

Brighton & Hove City Council

Local Covid-19 Outbreak Plan

Version 1.0

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Glossary

BAME – Black, Asian and Minority Ethnic

CCG – Clinical Commissioning Group

DPH – Director of Public Health

HPT – Health Protection Team

HWB – Health and Wellbeing Board

ICS – Integrated Care System

IMT – Incident Management Team

JBC – Joint Biosecurity Centre

LA – Local Authority

LOEB - Local Outbreak Engagement Board

LRF / SRF - Local Resilience Forum / Sussex Resilience Forum

MTU – Mobile Testing Unit

NHS – National Health Service

OCT - Outbreak Control Team

PHE – Public Health England

PPE – Personal Protective Equipment

SECAmb – South East Coast Ambulance Service

SOP – Standard Operating Procedure

1. Introduction

On 11 March 2020, following sustained global transmission of Covid-19, the World Health Organisation officially declared the outbreak as a pandemic.

On 28 May, the national NHS Test and Trace service was officially launched. This service supports people who have Covid-19 symptoms to have a test and follows up the close contacts of anyone who tests positive so they too can be assessed and given advice about self-isolating.

Any outbreak of an infectious disease requires a coordinated, multi-agency response to ensure that:

- the cause of the outbreak is investigated
- control measures are put in place
- appropriate advice is communicated
- public health is protected.

Following the launch of NHS Test and Trace, all upper tier local authorities were asked to develop Local Outbreak Plans by the end of June 2020.

This plan has been produced by the local authority in conjunction with Public Health England and health service partners. It will support establishing effective working practice with central government and ensure that local businesses, local communities and other statutory agencies all play their part in managing infection control.

The plan will be kept under review to reflect changing circumstances including central government direction and identified local concerns and priorities.

Aim

The aim of the Brighton & Hove Local Outbreak Plan is to protect the public's health by:

- preventing and containing the transmission spread of Covid-19
- ensuring a timely, effective and coordinated approach is taken in the event of an outbreak in Brighton & Hove
- instilling and maintaining trust and confidence by ensuring that residents, businesses and stakeholders are engaged and well informed throughout the outbreak to enable them to manage their organisational obligations and personal responsibilities

The Department of Health and Social Care (DHSC) has provided guidance that plans should be centred on the following themes:

1. **Care homes and schools.** Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
 2. **High risk places, settings and communities.** Identifying and planning how to manage other high-risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
 3. **Testing.** 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).
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4. **Contact Tracing.** Assessing local and regional contact tracing and infection control capability in complex settings.
5. **Integrated data.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
6. **Supporting vulnerable people.** 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. **Governance.** 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.

Existing plans and guidance

Recently published national guidance 'Guiding Principles for Effective Management of Covid-19 at a Local Level'¹ states that Local Outbreak Plans must be rooted in existing public health systems and leadership. Roles and responsibilities which are working well should not be disrupted.

There are a range of existing plans and national guidance that relate to outbreak planning and response which are listed below. This plan will not re-produce or duplicate these documents however is aligned to and will refer to these resources.

These include:

- Kent, Surrey and Sussex Public Health England Outbreak/Incident Control Plan (2014)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey and Sussex Local Health Resilience Partnership (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Horsham Health Protection Team (2019)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Surrey (2019)
- Communicable Disease Outbreak Management: Operational Guidance (2013)
- PHE Infectious Diseases Strategy 2020 – 2025 (2019)
- Standard Operating Procedure PHE & LA Joint Management of Covid-19 Outbreaks in the SE of England (2020)

¹ <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-Covid-19-at-a-local-level/>

Learning from the local response to Covid-19

The response to Covid-19 cases in Brighton & Hove from February onwards has shown that established outbreak management processes and plans align with well-rehearsed emergency planning response models. Existing local emergency and public health plans have been used to ensure a fast, effective and co-ordinated multi-agency response with clearly defined escalation routes.

Established command and control structures with identified senior responsible officers have provided clear governance where roles and responsibilities are defined and understood across all partner agencies. An Incident Response Team and Communication Cell were established and met frequently to share information and deliver at pace.

Communications with national, regional and local stakeholders took many different forms and were updated constantly during the early stages of the first wave. The overarching aim of the communications strategy was for the council and its health partners to be the trusted source of information during a time when there was the potential for high levels of misinformation.

The introduction of a daily Common Operating Picture working across the local authority and health partners provided details of critical decisions and emerging risks and built in assurance to the response.

The structures and processes helped inform plans, resource, and local need, as well as indicating where prevention measures and public health messaging needed to be targeted.

A new set of [Covid-19 council webpages were created at pace](#) and [a daily City Briefing](#) was issued to stakeholders including local voluntary and community sector, City Management Board partners (including universities, businesses etc), our faith communities, care homes, schools, local media, our staff, unions, MPs and councillors. The briefing was published following the Government's daily 5pm briefing so that national updates could be included. Social media and advertising in local media were used to signpost people to the City Briefing.

2. Context

Our population

We know that those most at risk from Covid-19 include older people, males, Black and Minority Ethnic (BAME) ² people born outside UK/Ireland, rough sleepers, residents in care homes and those with other health condition³. This section provides information on the population of Brighton & Hove in relation to these groups, and⁴.

Brighton & Hove has a population of 290,855 people and has a younger population compared with neighbouring local authorities, the South East and England, with 83% of the population aged under 60 years, compared with 76% in England. There are 28,350 people aged 70 years or over living in Brighton & Hove.⁵

One in five people were from a BAME group according the 2011 Census and around 53,000 residents were born outside of the UK in 2019.

Some areas of the city are amongst the most deprived in England. We also have more older people living alone and who are income deprived.

Over one in five people have two or more existing physical or mental health conditions (54% have one or more). Whilst residents are more physically active than other areas, smoking, alcohol and drugs use are all significant issues for the city.

Homelessness, including rough sleeping, is a significant need in the city. Eighty-eight people were recorded as bedding down in the city during the 2019 annual rough sleeping count. However, this underestimates the true impact of homelessness. For example during the Covid-19 response around 400 people have been supported with accommodation including those who might otherwise be in hostels with shared facilities, those who might need to resort to sleeping rough and homeless people continuing to arrive in the city.

The last decade has seen an increase in health inequalities in relation to some outcomes, with the gap in life expectancy having grown for both males and females.

The City Tracker survey shows that Brighton & Hove has a strong community with higher rates of belonging, pulling together, formal volunteering and feeling that people from different backgrounds get on to England (2018).

² Men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care, nursing auxiliaries and assistants had significantly high rates of death from COVID-19

³ Public Health England COVID-19: review of disparities in risk and outcomes. 2020. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf

⁴ <http://www.bhconnected.org.uk/content/needs-assessments>

⁵ Office for National Statistics. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid-2019. Available at

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Figure 1: Local demography and health and wellbeing outcomes

Population



290,855
residents (2019)

One in five people (19.5%) are from a Black or Minority Ethnic Group (14.5% South East, 20.2% England)



41% of people aged 65+ live alone according to the 2011 Census



21% Under 20 (24% Eng)
62% 20-59 (52% Eng)
11% 60-74 (16% Eng)
6% 75+ (9% Eng)



53,000 residents were born outside of the UK (20% of the city's population), higher than the South East (13%) and England (15%)

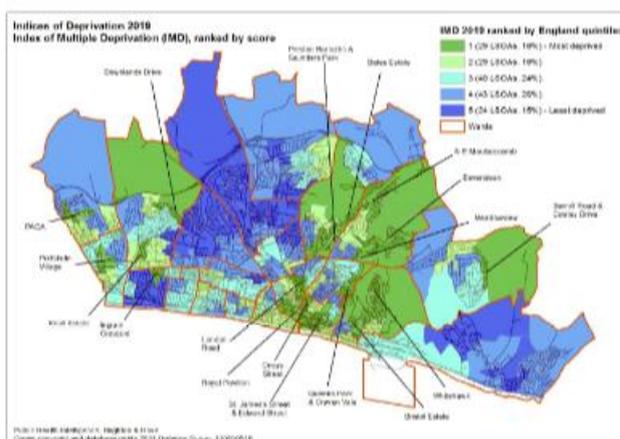
Deprivation

Our city is the according to the 2019 Index of Multiple Deprivation (IMD)



131st most deprived local authority in England (of 317)

Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb and Hollingbury areas. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England



Health and wellbeing



There are over 51,000 adults (22%) aged 20+ with two or more long-term physical or mental health conditions in the city - with a strong link with deprivation

54% of adults have one or more condition

Whilst life expectancy has been increasing, healthy life expectancy has not in recent years. People are living longer in ill health. This, alongside the rising retirement age, means increasing numbers of people of working age are living in ill-health.



