these instances, contact tracing will be done in partnership with the local authority and specialists or community leaders already known to the index cases. This may involve a wide range of our residents and professionals such as faith leaders and drug and alcohol key workers.

Clusters or outbreaks of COVID 19 will be notified to the local authority in line with the arrangements in Appendix 8.

Northumberland Local Tracing Partnership. Northumberland's Local Tracing Partnership has been fully operational since 4th February 2021 and provides a 7-day contact tracing service which at the outset was restricted to simple cases who had failed to engage with NHS T&T within 48 hours. The Partnership is jointly staffed by Northumberland County Council's customer services and public health teams, bringing together resident engagement and health protection expertise to deliver a local and responsive service.

The Local Tracing Partnership aims to:

- engage Northumberland residents who have tested positive for Covid-19 and advise them of their legal obligation to self-isolate, where these residents have not responded to contact from national Test & Trace call handlers
- identify the contacts of positive cases and share this information with the national Test and Trace team who will notify contacts of their legal duty to self-isolate and signpost to local support
- signpost residents or actively support residents who have tested positive to local support e.g. Northumberland Communities Together, isolation payments etc.

The service is operational 9am – 5pm on weekdays and 10am – 4pm at weekends, with the capacity to flex where required to accommodate resident's individual circumstances. By contacting residents from a local Northumberland number and supplementing contact details with information from local systems, local authority tracers are able to reach a significant number of positive cases who would otherwise not have engaged with the Test and Trace system, preventing further transmission.

NE regional contact tracing network. Northumberland is part of the North East Contact Tracing network which serves as an information sharing and collaboration forum for those local authorities in the region which are delivering a contact tracing service. The network is extremely valuable as a conduit for sharing learning and best practice across the region, cascading information from the national Test and Trace team, and feeding into development of a regional contact tracing model.

Integrated Covid Hub NE (ICHNE). The ICHNE was established to develop a NE Lighthouse laboratory but has evolved to include an innovation lab and Coordination and Response Centre (CRC). The CRC support offer is attached at Appendix 7 and is intended to be the backstop for additional capacity for testing and contact tracing.

Risks and issues

Capacity. While we recognise the value of local contact tracing to the wider Test and Trace system, capacity to deliver a responsive 7-day service which is sustainable over the longer-term remains an area for development. Further clarity is required in relation to contact tracing in the context of longer-term approaches to health protection and the expectation of local authorities to deliver this, to enable informed conversations at local and regional level about the sustainability of existing service models, particularly in relation to staff capacity to deliver this function alongside other critical workstreams. In the interim, models to deliver additional capacity are actively being explored.

Fragmented system working. Automated transfer of cases between different Tiers of the contact tracing system acts as a barrier to joined-up working and increases the risk of delay in tracing the contacts of positive cases, some of which are high risk. This presents a challenge in terms of preventing transmission where the early identification of contacts is crucial. Where possible, we will seek to participate in the development of operational systems to ensure shared systems facilitate health protection best practice and joined-up working.

Data quality issues. Robust data is required to facilitate the continuous improvement of Local Tracing Partnerships and the wider Test and Trace service. While Northumberland's LTP collects performance data for internal purposes, there remain issues with the LTP metrics produced nationally which at present only give a partial picture of system performance. This acts as a barrier to local service improvement and the development of regional working.

13. Support for self-isolation

Northumberland Communities Together offers access to a local welfare assistance scheme that goes beyond being a process for allocating money to an approach that supports those in need, to address short term needs, but also looks to tackle the underlying problems, through an asset-based approach that connects with wider support networks and services that will help individuals and families to develop their own capabilities to manage better in the long term.

Throughout the COVID-19 pandemic Northumberland Communities Together has been assisting people with access to food; fuel and utilities support; befriending and wellbeing services; mental health support, and delivery of prescriptions. There is, of course, a need for urgency in getting support in place before someone is driven to leave the home and a range of local partnerships have been established to ensure a timely and appropriate support package can be put in place to help individuals to sustain self-isolation. The assistance involves a variety of both financial and non-financial support offers and wherever possible involves connecting individuals to local community groups and voluntary organisations that can provide help and support an individual to sustain a period of self-isolation.

Whilst parents or guardians of CEV children or those self-isolating are not eligible for SSP, they may be eligible for Furlough, ESA or Universal Credit if they are unable to work from home and need to stay at home with a child who is unable to attend school (provided they meet other eligibility requirements of the schemes). Northumberland Communities Together can help with access to welfare rights and benefits assistance.

Northumberland Communities Together Operates 7 days a week 9.amm - 6.00pm
Tel: 01670 620015
NCT@northumberland.gov.uk
northumberland.gov.uk/communitiestogether

14. Vaccination

COVID-19 Vaccination Programme

Vaccination of all eligible Northumberland residents offers the most likely route out of the pandemic and out of the lockdown restrictions currently imposed on us all. Vaccinations in Northumberland are being delivered from 10 Primary Care Network (PCN) Local Vaccination Services (LVS) spread across the county and to date over 415,590 doses of the vaccine have been administered to Northumberland residents, over 85.7% of the eligible population have received their first dose and 66.4% their second.

As the vaccination programme continues to be delivered to the wider population it is going to be necessary to mobilise additional capacity within Northumberland to enable people to be immunised in line with Government targets and to enable General Practice to deliver vaccinations alongside the demands of routine GP work and addressing the wider health needs of their patients and populations. To this end a number of additional vaccination sites have been stood up in Northumberland including Community Pharmacy sites and larger Vaccination Centres operated in collaboration between PCNs and the regional and national teams.

In the longer term, planning is ongoing for a further 'booster' vaccination against COVID-19 to protect against new and emerging variants of the virus. It is also likely that this will become an annual occurrence similar to the seasonal influenza vaccination programme. It will therefore be necessary for health and care system partners to work collaboratively to ensure that this ask can be met without having a detrimental impact on routine work and delivered alongside the flu programme. Further details are anticipated from DHSC and PHE which will enable us to make more robust plans.

The biggest risks to the vaccination programme are the stability of the vaccine supply, public confidence in the vaccination programme, and the sustainability of a large vaccination programme alongside routine demands. Vaccine supply is the single biggest rate limiting factor in our ability to deliver vaccines to the population and will continue to rely on the national and international supply chain to remain buoyant in the months ahead. Public confidence in the vaccination programme is essential and clear communications and engagement with the public will be crucial to maintaining this and ensuring that realistic expectations are set for those waiting to receive vaccinations. Widespread and consistent integration and collaboration between key partners in the local and regional health and care system (NENC ICS, CCGs, FTs, LAs, GP, and Community Pharmacy) will be essential if we are able to create a sustainable, fit for purpose, vaccination programme for COVID-19.

Initial stages of the vaccination programme in Northumberland have been largely delivered by primary care. This is against a background of significant changes in the mode of service delivery by primary care. Many consultations have been carried out remotely and footfall in surgeries has decreased. The vaccination programme evolved rapidly in the early stages, with primary care adapting and increasing capacity.

It is likely that from winter 21/22 COVID-19 boosters will be administered alongside routine annual flu vaccinations. GPs are well versed in delivering the annual flu programme; however, it is uncertain how an extended mass vaccination effort to a subset of the adult population will be achieved in the face of uncertainty on key planning assumptions.

For much of the last 12 months routine work such as chronic disease management has been scaled back. Return to business as usual restarted from 1 April 21 to avoid morbidity due to sub-optimally managed chronic disease.

The challenge for primary care therefore is to:

- restore routine pre-COVID levels of activity
- manage delivery of COVID vaccination alongside seasonal flu vaccine

- manage the risk created by lack of certainty as to COVID vaccine requirements and fragmented logistics
- cope with stress to individuals and teams caused by these unprecedented pressures
- develop sophisticated collaborative working arrangements in a period of renewed instability of NHS structure occasioned by the Integrated Care agenda

Increasing equity in uptake of COVID-19 vaccination. Whilst the vaccination programme in Northumberland and across the UK is being rolled out at pace, Northumberland County Council Public Health has been working with a number of partners to ensure that uptake of the vaccine is high in groups with high rates of COVID-19 infection, increased mortality from COVID-19, and/or known to have poor uptake of vaccines.

This has seen the formation of the Northumberland COVID Vaccination Equity Board which has developed a COVID-19 Vaccination Equity Plan (see Appendix 9). The plan focuses on:

- Identifying key target groups based on current evidence and data
- Profiling those groups in Northumberland
- Identifying best practice from other areas or the regional NE Vaccine Equalities Board
- Working with trusted individuals within the target groups, or within liaison networks, to promote vaccination using existing or bespoke communications materials, proactive messaging, and peer-led and social norms approaches
- Linking hard-to-reach or underserved groups with mobile vaccination or nearby community vaccination sites (e.g. pharmacies)
- Active monitoring of uptake in each target group

15. Variants of Concern

Variants of Concern (VOCs) and Variants Under Investigation (VUIs)

All viruses, including the SARS-CoV-2 virus that causes COVID-19 disease, mutate over time. Most of the time the changes are small and have little impact on the virus. But sometimes a virus mutates in a way that benefits it, for example allowing it to spread more quickly. Up to date information on VOCs is available from https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201. The current increase in cases locally and nationally is attributed to the Delta (Indian) variant which is significantly more transmissible and has now replaced the Alpha (Kent) variant as the dominant circulating strain

Surge testing for new variants. Since 1st February 2021, the UK has been carrying out 'surge testing' in specific locations. Surge testing is increased testing of people without symptoms of coronavirus, gene sequencing, and enhanced contact tracing in order to identify cases of new variants that cannot be traced to international travel. The purpose is to monitor and suppress the spread of coronavirus and better understand new variants.

