Bury COVID-19 Outbreak Control Plan

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Introduction

England has had a large epidemic of COVID-19 that has led to considerable loss of life. Social distancing measures have reduced the number of new infections and deaths. But these measures place a large burden on individuals, families, communities and the economy. Evidence suggests that most people in England are still vulnerable to COVID-19. This means that a large epidemic will happen if these restrictions are lifted completely.

Contact tracing and outbreak management are tools for controlling the spread of infectious diseases. Tracing and isolation of people exposed to COVID-19 can reduce the spread of infection. Fast and effective outbreak control can reduce the number of infections. Together, these measures may allow for more relaxation of social distancing requirements than would otherwise be possible.

The contact tracing system in England is made up of four tiers:

- Tier 3 consists of call handlers who speak to contacts of confirmed cases and advise them to isolate;
- Tier 2 consists of case handlers who interview confirmed cases of COVID-19 to identify their contacts;
- Tier 1b is an integrated regional and local system to deal with contact tracing and outbreak management in complex settings; and
- Tier 1a provides national strategic oversight of the whole system and sets guidance and policies.

Bury is part of the Greater Manchester (GM) Tier 1b system. Within Tier 1b, most contact tracing is expected to be done by the Greater Manchester Integrated Contact Tracing Hub (GM ICTH). Local authorities and their partners will be involved where their help is needed to manage complex cases or outbreaks, and supporting individuals and settings affected by COVID-19. This might include supporting people who have been told to isolate, or dealing with the consequences of closing settings, like schools, GP practices or care homes.

As well as playing its part in the Greater Manchester tier 1b contact tracing system, Bury needs a system that can respond to outbreaks and situations without waiting for notifications from tiers 2 and 3 through the GM ICTH. This will allow a faster response to emerging outbreaks, and where necessary, getting help from the GM ICTH.

Purpose of the Bury COVID-19 Outbreak Control Plan

The Bury COVID-19 Outbreak Control Plan has two functions:

1. It is a **reference document** for people involved in COVID-19 outbreak management. It describes control measures, roles and responsibilities, guidance, and processes to support both reactive outbreak management and proactive support to key sectors; and

2. It is the **programme plan** for the Bury COVID-19 Health Protection Board. It describes the main actions to be taken, and by whom, to improve the capacity and capability across Bury to manage COVID-19 outbreaks. Detailed actions will be captured in a separate action plan. It also describes the resources needed to support COVID-19 outbreak response.

As well as COVID-19 Outbreak Control Plan Bury also has a generic Outbreak Control Plan. This document describes how Bury manages outbreaks of a wide range of infectious diseases. There is also a Greater Manchester COVID-19 Outbreak Control Plan, which describes how the Greater Manchester part of the tier 1b system will work. Our intention is for the local and Greater Manchester responses to form a single seamless system for managing COVID-19 cases and outbreaks.

Aims

Our aims are:

1. **Reduce the transmission of COVID-19.** Reducing transmission of COVID-19 will both direct and indirect harms caused by COVID-19, as well as reducing the extent of social distancing needed and the harms associated with social distancing. We will do this by providing proactive support and reactive outbreak management.
2. **Reducing health inequalities** by focusing on those groups and settings at highest risk, or that may be more vulnerable because of wider structural inequalities, will be central to this aim.
3. **Minimise the impact of measures taken to control COVID-19.** This includes both wider social distancing measures and specific measures taken as a result of contact tracing or outbreak management.

Overall approach

Our approach is that contact tracing and outbreak management need a whole-system response. This means that while there will be a core team responsible for managing COVID-19 cases and outbreaks in Bury, the actions needed will fall across the wider system, including the council, health economy, and civil society.

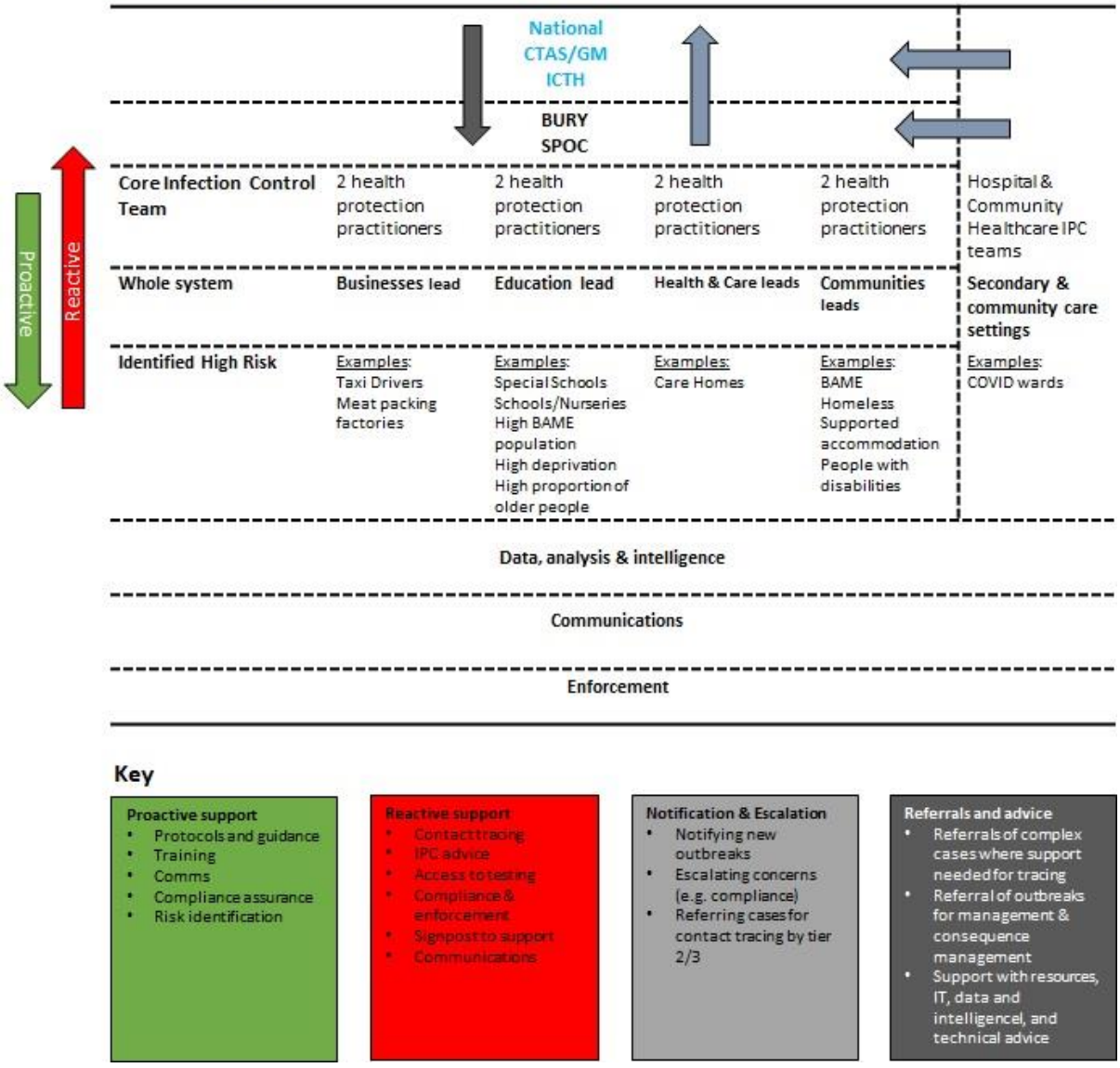
Continuous learning is an important feature of our approach. The approach described here combines reactive management of outbreaks with proactive support to key sectors. This will make sure that lessons identified in outbreaks are used to improve preparedness plans. Through links with the GM ICTH and Public Health England lessons from outbreaks across Greater Manchester will be used to improve local plans.