There are large differences in both life expectancy and healthy life expectancy across the city

The city of Brighton & Hove

The city is located between the sea and the South Downs National Park. It is more densely populated than its neighbouring authorities. One of the world's first seaside resorts, Brighton & Hove is famous for its vibrant, cosmopolitan lifestyle and as tourist destination which attracts

around 11 million visitors per year and many established cultural activities such as the Brighton Festival, exhibitions and community-based events.⁶

The extensive public transport system includes buses, rail and air travel networks linking Brighton & Hove with other cities including London. Gatwick Airport is one of the major international gateways. Several road networks link the city including the A23/M23 connecting with London and Gatwick Airport and the A27/M27 providing links along the coast.

Here we give some of the key figures in terms of health and social care to support residents, but also settings across the city which are relevant to this plan:

- 1 unitary local authority
- 1 NHS Clinical Commissioning Group
- 1 main acute NHS hospital
- 1 NHS mental health trust
- 1 NHS community healthcare provider
- 1 NHS ambulance service
- 34 GP Practices
- 52 community pharmacies
- 92 care homes
- 12 supported accommodation schemes for homeless adults and 6 for homeless young people
- 84 sheltered accommodation / retirement housing schemes (made up of 23 council sheltered accommodation schemes, 22 housing association sheltered housing sites, 20 housing association age exclusive housing sites and 19 private retirement housing schemes)
- 108 Early Years Settings and 109 childminders
- 60 local authority-maintained schools, plus 3 academies, 2 free schools and 6 special schools (3 independent)
- 15 independent schools
- 3 colleges and 2 special post 16 institutions
- 2 universities
- Around 150 places of worship
- Around 15,200 businesses and 17,500 workplaces
- Around 300 pubs, bars and nightclubs

Covid-19 in Brighton & Hove

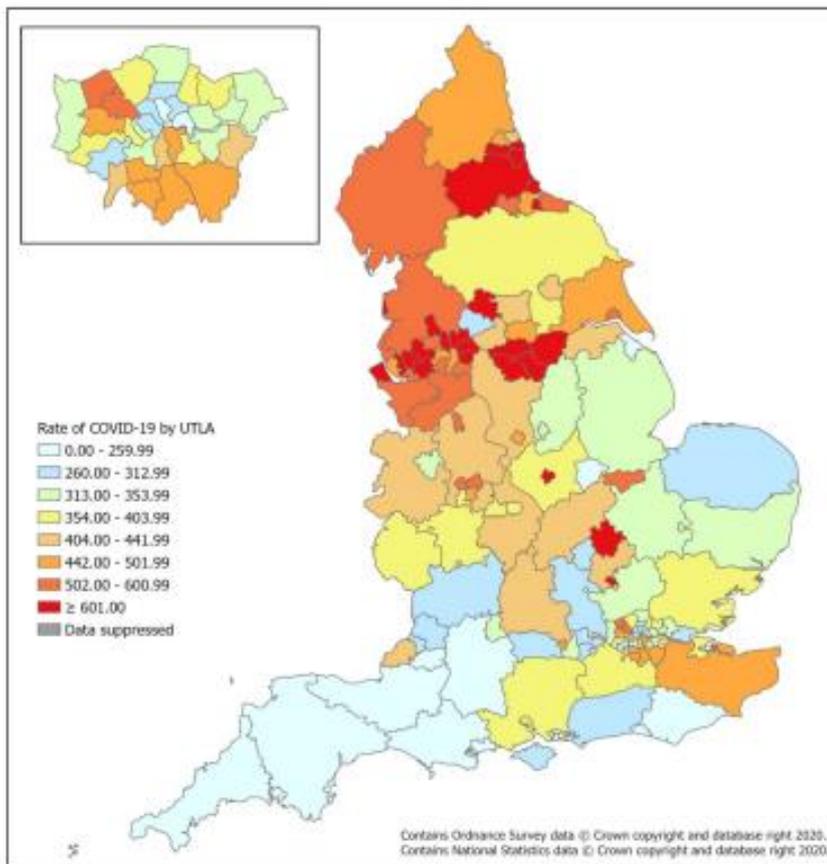
Most data on Covid-19 cases published at national, regional or local authority level relates to what is called Pillar 1 testing processed by NHS and PHE laboratories. Information on cases confirmed by commercial laboratories from postal tests and testing sites run by the Department for Health and Social Care (called Pillar 2 Testing) has yet to be published publicly at local authority level. Therefore, the analysis contained within this section is based on Pillar 1 testing and is only part of the total picture and interpretation needs to be treated with caution.

⁶ Brighton & Hove – the connected CITY An introduction to the Sustainable Community Strategy for Brighton & Hove. Available at <http://www.bhconnected.org.uk/>

Brighton & Hove saw some of the earliest confirmed Covid-19 cases in England in early February 2020. As at 25 June, in Brighton & Hove we have seen 489 people with confirmed Covid-19, (NHS & PHE Pillar 1 Testing). This will be much lower than the number of people who will have had Covid-19 as some will not have had symptoms and others not tested.

From the Pillar 1 testing data, we know that our rate was lower than England and the South East (with 168.4 cases per 100,000 people compared with 285.3 in England and 248.9 in the South East). Pillar 2 data has not been published publicly at local authority level, however, the map below includes all confirmed cases (Pillar 1 and Pillar 2) to date and show Brighton & Hove has among the lowest cumulative rates in England (Map 1).

Map 1: Cumulative rate of Covid-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England (Up to the 21 June)



Source: Public Health England <https://www.gov.uk/government/news/weekly-Covid-19-surveillance-report-published>

In total, 27 care homes have had Covid-19 outbreaks, 29% of the care homes in the city⁷.

Up to 12 June there have been 150 Brighton & Hove residents who have died with Covid-19, based on any mention on their death certificate. Of these, 80 (53%) deaths occurred in a hospital and 56 (37%) occurred in a care home. There was a peak of deaths in the week ending 17 April

⁷ These figures differ from published figures by the Office for National Statistics as those figures all supported living facilities such as residential homes, nursing homes, rehabilitation units and assisted living units. Locally, we also remove care homes from the list where testing shows that there were no positive cases of Covid-19 within the care home, these are not excluded from the published figures

with 26 Covid-19 deaths and 72 total deaths. This was close to the worst historic week for deaths in the city in the last two decades, which was seen in the winter of 2009 (74 deaths).

Brighton & Hove has experienced a significantly lower rate of deaths where Covid-19 is mentioned on the death certificate than England (65 per 100,000 population in Brighton & Hove compared to 82 for England between March and May). There has been a significantly higher death rate for males in Brighton & Hove than for females for both Covid-19 and all deaths (Covid deaths: 90 per 100,000 for males and 48 per 100,000 for females in Brighton & Hove).

3. Local Governance

As described earlier, this plan sits within the context of our existing health protection and emergency planning structures. In addition, national Government has stipulated two Boards to oversee outbreak control are required as described below.

Brighton & Hove Local Outbreak Engagement Board

Guidance states that plans must include the establishment of a member-led Local Outbreak Engagement Board (LOEB).

The various national guidance documents state the purpose of the board includes:

- To provide political oversight of local delivery of the Test and Trace service,
- Provide regular and timely communications to the public
- Lead the engagement with local communities
- Be the public face of the local response in the event of an outbreak.
- Act as liaison to Ministers as needed

The guidance also advises that this can be a new or existing forum such as a Health and Wellbeing Board or Covid-19 Recovery Board.

In Brighton & Hove the overarching delivery of these functions will be delivered by the Health and Wellbeing Board. The Health and Wellbeing Board will seek to:

1. Monitor the effectiveness of working arrangements, intervention measures and communications in the city
2. Consider resourcing implications to support the plan
3. Review the efficacy of relevant information and data
4. Provide advice to education governing bodies
5. Advise those leading recovery in the city
6. Give specific consideration to the care of vulnerable people and their movement between and management within care settings

However, in the event of a significant Covid-19 outbreak the Chief Executive and Director of Public Health, in consultation with the Leader of the Council and Chair of the Health and Wellbeing Board, can advise that a LOEB is convened. The trigger for convening the Board will depend on the scale and nature of the outbreak. The terms of reference of this Board are described below.

The LOEB will be a working group reporting to the Brighton & Hove Health and Wellbeing Board.

The LOEB will focus on the following roles, with specific regard to the outbreak situation for which it is convened:

- direction and leadership for community engagement for outbreak response, including providing a forum to review how control measures are impacting on residents and local businesses (including the equalities impact of control measures).

