

Notice of a public meeting of

City of York Outbreak Management Advisory Board

To: Councillors Aspden (Chair), Runciman (Vice-Chair) and Myers
Ian Floyd - Chief Operating Officer, CYC
Sharon Stoltz - Statutory Director of Health for the City of York, CYC
Amanda Hatton - Corporate Director of People, CYC
Siân Balsom - Manager, Healthwatch York
Marc Bichtemann - Managing Director, First York
Lucy Brown - Director of Communications, York Teaching Hospital NHS Foundation Trust
James Farrar - Local Enterprise Partnership
Professor Charlie Jeffery - Vice Chancellor and President, University of York
Phil Mettam - Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group
Julia Mulligan - North Yorkshire Police, Fire and Crime Commissioner
Dr Simon Padfield - Consultant in Health Protection, Public Health England
Mike Padgham - Chair, Independent Care Group
Steph Porter - Acting Director of Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Alison Semmence - Chief Executive, York CVS
Dr Sally Tyrer - General Practitioner, North Yorkshire Local Medical Committee
Lisa Winward – Chief Constable, North Yorkshire Police

Date: Wednesday, 7 April 2021

Time: 5.30 pm

Venue: Remote Meeting

AGENDA

1. **Declarations of Interest**
2. **Minutes of the Meeting held on 17 March 2021** (Pages 1 - 8)
3. **Current Situation in York** (Pages 9 - 10)
4. **Presentation: Overview of Supporting People to Access the Covid Vaccination**
5. **Presentation: York Vaccination Centre: Good Practice For People with Learning Disabilities**
6. **York Test and Trace Update** (Pages 11 - 14)
7. **LGA Outbreak Management Peer Challenge Feedback Report** (Pages 15 - 26)
8. **Refresh of the Outbreak Control Plan** (Pages 27 - 86)
9. **Communications Update** (Pages 87 - 108)
10. **Update from Sub-Group: Universities and Higher Education establishments** (Pages 109 - 110)
11. **Items for Next Agenda**
12. **Dates of Future Meetings**
13. **Any Other Business**

For more information about any of the following please contact Democratic Services at democratic.services@york.gov.uk

- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	City of York Outbreak Management Advisory Board
Date	17 March 2021
Present	<p>Councillors Aspden (Chair), Runciman (Vice-Chair) and Myers</p> <p>Sharon Stoltz - Director of Public Health, CYC</p> <p>Amanda Hatton - Corporate Director of People, CYC</p> <p>Marc Bichtemann - Managing Director - First York</p> <p>Lucy Brown - Director of Communications - York & Scarborough Teaching Hospital NHS Foundation Trust</p> <p>James Farrar - Local Enterprise Partnership</p> <p>Prof. Charlie Jeffery - Vice Chancellor and President, University of York</p> <p>Julia Mulligan - North Yorkshire Police, Fire & Crime Commissioner</p> <p>Stephanie Porter - Director of Primary Care, NHS Vale of York CCG</p> <p>Lisa Winward - Chief Constable, North Yorkshire Police</p>
Apologies	<p>Ian Floyd - Chief Operating Officer, CYC</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Phil Mettam – Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group</p> <p>Mike Padgham – Independent Care Group</p> <p>Alison Semmence - Chief Executive, York CVS</p> <p>Dr Sally Tyrer – General Practitioner, North Yorkshire Local Medical Committee</p>
In Attendance	<p>Claire Foale - Head of Communications, Customer Services and Digital, CYC</p> <p>Fiona Phillips – Assistant Director of Public Health, CYC</p> <p>Dale Weston – Principal Behaviour Scientist, Public Health England</p>

111. Declarations of Interest

Board Members had no interests to declare.

112. Minutes of the Meeting held on 10 February 2021

There were no matters arising from the previous minutes. The Board signed off the minutes as an accurate record of the meeting held on 10th February 2021. The Chair confirmed that all actions on the action log had been completed or were ongoing.

The Chair reported that Action 20 was being progressed as the Mental Health Summit had been arranged for 26 March. Tim Madgwick had agreed to facilitate the session and a feedback follow-up report.

113. Update from the PHE Behavioural Insights Team

Dale Weston, a Principal Behavioural Scientist, gave an update around the work that he, his team and the communications team had been progressing with the council. They worked to better understand the barriers and facilitators on issues the council would like people to engage with.