The COVID-19 pandemic and the Government's response to it are changing quickly. Our plan will have to change as the situation develops so that it stays relevant.

Structure

Figure 1 below shows the overall structure of the COVID-19 contact tracing and outbreak management system in Bury.

Figure 1: Outline COVID-19 Response Structure



This structure shows six important parts of the local COVID-19 response:

1. **A single point of contact (SPOC) for COVID-19 issues**. The Bury COVID-19 SPOC will receive notifications of new COVID-19 outbreaks and issues from local partners (schools, primary care settings, social care settings) and the GM ICTH. The Bury COVID-19 SPOC will use the existing Bury Council Infection Prevention and Control (IPC) email address and phone numbers but will need extra administrative support to free up IPC staff from monitoring the inbox to focus on outbreak and issue management.

2. **A core health protection team.** This will build on the existing health protection team with extra resources drawn from within the system (environmental health, CCG) and through recruitment of new staff. This team will be responsible for reactive management of COVID-19 outbreaks and complex cases. It will also have staff dedicated to providing proactive engagement and support to key sectors with the aim of preventing infections and outbreaks.

3. **Points of contact for key sectors.** These will include educational settings; healthcare settings; social care settings; businesses; and wider community settings. This will draw on existing resources within the system. However, as the system matures and we learn more about the volume of activity, these areas may also need to be supported with extra resources.

4. **Dedicated support for data analysis and intelligence.** This will draw on intelligence products developed to support the COVID-19 response in Bury. It will draw in new data, such as testing data, NHS111 calls, and referrals from the national and regional layers as these data become available. It will also capture the level and type of activity happening through the health protection team to plan and prioritise resources. As more detailed epidemiological data (such as small area data and data on cases and deaths with data on patient demographics) becomes available, it will also identify areas of high transmission for further investigation and action.

5. **Dedicated communications support.** This will support the sector-specific engagement with broader communications designed to promote compliance with infection prevention and control measures and social distancing.

6. **Enforcement.** While we expect that most people and organisations will fully adhere to advice given by public health authorities, there may be a small number of instances where further enforcement is needed. In this case, the Outbreak Control Team will work with colleagues in the Council's Environmental Health and Trading Standards teams, Greater Manchester Police, and Public Health England, to ensure adherence to guidelines and isolation. The approach will be that enforcement using legal powers (including powers of arrest) will be used as a last resort.

In addition to these parts shown in the diagram, there are two further components that will be central to the Bury COVID-19 response:

a) **Close integration with local and national testing pathways.** This will ensure appropriate testing routes are available, so everyone who needs a test can get a test, and that outbreaks are identified early.

b) **Community hubs.** These are responsible for providing support to individuals, such as delivering food and medicines to people who are isolating.

Resources

The structure outlined above needs the following roles:

1. **Administrative to ensure the SPOC is available during core hours of operation.** The requirements of this role will be to ensure that messages coming into the SPOC are logged, are assigned to a case manager and accurate records are kept of actions taken.

2. **Case management staff to case manage outbreaks and provide proactive infection prevention and control advice to key settings.** This will include Bury Council's existing Infection Control Team, supplemented with extra staff from Environmental Health, CCG, and agency staff. These staff will be responsible for making sure that appropriate actions are taken for each issue (complex case or outbreak needing follow-up). These actions may need to be taken by other parts of the system, not necessarily by the case manager. The case manager will be responsible for keeping an accurate record of the actions taken for a given issue, and closing the issue once all infection prevention and control and consequence management actions are complete. These staff will also be responsible for providing proactive infection prevention and control advice to key settings, prioritising those identified as highest risk.

3. **Lead contacts in the wider system for key sectors and settings.** These will be responsible for identifying (with support from the health protection team) which settings present the highest risk; supporting proactive engagement with settings and communities; and arranging wider consequence-management support to people and settings affected by COVID-19 outbreaks.

4. **Analytical support**. This will support the health protection team and council to capture, analyse, and interpret data on the level and type of activity coming through the SPOC, and on the epidemiological status of COVID-19 infections in Bury.

5. **Communications support**. This will support the overall management of the COVID-19 pandemic in Bury with strategic messaging, as well as providing reactive support in the event of outbreaks. This will also draw in media monitoring (including social media monitoring) to identify emerging issues, such as around compliance with social distancing or contact tracing advice.

6. **Overall management and oversight of the COVID-19 outbreak response in Bury.** This will be provided by the Director of Public Health (DPH) for Bury, as part of her statutory responsibility for the health of the population of Bury. The DPH will be

supported in this response by the COVID-19 Health Protection Board, which will report into the Borough Gold & Council Gold meetings; the member-led engagement group in Bury will be the Cabinet and Strategic Commissioning Board and will be informed on progress and issues via the previous mentioned meetings.

While some of these resources (particularly around roles 3 – 5 above) will be drawn from the existing system, the initial Bury COVID-19 outbreak management plan will require the following identified resources:

1. Administrative staff to operate the SPOC;
2. Health Protection / Case Management staff in the Infection Control Team;
3. Oversight of the Infection Control Team;
4. Analytical support;
5. Communications lead;
6. Enforcement/Business engagement officers; and
7. Community Hub staff.