- approving the overarching public-facing communications for outbreak response
- senior level oversight of outbreak response in Brighton & Hove, outlined in Brighton & Hove Covid-19 Local Outbreak Plan

Brighton & Hove Covid-19 Health Protection Board

The Brighton & Hove Covid-19 Health Protection Board brings together senior professional leads overseeing the delivery of the plan. This group will report to the Health and Wellbeing Board

The Board will:

- Be responsible for the ongoing development and delivery of the Local Covid-19 Outbreak Plan, including:
 - Prevention and response to local outbreaks in settings such as care homes and educational settings
 - Identification and management of other high-risk places, locations and communities of interest
 - Liaison with Sussex Testing Cell to identify methods for local testing to ensure a swift response that is accessible to the entire population.
 - Maintaining oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
- Liaise with the vulnerable peoples workstream to ensure statutory and other local services can support vulnerable people to self-isolate
- Advise and agree on community engagement, including with vulnerable and/or higher risk communities of interest
- Advise on communications strategy, including informing the Health and Wellbeing Board / Local Outbreak Engagement Board
- Allocate resources to support the effective delivery of the Plan
- Review data and intelligence provided by the Sussex Data and Modelling Cell and the national Joint Biosecurity Centre on Covid-19
- Approve implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within Joint Biosecurity Centre guidance
- Monitor the response to local outbreaks and ensure learning informs future practice.
- To keep oversight of the differential impacts of Covid-19 between and across populations.
- Make recommendations for the wider Covid-19 response and policy agenda including the City Recovery workstream and NHS Recovery and Restoration programme
- Identify, monitor and escalate risks and issues as appropriate

Sussex Resilience Forum

Local Resilience Forums (LRF) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, Public Health England, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

The Sussex Resilience Forum (SRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the Forum will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. This will be considered as part of the initial outbreak investigation as well as during the Outbreak Control Team.

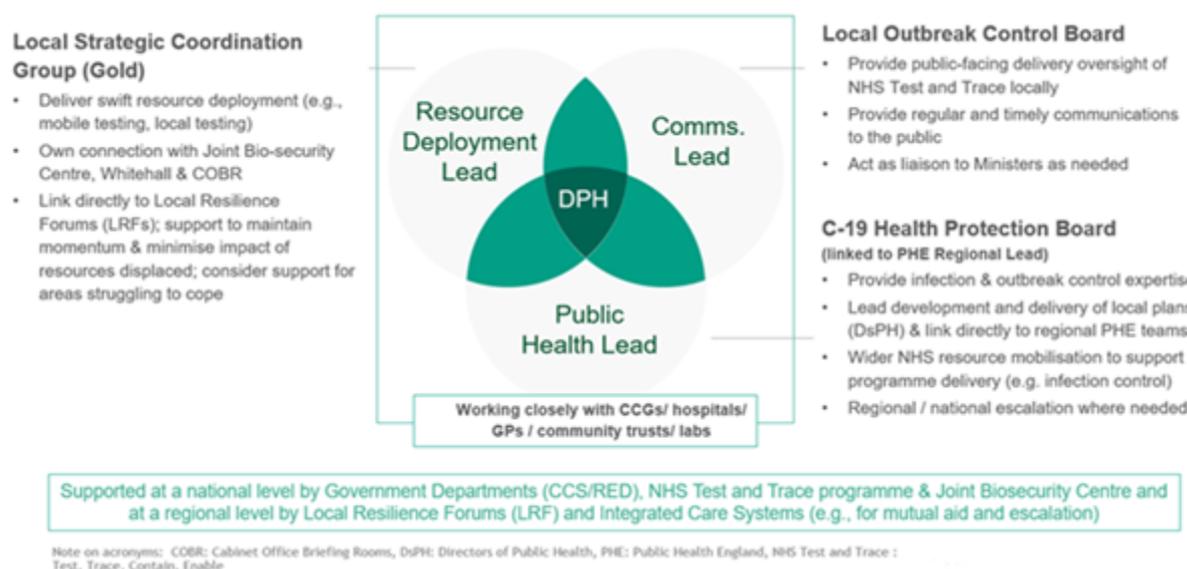
The SRF will support local health protection arrangements working with Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group or if in place the Strategic Recovery Group, Tactical Co-ordinating Group, and the following Cells:

- Multi-agency Information Cell
- Logistics and Supply Chain Cell
- Test and Trace Support
- Testing logistics
- Vulnerability and Wellbeing Cell

The logistics and supply chain Cell will include the support to operations for the Test and Trace and testing. The LRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

Figure 2: Links between Health Protection Board, LOEB and SRF

Three critical local roles in outbreak planning, alongside community leadership



Other joint working across Sussex

Given COVID-19 knows no administrative boundaries, it is obviously vital that work to tackle the pandemic is conducted as seamlessly as possible across different geographies and organisations. For this reason, sections within the Plan relating to data, testing and complex contact tracing have been jointly developed with East and West Sussex County Councils’ Public Health Teams, PHE and NHS partners.

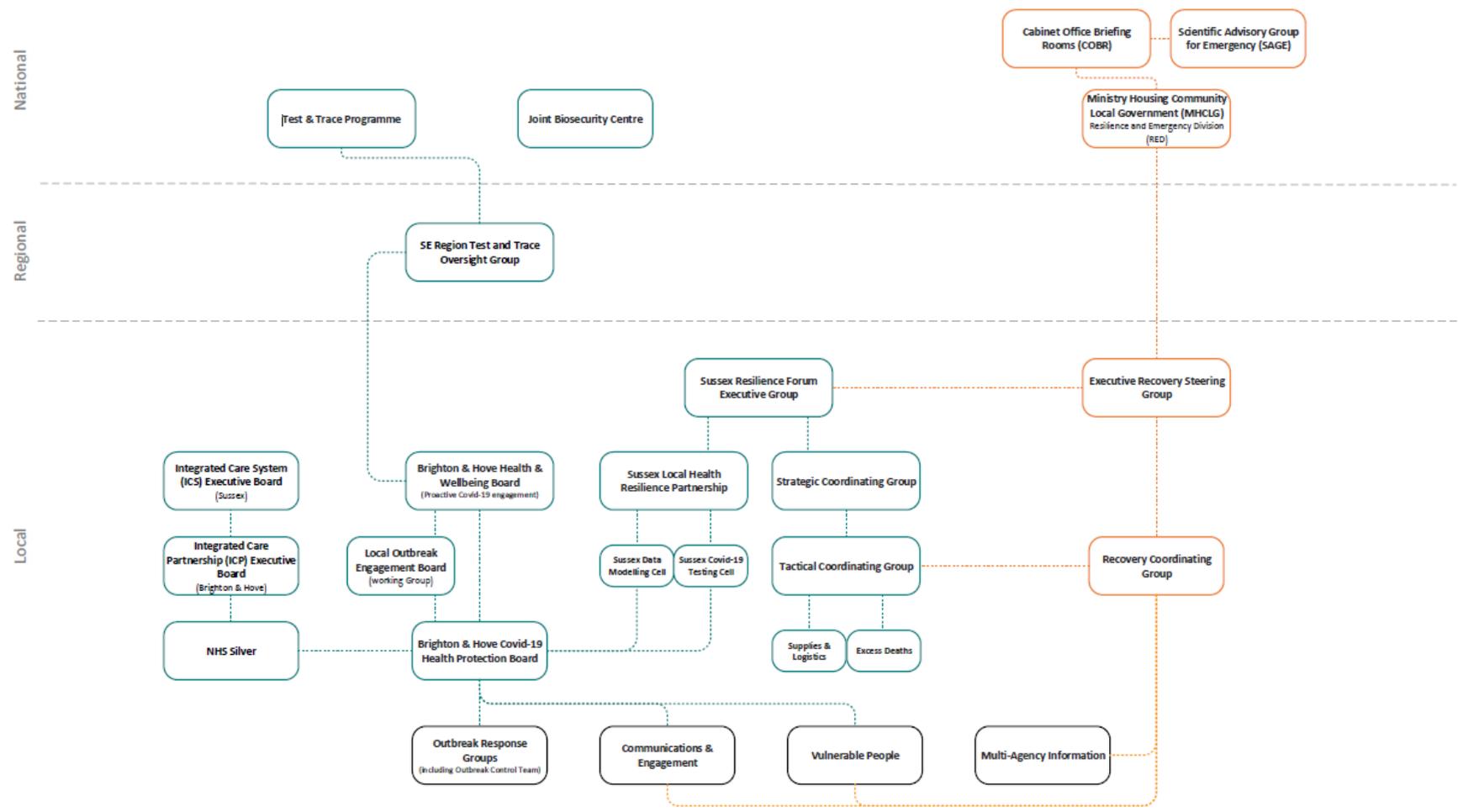
In addition to close working as part of the Sussex Resilience Forum, our plan reflects robust partnerships across the Sussex Health and Care Partnership (the Integrated Care Partnership which brings together NHS commissioners and providers, public health, social care and other providers), Local Authority Public Health teams and with the PHE Surrey and Sussex Health Protection Team.

There are strong operational and strategic links across the Public Health Teams including regular meetings between Directors of Public Health in relation to the Covid-19 response.

In relation to data strong local and regional links have been developed, including a weekly South East Health Public Health Intelligence meeting led by Public Health England, bi-lateral working between authorities on specific issues and cross-organisational working and data sharing agreements established at speed on specific datasets.

Figure 3: Governance structure for the Local Outbreak Plan

Local Outbreak Plan: Governance Chart

4. Legal context and mutual aid arrangements

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

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

Specific legislation to assist in the control of outbreaks is detailed below. An Outbreak Control Team could request an organisation that has the legal powers to take specific actions, but the final decision lies with the relevant organisation.