We have some experience of surge testing in the context of the community outbreak in West Northumberland in December 2020. This was restricted to symptomatic residents but could easily have been offered to anyone in that area. We have a bank of staff and other volunteers we can call on to support surge testing as well as the CRC and Northumberland Fire and Rescue staff. We are also keeping abreast of approaches used in other areas. LRF planning will be used as the basis to consider the principles of a Northumberland approach but each case is unique and so the model for surge testing in a particular scenario will depend on the circumstances.

16. Data and Intelligence

Understanding the epidemiology of Covid-19 is fundamental in monitoring incidence and prevalence and detecting clusters and outbreaks. Having access to timely and accurate record level information has enabled a suite of real time interactive surveillance dashboards to be developed.

- Education – Early alert system fed by data reported from schools
- High risk settings and individuals - identification of cases and outbreaks
- Businesses and Workplaces - identification of cases and outbreaks
- Testing – uptake, positivity rate
- Mortality
- Care homes – identification of cases and outbreaks
- Clinically Extremely Vulnerable population
- Vaccination – Middle Super Output Area (MSOA)
- Enhanced contact tracing – Common exposures
- Genomics – overview of variants
- Hospital admissions
- Covid 19 Symptom study

The available data are being used to:

- Help identify outbreaks to enable appropriate action to be taken
- Provide oversight of data on testing and tracing (Pillar 1 and 2);
- Provide a weekly summary report to the relevant stakeholders
- Identify epidemiological patterns to refine our understanding of high-risk places/settings, locations and communities;
- Utilise the data received from King's College London from the COVID Symptom study to identify areas with greater numbers of individuals reporting symptoms.
- Explore inequalities in testing uptake, mortality and cases at various geographical levels
- Determine the location of testing sites
- Provide residents with a suite of dashboards to allow them to understand the epidemiology of Covid-19 in Northumberland as well as deaths, hospital admissions and testing, which can be found here.

The assumption is that existing arrangements for notifying the NE PHE HPT about individuals with a positive COVID-19 test will remain.

A summary of data in the public domain is available here. The following reports are provided to the council on testing data and outbreaks/incidents:

- Daily report from North East PHE Centre including new cases and new suspected/confirmed outbreaks in care homes and schools at LA level;
- Daily exceedance report produced by the PHE Joint Modelling Cell and the COVID Outbreak Surveillance Team. Uses trend data for both Pillar 1 and Pillar 2 to model whether there are changes in the number of new cases that may be a cause for concern;
- Daily and weekly NE NHS Test and Trace report detailing the cumulative and new confirmed cases of cases and contacts identified through NHS Test and Trace;
- Daily line list of care homes (suspected or confirmed) COVID 19 outbreaks/clusters reported to PHE North East recorded over the previous 24 hours.
- Covid-19 Mortality
- Ad hoc reports for uptake of testing through Mobile Testing Units
- Daily and weekly situation reports;

- Daily data feed of record level cases and contacts.
- Hospital admissions and bed capacity

A COVID 19 Data Sharing Agreement between Northumberland County Council and NHS Digital is in place to facilitate the provision of record level data for residents who test positive for COVID 19 to support the management and mitigation of the spread and impact of infection.

This data has contributed to local surveillance dashboards listed above to monitor trends in the incidence and prevalence of COVID 19 in Northumberland. Along with the scrutiny of intelligence which is being undertaken within PHE, the analysis and interpretation of this data enables the identification of changes which will require action at a community level to prevent the transmission of infection and outbreaks.

Future plans. As restrictions are lifted and cases rates change, it is still extremely important to monitor the spread of the virus and to compliment this with other resources such as the google mobility report. This will allow us to understand the movement of our residents and how this may link to an increase in cases in a particular area or setting. The monitoring of Covid-19 in Northumberland will continue to evolve as the virus itself evolves, including new variants and changes in relation to testing and contact tracing. The pace is fast moving but we are confident that we have created a sophisticated system to allow us to respond in a timely manner.

Appendix 1

Terms of Reference of the Northumberland Covid -19 Health Protection Board (Revised February 2021)

Purpose

To coordinate and ensure the implementation of activity required to prevent, identify and manage outbreaks of COVID 19 in Northumberland

Aims

- Develop, continually review and deliver the Northumberland Local Outbreak Prevention and Control Plan.

Objectives

- To provide strategic oversight of the health protection system as it relates to Covid 19
- in Northumberland.
- To provide assurance to the COVID-19 Outbreak Control Board (the Health and Wellbeing Board) and Northumberland County Emergency Committee on the local surveillance of, and response to COVID-19.
- Oversee the review and implementation of the Northumberland Covid 19 Outbreak Prevention and Control Plan.
- Ensure that a multiagency health protection partnership is in place to respond to any Covid 19 incidents, outbreaks or emergent concerns.
- Development and monitoring of a Covid 19 surveillance system to include NHS Test
- and Trace data.
- Monitoring outbreaks in complex settings, high risk communities, and high-risk places/ locations, and local response.
- Implementing and monitoring local testing priorities, capacity, access and demand.
- Scrutinise action plans developed to prevent and respond to outbreaks of COVID-19 and other communicable diseases in key settings or amongst key groups.
- Monitor the uptake of immunisations and develop and implement a plan to mitigate against Covid 19 vaccine uptake inequalities.
- Monitor the performance and development of the Local Tracing Partnership.
- Identify gaps in public health action and identify lead agencies to address those.
- Monitor the regulatory requirements, legal and enforcement powers to enable appropriate management of specific incidents and outbreaks.
- To share and escalate concerns to commissioners and regulators, where relevant, for example when a provider's management of healthcare associated infections is or may be inadequate to provide sufficient protection of patients or public safety.
- Ensure that lessons identified are embedded in future working practices and inform the development of EPRR plans and processes.

Membership

Chair - Director of Public Health (Liz Morgan)
Public Health Consultants NCC (Dr Jim Brown; Pam Lee)

Public Health Intelligence Lead (Pam Forster)
Care Homes Support Team Lead (Annie Topping, Director of Nursing and Quality, Northumberland CCG)
Education/school Support Team Lead (David Street - Children's Services Commissioner)
High Risk Individuals/Settings Support Team Lead (Annie Topping, Director of Nursing and Quality, Northumberland CCG)
Workplaces and Businesses Support Team Lead (Phil Soderquest – Head of Housing and Public Protection)
Adult Social Care rep – TBC
Community Testing Team (Mike Bird)
Northumbria Trust (Mr Nicky Moon - Deputy Director, COVID-19 Gold Control Command)
NHS Northumberland CCG PCN rep (Dr Jane Lothian)
CNTW rep – Vida Morris (Nursing and Chief Operating Officer)
NCC Communications (Ann Bridges – Head of Corporate Comms)
NCC Civil Contingencies Team (Ben Allan – Civil Contingencies Officer)

Governance Arrangements

The Board will meet on a weekly basis. The group is accountable to the Health and Wellbeing Board. Business support is provided by Democratic Services.

Operational Support Teams

Four Wraparound Support Teams are in place to deliver the outbreak prevention and control plan in relation to care settings, high risk setting/groups, educational settings and workplaces and businesses