Areas in the wider system may also need extra resources. This will depend on the level of demand, particularly in managing the consequences of actions taken to control outbreaks, like supporting contacts to isolate at home. The resourcing level will be kept under review as the situation develops and changed if needed. In the event of short-term surges of activity, options to quickly scale-up resources will include:

1. Drawing on resources within the Council and across the local system, such as Environmental Health staff, or Quality Improvement staff; and
2. Asking for surge support from the Greater Manchester COVID-19 contact tracing system.

Bury has been allocated funding to support its response to COVID-19. A funding proposal is being prepared that sets out how this funding will be used.

Bury Council is recruiting more infection control staff with the aim of extending a minimal infection control service to include the weekends. Once in place, weekend infection prevention and control advice will be limited to only those actions that need to be completed over the weekend and cannot wait until the next working day. This will include steps 1 to 3c from the generic process above. For high risk situations (such as outbreaks in high risk settings, or where there are high numbers of deaths), notification of DPH, communications lead, and wider system leads will also be included.

Risk assessment

Risk assessment is an essential component of health protection. Good risk assessment ensures that all the risks to the public health are identified and managed. Risk assessment

can help to identify early where extra support will be needed in managing an outbreak or situation. Risk assessment supports prioritisation of outbreak management work if the volume of outbreaks outstrips the system's ability to respond. And it guides the focus of proactive support to settings so that the highest risk settings are best protected. Prioritisation without risk assessment is likely to lead to avoidable harm, as resources are not directed at preventing or managing those outbreaks and situations that pose the greatest risk to the public.

A basic framework for risk assessment is described below. This risk assessment approach is intended to be both simple enough so that assessment can be completed quickly, comprehensive enough to ensure that the risks are consistently assessed across settings, and flexible enough that it can capture both technical assessment of risk and wider social and political aspects. It is specific to COVID-19 and is not intended to replace health protection risk assessments carried out by other agencies, but to guide local prioritisation of effort.

This risk assessment framework will be refined as the system gains experience of managing and prioritising outbreaks. There will also be benefit in using the same risk assessment framework across regional partners. Initially, outbreaks will be assessed according to the following criteria:

1. **Vulnerability**: Clinical manifestations of COVID-19 range from no symptoms to acute respiratory distress and death. The risk of severe illness and death is higher in some groups, such as the elderly, people with underlying health conditions, men, and some ethnic minority groups. Vulnerability will be assessed both based on evidence such as the number of hospitalisations and deaths in cases, and/or on the number of vulnerable people among the exposed group.

2. **Scale**: The risk for a given outbreak increases with the number of people potentially exposed. In some settings this can be more easily assessed (such as by the number of residents in a care home, or the number of staff and children in a school cohort). In others the potential spread is harder to assess (such as in community outbreaks among hard-to-reach groups).

Together, vulnerability and scale reflect the potential for harm.

3. **Mitigation:** these criteria assess the likely effectiveness and feasibility of outbreak control measures. Interventions include isolation, infection control measures (such as hygiene and environmental cleaning), and use of PPE. Examples of higher risk settings might include dementia units where residents cannot be isolated to their own rooms; or an outbreak among homeless people who may not have appropriate accommodation to isolate to and where contact tracing may be more difficult. While in general mitigation can be targeted at reducing both severity and spread, in the absence of effective treatment or prophylaxis, mitigations will primarily be intended to reduce the spread of COVID-19.

Scale, spread, and mitigation provide an assessment of both the potential health harm and the extent to which this harm can be reduced once actions are implemented.

4. **Wider context:** Outbreak management needs to consider impacts on public confidence, political impacts. Impacts on stakeholders and wider groups. Examples of higher risk situations are outbreaks that are likely to impact public confidence, or where there may be impacts on community relations. Wider context may also include an assessment of the impact on the delivery of services or the wider economy of Bury.

Sector-specific arrangements

Bury's COVID-19 plan focuses on six main sectors:

1. Primary care (GPs, pharmacists, dentists, and optometrists);
2. Secondary care and community care;
3. Social care;
4. Early years, schools and colleges;
5. Businesses; and
6. Communities.

For each of these settings the plan describes both how the system will provide proactive support, and how it will respond if there is an outbreak of COVID-19 in that sector. The full plan includes the roles and responsibilities of the organisations involved, as well as the names and contact details of the people who will be responsible for responding to any outbreaks. The plan also includes those settings or communities within each sector that face the greatest risk from COVID-19, and contact details for these settings. For reasons of privacy, these details are not being made public. The plan also includes links to main national guidance documents for each sector. For brevity these are not reproduced here.

Primary care

High risk settings

- Larger practices are likely to be more exposed to COVID-19 infections. But smaller practices may struggle more to maintain services if affected by staff absence.
- As COVID-19 has struck more deprived communities and ethnic minority communities harder, practices that serve these communities may be at higher risk.

Proactive support

Bury Council and CCG will provide regular updates and guidance to practices through weekly webinars and the CCG bulletin.

All Primary Care providers have been advised to work from home when they can. Where this is not possible, staff is to adhere to socially distancing guidelines. If staff cannot operate within the guidelines, they are to follow the PPE guidelines and the Standard Operating Procedures for General Practice linked above. Practices should source PPE through their normal supply routes in the first instance. Bury Council also operates an emergency PPE supply system in case of acute shortages in supply that cannot be met by normal PPE supply routes or through national systems.

Outbreak response

Confirmed cases linked to healthcare settings in Greater Manchester notified to the national contact tracing system will referred to the GM ICTH for follow-up. The GM ICTH will notify the local authority and CCG. Practices that know about confirmed cases should notify them to the CCG and Bury COVID-19 SPOC.

In the event of confirmed cases or outbreaks of COVID-19 linked to a primary care provider, the commissioner will inform the Regional Incident Coordination Centre and the Bury COVID-19 SPOC. The Regional Team will notify the National Incident Coordination Centre. The Bury COVID-19 SPOC will escalate outbreaks in primary care settings to the GM Greater Manchester Integrated Contact Tracing Hub. The GM ICTH will lead on outbreaks that happen in a community pharmacy, dentistry, and optometry settings, including trace and track and the diversion of prescriptions to another pharmacy.