Coronavirus Act 2020

Under the Coronavirus Act, the Health Protection (Coronavirus, Restrictions)(England) Regulations 2020 as amended, set out the restrictions of what is and is not permitted, which when taken together create the situation of national lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations. Local councils do have powers to close down businesses in breach. 'Localised' lockdown to limit specified communities or types of businesses in an area would require further Regulations.

Health Protection Regulations 2010 as amended

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There are also powers to require action in relation to school pupils, decontamination of premises and risks from dead bodies.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days (extendable). These Orders are if considered proportionate to the risk available, requiring specific criteria to be met. Consideration of and preparation of applications for these Orders should be carefully planned to identify specific actions to address evidenced risk and can be escalated in stages or made conditional in order to address any concerns as to their use for localised infection control measures. As potential criminal charges may arise from breach or non-compliance and as compensation for financial impact may be ordered by the court applications for the orders should be used in more serious instances when other measures are not considered viable.

Coordination and mutual aid arrangements

The range of agencies holding the various powers set out above means there is a need to coordinate actions and planned interventions to make best use of the powers available. Under mutual aid arrangements, collaborative agreements create a shared responsibility between the NHS, LAs and PHE in dealing with Covid-19 outbreaks. Several Mutual Aid Memoranda of Understanding are currently in place, such as the Sussex Local Emergency Planning Group MOU (the Local Authority Resilience Partnership) between the Local Authorities. Furthermore, mutual aid arrangements are available by request for example, through the Sussex Resilience Forum.

5. NHS Test and Trace

Although contact tracing is already an established part of the current system for investigating and managing outbreaks, Covid-19 has necessitated a substantial scaling up of the current system.

When a person is tested positive for Covid-19, they are contacted to gather details of places they have visited, and people they have been in contact with. Those who are classed as 'close contacts' (based on type and duration of contact) are contacted and provided with advice on what they should do e.g. self-isolate.

Public Health England (PHE) has produced a pictorial guide describing [Contact Tracing](#).

There are three levels within the service:

- Tier 3 is a newly formed national structure that contains approximately 18,000 call handlers. They work alongside a website and digital service called the Contact Tracing Advisory Service (CTAS) to give advice to confirmed cases and their close contacts. Any cases that are not routine will be escalated to Tier 2.
- Tier 2 is a newly formed national structure that contains approximately 3,000 dedicated professional contact tracing staff who have clinical and/or contact tracing experience. This tier deals with cases and situations that are not routine. Any cases or situations that are complex will be escalated to Tier 1.
- Tier 1 responds to complex situations such as cases or outbreaks in care homes, schools etc and is delivered by PHE Health Protection Teams (PHE), PHE Field Services and joint work with Local Authorities. The local HPT is the Surrey and Sussex Health Protection Team, which is based in Horsham.

It is understood that a national NHS Test and Trace app will be rolled out later in 2020.

6. Outbreak management

Principles

There are well established principles of outbreak investigation and management.

The Communicable Disease Outbreak Management: Operational Guidance (2014), produced by Public Health England, outlines the national approach to investigating, managing and controlling outbreaks.

Public Health England define an outbreak as:

‘a greater than expected occurrence of an infection compared with the usual background rate for that particular place and time’.

Whilst the principles of outbreak management are common to all types of infectious disease, some of the specific steps are dependent on how an infection is transmitted. As Covid-19 is a respiratory infection, with the route of transmission being respiratory droplets, timely contact tracing plays a vital role in interrupting transmission.

Monitoring and responding to Covid-19 data

Public Health England (PHE) is responsible for co-ordinating outbreak management and the local Health Protection Team works closely with the local Public Health team at Brighton & Hove City Council and other partners (for example the NHS) to facilitate a timely and proportionate outbreak response.

In the event of an identified outbreak, PHE will convene a multi-agency Outbreak Control Team (OCT) meeting to coordinate the partner response.

In the event of an outbreak within an NHS Trust, the respective NHS Trust will lead the response, with both PHE and the Local Authority being involved in the Outbreak Control Team.

Where an OCT does need to be convened, this will follow the processes described in

- The Kent, Surrey and Sussex Outbreak plan and the [Local Health Resilience Partnership Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex](#)
- Environmental Health agreement with Public Health England and Surrey and Sussex Health Protection Team.

PHE (or the NHS Trust) conduct the initial risk assessment within the setting of the outbreak, provide infection control advice and facilitate testing as appropriate.

Local authorities provide support to the outbreak setting and additional capacity to support managing the consequences of the outbreak.

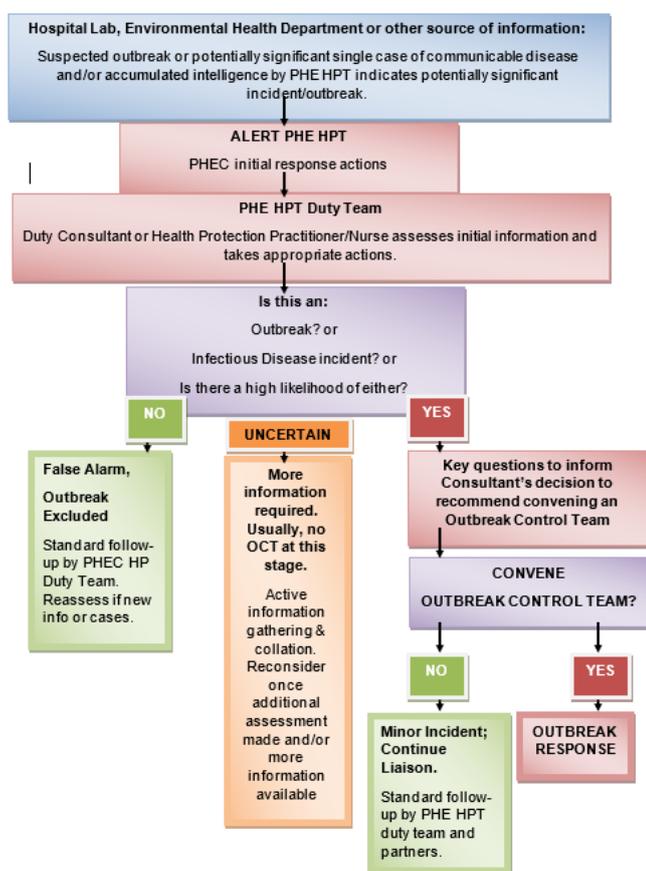
Where PHE identifies a case in a setting that requires additional support but doesn't warrant a full OCT, PHE will alert the BHCC public health team to share information in order that support can be

given. The BHCC public health team will be responsible for coordinating the support in line with PHE advice and guidance.

To strengthen the response to Covid-19 in Brighton & Hove we are developing an extended approach to managing the consequences of outbreaks. This will provide additional capacity to the existing Outbreak Control Team model.

Brighton & Hove City Council’s Environmental Health service is seen as core to managing outbreaks and supporting settings as they occur. An identified, specific role in Public Health will co-ordinate frontline Environmental Health resources as required. This will align with the work underway to understand local needs for targeted Covid-19 prevention and response, including high risk settings, locations and communities.

Figure 4: Outbreak response: alerting and immediate actions



(Source: Public Health England; refers to outbreaks outside NHS settings)

Contact tracing in complex settings

The Surrey and Sussex PHE Health Protection Team will lead on contact tracing in complex settings, as part of the Test and Trace service described previously. Sharing and cross referencing of data and information in a timely way is key to supporting outbreak identification and the associated implementation of actions to prevent or control spread of disease.

The health protection response to specific complex settings, such as care homes and schools is summarised later in this document and in appendices. The requisite actions are underpinned by PHE guidance and Standard Operating Procedures (SOPs).

Our local population includes many diverse communities. Local joined up working between PHE, Brighton & Hove City Council and services who are trusted by these communities will be essential in supporting contact tracing and preventing spread of Covid-19.

To ensure the plan is effective the council is proactively engaging with communities whose needs could prevent them from accessing services and support in response to Covid-19. This is detailed in the section on Vulnerable People.

7. Communications

Brighton & Hove City Council's Local Outbreak Engagement Board is responsible for public communications about Covid-19 and local outbreaks. All communication with the public will be in line with World Health Organisation (WHO) Guidance and the five World Health Organisation (WHO) Outbreak Communication Principles⁸ which are summarised as:

- trust
- announcing early
- transparency
- listening
- planning

The needs of different groups communities will need to be considered; especially the need to provide communications in languages and formats appropriate for the local communities and people with specific literacy needs. We have already been providing resources in a range of languages in our response to date.

A Local Outbreak Communications Plan

Brighton & Hove City Council's Communications Team will co-ordinate the city-wide communications strategy and develop communication resources aimed at reaching the affected (target) populations and partners who might influence them (healthcare providers and/or community leaders). These health-related messages will focus on preventative and targeted measures and behaviours that can contain or stop the outbreak.

Depending on where the outbreak is located and what populations are affected, the Communications Team will tailor additional resources to the investigation needs - posters for lower-literacy, translations and community translators. The communications strategy will evolve and adapt as the situation evolves and more is learnt about the perceptions of the targeted audience and scope of the outbreak.