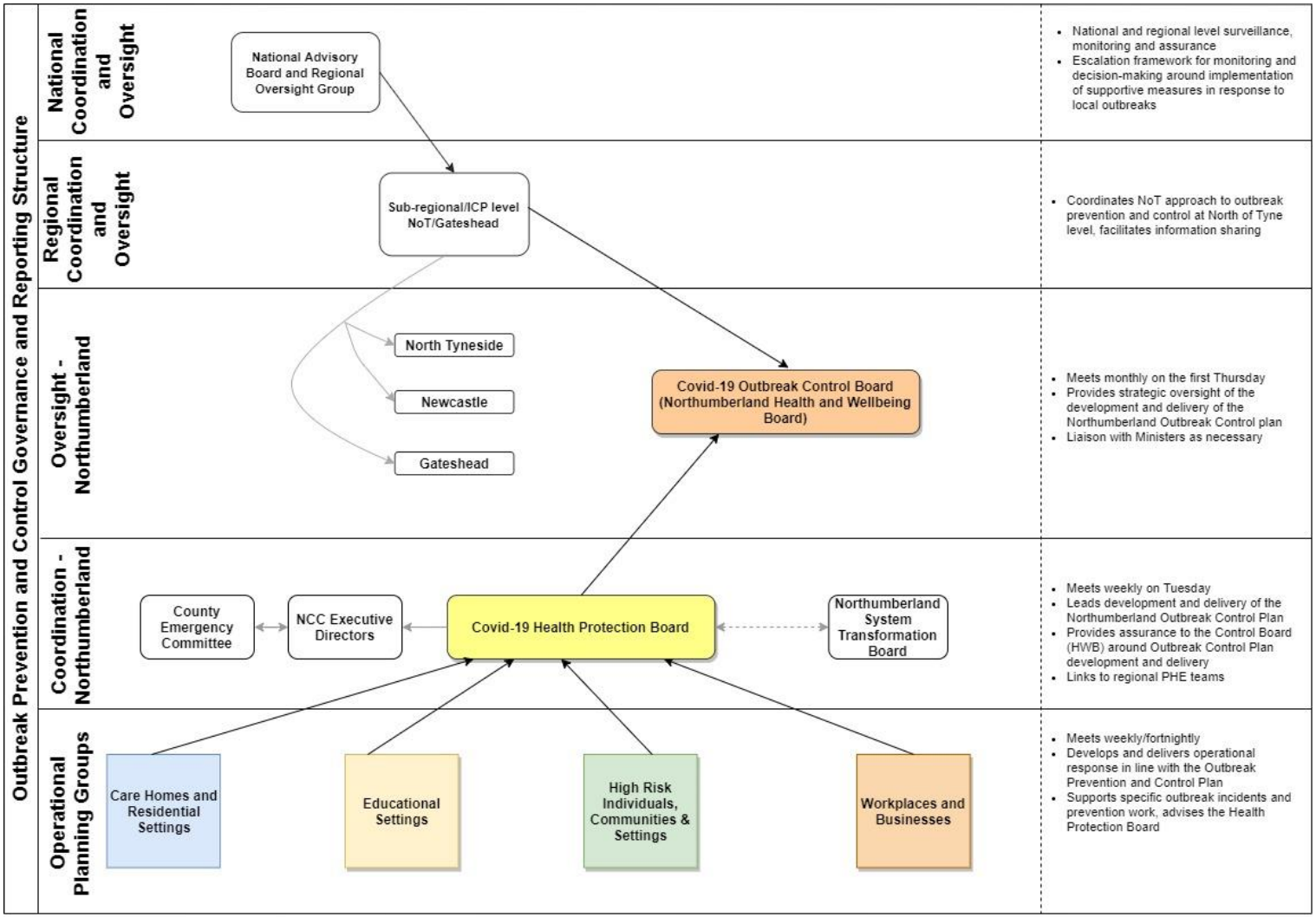
Objectives

- Regularly review intelligence and data relevant to their area of activity
- Support specific outbreak settings or incidents and advise the DPH and Health Protection Board on the rapid deployment of testing
- Develop operational response in line with the Outbreak Management Plan including:
    - Work with the Community Hub to ensure cases or individuals in isolation who require support receive it;
    - Provide or coordinate support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc);
    - Provide advice and support to businesses regarding continuity issues following closure or particular closure of a setting or high levels of absenteeism;
    - Make contact with cases where there are issues regarding engagement with advice provided / lost to follow-up (for high risk areas only).
    - Receive and respond to local media issues, working jointly with PHE and other partners to provide a joint response.
    - Receive daily information and share with the relevant local authority department to aid operational management.
    - Put in place a mechanism to support a 7 day a week response if necessary.
    - Provide updates to the PHE HPT on the action taken at local level and report back any significant concerns regarding ongoing risk of spread of infection.

- Support the development of Standard Operating Procedures and the refinement of the Outbreak Management Plan

Appendix 2

COVID 19 Outbreak Prevention and Control Plan governance structure



Appendix 3

High-risk Place, Location, Setting:

Care homes & care settings in the Northumberland area

Objective:

The purpose of the outbreak plan is to prevent, identify early, and coordinate local, multi-agency, proactive ongoing management of communicable disease outbreaks (in particular, COVID-19) in care homes (older people and specialist residential), domiciliary care providers and independent supported living settings.

Objectives are:

- ∉ To create a useable and timely surveillance dashboard to inform response to outbreak prevention and control.
- ∉ To ensure appropriate, structured support can be offered to care homes and other care sector providers to prevent and respond to outbreaks and monitor its effectiveness.
- ∉ To monitor and support testing within care homes and the wider care sector.
- ∉ To support PHE and the NHS Test and Trace service to undertake contact tracing in care homes and the care sector.

Context:

The health and care system supporting the care homes and care settings in Northumberland consists of:

- Northumberland CCG
- Northumbria Healthcare NHS FT (Infection Prevention & Control Team, Community Nursing Services)
- Northumberland County Council (ASC Commissioning, Public Health)
- 38 GP practices / Primary Care

There are 153 care homes and domiciliary care providers registered with the CQC in Northumberland. The breakdown is as follows:

- 71 Care homes for older persons.
    - Of these homes 36 are residential and 33 are nursing, all of which are privately owned
- 31 specialist care homes for people with a learning disability or a mental health issue
    - 2 of these homes are managed by Northumberland County Council
- 52 Homecare organisations, all of which are privately owned except one (run by the council).

What else has been and will need to be put in place:

As a system, there needs to be an appropriate 7-day response across all partner organisations during outbreaks. At the moment, with the exception of the IPC team and the community nursing services at Northumbria Healthcare, others are primarily 5-day services. However, it is rare that an acute outbreak response is required without warning over a weekend. If that were required the normal out of hours arrangements would be used

A timely and reliable surveillance system is critical to allow early detection and support. This has now been developed and is supplemented by clear channels of communication between partners

Standard Operating Procedures have been developed to formalise the current efforts, responsibilities and responses from all partner organisations. A 'serious incident' approach to review all outbreaks will ensure lessons learnt are implemented and support continuous improvement.

The outbreak control team liaises with the Health Protection Board to coordinate communication with the public and elected members.

NHCFT IPC Team

The NHCFT IPC team hold a vital role in the outbreak incident control team 7 days a week. The team will ensure staff are available Monday – Friday for emergency visits and will contact homes at weekends and arrange a visit within 24 hours if needed.

The testing arrangements for other outbreaks such as influenza and norovirus outbreaks will reflect national policy and guidance.

NHCFT Community Nursing Team

In situations where there are significant staff shortages in the care home, the community nursing team will consider supporting care delivery where appropriate and possible.

Primary Care

Primary Care Networks have set up weekly MDTs for each care home, and this will provide a weekly 'check in' with different models across Northumberland to reflect local priorities. While GP alignment and weekly MDT/check-ins are in place in some homes, these are still in progress in some areas and have not been finalised across the whole of Northumberland.

The care home digital trial will improve and standardise information shared between care homes, primary care and the community. This will promote remote monitoring of patients by primary care during a potential outbreak and reduce unnecessary visits to care homes.

If the clinical lead for a care home is not a GP, a person needs to be identified who is able to act as lead prescriber in an emergency situation.

A formal agreement for the assessment and prescribing of Antivirals for Seasonal Influenza Prophylaxis to Residents in Care Homes 7 days a week has been put in place.

CCG

The CCG will support GP practices to continue to implement and embed the developments set out in the above section, particularly the new PCN Directed Enhanced Service.

As commissioner for health services, the CCG will lead on the co-ordination of wrap around responses from the IPC team and out of hospital nursing support.

Local Authority

The frequency of contacts will be dependent on the RAG rating of surveillance levels and increase during an outbreak accordingly. A structured checklist will be used for the contacts and this will be varied according to whether an outbreak is occurring. The local authority is currently considering having designated staff working with particular homes, so staff contact the same homes on a regular basis.

Local outbreak scenarios and triggers:

In Northumberland, a consolidated Care Home Dashboard is in place based on 11 different sources of information and this is updated on a daily basis. Using an IPC checklist, a structured baseline review of infection control training and practice within care homes had been undertaken to guide proactive support. There are also proactive IPC visits to care homes to offer support to help to mitigate risk of infection.

Notification of an outbreak will come from the PHE HPT and/or by the care homes directly contacting the LA commissioning or Northumbria IPC teams directly. The Regional Care Sector Support group has agreed an additional data set to be shared by PHE at notification.

An Outbreak Prevention and Control team (OPCT) is in place and will take actions as per SOP once an outbreak has been confirmed and declared. Members of the OPCT are:

- A member of CCG
- A member of Public Health Team
- A member of IPC team
- A member of the LA commissioning team
- A member of the community nursing team

For large outbreaks in specific care homes, the aligned PCN clinical lead or nominated GP is invited to dial in to the meeting.

Although an outbreak of COVID-19 is defined as two or more possible or confirmed cases in a 14-day period, the OCPT team will respond following a single case in a care home. OCPTs meet regularly and will be convened urgently in response to a reported outbreak if the next meeting is not imminent. Outbreaks declared at weekends will be reported to the IPC team, and the process will be discussed with care homes and PHE and formalised.

Resource capabilities and capacity implications:

The IPC team at NHCFT is relatively small including part time staff, and it also covers the North Tyneside community. With other demands such as test and trace in the acute setting, capacity to respond and support to large numbers of outbreaks in a timely manner remains an ongoing challenge despite additional staff having been put in place.

Regional and local outbreak SOPs and plans:

A regional SOP has recently been developed for management of outbreaks in care homes. This has been adapted for local use to ensure all relevant partners are clear on their roles and responsibilities and action needed. They will in turn inform the resource capabilities and capacity implications.

Links to additional information:

- Northumberland County Council care home support plan letter
- Self-assessment assurance framework for the Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region
- TOR for the Care Home Outbreak Prevention & Control Group
- Care Homes and Care Settings Outbreak Prevention & Control Group: Standard Operating Procedure for the Local Management of Outbreaks in Care Homes and Care Settings during 'Test and Trace'

Appendix 4

High-risk Place, Location, Setting:

All Education establishments across Northumberland

Objective: To reduce and eliminate new cases of Covid 19 and to minimise educational disruption

Context:

Northumberland has:

- 122 first and primary schools
- 14 middle schools
- 16 secondary/high schools including one which is all age
- 9 special/PRU
- 16 alternative providers
- 95 PVI nurseries
- 174 Childminders
- FE Colleges
- A secure unit
- School aged children: 39,907 (42,717 including 6th form) - from January 2020 census

What's already in place:

All schools and settings have been issued with guidance to risk assess their settings and understand the importance of IPC prevention in terms of regular surface cleaning, social distancing, advising symptomatic children to stay home, robust hand hygiene measures, face masks and 'catch it, bin it; kill it' campaigns and to maintain cohorted bubbles etc. All schools are aware of the need to clean the area where a suspected contamination may have been. Schools and settings have outbreak control measures engrained in their practice.

School and setting forums are running to share best practice and support education leaders in taking swift and effective action when needed.

All suspected cases, positive cases, and self-isolation groups are reported to the LA via an e-form with guidance on procedure. The system is reviewed Monday to Friday during office hours and alerts shared by the PH Intelligence team with the Education Outbreak Management Group (E.OMG) when there is cause for concern of an outbreak. The E.OMG and PH health review all cases, feedback to individual settings and produce 'lessons learnt' information for all school and settings.