Dale also reported that they were helping businesses to prepare for the re-opening of the city. Good practice and learning from elsewhere in the country would be shared locally. Dale added that they would be holding public outreach sessions and focus groups with business representatives and the public to better understand their thinking.

A further report would be presented at a future meeting of the Board.

114. Communications and Engagement Update

Claire Foale, Head of Communications at City of York Council, gave a presentation on the continued messages and engagement carried out by the council. Claire outlined the communications plan which ran alongside the outbreak management plan.

Claire reported that two Facebook Live Q&A sessions had been held since the last meeting. One was around the introduction of the Covid road map and the other was around the return of students to schools. Social media had also been used to inform parents on how to safely return their children to school. Claire added that the recent My Covid

Story that was shared was about a case study from a teacher and their Covid experience.

Claire reported that Public Health England (PHE) had started their three month behavioural insight trial in York. There had been focus groups established with businesses, especially those with outdoor spaces, queues or managed spaces (e.g. Museum Gardens) to understand their experience of how people had been behaving. Suggestions would be gathered from the industry focus groups and would help inform the programme of work. Claire added that Covid safe behaviours had continued to be promoted throughout lockdown for the reopening of the city.

Given that high footfall in December had corresponded with high transmission, Sharon Stoltz thought the behavioural insight work would be very useful going forward. The city wide approach with the communications team and PHE was a real opportunity to come together as a city to give confidence to businesses and residents that we were making York as safe as possible.

The Board noted the update and the progress on the PHE behavioural insight project.

115. Current situation in York

Fiona Phillips, Assistant Director of Public Health at City of York Council, gave a brief update on the rate of local cases and various other factors. She informed the Board there was currently an average of around nine new cases every day in York.

Fiona reported that the 10-19 cohort had the highest number of cases. She attributed this to the return of students to school. The increased testing of this group had led to more cases being found. Fiona explained that the aim was to identify all asymptomatic students before they went back into the school environment. 27 positive cases had been found across all of the school testing. The students testing positive and their families had to isolate, which avoided 27 school bubbles being sent home in the process. The second week of testing had continued on 8 March, when a further 14 positive cases had been found. Fiona explained that although this had impacted the school setting, it was not as bad as it could have been.

Fiona reported that the 111 triage information received had been helpful in understanding where the cases were heading. She

presented the 111 triage figures, which were mapped closely to the cases. Through data analysis, the 111 data could indicate whether there would be an increase in cases and illness. Hopefully due to the vaccine, symptoms and illness would decrease.

Fiona explained that the data had shown a lower vaccine uptake in less affluent wards. Deprivation was a key factor that influenced the uptake of the vaccine. The Board discussed whether more information could be gathered on this to better inform our plans. Utilising the local champions was suggested as a way to share messages in more hard to reach areas.

Sharon Stoltz flagged that there was already a Vaccine Inequalities group that could present potential actions to drive forward vaccine uptake. It would also help the Board understand the potential barriers and actions we could take to improve the service.

The Board noted the update and presentation. It was agreed that a further report be presented to the next Board meeting on 7 April setting out the approach for addressing inequalities in the uptake of the vaccine.

116. Update on the Covid-19 Vaccination

Stephanie Porter, Director of Primary Care for the NHS Vale of York CCG, gave an update on the vaccination programme that had been delivered in York. She explained that the Askham Bar vaccination site ran a regional service from the national booking system. It was reported to be operating smoothly. This site had been supplemented by the district hubs and pharmacies. Stephanie reported that, from reflecting on the death rates, the vaccination programme seemed to be having its desired effect, especially since 95% of residents and staff of care homes had been vaccinated.

Planning for the second dose of vaccines had started, with correct vaccines being matched up to the relevant residents to ensure the same type was administered. The younger groups were starting to be given the vaccine as we moved onto the 50-59 cohort. It had been harder for those of working age to get an appointment, as there was a greater demand for the most desirable out of office times.

Sharon Stoltz, Director of Public Health at City of York Council, reported that she had been contacted by residents about reports the vaccine supply might be slowing down. Stephanie informed the Board that vaccines were moved across the Humber, Coast and Vale

patch to make sure they were available for the all priority cohorts in all areas. Stephanie confirmed, however, that she had received notification today of the vaccine availability slowing down in the next 2-3 weeks.