Communication resources often used during outbreak responses

Webpages to convey relevant and rapidly changing information about the outbreak. The pages should be the main repository of scientific facts, data, and resources. All other communications should be based on the content of that site. Key information for the site should include the following:

- data on the outbreak
- guidance for affected communities, the public, travellers to or from the region, and healthcare providers who are caring for the affected people
- a section highlighting the newest information
- a multimedia section for the media and the general public.

⁸ WHO (2008) Outbreak Communication Planning Guide <https://www.who.int/ihr/publications/outbreak-communication-guide/en/>

A community hub equipped to answer enquiries from:

- the affected population
- the worried well
- health and care service providers seeking information

Social media content signposting to website content and used to host interactive question and answer sessions. The Communications Team will monitor social media to identify and dispel myths and misperceptions.

Tailored communication resources. Understanding and use of the best channel for the target audience is crucial. Messages must resonate with affected communities for people to listen and follow prevention recommendations. Information can be better understood and received through verbal or pictorial based communications, spoken word and flow charts for example. The response might require translation for specific audiences, and communication materials and spokespeople might need to be tailored for reaching affected populations.

Accessible resources for professionals, organisations and staff. The response to Covid-19 requires substantial communication with NHS, council, public, voluntary and private sector organisations. In order to make this guidance and resources widely available and accessible to different audiences, webinars, conference calls, videos, emails, FAQs or other forums will be considered to allow professionals to access up-to-date information, ask questions and obtain advice from others associated with the response.

A digital press kit with photos, videos, quotes from spokespeople, the latest data or information (e.g., graphics, charts, or maps), and information about how to request an interview is always helpful for reporters during an outbreak investigation.

The key messages within the plan can be broadly split into two categories:

1. **Preventative measures** - encouraging and building confidence with local residents to engage with the NHS test and trace service and observe social distancing restrictions and control measures. As well as continuing to be vigilant and maintain good hand hygiene, wear face coverings in specific spaces and look out for those who are medically vulnerable, self-isolating or shielding. Including signposting to what support residents can receive if they are self-isolating
2. **Targeted messages in response to local outbreaks** - supporting high risk settings and communities by amplifying messages when an outbreak has occurred and reassuring and responding to public enquiries. This would include explaining any restrictions that need to be observed as a result of an outbreak and keeping residents up to date as restrictions then lift or change. It will be necessary to use internal and external partners and different communication channels in order to reach different groups of residents.

Each local authority's communications plans are shared and discussed by the communications leads for partner organisations within the Sussex Resilience Forum. The Sussex Warning &

Informing Group (SWIG) comprises all comms leads from local authorities and emergency services with strong links into utility, transport and government agency partners.

8. Data integration

This section considers national and local data integration, links with Joint Biosecurity Centre work and includes data management planning, data security and data linkages.

This section has been written before the Joint Biosecurity Centre has been fully established and the data flows have been fully confirmed so it will be updated when these are in place.

Data objectives

To combat the pandemic at a local level, it is vital that there is access to timely and robust data, including on testing, the number of cases, local outbreaks in places such as schools, hospitals and care homes, hospital activity and deaths.

Availability of datasets has continued to expand as the response to the pandemic has developed.

Some datasets are in the public domain, while others are confidential and restricted.

To maximise the use of available data to ensure a quick, targeted and transparent response we need to ensure that:

- There is good access to data being produced including by the Joint Biosecurity Centre and NHS;
- we are vigilant in monitoring change, such as increasing number of cases or hospital admissions;
- we need to produce clear summaries to support the response to outbreaks; and
- we need to support the transparency and accountability of decisions taken.

Much of this work will be coordinated Sussex wide, through the Sussex Covid-19 Data and Modelling Group, whilst maintaining a local focus.

Objective 1: Staff in local authorities will secure access to the range of data available. For this we will:

- Have a clear understanding of the data flows, such as NHS Test and Trace data and information from the Joint Biosecurity Centre, and raise concerns where information is not forthcoming
- Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as Public Health England, Environmental Health)
- Ensure the Sussex Integrated Dataset (SID), an anonymised dataset linking health and care records, is developed to support this workstream; this will help to understand infection rates in specific areas and groups and in the longer term to understand the recovery and on-going support needs of people affected.

Objective 2: Using the range of data, we will be highly vigilant in monitoring change:

- Proactive surveillance will be enabled by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission
- We will maintain, and further develop, our understanding of high-risk places, locations and communities

Objective 3: Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:

- Information relating to the local response to outbreaks (e.g. care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted
- Help to identify similar settings of concern
- Modelling possible scenarios.

Objective 4: We will seek to maximise the transparency of local decisions:

- There will be consistent reporting to each local authority Covid-19 Health Protection Board and Local Outbreak Engagement Board
- Data will be provided to the public in a clear and transparent way, and we will demonstrate how this information is used to inform local decisions.
- We will clearly note the sources of data and which datasets are, and are not, in the public domain.

Data arrangements currently in place

Data to support the plan is drawn from a range of sources, including Public Health England (PHE), the Office of National Statistics (ONS), the Sussex registry offices (for deaths registration data), local health and care partners and the Care Quality Commission.

The PHE HPT provide daily updates on any suspected or confirmed outbreaks in complex settings (for example care homes) as well as the Covid-19 reporting by NHS Trusts to NHS England.

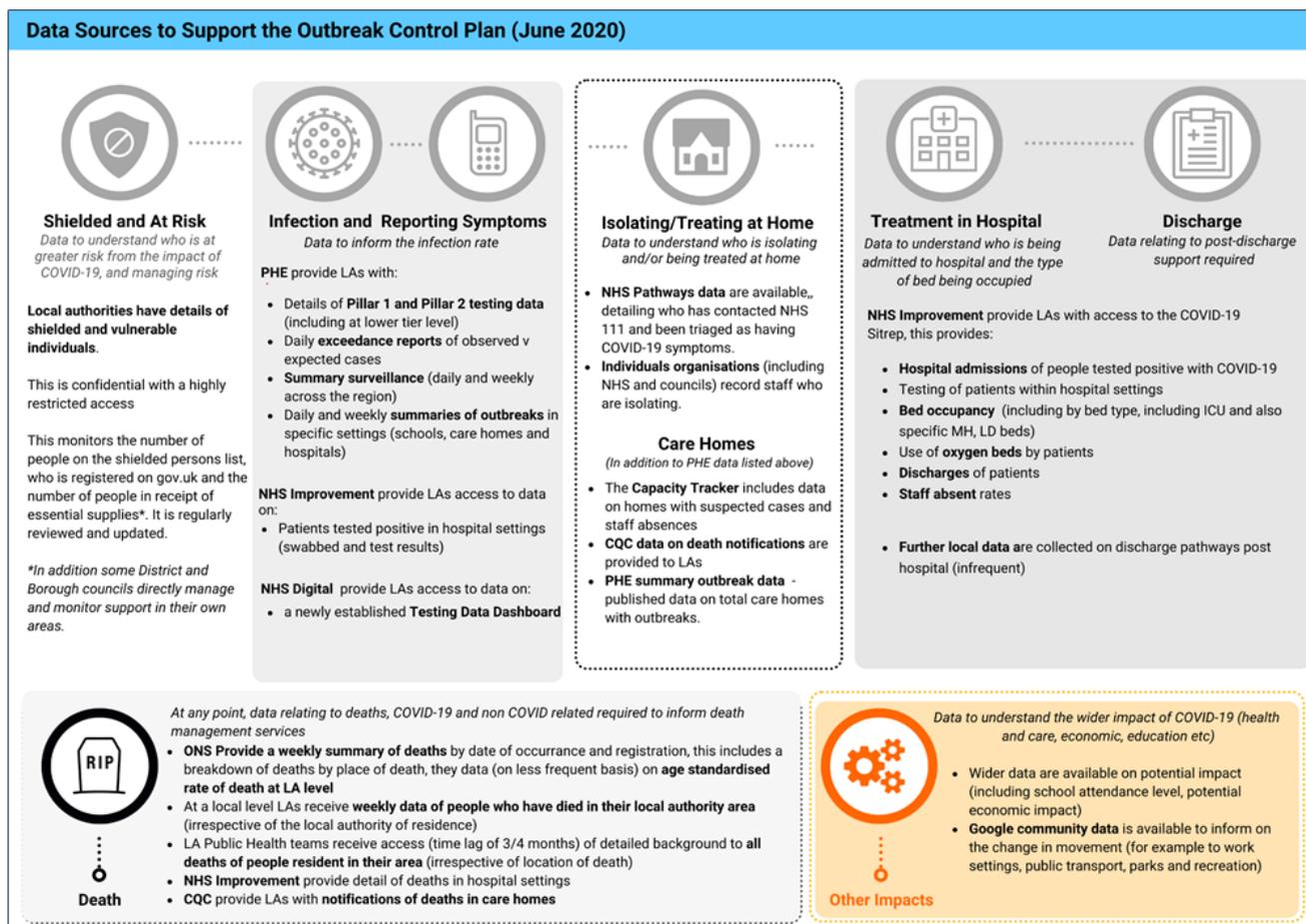
Public Health England provide daily and weekly NHS Test and Trace Contact Tracing activity reports at Local Authority level.