A dashboard is in place to record and display all the information above.

The vast majority of secondary students have received 3 LFT tests on school sites and are in possession of home testing kits. Primary and some special school students remain untested. All school and setting staff
What else will need to be put in place: A communication script to manage the wider social media communications and enquiries
Local outbreak scenarios and triggers: PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT)
Resource capabilities and capacity implications: Additional capacity in the PH School Nursing Team has been put in place. Training for back office staff to support HPT if there are wider outbreaks or need for forwards and backwards tracing.

Appendix 5

High-risk Place, Location, Setting:
High-risk individuals, communities, and settings in the Northumberland area

Objective:
The purpose of the outbreak plan is to prevent, identify early, and coordinate local, multi-agency, proactive ongoing management of communicable disease outbreaks (in particular, COVID-19) in high-risk individuals, communities, and settings.

Objectives are:

- To create a useable and timely surveillance dashboard to inform response to outbreak prevention and control.
- To ensure appropriate, structured support can be offered to high-risk individuals, communities and settings and stakeholders and providers to prevent and respond to outbreaks and monitor its effectiveness.
- To reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in high-risk individuals, communities, and settings.

Context:

The wraparound team supporting the high-risk individuals, communities and settings in Northumberland consists of:

- Northumberland CCG
- Northumberland County Council (Commissioning, Public Health, Domestic Abuse, Housing, Adult Social Care)
- Supporting and Sheltered Housing, Temporary Accommodation and Hostel Providers
- Homelessness Support
- CRC
- Drug and Alcohol Services
- Homes of Multiple Occupancy Providers

For the purposes of this action plan high risk individuals include, sex workers, prisons leavers, asylum seekers, domestic and sexual abuse victims, travelling communities, those with a learning disability, mental illness, complex social-economic circumstances and homeless.

There are several sheltered, supported and dispersed accommodation schemes across Northumberland provided by both the local authority and private providers. In addition to the provision of services for GRT, Homelessness, Asylum Seekers, Domestic Abuse Victims, Drug and Alcohol Users and ASC clients.

Those identified will be more vulnerable during an outbreak due to their:

- Pre-existing co-morbidities

- Dependency on others to deliver care and support
- Multiple occupancy living arrangements
- Limited understanding and insight
- Adjustments needed to ensure communication and engagement
- Potential reluctance to take part in the national track and trace initiative
- Interactions with significant numbers of staff increasing risk of infection
- Rurality of Northumberland
- Connectivity issues
- Existing inequalities
- Misuse of substances
- Social isolation
- Mistrust of services

What is already in place:

Dedicated SPOCs for each service area.
Well established wraparound group that meets biweekly.
A 'serious incident' approach is taken to review all outbreaks which ensures lessons learnt are implemented and supports continuous improvement.
E-form has been established to access guidance and advice and to report any outbreaks.
IPC Training has been made available to all members.
Social distancing, enhanced cleaning, PPE usage and training, risk assessments, hand washing and sanitation facilities
Training around Test and Trace
Workforce and resilience planning

What else will need to be put in place:

A consolidated dashboard is to be developed to help detect and prevent outbreaks via surveillance data. A timely and reliable surveillance system is critical to allow early detection and support and understanding of infections levels within this cohort.
This will need to be supplemented by clear channels of communication between the wraparound group and HMPPS the remit of the group overlaps with the prison population particularly in relation to prison leavers.

Local outbreak scenarios and triggers:

Stakeholders, services, and partners have been advised to contact the LA PH Team when they have a suspected or confirmed COVID19 case so advice and support can be provided as required. This information is also collated for reporting purposes. An e-form has been created and circulated for this purpose. This system is reviewed Mon – Fri during office hours and alerts are shared with the PH Team and/or Wraparound Group as required.
An Outbreak Prevention and Control team is convened as required with relevant members identified.
For outbreaks in specific individuals, communities or settings, the aligned SPOC will be invited to dial in to the OCT meeting.
Although an outbreak of COVID-19 is defined as two or more possible or confirmed cases in a 14-day period, the PH team will respond following a single case where ongoing support or advice is required.

Outbreaks declared at weekends will be alerted to the PHE PHT Team who will initiate an OCT as required.

Resource capabilities and capacity implications:

If there is a significant increase in outbreak responses additional services will need to be put in place. Currently there is limited capacity within the LA PH team to support outbreak management so capacity to respond to several outbreaks in a timely manner is a risk but has been managed effectively to date.

Regional and local outbreak SOPs and plans:

There have been limited national or regional SOPs on management of outbreaks of COVID-19 in high-risk individuals, settings, and communities.
We continue to update and amend SOPs in line with Government and NHS Guidance.

Links to additional information:

- SOP for High Risk Individuals, Settings and Communities
- TOR for the High Settings, Individuals and Communities Outbreak Prevention & Control Group
- Links to e-forms for guidance and or advice

Appendix 6

High-risk Place, Location, Setting:

Workplaces and Businesses

Objective:

The objective is to prevent and reduce new cases of COVID-19 and deaths from COVID-19 arising from the reopening of towns, businesses and workplaces in Northumberland.

Context:

Within Northumberland there is a broad mix of businesses and workplaces predominantly comprising Small and Medium Enterprises. There are a limited number of larger premises, of which two are involved with food manufacture where the working environment involves significant use and access to cold storage and freezers.

Enforcement responsibility for food safety/standards matters is undertaken by Northumberland County Council and with limited exception the Food Standards Agency, with health and safety enforcement being a shared responsibility with the Health and Safety Executive.

The council has no direct responsibility for private sector businesses but it is committed to support business growth and economic regeneration, which it does through many channels and mechanisms.

The council is the largest single employer within the county and operates from multiple sites across Northumberland.

Active Northumberland, on behalf of the council is responsible for the delivery of leisure services in a number of towns across Northumberland.

What's already in place:

Government guidance continues to advise working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk.

Guidance has been produced by the Government for individual sectors setting out the approach that should be implemented to promote a COVID secure environment, both for staff and customers.

Further guidance has also been produced for the owners and operators of urban centres and green spaces to help social distancing.

The Council has undertaken a review of the 12 main towns and 11 smaller secondary towns and villages to facilitate the safe re-opening of town centres, including where appropriate the introduction of social distancing signage, removal of obstructions and closure of parking bays to provide more open space to facilitate social distancing. This work has been supported with the identification and deployment of Town Ambassadors.

The council has put arrangements in place to undertake a risk assessment of all of its own workplaces and introduced controls to protect staff and visitors, including physical measures and procedures to promote social distancing.

The council has provided, throughout the crisis, one to one advice to businesses on all aspects of the Health Protection (Coronavirus, Protection) (England) Regulations 2020.

The council is working in partnership with Northumbria Police to provide advice, guidance and if required undertake enforcement under the provisions of the Health Protection (Coronavirus, Protection) (England) Regulations 2020.

Advance Northumberland provides business advice and support to 100 strategic businesses within Northumberland.

The council has established an Economic Recovery Board to support the restart and recovery of towns and businesses.

The Public Protection service has an existing relationship with PHE and HSE and has experience of working collaboratively as part of Outbreak Control Teams in response to food and non-food disease outbreaks.

What else will need to be put in place:

- Nationally, there is a need for enhanced powers to address matters of non-compliance within those businesses and workplaces that are allowed to open but are not COVID secure.
- Guidelines to document what form of WRAP support may be available and/or appropriate.
- An assessment tool to assess the impact of an outbreak, either attributable to, or within a workplace or business premises to determine, subject to the nature, type and significance of the business within Northumberland or local community whether there is a need to provide a response.
- An agreed approach to engage with larger businesses which involve working within cold storage and refrigeration areas.
- Dynamic review of town centres to assess impact of the easing of lockdown and need or otherwise to introduce or relax risk control measures to facilitate social distancing, including working with businesses to:
    - consider the impact of neighbouring businesses reopening (on local crowding and impact on public transport),
    - consider the impact of queuing systems in public space
- Processes and procedures to implement the proposed introduction of revised licensing for pavement cafes/restaurants (outdoor seating)
- To review current business advice and engagement to assess whether any additional action is required over and above that which is provided by the Government via Gov.uk.
- Explore relationships with HSE to assess ability to support delivery of response plan and/or understanding of risks associated with workplaces
- Build further capacity for a cohort of staff to respond, or participate in OCT in the event of an outbreak

Local outbreak scenarios and triggers:

PHE and the LA will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT)

Resource capabilities and capacity implications:

- It is assumed that the response to an outbreak will call upon an agreed cohort of staff. Staff requiring training to support them in the role will need to be identified.
- To develop enhanced business support/engagement to promote key Government messages additional non-technical resources will be required

Links to additional information:

- **Close contact Services (including hairdressers, barbers, beauticians, tattooists, sports and massage therapists, dress fitters, tailors and fashion designers.) https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/close-contact-services**
- **Construction and other outdoor work https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work**
- **Factories, Plants and Warehouses https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses**
- **Hotels and Other Guest Accommodation https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/hotels-and-other-guest-accommodation**
- **Labs and Research Facilities https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities**
- **Offices and Contact Centres https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres**
- **Other Peoples Homes https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes**
- **Restaurants, Pubs, Bars and Takeaway Services https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery**
- **Shops and Branches https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches**
- **Vehicles (including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar.) https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles**
- **The Visitor Economy (including people who work in hotels and guest accommodation, indoor and outdoor attractions, business events and**

consumer shows) https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy

Appendix 7

Coordination and Response Centre (CRC) Support

The purpose of this document is to provide the North East Local Authorities with information on the regional support that CRC has provided to support the effective management of the consequences of Covid-19 and how CRC has been part of the North East approach to tackling Covid-19.

It also provides information on what future support CRC can offer and is designed to help the LAs revise their outbreak control plans.