If significant staffing pressures occur, providers should invoke their business continuity plan and notify the CCG. Providers should inform their commissioner as soon as they consider delivery of the full contracted service may be compromised by staff absence due to Test and Trace. The commissioner will work with the contractor to maintain access to services for patients. The provider will need to update information on patient accessible websites and the impacted NHS 111 Directory of Services profiles will need to be updated.

Secondary and community care

High risk settings

- Delivery out of multiple sites e.g. Any Qualified Provider;
- Delivery from shared sites (e.g. lift buildings);
- Single handed services;
- Face to face services;
- In patient settings;
- Mental Health Acute settings;
- Priority 1 services;
- Services for complex/vulnerable patients; and
- Domiciliary services

Proactive support

Bury CCG Commissioners for Urgent Care, Elective Care, and Mental Health are working with providers to ensure systems are in place to prevent new outbreaks of Covid-19 through a range of methods. This includes: regular meetings with system partners; daily assurances regarding workforce capacity (situation reports); mechanisms to escalate concerns; Early Warning Dashboard; reviewing business continuity plans; capacity and demand modelling with partners; linked into GM networks/ forums; assessing CMS activity daily; team rota in place to respond to re-equipment for 7-day working; education/awareness of team to proactively support system response; planning digital solutions for speed and responsiveness for patients, staff and services.

Commissioners work with system partners to aid recovery and respond to outbreak to sustain priority services and plans are in place to support the mobilisation of services at pace.

Extensive guidance on working safely during COVID-19 has been produced by the Northern Care Alliance (NCA). Specialist infection control staff work across both hospital and community care settings. The NCA is integrated into local command and control structures. In addition, close working relationships exist between these staff and the local authority infection control team and with Public Health England, including information on current outbreaks.

Outbreak response

For NHS trusts, NHS North West is establishing a system of reporting outbreaks. Outbreaks in NHS trusts will be led by NHS trusts with input from PHE and other agencies. Trusts will be responsible for doing contact tracing for cases and outbreaks in hospital and health-led intermediate care settings.

Given the likelihood of spill over into the community, it will be important that the local COVID-19 Health Protection Board is informed of any outbreaks in secondary care settings. This makes sure that the COVID-19 Health Protection Board has a consistent picture of COVID-19 spread in Bury.

Any confirmed cases linked to healthcare settings by the Tier 2/3 national contact tracing system will be passed to the GM ICTH for contact tracing. Local commissioners will be made aware so that they can plan for any potential impact on service availability.

Social care

High risk settings

- Care homes (particularly larger homes and those caring for residents with dementia).

Proactive support

The Infection Control Team and Bury Council's Provider Relationship Teams provide ongoing support to providers across adult social care, including.

- Regular communication with and information to providers via the adult social care bulletin;
- Support for providers via regular contact by provider relationship officers and health protection nurses/practitioners;
- Monitoring results from local NHS and Public Health England labs to identify any issues;
- Ensuring new or updated relevant national guidance is sent to all providers;
- Support for testing of symptomatic and asymptomatic staff and residents;
- Workforce support to ensure safe staffing maintained;
- Support for access to PPE;
- Infection prevention and control and PPE training;
- Monitoring of care home deaths on Bury registrar death returns to identify any issues which might indicate undetected transmission events;
- Support and guidance for providers to safely receive transfers/admissions from hospitals, other providers, or from the community; and

Assessment of cases identified through test and trace linked to care homes or social care providers to ensure appropriate transmission prevention measures are in place.

Outbreak response

The Infection Control Team will lead on outbreaks in social care settings working with the provider. Social care providers will notify the Infection Control Team or Public Health England of any suspected or confirmed cases. The Infection Control Team will support the home with testing and infection control advice, including advising on closure of the home to visits and new admissions. Wider testing to identify asymptomatic cases may be undertaken as part of the outbreak investigation. For outbreaks that are particularly large, extra support will be sought from the GM ICTH and Public Health England as appropriate. Contacts outside of the social care setting will be passed via the GM ICTH for follow up by the national tier 2/3 contact tracing system.

Early years, schools and colleges

High risk settings

- A primary special school for pupils, many of whom will have underlying health conditions;
- A secondary special school for pupils, many of whom will have underlying health conditions;
- A hospital school; and
- Vulnerable children – Many of these children are not in school or early years settings because of underlying health conditions but remain at risk

Proactive support

The Infection Control Team will provide ongoing support and advice to schools on how to minimise the risk of COVID-19 infections in staff and students. A guidance pack developed by Public Health England has been shared with all schools. Regular webinars have been used to discuss the guidance and scenarios that might happen in schools.

Lessons from cases and outbreaks in schools in Bury and across Greater Manchester are being identified and shared with schools. Early examples include: the importance of minimising contact between staff, the importance of secondary points of contact in the school if the head becomes ill, and the benefits of notifying the local COVID-19 SPOC are already being fed back. The Infection Control Team also provide advice to individual schools about how to apply the national guidance, and is available to answer questions, as well as getting more detailed advice from Public Health England if needed.

The Bury Council's Education Department has provided ongoing support to schools. This has included providing templates for risk assessment for that cover both risk in the school setting, as well as advice on risk assessments for individual members of staff. Through constant ongoing communication the Council has created a process that allows schools to raise emerging problems and get help with wider challenges created by COVID-19.

As a high-risk group, all children with Education, Health & Care Plans, and those known to Social Care have been identified, and are receiving targeted multi-agency support.

Outbreak response

Schools will exclude any staff or students with symptoms of COVID-19 to get tested as soon as possible, signposting staff to local arrangements for testing key workers at the Waterfold business park. The school follow any appropriate guidance for people who develop symptoms of COVID-19 while at school. The school will notify the Bury COVID-19 SPOC of any confirmed cases and the Bury SPOC will escalate outbreaks to the GM ICTH for contact tracing and will facilitate GM ICTH contact with the school. The Council will support the

school to implement any infection control measures recommended and to manage the impact on the wider impacts on education provision.