Julia Mulligan, North Yorkshire Police, Fire and Crime Commissioner, asked whether there had been any consequences seen from the reporting of fake news. This was after reports of blood clotting related to the vaccine had been seen. Stephanie confirmed that York's vaccination centres had not seen any effects from this. She also cited numerous official statements which detailed that concerns around blood clots and vaccines were not borne out by the evidence. Stephanie agreed with Julia's sentiment, explaining that it was crucial to make sure we understand why people were not coming forward for vaccination.

The Board noted the update.

117. Lateral Flow Testing Strategy for York

Fiona Phillips gave a presentation on the Lateral Flow Testing Strategy for York. The paper in the agenda pack set out the key ways of accessing lateral flow tests (LFT). All testing programmes had been designed with the aim to make access to testing easier for a wide group of people. The Board were presented with three options.

The first option was to continue with the current approach to testing. This meant we would continue to offer testing through our three community sites, and let the other initiatives through workplaces and community collect roll out.

The second option was to move to a model of community collect, ensuring that all communities were covered. This would provide more locations from which people could collect their tests. It would also mean that we would not have a dedicated testing site to test specific groups like students, meaning all tests would have to be self-administered at home.

The third, most preferred, option was a mixed approach whereby our test centres could offer tests for those who want them, as well as providing community collect for people choosing this route. The test centres could also offer a demonstration of testing, or the ability to answer questions from people wishing to do home testing but needing more guidance. Fiona added that we were still unsure whether pharmacies would be joining this offer.

Marc Bichtemann stated that in his experience, he expected there would be some challenges to setting up the test collect system in some workplaces. He preferred the third option of the mixed offer but suggested that a workplace test collect be set up. This would enable whole workplaces to be tested while not having to set themselves up as a site with the necessary precautions and facilities. As we were still awaiting the guidance around the test collect model, Fiona was unsure whether this would be possible but thought it could be possible if a workplace presented with a high amount of cases.

Sharon Stoltz informed the Board that planning for surge testing was now a requirement. Since local Covid identification and response was reliant on the local authority, the council carried out the testing while the national government determined which area it was delivered in. We would be given 24 hours to respond to their notification with intensive testing in the identified area. Sharon thought that the testing model of option three would provide the flexibility to be able to rapidly respond if surge testing was needed.

The Board agreed with the suggestion of option three and noted the update.

118. Verbal Update: Refresh of the Outbreak Control Plan

Sharon Stoltz updated the Board on the peer challenge that had taken place last week. She reported that the formal feedback was expected by the end of the month. Once the feedback was received it could be presented to the Board on 7 April 2021 for discussion.

Sharon informed the Board that the Outbreak Control Plan had been signed off last year after being presented to the July meeting of the Board. This plan now had to be reviewed to account for changes in national policy and lessons learned over the past year. The plan had to be shared with Department of Health and Social Care (DHSC) as part of the assurance process for local delivery of outbreak management. Sharon proposed that the refreshed plan be submitted to DHSC as a draft. His draft plan would be presented to the Board in April for consultation and comment, with final sign-off by the Board at the meeting on 19 May 2021.

The Board noted the update.

119. Update from Sub-Group: Universities and Higher Education Establishments

Professor Charlie Jeffery, Vice Chancellor and President of the University of York, informed the Board of the recent meetings that had taken place focusing on the return of college students from 8 March. He explained that this had been supported through the onsite testing facilities. Very few positive cases had been found and the situation had not moved past the critical point.

Charlie reported that the university summer term started on 1 April and would bring a substantial return to in-person teaching. It would involve 30-40% of students from the University of York, transforming the campus into a busy place. Charlie reported that the student surveys were useful and informed our plans that students wanted more time with their course mates. A lot of outdoor activity for students to meet their clubs, societies and course mates had been organised, to mitigate the risk of socialising. An additional four covered outdoor spaces had also been installed to facilitate some of this.

The Board noted the update.

120. Items for the Next Agenda

The Chair confirmed that there were three standing items for all future agendas:

- Current Situation in York
- Communications and engagement
- Updates from Sub-Group/ Task and Finish Groups

The following were also agreed for the April agenda:

- Formal feedback from the Peer Challenge
- Draft of the refreshed Outbreak Control Plan
- Update from the Vaccine Inequalities Group

As there was no standing agenda item for updates from partners, the Chair asked partners to flag anything they want to discuss with Tracy Wallis prior to the meeting.