Introduction

Local Authorities (LAs) and Public Health England (PHE) work closely in the North East with respect to health protection functions. Close working with the national Test and Trace Service and with the NHS enables an integrated response to Covid-19

The over-riding purpose of CRC is to support these existing collaborations and augment their functions.

This document describes the current specific offer that CRC can make to its partners.

The purpose of the centre - the "Coordination and Response Centre" (CRC) - **is to support the system** to manage as effectively as possible - and reduce - the consequences of Covid 19.

- CRC works at three levels - national (& international), the north (NHS region) and "the north east" (the population served by "LA12"[2])
- The primary aims are focused at LA12 level and will include direct support to the local systems, a service to help integrate, coordinate (with supporting analytics), respond and learn - and to devise better processes to respond to pandemic threats in the future.
- We work in partnership to create value. What we do and learn will support all regional partners, the wider NHS and national policy
- The CRC is one of three main components of the Integrated Covid Hub North East ICHNE:
  - A new 'Lighthouse' Covid-19 testing lab (40k tests per day)
  - An innovations lab. (linking science and business to innovated in testing)
  - The Coordination and Response Centre (CRC)

The CRC Offer

The CRC offer includes:

- Support, where requested, to implement the Local Trace Partnership (all 12 LAs are engaged in LTPs)

[2] Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle-upon-Tyne, Northumberland, North Tyneside, Redcar and Cleveland, South Tyneside, Stockton and Sunderland

- Coordination of and support to the further localisation of NHS Test and Trace through nationally agreed pilot processes.
- Local T&T pilot schemes to support further localisation of Track, Trace & Isolate. Our pilot offer currently includes:
  - Community champions (encouraging everyone who needs it to engage with testing)
  - Getting ready for your result (helping people, as they come forward for a test, to prepare for how to respond if the result is positive)
  - Support to isolate (helping to support people who need to isolate)
- Support to the agreed LA12-wide engagement plans
- Adding innovation to the local analytics associated with tracking Covid-19 testing and positive results
- Providing extra capacity to support smaller authorities (and/or specific communities) to help ensure outcomes are equitable across the region
- Providing surge capacity to support testing or trace activities as and when local demands exceed planned supply
- Providing shared capacity - for example in call centre resource - if required
- Supporting evaluation through methodological expertise, data collection and analysis and engaging specialist partners

Testing	
What we can offer	**What we have provided already**
• Train the trainer • Personal Protective Equipment • Site set up • Mass testing sites • Micro testing sites • Assurance visits • Continued point of contact • Resources • Staff self-testing	• Trained over **320** staff face to face • Worked across 12 different sites across the region • Supported Blue Light Services with staff self-testing • Provided assurance visits • Prevented an outbreak within Durham and Darlington Fire Service
We can offer future support with surge testing	**Feedback received from survey**
• Providing training for PCR testing and LFT testing • Train the trainer • Training blue light services to support with “boots on the ground” for testing • Offering 15-20 staff to support with training and testing	• We have received 165 survey responses, indicating a 55% response rate, with an average score of 4.59 out of 5 • The most useful part of the training was the practical element of the training • *“Due to training we are able to ensure all testers are performing to a high standard*

• Support with mobile testing units (set up and testing) • Assurance visits • Offer continued support and guidance on testing	*and correctly, thus providing reliable results"* • *"The facilitators were knowledgeable and professional*" received the highest average score of 4.70
Contact Tracing	
What we can offer	**What we have provided already**
The CRC have a team of staff fully trained in e-LfH, with full access to CTAS. Benefitting from in house management of the Contact Centre, any requirement to add call handlers can be quickly accommodated. Call handler training is also managed in house with the ability to test and silently monitor calls. Agents are able to make calls from the office or from home, using their preferred device, the number presented to the case, will be consistent for all call handlers.	• Support to mobilise Newcastle LA and Darlington LA with the local trace partnership • Support with contact tracing for Newcastle LA, South Tyneside LA, Darlington LA and Stockton LA • Weekend stand-by support for Stockton LA
Future Support with the Local-0 Project	
The CRC will be able to offer increased contact tracing support for any local authorities that require additional capacity to take on the Local-0 project. This includes: • The ability to present numerous local dialling codes relevant to the Local Authority CRC are supporting. CLI will be managed in house to allow the caller line identifier to be presented for several Local Authorities simultaneously, which will enable greater flexible support. • Call recording Calls will be recorded and stored locally, in line with Information Governance and retention guidelines. • SMS bulk send CRC will be able to upload a list onto an online messaging portal then initiate the SMS bulk send. There is no limit to the number of variations sent as multiple templates are permitted. Full reporting on the number of SMS sent. - Interpreter service	
Nationally agreed North East Pilot Schemes	
The current TT&I pilot offer specifically includes: **Community Champions:** - Improving recognition of symptoms - Support to understand the purpose of track and trace and why it's important to provide accurate data - Offering support to complete the T&T journey **Getting ready for your result and what you'll need to do if it's positive:** - Provide more information at the test centre - Provide a telephone number for people to call if the test positive (opt in) and/or consent to being called by a local call handler if result is positive - Talk them through isolation support - Explain that they will be contacted by T&T and how to complete the T&T form and identify contacts	

- Explain the importance of everyone in the household isolating and if any other household members get symptoms they should be tested

Support to Isolate:

- Can the links to support be offered at an earlier point in the T&T journey
- Collate local approaches and impact of support models & develop best practice

Evaluation

CRC in partnership with the national behavioural insights team will support evaluation of the pilot schemes.

Engagement Support

Engagement is an element of the CRC that runs across each of the work streams. We can provide local authorities with communication and engagement materials in different forms relating to testing, contact tracing, the Local-0 project and the North East Pilot Schemes.

Directory of Resources:

The CRC has compiled a directory of resources for protected groups in the area along with nationwide multi-lingual resources for non-English speakers. This covers different equality strands, e.g. BAME communities, people with learning disabilities and LGBT+ people and includes resources for British Sign Language information, Easy Read English and audio-visual information for people with autism.

Funding and Grants:

A resource of funding and Grants available for different groups across the region, together with the Resource Directory, the CRC can offer stakeholders signposting to relevant support groups / networks and guidance on what grants are available to different communities region wide where this is required.

Appendix 8

North East Public Health system (LAs and PHE North East) arrangements for COVID-19 rapid response and outbreak management (including enhanced contact tracing)

March 2021

Background

The aim of contact tracing is two-fold:

- to identify people who have been exposed to cases of COVD-19 and ensure that they are given the correct advice about isolation; and
- to gather information which might identify the source of a case's infection.

This information is gathered through interviews with cases (via national the Test & Trace system or Local Tracing Partnerships) and includes information on:

- where they have been prior to their infection (the possible source); and
- where they have been whilst infectious (possible contacts).

There are many other routes by which local teams receive information about possible sources / concerns about COVID-19 transmission including:

- reports from premises / businesses reporting illness in their staff;
- reports on cases in care homes (the Capacity Tracker); and
- proactive work done by local teams working with businesses and other settings to encourage reporting.

'Enhanced Contact Tracing'

However, as described above, Local public health teams (LAs and PHE) identify clusters or outbreaks of cases by using multiple strands of information. For each of these, a risk assessment is undertaken, and a judgment made about whether further investigation and / or action is required.

'Enhanced Contact Tracing' (as described by the national Test & Trace programme) is the systematic use of the information gathered from case interviews to identify clusters of cases and activities / settings where transmission may have occurred.

While there is a particular national focus on local use of this specific data set, it is important that local action continues to integrate all strands of information to ensure that as many clusters or outbreaks of COVID-19 are identified as possible, and that assessment and (where indicated) action is undertaken as quickly as possible. This is especially important given that other data sources often highlight issues for investigation more quickly than information gathered through contact tracing interviews. For example, workplaces will often telephone local authorities or the PHE Health Protection Team to report multiple COVID-19 cases in their setting before the Test & Trace contact tracing process has been completed.

‘Enhanced Contact Tracing’ reports and how they are used

The information gathered from case interviews is used to produce two types of report which are published on the PowerBI dashboard that local authorities and PHE Health Protection team use.

‘Common Exposure’ reports

- use contact tracing data from the ‘backwards’ period to identify shared locations, settings and activities reported by two or more cases in a defined period
- investigation of these settings
    - establishes whether there is an outbreak associated with the setting
    - establishing whether, even if no outbreak associated, there are measures that could be put in place to make the setting more COVID-secure

‘Postcode Coincidence’ reports

- use contact tracing from the ‘forwards’ period to identify where the case has been while infectious – and so potentially cause risk of transmission to others
- action may be taken if
    - any settings with vulnerable people identified
    - there are opportunities to review COVID secure measures in a setting and so mitigate the risk of any onward transmission is someone attended while infectious

North East approach

Following a workshop on 23 February 2021, the following approach was agreed across all North East local authorities and the PHE North East Health Protection Team

1. Review of ‘Common Exposure’ and ‘Postcode Coincidence’ reports
   Local authorities will review and prioritise the common exposure reports for their area on a regular basis
   See below how thresholds for review of information and for taking action may change as prevalence in the community changes.