Communities

High risk communities

Communities at highest risk from COVID-19 (along with key supporting organisations where identified) are:

- Homeless people (Adullum)
- People misusing drugs (Achieve Bury substance misuse service)
- Sex workers (Virgin Care)
- Gypsies and travellers (Sixtown Housing)
- Extra Care settings (Six Town Housing)
- Vulnerable tenants in Council housing managed by Six Town Housing:
- Refugees and asylum seekers
- People with learning disability or autism (Bury Council Inclusion Ambassador)

Proactive support

Proactive support to communities will include

- Coronavirus Health Advice on Bury Council, CCG and Directory web sites and regular communication with and information to residents via twitter and Facebook. This will include targeted communications for specific communications and translation into languages other than English where needed. This is covered in more details in the communications chapter and will be developed in a separate communications strategy;
- Regular two way engagement with communities using existing community engagement fora to both share guidance and advice, and to
- Support for testing of residents with symptoms of COVID-19 as explained in the separate chapter on testing below;
- Assessment of complex cases identified through test and trace to ensure appropriate isolation advice and contacts identified and referred back to GM ICTH;
- Bury Council community hubs to provide support in all our communities and to arrange delivery of food and medical supplies or access to hardship grants for those shielding or isolating without a local support network;
- Ensuring frontline council and CCG staff are aware of guidance, risk assessments, and safe working practices to prevent spread; and

- Ensuring frontline council and CCG staff have access to emergency PPE to manage infection risks.

Outbreak response

The Bury COVID-19 Health Protection Group and Infection Control Team will regularly monitor all available data to identify signs of developing outbreaks in specific communities. Where communities are identified where infection rates are significantly higher than expected, further investigation will be done to understand the cause. This may include extra testing arrangements.

If cases are asked to self-isolate, and they cannot access food or medication, they can get support through the community hubs. Community Hub calls are redirected from the Contact Centre to EDT at weekends. Community Hubs are open 9-5 at the weekend and EDT refer cases using these hub email addresses:

- Bury North NorthHubCovid19@bury.gov.uk;
- Bury East EastHubCovid19@bury.gov.uk;
- Bury West WestHubCovid19@bury.gov.uk;
- Prestwich PrestwichHubCovid19@bury.gov.uk; and
- Whitefield WhitefieldHubCovid19@bury.gov.uk.

If it is a sexual health related enquiry, use the sexual health contacts and someone will get back to you the next working day.

In the event of a possible/confirmed case or outbreak in an extra care setting, staff on site will follow “Extra Care – Covid-19 outbreak plan” to ensure risk is minimised with other residents.

Businesses

High risk settings

- Black, Asian, and Minority Ethnic (BAME) businesses community;
- Warehousing and distribution;
- Larger meat packing and food processing plants;
- Manufacturing businesses;
- Retail;
- Licensed premises;
- Hairdressers, beauty salons, tattooists; and
- Call centres.

Proactive support

Bury Council has circulated a summary of key guidance for retail and manufacturing business. This includes guidance on minimising the risk of transmission of COVID-19 in the

workplace, and also any health hazards that might have been created by the long shutdown in some businesses (such as an increased risk of legionella from water systems).

The Council has made a page on the Council website that will be updated with further guidance and examples of good practice. The Council's existing links with businesses through Environmental Health, Trading Standards, and Business departments have allowed it to identify and share examples of good practice in operating a business safely during the COVID-19 pandemic.

High risk businesses are being identified drawing on lessons from outbreaks in businesses elsewhere in England. Details are being gathered on high risk premises, which are being targeted with specific advice and support.

Outbreak response

Single cases will be followed up by the national tier 2/3 contact tracing system. Businesses are advised to tell the Infection Control Team about any situation involving two or more linked cases so that early contact tracing can be started and infection control advice can be given.

COVID-19 Testing arrangements

Aims for COVID-19 testing in Bury

Fast access to testing is vital for outbreaks to be identified early and for infected contacts of cases to be told to isolate before they become infectious. The COVID-19 Health Protection Board's aims are

1. To make sure that appropriate testing routes and capacity is available so that everyone who needs a COVID-19 test in Bury can get one quickly;
2. Local testing arrangements are targeted to support the highest risk settings and communities so that cases and outbreaks are identified quickly and managed;
3. Local testing arrangements support essential workers to remain in work if they do not have COVID-19; and
4. Testing arrangements are in place to support management of outbreaks.

Testing capacity in Bury is a mix of local and national provision. The Government released a COVID-19 testing strategy on 8th April 2020 which outlined a 5 Pillar approach to testing. The strategy was last updated on 8th June 2020. The Bury locality is offering testing as outlined nationally and will continue to develop testing for both COVID-19 and Antibody testing in line with the national strategy. Details of the national strategy can be found here:

https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Priorities for COVID-19 testing development in Bury

Access to testing has improved dramatically since the start of the COVID-19 epidemic in England. But there are still areas for improvement both locally and nationally. The Bury COVID-19 Health Protection Board will oversee a programme of work to address any gaps in testing capacity. The current priorities for improving testing capability in Bury include:

1. Establishing clear arrangements for testing of under-5s with symptoms of COVID-19;
2. Testing arrangements for vulnerable groups who may find be able to access existing testing pathways (including appropriate arrangements for vulnerable children);
3. Ensuring that testing requirements meet the needs of diverse communities across Bury; and
4. Connecting COVID-19 testing into wider clinical services.

The rest of this chapter describes existing testing routes for COVID-19 in Bury, which groups they serve, and how they can be accessed.

Current COVID-19 testing arrangements in Bury

The table below summarises routes to testing for key groups.

Group	Testing route	How to access
Essential workers (including NHS and social care staff) or members of their household **with** symptoms of COVID-19.	**National system:** drive-through and home test kits.	Book online at: https://www.gov.uk/apply-coronavirus-test-essential-workers or call 119.
Care home residents **with** symptoms of COVID-19.	**Local system:** arranged through Bury Council Infection Control Team	Inform infectioncontrolprevention@bury.gcsx.gov.uk who will arrange testing.
Care home residents and staff **without** symptoms of COVID-19.	**National system, locally augmented:** test kits delivered to the home. Local support for swabbing can be arranged.	Care home managers can order swabs online at https://www.gov.uk/apply-coronavirus-test-care-home If support is needed with swabbing the home can contact infectioncontrolprevention@bury.gcsx.gov.uk
Members of the public aged 5 years and over **with** symptoms of COVID-19.	**National system:** drive-through and home test kits **Local system:** Satellite Testing Unit at Waterfold Business Park	Book online at https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/ or call 119. Book through the Bury Council website at https://www.bury.gov.uk/
Children aged under 5 **with** symptoms of COVID-19.	**Local system:** Fairfield General Hospital Urgent Treatment Centre	Processes for organising testing for under 5s are in development.
Members of the public who are housebound **with** symptoms of COVID-19.	**Local system:** home swabbing service.	Housebound people on the case load of Community Services or General Practice can access testing through the CCG referral system on buccg.stafftesting@nhs.net

Care Home Testing

Effective swabbing in care homes minimises the risk of outbreaks, and where outbreaks happen, ensures that they are detected early to minimise the spread of infection. Bury has supported enhanced testing of residents and staff in care homes since early in the COVID-19 outbreak. This support has changed as the availability of testing nationally and locally has improved. We will continue to support care homes by:

- Supporting testing of symptomatic residents to make sure that residents with symptoms of COVID-19 are tested promptly, which helps to minimise the risk of false-positive results; and
- Providing trained staff to take swabs where home staff are not able to do this. This helps to ensure that better quality samples are taking, which reduces the risk of false-negative results.