From the end of June 2020, PHE has started to provide the local authority with a weekly anonymised dataset of positive cases, including postcode (with other identifiers removed).

At Sussex level, the Sussex Covid-19 Data and Modelling Group was established in March 2020 in response to the pandemic. The group is comprised of staff from Local Authority Public Health Intelligence teams, NHS CCGs, the Sussex Health & Care Partnership (Integrated Care System), Sussex Partnership NHS Foundation Trust, Adult Social Care and the University of Sussex. To date the group has focused on modelling the pandemic, for example providing projections of hospital activity and deaths. The group has also coordinated efforts to ensure that data on health inequalities is available to inform local action.

The group is currently developing a series of early warning indicators which are being developed into a shared tool, which will be used to identify trends that require further investigation at Sussex or local level.

Figure 5: Data sources to support the Local Outbreak Plan



Legislation supporting data sharing

There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on Covid-19 and the Civil Contingencies Act 2004. Data-sharing to support the Covid-19 response is governed by three different regulations:

1. The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to Covid-19
2. The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
3. The Statement of the Information Commissioner on Covid-19

Ongoing tasks and arrangements

- Extend the role of the Sussex Data and Modelling Group to oversee the data integration work.

- Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (including Mobile Testing Units), and NHS Test and Trace. Plans will need to be adjusted to reflect what the JBC will provide to local areas. It is currently unclear whether the national JBC will provide a single source of data.
- Provide an early warning indicators dashboard
- Provide modelling of future pandemic scenarios to support the planning of health and care services.
- Agree additional information sharing protocols where the need is identified.
- Produce insight reports to support the various governance structures.
- Publish a public dashboard, providing the latest picture on Covid-19 in Brighton & Hove.

9. Testing Capacity

Responding to the Covid-19 pandemic has required both the rapid reporting of cases and the ability to identify their contacts to reduce onward transmission. The NHS Test and Trace programme is now in place. Local access to reliable testing with a quick turnaround of results will enable the programme to deliver its objectives.

A local community testing programme is necessary to support the management of outbreaks as well as the safe admission and discharge of people from care homes and other settings.

What do we need?

An effective testing programme which meets the needs of the local population and supports the NHS Test and Trace programme to support effective outbreak control.

What is in place?

The Sussex Resilience Forum Covid-19 Testing Workstream coordinates the local implementation of the arrangements for testing of various groups of people including:

- NHS and social care staff <https://www.gov.uk/apply-coronavirus-test-essential-workers>
- other essential workers (link as above)
- care home residents and staff <https://www.gov.uk/apply-coronavirus-test-care-home>
- wider resident testing as per government guidance <https://www.gov.uk/guidance/coronavirus-Covid-19-getting-tested>
- ad-hoc testing for special groups and circumstances such as homeless residents and outreach staff, fostering and adoption staff, people being admitted and discharged from care home

This workstream has mainly focused on the antigen (swab) test. Recently this has expanded to include antibody (blood) testing. However, the latter is not yet widely available.

Testing is currently delivered across Sussex through a combination of both local and national programmes:

National testing programmes:

- regional drive-through testing centres at Brighton AMEX Stadium, Gatwick Airport and Bexhill
- Mobile Testing Units (MTU) operated by the military, which are available to be deployed in various locations for a few days at a time. An MTU has visited Brighton & Hove twice to date
- home testing swab kits delivered by post and/or courier

Local testing programmes:

- hospital trusts provide testing for their staff and for patients
- a community testing model currently operated by South East Coast Ambulance service (SECamb) with a Sussex Community NHS Foundation Trust (SCFT) clinician to carry out the swabbing

- in addition, a Centralised Booking Hub has been established for Sussex which helps local people to arrange to be tested via the national testing programme routes or through the local community testing SECAmb / SCFT model

The local network of pathology laboratories has a daily capacity of 2,000 tests with the ability to increase to 3,000 for Swab tests (Antigen Testing) through the increase of staffing to 24/7.

The options for arranging a test are:

- hospital patients and staff are tested in the hospital setting
- symptomatic residents can apply via the NHS website, or by calling 119, for a testing appointment at a regional drive-through testing site or request a home testing kit
- essential workers can be referred individually via the Central Booking Hub or via the GOV.uk site
- care homes have been able to request whole-home testing for all residents and asymptomatic staff via a dedicated portal on the GOV.uk site. Members of the adult social care and human resources team have been assisting care homes with this process
- in a Covid-19 outbreak situation Public Health England arrange testing of symptomatic individuals and others if required to inform the management of the outbreak. This covers a range of potential settings including care homes, hostels, workplaces and schools. The swabbing is usually carried out via the South East Coast Ambulance community testing service.

Future testing arrangements

It is not yet clear what will happen to the nationally led testing arrangements. Should this stop or be reduced then local testing capacity will be required to increase to compensate. Future testing requirements will require an integrated model which is flexible enough to ensure no community is disadvantaged and to ensure all the national requirements and local needs are met.

At South East Regional level the number of Mobile Testing Units available to support testing is being increased over June/July 2020. This provides dedicated capacity that can be requested by Public Health England and local authorities and rapidly deployed to local areas in response to outbreak settings. This capacity is in place at the time of writing should it be required for outbreaks in Brighton & Hove.

A key issue is the future delivery of the mobile community testing service once the NHS services resume. In addition, the testing programme will need to accommodate the probable wider introduction of the antibody test and future developments in the antigen testing programme including tests which provide more rapid results.

The future testing model will include;

Mass testing which can be delivered through:

- Drive through whether static sites or using the Mobile Testing Unit. (These increasingly will take people who can walk-in as well as driving-through)
- Home testing delivered through the national portals. Access and delivery of this may change with time and local ownership has been indicated regionally.

Niche-testing for those who need support.

- This is likely to be through the local central booking team supporting people to the service most appropriate for the individual or group.

Local services could be a mixed model of:

- Local delivery and/or pick up of swabs for self-swabbing whether to individuals or groups (home, organisation, community) as required.
- Undertaking of swabs which require an assistant. A trained individual would need to be involved to undertake the swabs.
- A modified walk-in set up for larger numbers, which may be supported by the MTU. This could be in any setting where an outbreak is occurring.
- For care homes/other environments where outbreak support and management is required, testing may require staff training to support swabbing. This would be linked with broader infection control support.

Key ongoing tasks

These include

- Additional modelling to estimate ongoing capacity for testing services across Sussex
- Sussex-wide Covid-19 Testing Group to finalise future arrangements for testing across Sussex, including Mobile Testing Units and other mobile community testing services
- Continue to promote to local communities and groups the importance of people with symptoms being tested.

10. Vulnerable People

National guidance on the definition of vulnerability in the context of Covid-19 has been focussed on the [shielded, clinically extremely vulnerable \(CEVs\)](#) and those at [higher risk](#). Brighton and Hove adopted a broader definition of vulnerability at the outset reflecting both health and socio-economic needs. Multi-agency groups were established (centred around a Vulnerable People's Cell) to oversee coordination. The needs of the following groups were considered:

- A: Shielded - shielding as a result of being clinically extremely vulnerable and/or is known to statutory or community support services
- B: Higher risk – over 70s, people with specific medical conditions and pregnant women
- C: Those differentially impacted, or newly vulnerable due to Covid-19
- D: Everyone else – who could move into group C at any point

Objective

To support vulnerable local people to get help to self-isolate, and to engage with communities to promote Covid-19 prevention and support trust and confidence in the Test and Trace programme

What is in place

The **Vulnerable Peoples Cell** has overseen a number of multi-agency workstreams that have considered the needs of carers, people with learning, sensory, physical disabilities; Black, Asian & Minority Ethnic groups, refugee and migrant communities, people with no recourse to public funds, LGBTQ communities; those in receipt of direct payments, vulnerable housing tenants and seniors housing residents; older people at risk of loneliness; those at risk/ survivors of domestic abuse, mental wellbeing, Gypsy, Romany and Traveller communities; the digitally excluded and neighbourhoods.

The **Food Cell** has co-ordinated the delivery of food where required to Clinically Extremely Vulnerable, the vulnerable and households in food poverty. This has involved local assets including a grassroots emergency food network, of Brighton and Hove Food Partnership to co-ordinate the purchase and distribution of food and the Trust for Developing Communities to support volunteers enabled the provision of emergency food to be scaled up at speed.

A **Community Hub** service was established which has coordinated information, advice and signposting and access to support packages as needed, linking people to relevant services, for example; food/shopping, digital support, volunteers, befriending, virtual social contact, medicine advice and supply, mental and physical wellbeing support, including the local Healthy Lifestyles Team.

It is anticipated that most people will be able to self-isolate for up to two weeks without any additional support.