121. Dates of Future Meetings

The agreed dates of future meetings were as follows:

- 7 April 2021
- 19 May 2021

The Board discussed changing the scheduling pattern but everyone agreed that it should continue to meet on a monthly basis.

122. Any Other Business

The Board had no other business to discuss.

Cllr K Aspden, Chair

[The meeting started at 5.30 pm and finished at 7.07 pm].

Business Intelligence Hub

Covid-19 in York: Public Health Data - One Page Summary (as at 6.4.21)

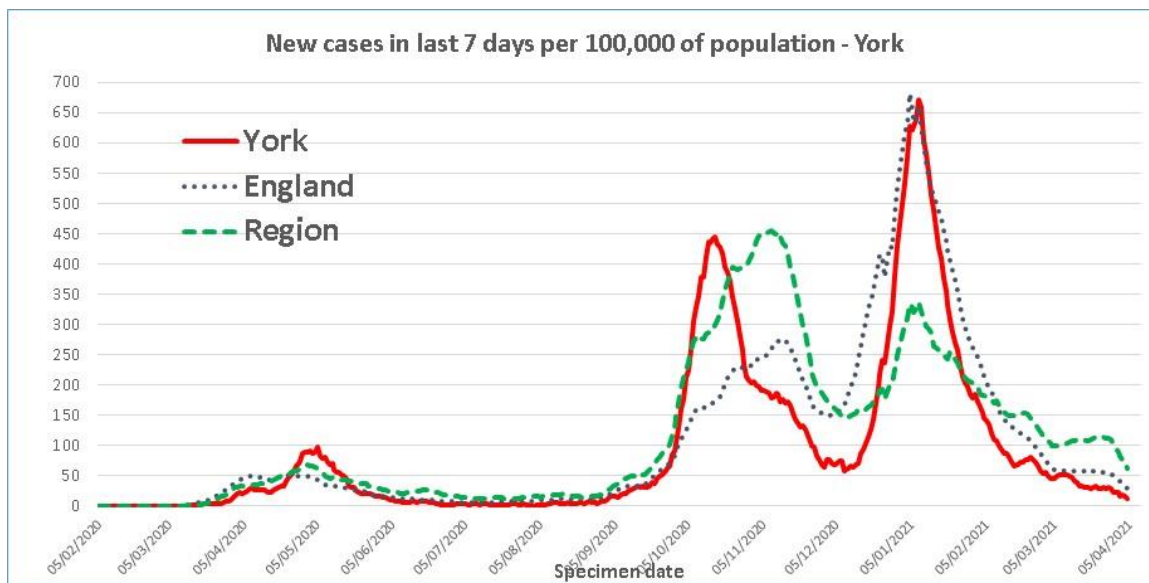
Key Impacts

- As at 5.4.21 York has had **12,219** cases since the start of the pandemic, a rate of **5,802** per 100,000 of population. The cumulative rate in York is **below** the national (6,777) and regional (6,983) averages.
- The latest official “validated” rate of new Covid cases per 100,000 of population for the period 25.3.21 to 31.3.21 was 21.8. The national and regional averages at this date were 43.9 and 88.9 respectively (using data published on Gov.uk on 5.4.21).
- As at 29.3.21, the latest **7 day** positivity rate in York (Pillar 2 PCR tests only) was **0.71%**. The national and regional averages are 2.3% and 4.7% respectively.
- Since the start of the pandemic, for deaths occurring up to 19th March 2021 and registered up to 27th March 2021, **386** Covid-19 deaths were recorded as having occurred for CYC residents (226 in hospital, 131 in care homes, 21 at home and 8 in a hospice). The number of deaths per 100,000 of population in York is 183.3 which is lower than the national average of 227.7.

Impact by age and gender

- 54.3%** of those testing positive in York are female. The average age of the people who died was **82.3**, with an age range of 44-104. The age profile of those dying in York is older than the national average (**79.9%** of those who died in York were aged **75+** compared with 73.2% nationally). 48.2% of those dying in York were male, less than the national average (54.3%).