Mobile Testing Units

Nationally, the Department of Health and Social Care has set up Mobile Testing Units (MTU), which are allocated to Regions. These MTUs are deployed based on testing demand requests and a decision will be made as to where an MTU is required on a routine basis. Local Outbreak Plans will inform areas of urgent need.

Mobile testing is an agile capability, allowing temporary testing sites to be set up quickly to serve communities on a rolling basis. The MTUs have been designed as a flexible testing capability that can respond to most situations. Although they have a much smaller testing capacity than fixed testing locations, they are much more flexible and can be used to reach hard-to-reach communities and vulnerable people.

A total of 25 MTUs have been allocated to the North West and it has been confirmed that seven are available for Greater Manchester. MTU's can be mobilised within 24 hours and can remain in place for up to 5 days.

Availability of testing sites will be communicated as part of the Communications and Engagement Plan.

Consent to Testing

All testing is carried out in-line with the Mental Capacity Act and the Mental Health Act.

Communications

The aim of our communications response is to: inform and educate (including the importance of test and trace); motivate and reassure people; and persuading people to play their part in preventing the spread of coronavirus through continued social distancing, hand hygiene, getting tested early if symptomatic and self-isolating when advised.

Our communications approach will be informed by evidence on what kinds of messages are most likely to work. For example, the Frameworks Institute has produced a range of guidance on how public health messages about COVID-19 can be framed to best effect.

Proactive, strategic communications

The Council website is the main portal for a range of information and advice, including: signposting information for the Community Hubs for people vulnerable to COVID-19; information about the range of mental health and wellbeing support available for local people; and advice about how to access a test locally or regionally if symptomatic.

NHS Bury CCG and Bury Council are continuing to push out the core messaging through existing mechanisms to encourage activities like social distancing, hand hygiene, cough etiquette, and the importance of isolation and testing for people who get symptoms of COVID-19 or who are identified as contacts of confirmed cases of COVID-19.

A range of national resources including posters and social media assets have been produced and shared in relation to test and trace; these are being amplified through our social media platforms.

We continue to routinely utilise national and GM communications resources and assets across all available communications channels, tailoring them to local arrangements, needs and situations as required.

Reactive outbreak communications

Reactive communications are in response to the need for contact tracing and outbreak management in complex settings or complex cohorts and potentially vulnerable individuals. This may include managing the consequences of closing a school or a GP practice, and messages amongst other groups or settings where outbreaks are likely to happen. Early warning to the communications team of any local intelligence will ensure proactive and reactive communications messages are in place early.

Communications support will also be provided from Public Health England in some situations.

Stakeholder management plan

Routine key messages and updates to our main stakeholder groups will continue when required, including but not limited to:

- Internal governance routes such as Gold command
- Elected members;
- Our health and social care system partners; and

  Important partners in the sectors described in this plan.

Regular communications with these groups will aim to keep them informed of the current COVID-19 situation in Bury and any important changes in our response.

Data, analysis, and intelligence

Data needs

The Bury COVID-19 Health Protection Board needs accurate and up-to-date data on COVID-19 infections to be able to:

1. Maintain an accurate epidemiological picture of the COVID-19 epidemic across Bury and provide Bury's Gold Group with an accurate assessment of the current level and trend in infections and risk to the public;
2. Identify hot spots of infection and emerging community outbreaks, such as among particular places, people or settings for further investigation and management;
3. Understand how Bury's health protection resource is being used to allow resources to be targeted to where the need is greatest; and
4. Support the COVID-19 Health Protection Board in providing a local assessment against the Government's five tests.

The core principle of epidemiology is describing how the numbers of COVID-19 infections vary between different times, places, and people and communities. Measuring and reducing inequalities in health linked to COVID-19 will be an important part of this.

Some of these data may not be publicly available, for example where there is a risk that it could be used to identify people.

Data gaps

The data that are available to the COVID-19 Health Protection Board do not yet support all of this analysis. Getting better data on variations in infection rates between places and people across Bury is a priority.

- **Geographic data**: PHE North West has started releasing small area data on numbers of cases across Greater Manchester. Access to the raw data would allow monitoring of trends at small areas to spot places where infection rates are persistently high. Bury Council's Public Health Team has asked for this data to be shared regularly.
- **Demographic data**: Data on hospital admissions and bed occupancy for people with COVID-19 could be used to assess variations in infections between people of different ages, sexes, ethnic backgrounds, and different communities. Bury Council has asked for this data.

Current COVID-19 Monitoring

An integrated COVID-19 Data Project Group is responsible for providing data analysis and interpretation to support the COVID-19 Health Protection Board. The COVID-19 Data Project Group is led by the Performance and Intelligence Manager within Bury Council. This group made up of Business Intelligence and Performance colleagues from across the Council and CCG.

This group is responsible for daily monitoring of cases, deaths, daily situation reporting from providers and supporting modelling and intelligence about the local COVID response. It will support the COVID-19 Health Protection Board by producing a weekly data pack that provides the current epidemiological picture of COVID-19 in Bury. The group is also providing local, regional and national submissions about both response and recovery which have been put in place since the start of the pandemic.

The group works closely with Public Health leaders and the Infection Control Team and provide reports and updates to internal governance to support COVID-19 decision making within the Council and CCG.

Testing Data

As in other areas, the availability of testing data is inconsistent within Bury. There are various datasets of differing quality, frequency and content which has proved difficult when using to support decision making locally during the COVID-19 pandemic. Listed below are the testing data sources that Bury Council currently has access to locally.