2. As per agreed arrangements for the initial investigation of cases linked to a setting (see below), the setting will either be ‘managed’ by the local authority team or passed to the Health Protection Team for review and investigation

3. For any setting (managed by LA or HPT) the following steps will be followed
    a. Review if setting already known / under investigation
       For known settings / exposures
        i. Review case numbers – often the numbers reported on common exposure reports do not match with local intelligence, but may be

worth checking with premises depending on how 'active' the current investigation is

ii. Review timing of cases known locally with those reported on common exposure report

b. For 'new' settings / exposure, undertake a risk assessment as to whether further investigation +/- action is required
    i. Initial investigation may exclude some settings / exposures at an early stage (e.g. shopping at large supermarket)
    ii. Review case numbers, background information about setting (e.g. size of workforce, type of setting – vulnerabilities) and timeline of cases to determine whether further investigation and / or action required
c. If action is required, lead organisation will be as per local agreements (below)
d. If a multi-agency OCT is required, the lead organisation will convene and chair the meeting

4. NOTE: the same approach outlined for the use of the ECT reports will be followed for information received through any other routes

5. NOTE: the national definition for outbreaks should be considered when assessing the information. It may be that a premises, which is known to the LA or HPT team, has cases which meet the definition of 'new outbreak' https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings

Changes to risk assessment as community prevalence changes

An important factor to note is that the thresholds for how frequently to review the reports and for when to initiate investigation / action will change as the prevalence of infection in the community changes.

As community prevalence decreases, the timely recognition of new cases / clusters of cases associated with a premises or activity becomes increasingly important, therefore timeliness of review of the 'Common Exposure' and 'Postcode Coincidence' reports becomes more important. At present, these are published daily.

While community prevalence is high, concerns about small numbers of cases in large workplaces may be low but as community prevalence falls these cases may be important early warning of a rise in community transmission and rapid, intensive investigation and control measures will be required.

In situations where community prevalence is low, a much lower threshold for an early multi-agency OCT should also be applied. It may be more appropriate for HPT staff to undertake the detailed contact tracing of cases in some situations: the decision about this will be agreed between the local teams, based on an assessment of risk and available resources.

When community prevalence becomes very low, it is likely that arrangements for contact tracing and management of outbreaks will change substantially. For example, it may be that

the Health Protection Team (or its successor) takes the initial lead on risk assessment, contact tracing and cluster management regardless of the setting, as is currently the case with (for example) measles cases and clusters. It will therefore be important to keep this document under regular review as the context changes.

Recording actions taken

From national briefings, it is expected that local authorities and / or HPTs will shortly have to report on action taken on the settings / activities flagged up on the 'Common Exposures' and 'Postcode Coincidence' reports.

At present, it is not clear what metrics will be collected or which organisation(s) will be responsible for data collation and reporting. As an interim / preparedness measure it was agreed that each LA will consider processes for internally collecting the following information for each setting / activity reported on PowerBI, which we expect may be representative of the metrics requested nationally:

- Was the setting /activity already known to local team
  e.g. risk assessment been undertaken / control measures taken / OCT held
  Records the date at which local action started
- Was this a new outbreak that was flagged up through the Common exposures report?
  And if so, actions taken as a result
- Other organisations that are involved (e.g. HSE, CCG etc.)
- Comments field gives opportunity to explain why action taken / not taken (and capture settings where another organisation is leading – e.g. hospital outbreaks which are commonly flagged up)

As the HPT manages some situations, there may need to be a mechanism by which information about HPT-managed outbreaks is fed back to LAs if LAs are expected to report on all settings / activities flagged up; or vice-versa, if the HPT is expected to report. Suggested mechanisms for this information sharing include:

- Existing mechanisms for information sharing about care home outbreaks (i.e. the information already sent from the HPT to LAs could be adapted to include any relevant metrics).
- Some LA teams have weekly round-up meetings that are attended by a member of the HPT. These meetings could be used to check the lists of common exposures and update with information from HPT.
- The weekly LA review meeting (hosted by the HPT) could be used to check any outstanding queries.

We also discussed an 'iCERT' tool currently under national development. This integrates both sets of Enhanced Contact Tracing reports and allows both the HPT and LA to update each identified setting or activity with the action taken. If this is developed in a timely manner and becomes the source of national metrics, the LA and HPT could simply update it for situation they are managing, negating the need for a single organisation to collate information about all settings / activities.

We will seek further agreement on the exact process for reporting actions taken as and when the national expectations become clearer.

PREVIOUSLY AGREED NORTH EAST WAYS OF WORKING – NOVEMBER 2020

Principles for local investigation and risk assessment

- Settings are identified through a range of routes including
    - Postcode coincidence reports to the HPT
    - Common exposure reports on PowerBI
    - Reports from the settings about cases in staff / residents e.g. care homes, workplaces, food / drink venues

- In each situation, an initial assessment needs to be undertaken to verify information, including
    - Number of cases
    - Period over which cases have occurred
    - Dates of attendance at the setting
    - Likelihood of transmission having occurred between the cases in setting (or is it coincidence as large / busy venue)
    - Are cases being reported from backward contact tracing (setting is possible source) or forward contact tracing (possible risk of transmission to others in the setting)?
    - Has any action been taken to identify contacts within the setting?
    - What COVID secure measures are in place at the setting?

- At the point of initial information gathering, advice should be given to the setting about
    - Case / contact definitions
    - Isolation advice for cases and contacts
    - COVID secure measures for the setting

- Following the initial information gathering, an assessment will be made about
    - Likely transmission in the setting
    - Assessment of control measures – are they adequate?
    - The settings engagement with COVID secure practices
    - Further actions needed re identifying cases and contacts
    - Further control measures needed

- In some situations, the ‘lead’ organisation / team will feel comfortable making this assessment
    - Where there are no concerns / no further actions are required there is no need for wider multi-agency discussion

- Where there are concerns, or an organisation / team wishes to discuss their assessment with colleagues, a multi-agency discussion should take place
    - In some situations, a simple call between LA and HPT to review information and agree that actions are appropriate will suffice
    - In others where a fuller discussion of concerns and agreeing actions is needed, a more structured OCT meeting will be convened
      The organisation / team who have undertaken the initial information gathering should make arrangements for the OCT and someone from that team chair the OCT

Lead organisation / team:

The organisation / team which leads the initial investigation of a situation should be based on the typical type of support / advice needed. Where another team is directly contacted in the first instance by the setting it may be helpful to gather information to complete an initial risk assessment and share with the lead organisation.

Cross-border working: It is highly likely that larger situations (cluster / outbreak) will involves cases and contacts from more than local authority area. In line with 'normal' outbreak response, the area where a premises (e.g. a workplace) is located would take the lead for the overall investigation, but the responsibility for investigating cases / contacts may be delegated to their 'home' teams and that information reported back into an over-arching OCT.

Setting	Lead team / organisation*	Comments	Resources to support investigation
Care Homes	HPT	- Advice is mainly infection control and arrangement of testing - HPT informs LA SPOC of details of each home where testing is being arranged - Daily line list to all SPOCs / DsPH re care home outbreaks (incl weekends) - Situations where there are specific concerns will be flagged directly to the commissioner - 68 care homes were reported in the last week; initial risk assessment and documentation for each home takes between 1-3 hours - Note: there are ~220 ongoing COVID situations on our system – most of which are care homes. Not all require daily input, but are 'active' in terms of ongoing / follow-up required, therefore capacity to provide detailed updates is extremely limited and will only be possible for situations where there are concerns. - Arrangements in LA teams (review meetings / level of contact with care homes) is very variable; further work to review this and rationalise the numbers of people contacting care homes / rationalise testing arrangements	- Care Home Pack and FAQs - Wrap-around team arrangements in place in each LA (exact arrangement vary between areas) - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability)

		is being taken forward through the Regional Care Home Group	
Children's Homes	LA	- Can be complex issues relating to staffing/business continuity following identification of contacts, and commissioning arrangements, requiring multi-agency liaison - Advice is usually about infection control and COVID secure measures - Any complex situations can be discussed with the HPT via the ICC - Work being taken forward through CYP network regarding advice on PPE	- Work through CYP network
Domiciliary Care providers / Supported living services	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - May require co-ordination of IPC support requiring liaison between LA and HPT. - Providers to not always fall within a single LA footprint - HPT informs LA SPOC about cases, enquiries / situations being managed as they arise. – Options to include in daily care home line list for SPOCs / DsPH to considered via regional care homes group - Need discussion between HPT and LA/IPCNs as required.	- Domiciliary care SOP in place. Outbreak/issue definition detailed within the SOP dependent on transmission within the setting. - Regional FAQs for domiciliary care - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability) - Testing to be made available to CQC registered Dom care providers
Primary Care / Dental practices	HPT	- Advice is mainly IPC and staff isolation (and in some situations discussions about testing) - May require coordination between HPT / LA / CCG and NHSE	- Primary Care and Dental SOPs in place - FAQs for primary care and dental settings - Dental PH team undertake initial risk assessment of staff cases and report any concerns to HPT (HPT manage dental patients)

Schools	LA	- Reports of school cases/issues into the HPT (via the national helpline or direct report) are reported daily to SPOCs prior to any communication with the setting. - Main advice is about managing bubbles / identifying contacts and ensuring COVID secure measures in place - Careful assessment is needed to determine whether transmission is occurring in the school setting or whether positive results reflect community transmission - Business continuing issues may arise as a result of staff shortages - Schools are becoming increasingly confident in managing situations ins some areas - LA teams have been managing these since early October and have well-established relationships with school settings - Any complex situations can be discussed with the HPT via the ICC Thresholds for discussion will vary depending on setting but may include high numbers of cases / cases in several year groups or bubbles / reports of severe illness - Lower threshold for multi-agency discussion in SEN schools	- Schools FAQs - Support through regional CYP network (further FAQs to be capture through this network) -
Universities	LA	- Advice is mainly about ensuring COVID secure measures are in place and that contact tracing has been completed by the setting - LA teams have well established relationships and reporting arrangements in place with Universities - Universities are advised to report linked cases (on campus or in halls of residence) to the ICC - HPT liaise with LA and any complex situations can be discussed	- FAQs for Universities - Initial risk assessment template - Template letters for contacts