Trends



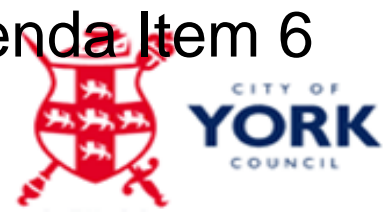
- The 7 day rate of cases per 100,000 in York has fallen from the peak of 671 on the 8th January to the current rate of 21.8. Local, national and regional rates are falling.

Vaccinations

- As at 5.4.21 a total of **93,082** CYC residents have had the first dose of the vaccine. This represents **44.2%** of the estimated total population of York and **53.5%** of the estimated adult (18+) population of York.
- As at 5.4.21 a total of **14,597** CYC residents have had both doses of the vaccine. This represents **6.9%** of the estimated total population of York and **8.4%** of the estimated adult (18+) population of York.

A weekly release of Covid-19 data is published on [York Open Data](#).

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York Test and Trace update

1.0 Testing

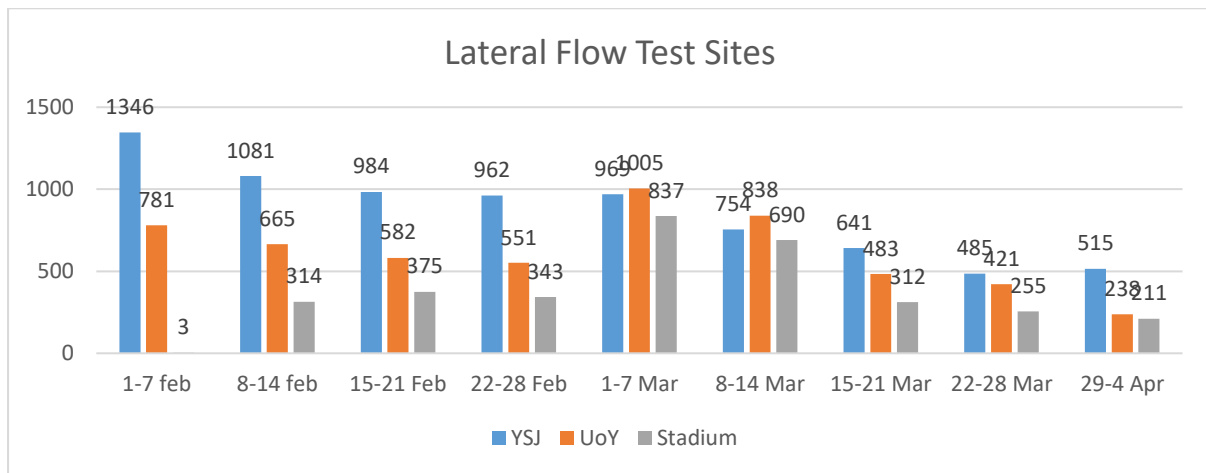
Our revised lateral flow testing strategy comes into effect from Wednesday 7th April. This will see previous eligibility criteria for lateral flow tests change so that anyone that wants to be able to access lateral flow tests can. The only group that we do not recommend use of regular testing for is children below secondary school age.

We continue with our existing three asymptomatic test sites at the University of York, York St John University and the Leisure Complex at the Community Stadium. We are also opening a fourth testing site at Foxwood Community Centre on 12th April. At all of our sites it will be possible to have a test taken and processed at the site, as well as collect test kits for use at home. Staff at all of the sites will be able to talk people through the testing process if they would like to undertake home testing but require more guidance.

Working in partnership with MacArthur Glen Outlet Centre, we have also opened a staff testing facility within the centre in order to ensure staff can access testing, in order to give confidence to shoppers returning to the centre when non-essential retail opens. We are exploring a city centre testing facility aimed more at visitors to the City.