Daily PHE National Pillar 1 and 2 data on confirmed cases at a local authority level. These include

- Weekly ONS Deaths due to COVID-19 at a local authority level, although there has been some ad hoc analysis of deaths at MSOA geography, national deaths by ethnicity and occupation
- NCA swabbing data: numbers of swabs taken for A&E attendances – split by gender. No indication of test results from the swabs
- Numbers of Social Care staff tested – up until launch of self-referral to national portal, we could count social care staff who had been referred. Now the count only includes those captured going to the local drive through site. Does not include test result data
- Care Home and Community Patient Test Results: numbers of test and test results for tests completed by BARDOC
- Care Home outbreak monitoring: numbers of positive cases in initial care home outbreaks
- Care home dashboard – data feed directly through the Council's Provider Relationship Team from daily conversations with Care Homes. Contains numbers of residents and staff tested and the results

Track and Trace Monitoring

In anticipation of the launch of the Track and Trace programme, we have put in place a monitoring system that reports the national data from PHE and is ready to start to report and analyse cases or outbreaks referred to the local system from the GM ICTH follow-up.

COVID-19 Health Protection Board Pack

To support the COVID-19 Health Protection Board moving forward a weekly data pack will be developed which will include:

- Analysis of COVID-19 infections over time, including recent trends and a COVID Early Warning Scorecard (CEWS) and PHE exceedance monitoring.
- Analysis of variation in COVID-19 infections between places, drawing on small area data and on data on outbreak data for different settings.
- Analysis of variation in COVID-19 infections between people of different ages, sexes, ethnicities, levels of deprivation. This will include an assessment of the impacts on health inequalities in Bury;

- Analysis of COVID-19 outbreak response activity, including test, trace, and isolate activity; and

- Data to support the current assessment against the 5 Tests.

This data pack will develop to include other resources that will support the management of local outbreaks.

COVID Early Warning System (CEWS)

In response to the difficulties around testing data, locally a COVID Early Warning System has been devised. This daily monitoring provides rolling 30-day data for a number of local indicators that may predict a potential increase in infections.

The scorecard uses local data that we have access to, apart from testing data, such as workforce absences, provider activity (111 calls, visits to COVID-19 Management Service) alongside social mobility data such as market footfall, GMP call outs and school attendance. The scorecard will be used to trigger discussion if all of the indicators are moving in a direction of travel that may indicate there is more potential for infection to spread or anecdotal evidence that people suspect they may have COVID-19. The scorecard will then be validated by testing data that we do have access to – that may confirm, after a time delay, if infection rates have been increased. The scorecard is still in development

Compliance and enforcement

There are two aspects to ensuring compliance with measures to prevent the spread of COVID-19 infections: individual compliance and organisational compliance.

Individual compliance

Despite the COVID-19 Outbreak planning work in the previous chapters, there may be situations where a potentially infectious person who cannot or will not agree voluntarily to be tested. The approach across the Bury system will be to try to persuade the potentially infected person to agree to a test or to self-isolate by: the 4 E's - Engage, Explain, Encourage, and last resort Enforce.

- Attempt negotiation directly,
- Advise of consequences (power to direct to attend, offence if they fail to attend, remove with reasonable force)
- Ask for assistance (Trusted person contact, case worker, family member or friend, religious leader, Environmental Health officer, local councillor, police officer to provide assistance)

Enforcement – in exceptional circumstances.

Schedule 21 of the Coronavirus Act 2020 provides for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons if they refuse to self-isolate.

The powers under the Act are Public Health led. In Bury the decision on to use the powers lies with PHE North West. The powers are enacted as a last resort by a police constable or an immigration officer. Contact details below.

For more detailed information on the following:

- Powers to direct or remove persons to a place suitable for screening and assessment
- Powers exercisable at a screening and assessment place: public health officers
- Powers exercisable at screening and assessment place: constable and immigration officers Powers exercisable after assessment
- Powers in relation to children

Visit https://www.pnld.co.uk/covid-19/coronavirus-act-2020-schedule-21-powers-relating-to-potentially-infectious-persons/

The National College of Policing has also produced guidance that will inform our approach.

Organisational compliance

Organisational compliance is about making sure that organisations are putting all possible measures in place to minimise the spread of COVID-19 infections.

Organisational compliance is about making sure that organisations are putting all possible measures in place to minimise the spread of COVID-19 infections. The Government and Council anticipates that the vast majority of businesses will understand why the restrictions have been brought into place and will follow the requirements. The Council will engage with and provide support to the wider business community to encourage adherence to relevant guidelines to prevent COVID-19 infections.

Where a business is not adhering to relevant guidance, the Council will take a reasonable and proportionate approach, encouraging and persuading businesses to comply with the requirements. However, where businesses do not act responsibly and fail to comply with the **Health Protection (Coronavirus, Restrictions) (England) Regulations 2020**, the Regulations provide powers to act. A brief description of the relevant powers is provided below.

Taking such action as is necessary (see Regulation 8(1))

A relevant person may 'take such action as is necessary to enforce any requirement' imposed by Regulation 4 or Regulation 5 of the Coronavirus Restrictions Regulations. This is a widely drawn power. A 'relevant person' is a local authority (all local authorities have been designated by the Secretary of State - Regulation 2(3) applies the Secretary of State's designation of the 22nd March 2020) or an officer designated by a local authority.

Prohibition notices (Regulation 8(2))

A relevant person may issue a prohibition notice, where this is necessary and proportionate, to prevent a person responsible for carrying on a business or providing a service from continuing to contravene Regulation 4 or Regulation 5. As with the Regulation 8(1) power, a 'relevant person' is a local authority or an officer designated by a local authority.

Fixed penalty notices (Regulation 10(1))

An 'authorised person' may issue a fixed penalty notice in relation to an offence of contravening, without reasonable excuse, a requirement of Regulation 4 or Regulation 5 of the Coronavirus Restrictions Regulations.

Criminal proceedings (Regulation 11)

A local authority may institute criminal proceedings in relation to an offence under the Regulations (see Regulation 9), for any offence including for failure to comply, without reasonable excuse, with a prohibition notice (see Regulation 9(3). the first Regulations continue in force in relation to any offence committed under those Regulations before the current Regulations came into effect (see Regulation 2(2)).