		- Thresholds for discussion/requirement for and OCT will vary and may include high numbers of cases / reports of severe illness	
Workplaces	LA	- Advice in these settings is mainly about ensuring COVID secure measures (EHO / Public Protection Teams +/- HSE) are in place and that contact tracing has been completed by the setting - Careful assessment is needed to determine whether transmission is occurring in the workplace or whether positive results in staff members reflects community transmission (i.e. other plausible sources of infection) - A multi-agency meeting is often useful (may include the workplace) to reinforce messages about COVID secure practice and to offer support in settings where this may be more challenging - Any complex situations can be discussed with the HPT via the ICC - As part of the roll-out of mass testing with LFDs, there are workplace pilots – we may want to consider this for workplaces where COVID secure practice is more difficult	- Workplace checklists (including re-vamped JBC action cards) - Standard email (with links to guidance and checklist for information to gather) for LA / HPT team to share with the workplace when they first report cases - Template letters for contacts and wider workforce - There are examples of asymptomatic testing in workplace – we (HPT) are gathering lessons learned
Emergency Services	HPT	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting - Settings do not always fall within a LA footprint - May be business continuity issues as a result staff shortage	
Prisons (and secure children's facilities)	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - Careful assessment is needed to determine whether transmission is occurring in the prison setting or whether positive results in staff members/inmates reflects community transmission (i.e. other plausible sources of infection)	- National HMPPS guidance

		- May be complex issues resulting from staffing issues or restrictions impose within the setting	
Hostels	LA	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting - May be complexities and support required to access testing - Any complex situations can be discussed with the HPT via the ICC	

Information sharing after initial investigation

Where a caller directly contacts an organisation that is not the lead for a particular situation, clarification should be sought about if/who they have spoken to in the lead organisation.

Where there have been previous discussions with the lead organisation, the caller should be re-directed to the individual who is managing the situation.

Where there has been no prior contact, initial information should be gathered and formally handed over to the relevant SPOC (ICC for the HPT) by e-mail notifying the caller that this is the process.

Northumberland COVID-19 Vaccination Equity Plan

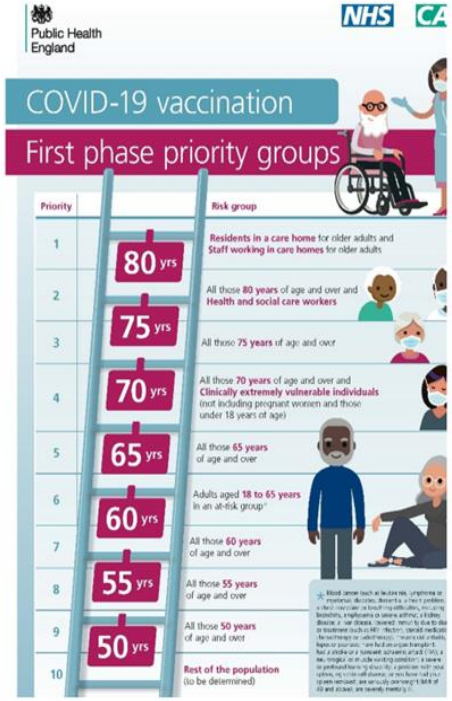
Version 2 February 2021

Principles:

- Responsibility to promote equity of vaccine uptake is shared across the system
- We will work with community partners to engage potentially under-served groups
- We will target groups based on evidence of need and/or inequalities in uptake
- We will use evidence to enhance capability, opportunity and motivation for vaccination
- We will balance equity with efficiency, ensuring no wastage
- We will follow JCVI priorities but maximise equity within priority groups

Objectives:

- To identify actual and potential inequalities in uptake of COVID-19 vaccination
- To develop and implement strategies to reduce inequities based on need (risk of harm) and evidence of actual or likely poor uptake
- To monitor the effectiveness of such strategies



Audit and monitoring

We will identify or monitor:

- Groups at increased mortality or morbidity from COVID (e.g. men, BAME groups)
- Published evidence & local intelligence of vaccine hesitancy or low uptake among different groups
- Vaccine uptake (1st and 2nd dose) by protected and other characteristics (e.g. deprivation, people who are homeless), including denominators
- Record level data on residents not vaccinated
- Evidence of effective interventions including from behavioural science

Interventions / workstreams

Partnership, Engagement & Communications

- Develop partnerships with VCS groups and local organisations working with target groups (e.g. carers, people at risk of homelessness, people with drug or alcohol problems)
- Media messaging and community information including in different languages and about non-pharmaceutical interventions (e.g. hands, space)
- Identify and work with community leaders, influencers and champions (e.g. BAME and Faith communities)
- Develop peer-led & social norms approaches for communities & workplaces
- Personal letters, text messages, telephone calls from general practices and other trusted sources
- Consider outreach and social marketing approaches
- Work with employers to ensure no financial implications

Access

- Mobile vaccination to target underserved groups (e.g. Gypsy, Roma and Traveller groups)
- Where possible, prioritise supply to current and future sites (e.g. pharmacies) in target areas / communities
- Identify additional community settings for vaccination
- Ensure effective recall systems for target groups for 2nd dose

Dependencies

This plan is dependent on:

- Uptake data becoming available from Foundry, including denominator and record-level data
- Linkage of record-level data between sources
- Available data on ethnicity and other protected characteristics to identify target groups
- Supply of vaccines, including for second doses
- Funding e.g. for mobile vaccination
- Expansion of vaccination sites e.g. pharmacies

Oversight & Governance

Local

- COVID and Flu Collaborative
- COVID Vaccine Taskforce
- Health Protection Board

Regional / SVOC

- ICS Vaccination Board (previously Flu Board)
- NEY Regional COVID Vaccine Cell
- NHS COVID Vaccine NEC Steering Committee
- North East & Yorkshire Inequalities Board

Target groups

- BAME groups / communities
- Gypsy Roma Traveller communities
- People whose main language is not English
- Vulnerable migrants
- People who are experiencing or at risk of homelessness
- People living in most deprived areas
- People with learning disabilities
- People with severe mental illness
- Carers
- People with addiction or substance misuse
- Recent ex-prisoners
- People living in rural areas
- Other protected characteristics groups where possible

Northumberland Vaccination Equity Board

- CCG
- NCC Public Health
- Local Medical Committee
- Local Pharmaceutical Committee
- Northumberland Recovery Partnership
- NCC Housing & Public Protection
- Northumberland Communities Together

Northumberland County Council

www.northumberland.gov.uk

Appendix 10

Northumberland COVID-19 Surge Testing (Operation Eagle) Plan

Date: May 2021

Version: 1

1. Background

Surge testing is increased testing and enhanced contact tracing in specific locations. This may be referred to as 'Operation Eagle'. Surge testing involves testing of people who do not have any symptoms of coronavirus and uses polymerase chain reaction (PCR)[3] testing as opposed to rapid lateral flow device (LFD) testing.

The process involves people who live or work in a defined area or setting being invited to attend a mobile testing unit (MTU) to undertake the test, or to collect and drop off a testing kit, or staff or volunteers dropping off and collecting test kits door-to-door.

Surge testing is one tool amongst others of finding cases of specific SARS-Cov-2 variants of concern (VOCs) or variants under investigation (VUIs), understanding risk factors, determining potential spread, and suppressing onward transmission. VOCs and VUIs are a major risk to public health if they are more transmissible, cause more severe disease, or are less susceptible to the body's immune response following previous COVID-19 infection or vaccination and they become widespread. PCR testing is used to enable genome sequencing of all cases (or use of other proxy methods) so as to identify VOCs or VUIs.

Surge testing may be initiated when there is a cluster of cases of the same genomically linked VOC or VUI in one or more geographical areas (or sometimes specific settings), in particular where there are no links to international travel, or when there are sporadic genomically linked VOC (or VUI) cases in the community without a clear epidemiological link to a known cluster; both scenarios would suggest that there has been ongoing community transmission of the variant.

2. Planning Assumptions

- The surge testing area will cover a population of approximately 10,000 people, but this may be higher in some circumstances.
- Every person who resides in, works in, or travels through the affected area (aged 16 years and over) will be strongly encouraged to take a COVID-19 test.
- The operation will take place over a 14-day timeframe.
- Between 50% and 75% of the target population will be tested and all samples will be genomically sequenced. (This may not be appropriate for populations larger than 10,000 people.)

[3] PCR testing detects the presence of a protein (antigen) produced by the virus. The person's sample is sent to a laboratory for processing to detect the presence of antigen. If the person's sample is positive, this test is then sequenced to understand which strain the positive sample is derived from.

- The same national restrictions will continue to apply in the affected area, that is no additional restrictions will need to be implemented locally.

3. Notification

Following the announcement on 19th May 2021 that surge testing was to be carried out in North Tyneside and other areas, it is evident that decisions about surge testing may be taken by the Department of Health and Social Care (DHSC) without a specific recommendation from the Incident Management Team. It is therefore possible that the Chief Executive or Director of Public Health (DPH) will be notified directly by DHSC. The Surge Testing Tactical Group will then need to be convened at very short notice to implement this plan.

In most circumstances, the notification process is expected to be as follows.

The Public Health England (PHE) North East Health Protection Team (HPT) receives daily line-lists of VOCs and VUIs. The HPT will notify the Director of Public Health if there is a case of a VOC or VUI within Northumberland that may require surge testing. Alternatively, one or more clusters of a VOC or VUI and/or increasing case numbers over a short period of time may also result in a decision to put surge testing in place. This decision may come directly via the national Command and Control structure.

An Incident Management Team (IMT) will be formed including representatives from Regional PHE, National PHE, the NE HPT, and Northumberland County Council (NCC) and other local authorities involved, including DPH(s) and where necessary Communications and the Director of Business Development and Communities. The IMT meeting will be chaired by the HPT Consultant. The IMT will be responsible for formulating a strategic plan to manage cases of the VOC / VUI.