PHE have confirmed that NHS Test and Trace asks people who need to self-isolate whether they are vulnerable or whether they, or someone they care for, may need support. They then provide local contact details for the Community Hub service.

The Community Hub service will support people self-isolating as a result of Test and Trace to access additional support where it is identified that they have no other means to get help.

As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing. Plans are in place to ensure this can be scaled up in a future outbreak situation.

Key ongoing tasks

The challenges for the Community Hub include:

- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many return to work and life as usual though the volunteer pool is still relatively large at present.
- Supporting vulnerable people who have been shielded and/or self-isolating to re-engage with community activities, services etc

We will sustain an infrastructure for food support for the vulnerable and consider complementary digital inclusion needs.

11. Care homes, schools and other education settings

Care Homes

As part of the Covid-19 emergency response, Brighton & Hove's health and social care system has published a care homes support plan <https://new.brighton-hove.gov.uk/brighton-hove-response-care-home-support-plan>

In addition to describing what regular support is available the plan sets out how homes are being effectively supported through the Covid-19 pandemic and how the local system will respond rapidly in the case of specific outbreaks or care home failure.

There are 92 Care Quality Commission registered care homes in Brighton & Hove, including 57 adult care homes and 35 specialist homes for people with learning disabilities, mental health or acquired brain injuries.

This workstream also includes Covid-19 support for supported and sheltered housing and extra care schemes and domiciliary care providers.

Objective

To prevent and control spread of Covid-19 in care homes and to be able to respond effectively to cases of Covid-19 in care homes.

What is in place

The Care Homes Multiagency Cell meets weekly to coordinate the Covid-19 response to all care homes. This group ensures care homes and domiciliary care providers across Brighton & Hove are supported and prepared to:

- care for their clients
- receive discharged hospital patients and residents from the community
- have access to:
 - clinical support
 - education and training to care for clients
 - Covid-19 testing and Personal Protective Equipment (PPE)

The group seeks assurance that infection prevention and control key measures are in place and where gaps are identified put in place actions to address these. The cell maintains a risk and issues log and ensures that action is underway to mitigate any risks.

Care Home Incident Management Team response meetings

The Care Homes Incident Management Team (IMT) meets regularly to coordinate responses to prevent and control spread of Covid-19 in priority care and nursing home settings and support the safety and wellbeing of residents and staff.

The Care Homes Incident Management team:

- identifies care homes / settings of care for support through multi-agency assessment
- ensures adequate infection, prevention and control measures are in place for each setting with suspected or confirmed cases as well as adequate testing and PPE
- identifies workforce risks arising from Covid-19
- ensures setting specific plans are in place to coordinate and mobilise additional support as required
- supports and strengthens partnership working
- works in a proactive as well as reaction manner for target settings and supports coordination of communications to residents and staff

The Care Homes Incident Management team provides follow up calls to all care homes and providers with a suspected or confirmed case of Covid-19.

Support available includes the following:

- The team provides homes with advice and guidance on Infection Prevention & Control and Personal Protective Equipment guidelines. Advice is also provided on how to isolate and cohort residents within the home environment according to their circumstances; support on ensuring measures in relation to staff and the care home environment are taken including advice on managing laundry, refuse and cleaning regimes.
- The Sussex Community Foundation NHS Trust care homes support team provides support to all homes. There is a named nurse for each provider, telephone and email access to a dedicated team available seven days a week 9am-5pm, training and development support on infection control, PPE, hand hygiene, holistic assessment of needs, the deteriorating patient, syringe drivers, end of life care, wound and pressure care, falls prevention, catheter care and continence care; discharge planning support to facilitate discharges with assessment and care planning in the home on discharge if required.
- Other support to homes is provided by Sussex Partnership Foundation Trust, the Martlets, IC24 (the Out of Hours GP service), the Royal Sussex County Hospital, Public Health England and GP practices and is co-ordinated for through the IMT.
- a nurse within the council's Public Health team is delivering a programme of work to prevent new infections in care settings where no cases have been reported.

Criteria to ensure safe admissions to care homes

The following criteria are used to establish when a care home is safe to take on placements from a discharge setting:

- Regular and reliable testing is available to Care Home staff and residents and results are delivered within 72 hours of taking a test.
- The care home has adequate staffing levels (with staff only working in that setting) without resource to agency staff unless agreement has been reached that agency staff are allocated to one home only or enhanced risk assessment is in place to support staff working

in different settings to prevent spread of infection and have access to regular testing as required and appropriate.

- Sufficient and correct PPE is in place, is being used correctly and there is assurance that training and support is sufficient and available.
- Additional capacity in the home to enable 14-day isolation period for care home residents following acute hospital admission and admission from the community. Residents transferring into the home should be isolated for 14 days in a single bedroom.
- Strong outbreak management and managing Covid-19 positive residents and staff. Standard Operating Procedures are in place for managing an outbreak, processes related to this including alerting PHE, enhanced risk assessment, isolating cases, best approach to isolating residents such as cohorting, reinforcing infection control practices and reviewing the plan if the situation escalates and transparent communication. An appropriate response to PPE, staffing and controlling visitors is agreed.

BHCC Personal and Protective Equipment (PPE) service

PPE is obtained via the Sussex Resilience Forum PPE source for care homes for urgent shortages, or the National Supply and Disruption service is contacted if the Forum cannot meet urgent needs.

The service includes:

- Process, policies and protocols in place with the risk being managed on a daily basis.
- PPE stock levels monitored across the sector and supplies managed.
- Proactive contact with all providers regarding their PPE needs, with request process in place. Distribution mechanisms established and working well, on a weekly request basis.
- Requests responded to include supplies of hand sanitiser, antibacterial wipes, hand washing liquid and disposal bags.
- Daily reporting of stock levels to the Sussex Resilience Forum.
- Clear escalation routes if stock flow stalls.
- Advice and guidance being promoted through daily provider bulletin.

Local outbreak scenarios and triggers

If there is one or more suspected or confirmed Covid-19 case within a care home setting the home is required to contact PHE Health Protection Team (HPT). If new cases arise after 14 days care homes are asked to recontact the HPT for additional support to prevent further onward transmission.

Following a report of a suspected case in a care home these are considered at the regular Incident Management Team meetings. The relevant GP practice and any additional key stakeholders are invited for the item.

Key ongoing tasks

These include:

- Maintain prevention in care homes programme
- Comms and engagement with care homes. This includes webinar sessions, daily and weekly emails regarding latest guidance support
- Maintain the existing Infection Prevention and Control and Incident Management Team functions for care homes and adult social care settings including the care homes cell meetings (that care homes support plan and local admissions criteria)
- Provide a provider portal for data collection and intelligence, this will incorporate the care homes tracker and provide an easy to use system where data from multiple providers is collated and reviewed.

Schools, colleges and early years

One of the greatest impacts of Covid-19 has been the disruption it has caused to children and young people's education. It is of fundamental importance that early years and school settings are supported to operate safely and confidently to minimise any further disruption.

Reducing the risk of the transmission of Covid-19 infections within these settings and responding quickly and effectively to cases and outbreaks are key parts of this approach. All members of the school and early years settings have an important part to play in achieving this.

Objective

To prevent and control spread of Covid-19 in schools and early years settings and to be able to respond confidently to cases of Covid-19 in these settings and the wider school community.

What is in place?

Schools have been liaising with Public Health England (PHE) Health Protection Team for many years in relation to a range of issues but predominantly infectious diseases such as meningitis and measles as well as outbreaks of flu.

Extensive national guidance related to teaching in the context of the Covid-19 pandemic is available for schools. This includes guidance relating to social distancing, infection control and the use of PPE. All schools have been supported to develop their own risk assessments in relation to their receiving a greater number of children returning to school from 15th June 2020.

PHE has been working with local authorities to develop standard operating procedures for the management of confirmed individual cases of Covid-19 within schools and colleges, including special schools and boarding schools, and for clusters of cases and outbreaks. Similar procedures are in place for early years settings and childminders. Standard Operating Procedures (SOPs) have been adapted and shared with schools and these will be updated and distributed as necessary. A flow chart providing an overview of the actions required and the PHE contact details has also been distributed to schools. A SOP for university related cases and outbreaks is being finalised by PHE. The principles from these SOPs and general outbreak plans will be applied to outbreaks in other child and educational settings.

In preparation for schools having an increased number of children several webinars were organised by the BHCC Families Children and Learning Directorate for headteachers and governors. PHE participated in these sessions. Schools have been supported by the Council to complete risk assessments to aid their planning for more pupils returning to school.

A letter from Council's Families, Children and Learning to all parents and carers with children in early years settings, childminder, schools with key information about Covid-19 prevention has been distributed through schools and settings

Local outbreak scenarios and triggers

- If there is one or more confirmed Covid-19 case among the school staff or students then the Health Protection Team should be informed
- The Health Protection Team should also be contacted if there are several students or staff unwell with suspected Covid-19 infections
- The Health Protection Team does not need to be notified about a single possible case of Covid-19 until it is confirmed to be a case.