Governance

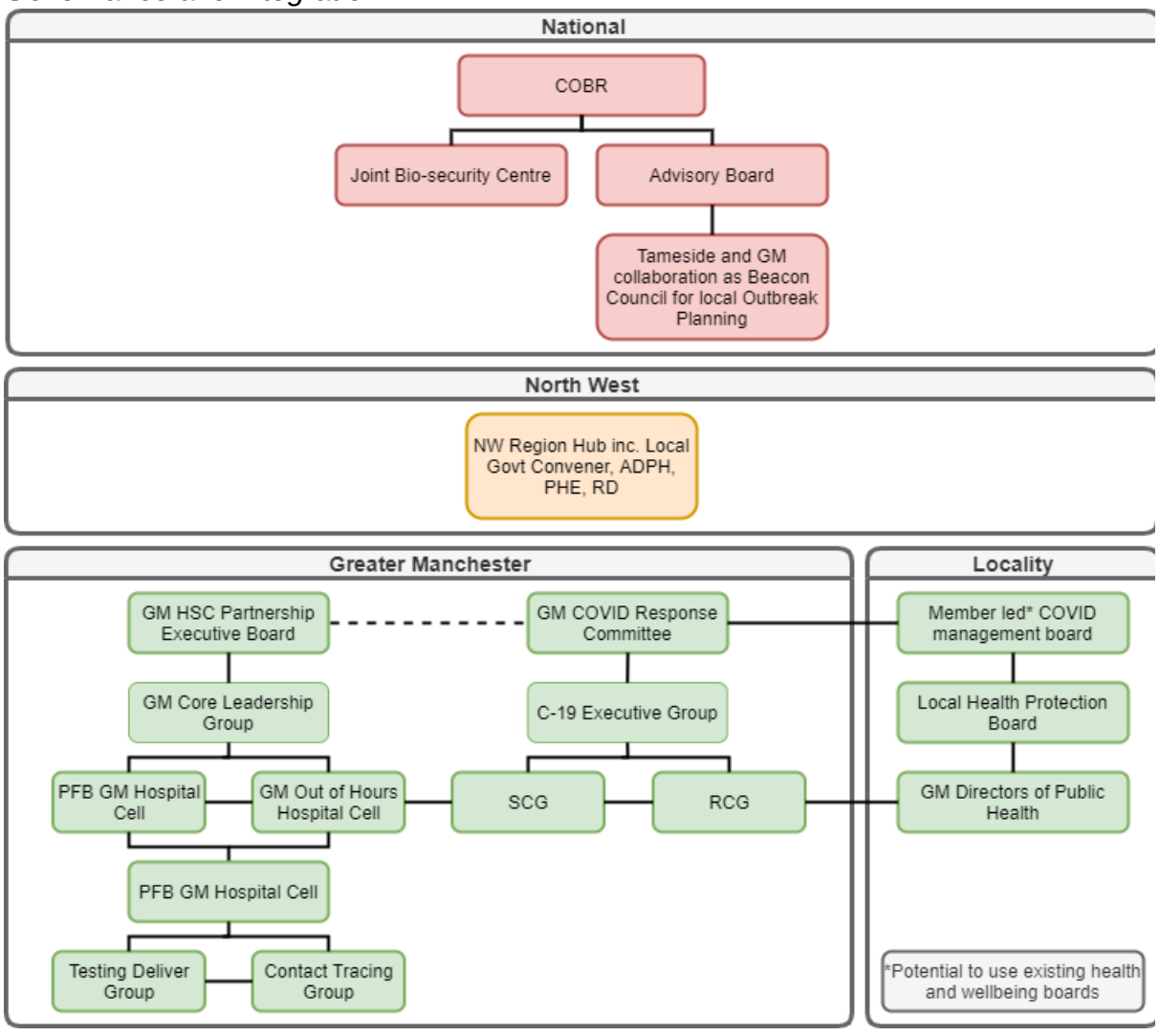
In Bury, local governance has been designed to build on and optimise the existing COVID-19 response and business as usual governance arrangements.

A COVID-19 Health Protection Board has been established, chaired by the Director of Public Health. This Board reports to the Borough Gold and Bury Council Gold Groups, both chaired by the Joint LA CEO/CCG Accountable Officer.

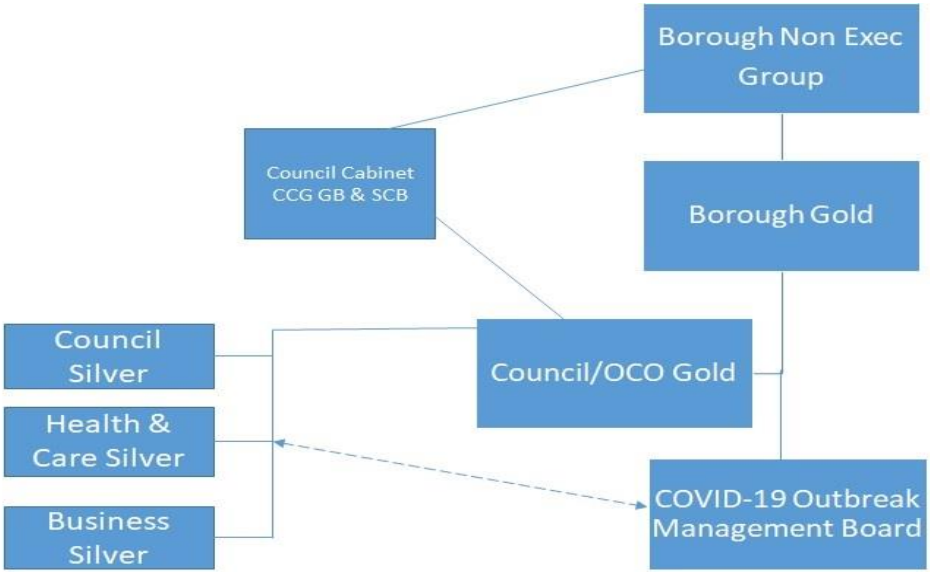
The requirement for an elected member-led engagement board is being satisfied via the Borough Non-Executive strategic leadership group, Council Cabinet and Strategic Commissioning Board, which also benefits from engagement of clinical leadership. These arrangements also include existing silver level groups for the OCO/Council: Business Sector and Health & Care System. These groups have responsibility for ensuring COVID-19 safe practice and the consequence management of outbreaks, recognising the need for a whole system approach to implementation of the Local Outbreak Plan.

The Bury COVID-19 Health Protection Board is also accountable to the GM SCG via the GM Directors of Public Health Group.

Governance and integration



Local Governance



Consequence Management Escalation

Bronze

- Individual households
- Manageable within individual organisations/services based on business continuity planning and risk assessment.

Silver

- Impacts beyond individual organisation or setting within sector e.g. due to closure, workforce issues, tensions, lack of compliance/wider risk of transmission.
- *I.E Council Silver; Health and Care Silver, Business Silver*

Gold

- Issues in multiple settings or high public/media/political consequence
- R > 1
- *Council Gold/ Borough Gold*