The response to the identification of a VOC / VUI is not always surge testing. Where the plan does include surge testing, this must be approved by National VOC Bronze. Genomic sequencing of case samples to identify the specific variant currently takes approximately 7-14 days. Therefore, by the time a local authority is advised that there is a VOC / VUI in their area, the initial case and their household may have completed their self-isolation periods. The focus initially is therefore on assessing how much the VOC has already been spread in the community through enhanced contact tracing and testing of contacts.

Where surge testing is required the strategic plan formulated by the IMT will include outcome goals which will be worked towards, including:

- Scale of testing to be carried out: number of people to be tested, and
- Range of testing to be carried out: postcode(s) and settings to be tested.

Following the IMT meeting and again following approval of the strategic plan by National VOC Bronze, the DPH will notify: NCC Gold Command (who will determine whether to declare a major incident) and the Surge Testing Tactical Group via the Duty Civil Contingencies officer.

The Civil Contingencies Team (CCT) operates a 24/7 duty rota which will allow for emergency contact if (and when) required.

4. Command and control structure

Following notification that surge testing is required, the Surge Testing Tactical Group will meet urgently to implement this plan. This group will include:

- Public Health
- Civil Contingencies Team
- Business Development and Communities
- Communications team
- Public Protection
- Fire & Rescue Service
- Estates
- Local Services
- Finance

Initial considerations for the group include:

- Communications and engagement
- Operating locations
- Risk Assessments
- Data and intelligence
- Resourcing, i.e. staff, vehicles, PPE
- Finance

5. Surge testing activities

There are three principal methods of delivering surge testing. Each option can be used in isolation or in conjunction with the other:

1. **Mobile Testing Units (MTUs)** – assets are deployed by DHSC to the locality, requiring a minimum carpark space of ideally 30-40 spaces. NCC will supply hygiene facilities (these can be 'porta-loo' type assets). This will provide a temporary testing facility for residents to use which may be by appointment only or on a walk-in basis. Highways signage will also be required. Liaison with Parking Services, Highways and Waste will be required to re-purpose the car park.
2. **Door-to-door** – PCR test kits would be hand delivered to households in the target area with instructions on how to use them, to be collected later and transported to the designated Local Testing Site (LTS). The delivery and collection of these test kits will be by local authority staff and/or volunteers. This would be very resource intensive so may be restricted to targeting communities that find it more difficult to access testing. Control points will be required in the area to store PCR test kits and act as a hub for the staff delivering and collecting those kits. Returned kits are transported to the designated LTS, from where they are transported to the laboratory for processing. Designated LTS for the surge testing would be confirmed.
3. **Collect / drop-off points** – residents of the targeted area attend a site established by the Council to collect PCR test kits, they take the kit home, test themselves and return

the kits to the site. Returned kits are transported to the designated Local Testing Site (LTS), from where they are transported to the laboratory for processing. Designated LTS for the surge testing to be confirmed at the time, the choice of which would be dependent on the area where surge testing is taking place. Collect / drop-off points would be identified at the time of the first surge meeting and NCC's mobile distribution vehicles would be located at the advertised collect / drop-off point to allow residents of the targeted area to collect a PCR test kit. Residents would need to return the kits to the site in time for transport to the LTS and onwards couriering to the laboratories. LTSs are located throughout Northumberland at Ashington, Blyth, Hexham, and Berwick. Highways signage and wide-reaching communications would be required.

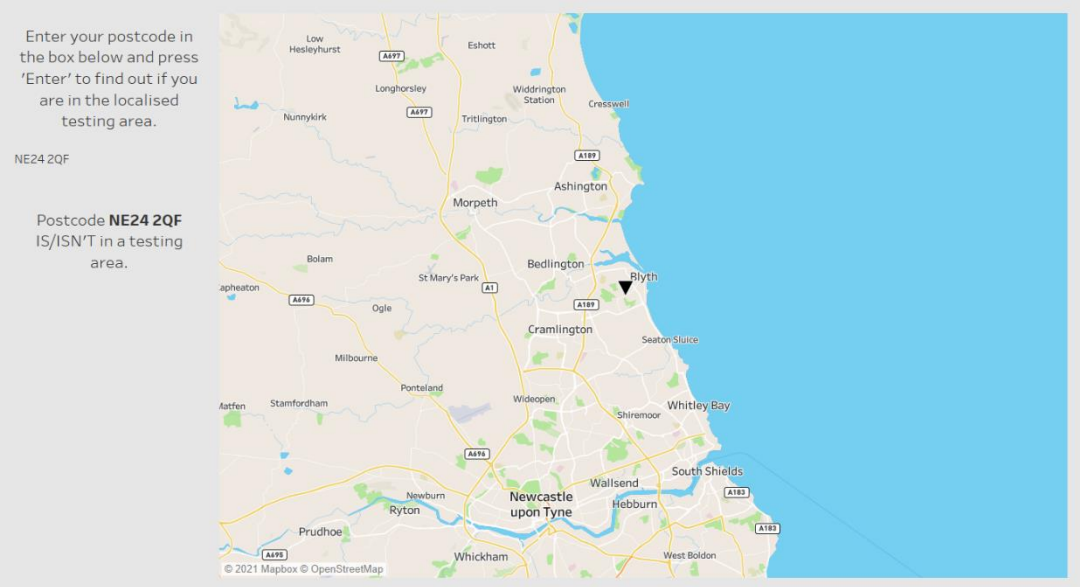
It should be noted that Local Testing Sites (LTSs) would continue to carry out *symptomatic* testing.

If the surge test requirements involve cross LA border surge testing, then it would be prudent for all LAs to have an initial discussion and decide on the same surge test method for each LA area to help with the communications and delivery efforts.

6. Data management

COVID-19 cases and contacts of cases flagged with international traveller status are currently being monitored as a way of identifying potential transmission. In addition to this, a variants line list has been provided by PHE since 7th May. This is a person-level dataset of Variant and Mutation (VAM) SARS-CoV2 cases identified through genomic sequencing and provisional genotyping through PCR.

A tool has been developed to allow residents to enter their postcode to identify whether their household should be tested and can link to actions such as how and where to access a test (see image below).



This tool is being enhanced for internal use should surge testing be required, and will include the following:

- Properties to be tested - this can be linked to a system to identify and confirm a test kit has been received and returned if required. (Total mobile solution can be developed should it be required.)
- Testing centre locations.
- Current positive cases including a breakdown of those with VOC status.
- Clinically Extremely Vulnerable (CEV) population.
- Population by age bands.
- Vulnerable populations.
- IMD decile.
- Key assets including schools, care homes, GP surgeries, businesses etc.
- All residential properties in the affected area upon receipt of the postcode area(s).

All members of the Surge Testing Tactical Group will have access to the dashboards which are being developed in preparation to allow them to be mobilised with the relevant postcode area data identified for surge testing.

7. Communications and engagement

Following an announcement by DHSC, the communications approach will be targeted and locally led, supported by PHE and NHS Test and Trace.

The NHS Test and Trace Variant of Concern testing communications team will onboard each local authority that launches a surge testing operation.

The Communications Plan details the key messages, communications objectives, and tactics to be used in each testing scenario.
We will respond with quick, accurate and direct communications of any localised outbreak and relevant response.
We will amplify the national campaign messages, making use of well-established channels and relationships. Communications will be aimed at a wide audience through social media, direct marketing, outdoor advertising and via the local press. Language and tone will be persuasive, community focused and person centric.
A social marketing approach will aim to ensure that the information is relevant and appropriate for different audiences.

8. Cross-Border Considerations

If a VOC is identified in an area that spans more than one local authority area the following should be considered:

- The IMT will include DsPH from the affected local authorities.
- Overall management of the tactical operation will typically fall to whichever local authority the first case with a VOC resides, but may transfer to another local authority if there is a need to do so.

- The same approach to testing residents will be required for all local authority areas involved to avoid public confusion and duplication in testing, which will be discussed in the initial IMT.
- Communications will need to be agreed between local authorities to ensure a consistent message to residents across all affected local authority areas. The communications strategy will again be discussed at the first IMT.
- Affected local authorities should refer to the LRF Surge Testing Concept of Operations (CONOPS) to understand the roles and responsibilities of our other LRF partners and how they can support the LAs in delivering surge testing.

9. Enhanced contact tracing

Surge testing not only needs to identify COVID-19 cases, but also needs to identify contacts of cases 7-14 days before and 10 days after their onset of symptoms (or positive PCR test if asymptomatic) to provide self-isolation advice and advice on further testing of contact if required. The bulk of the contact tracing will be undertaken by NHS Test & Trace, with priority given to cases in areas with surge testing. As happens currently with all cases, if they cannot be contacted within 24 hours of the case entering the Contact Tracing and Advice Service system (CTAS), cases are transferred to the Local Testing Partnership (LTP) to attempt to make contact using additional means, including use of a local telephone number and other databases held by Northumberland County Council. A modified script will be used in areas with surge testing. The LTP in Northumberland is delivered by the Customer Services team with support from the Public Health team. Resources may need to be increased in the event of surge testing.
Where VOC tracing is required, the LTP should be informed by our Regional Engagement Manager for contact tracing. LTP team members have access to a VOC contact tracing briefing which suggests the following additional considerations for tracing VOC cases:

- More urgency added to the content of the text message sent to cases.
- A door knocking/home visit earlier in the process or stood up if you don't have one live (this is coming soon in Northumberland).
- Weekend service if not already in place (already occurs but would need additional resource to extend hours).
- Checking all cases against local databases early to find alternative details (in line with the current process).
- Checking other Power BI linelists e.g. 'contact tracing cases' or 'contact tracing contacts' to see if they have come up before. Previous entries could have different telephone numbers that have been successful in the past.