Key ongoing tasks

These include ongoing communications support to schools and early years settings to provide clear guidance and information about preventing Covid-19 infections and what to expect if there is a case of Covid-19 in the setting.

12. High risk places, locations and communities

Objective

Data on testing, contact tracing, outbreak investigation, as well as local knowledge and community engagement, will be used to identify high risk places, locations and communities of interest which need additional support to control the spread of Covid-19.

Preventative approaches will be put into place to support settings and communities to reduce the risk of Covid-19 outbreaks. Where appropriate these approaches will be integrated into the city Covid-19 Recovery Programme, for example to support creating Covid-secure public places or work with communities at higher risk to help them reduce their risk.

Covid-19 Standard Operating Procedures (SOPs) are being developed for specific high-risk places, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak management, based on national SOPs produced by the Joint Biosecurity Centre as these become available. These SOPs will assist in determining the resource capabilities and capacity implications.

Our approach will consider:

- high risk occupations and workplaces
- other settings including events
- other populations at higher risk from Covid-19

What is in place

BHCC Environmental Health staff in Regulatory Services have a great depth of experience of discharging the Council's responsibilities under the Public Health (Control of Diseases) Act 1984. This includes investigating and reacting to outbreaks and single cases of notifiable diseases. This knowledge and experience is spread across the service and has resulted in excellent links with the local PHE Health Protection Team and teams in neighbouring district councils. The service is also well practiced at engaging with local businesses on an individual and sector basis to convey complex messages to protect public health.

The BHCC Public Health team hold local public health data and analysis on cases (from PHE, health partners and in July 2020 are expected to have more data from NHS Test and Trace). The team has experience of City-wide messaging and resource distribution on health protection, including businesses and transport. The team are also able to provide advice using national guidance and evidence on populations, settings and workforces most affected by Covid-19

The BHCC Communities, Equality and Third Sector Team have well established relationships with over 80 community leaders/voices, over 40 residents' groups and key community and voluntary sector infrastructure organisations, providing a valuable asset in working with communities to hear feedback, push out messages and collaborate on solutions. Proactively engaging with all their contacts throughout the pandemic has sustained communities trust and confidence in the council

and enabled a feedback loop between council and communities helping to inform and influence council action.

A Covid-19 Recovery Programme with defined governance and management arrangements has been established that will help prepare and steer the council and the city through the recovery phase of the outbreak. The programme has Member oversight from a Policy & Resources Sub-Committee and is also aligned with the Sussex Resilience Forum Recovery Coordinating Group. The workstreams established to deliver the recovery programme provide the necessary structure for embedding a variety of prevention measures and initiatives.

High risk occupations and workplaces

National data⁹ shows the highest risk of death from Covid-19 to be in

- men in the least skilled occupations e.g. security guards
- men and women in social care including care workers
- taxi drivers and chauffeurs, bus drivers and public transport workers
- chefs and retail and sales assistants

Risk is influenced by factors including exposure to infection (higher in health workers and those working in healthcare settings) and proximity (higher for health and care workers, hairdressers, bar staff and chefs). To inform our targeted work we will use evidence and resources including the ONS tool¹⁰ that helps quantify the likelihood of exposure to Covid-19 for a wide range of occupations.

High risk settings

We will produce and maintain a register of potential local high-risk settings. This be reviewed monthly based on further national and local data and intelligence as restrictions are lifted.

These include those:

- Where people mix and are not able to maintain physical distancing
- Indoors and in less well-ventilated spaces
- Where people have greater potential exposure to Covid-19 infection

In July 2020, the national Joint Biosecurity Centre will be publishing a comprehensive series of action cards to provide key information for targeted settings including how to minimise the risk of an outbreak, what to do if there is a possible case and how an outbreak will be managed. We will

⁹ LGiU Briefing Covid 19 related deaths by occupation ONS data

¹⁰

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialalexposuretothecoronavirusCovid19/2020-05-11>

ensure these are distributed, prioritising high risk settings, and use them in our engagement work to support local workplaces and settings to reduce their risk of Covid-19.

Specific settings and communities, for example homelessness, Gypsy Roma and Travellers, other workplaces, children’s homes and NHS settings (acute hospitals, community and mental health, and primary healthcare including GPs and pharmacies) are considered in separate Appendices.

Potential high risk settings identified in Brighton and Hove

- Catering: take-aways already identified nationally, and cafes and restaurants as they begin to open up
- Universities and student accommodation,
- Language schools and other settings attracting high numbers of overseas visitors
- Public transport, including taxis (where individuals might not be able to comply with social distancing and transport hubs
- Retail premises, particularly where space limited
- Places of worship
- Industrial and manufacturing premises inc warehousing and storage and distribution
- Hospitality including pubs, club, bars, hostels and hotels.
- Cold temperature food processing.
- Arts and entertainment sites and venues
- Conference, exhibition and meeting venues
- Leisure services, clubs, gyms, hairdressers/barbers, beauticians, tattooists, therapists etc
- Construction sites/work
- Ships and Boats (leisure and commercial)

Potentially high risk events

- Informal gatherings in parks, open spaces and on the seafront (informed by scale and likely adoption of physical distancing)
- Protests, marches and demonstrations.
- Parades, and street parties
- Sporting, arts, music and social events and festivals traditionally involving large gatherings. Some may be continuing on a ‘behind closed doors’ basis.

Ensuring adoption of specific guidance will be key to event safety.

Intelligence and sources of data to assist identifying and mapping local high risk settings

These potentially include

- Public Health data and national and local trends identifying settings

- Corporate data, intelligence and information, including premises databases on public registers eg food and licensed premises
- Event planning information managed through the Safety Advisory Groups, Events Team and Partners
- Data and information from the City's Recovery workstreams, for example events, economy and transportation and open spaces
- Intelligence from partners, our communities and local businesses

Populations at increased risk from Covid-19

Our plan prioritises engaging with communities and populations who are at higher risk from Covid-19. The aim will be to put in place action to reduce the risk in these communities and to ensure there is trust and confidence in contact tracing and preparedness for potential outbreaks.

Communities and groups at higher risk include:

- Black and Minority Ethnic groups
- Men
- Older residents
- areas of deprivation,
- urban areas
- multigenerational and large households

Our approach will consider intersectional risks considering:

- population groups at higher risk
- Settings where overcrowding and other factors increase risk
- Events which may cause a temporal increase in risk
- Work, specific worktasks, proximity and exposure which increase risk
- Poverty, income, lack of agency and control in the workplace which increase the risk of exposure and onward spread

The NHS Sussex Health and Care Partnership BAME Covid-19 disparity programme is addressing the disproportionate impact of Covid-19 on people from BAME backgrounds. The programme has two work streams:

- **Workforce programme** – focused on BAME health and care staff across Sussex.
- **Population programme** – a BAME and Vulnerable group service delivered through GP surgeries to increase clinical support to BAME patients, improving communication and engagement with local BAME communities and working with BAME community and voluntary sector organisations.

The programme includes community research and engagement, and looking for alternative appropriate methods to ensure information reaches these communities.

Local outbreak scenarios and triggers

Quantitative and qualitative data on time, place, and person including age, gender, ethnicity, household, work, workplace, faith and other relevant networks will be used to:

- inform timely action in response to cases, a cluster of cases or an outbreak with general and targeted key public health messages on hygiene, distancing, safe workplaces and different ways of working, in a safer city
- Inform preventative, proactive messaging to reduce the risk of current and future outbreaks in these higher risk groups and settings
- Communicate and work proactively with organisations, workplaces and community groups and networks to understand concerns and risk factors,
- identify early warning or trigger points for action
- deliver public health messaging through the right communication and media channels and in the right languages including through participatory groups
- work in a practical and supportive way to take action to reduce the risks of infection and onward transmission

Key ongoing tasks

These include:

- Deliver a prevention programme building on the work of the Environmental Health team to communicate guidance to relevant settings and communities. Visit/contact non-compliant settings to ensure those measures adopted are suitable and sufficient. Take formal action where required.
- Maintain Standard Operating Procedures for high risk settings and groups based on the JBC action cards when available
- City Safety Advisory Group (SAG) and Sports Stadia Safety Advisory Group, local multi agency forums advising on events, will ensure event plans and associated risk assessments include prevention measures and messages
- Ensure that prevention messages and programmes become embedded in the Recovery workstreams (including Equality Impact Assessments)
- Maintain relationships with community leaders, residents' groups and community and voluntary sector infrastructure partners to provide a feedback loop between communities and the council
- Collaborate with BAME, faith communities and neighbourhood forums/groups in disadvantaged areas on design and communication of prevention messages to ensure reach and impact.

13. List of appendices

Appendix 1: Communities and high risk places and locations

- Homeless communities
- BAME groups
- Gypsy, Roma and Traveller Communities
- Other workplaces
- Children's Homes
- Tourist attractions
- Faith settings
- NHS Community and Mental Health Trusts
- NHS Hospitals
- NHS Primary care

Appendix 2: Terms of reference

- Local Outbreak Engagement Board
- Local Covid-19 Health Protection Board