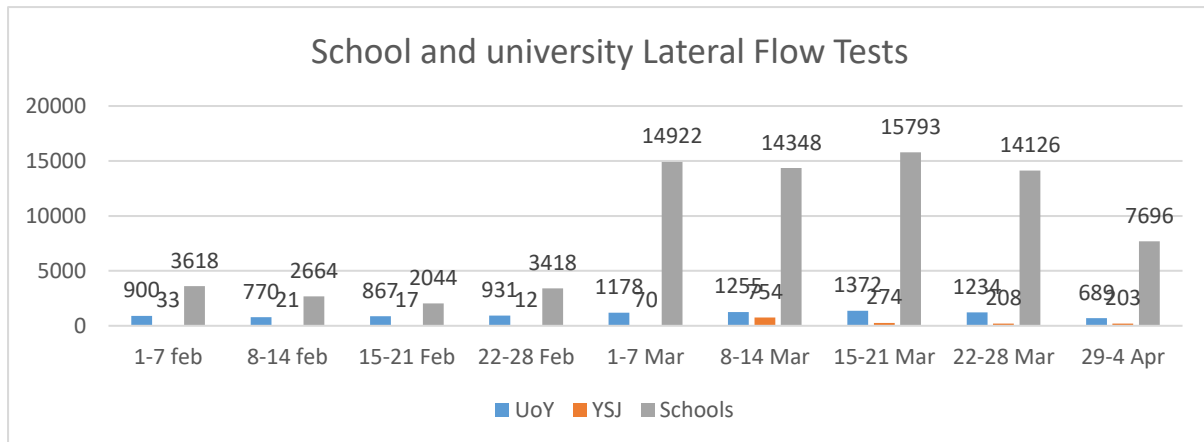
Testing Data

Resident Testing



The above graph shows the number of tests being carried out on residents on a weekly basis at each of the three asymptomatic testing sites. This excludes university or school pupils being tested at these sites.

University Student Testing



The above graph shows the number of tests carried out by week on university students and staff and secondary school pupils and all school staff. Prior to 1st March, testing for schools was only for staff in primary and secondary schools. From 1st March, prior to the return to school, secondary school pupils were asked to be tested. From 15th March, secondary school pupils have been provided with lateral flow tests to undertake regular home testing.

The positivity rate in lateral flow tests currently stands at 0.1%. During the time period above, it has ranged from 0.1 – 0.7%

Businesses

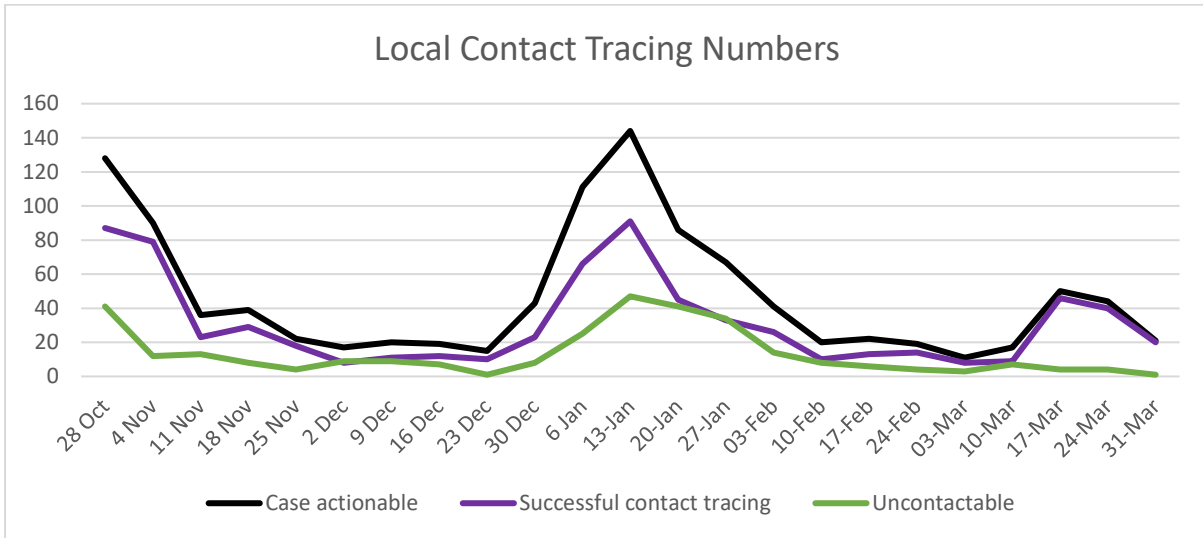
Businesses are able to register to undertake testing of their workforce. A number of businesses in York have taken this up. In the week of 29^h March – 1st April, a further 3,318 lateral flow tests were carried out on York residents through other work based programmes.

2.0 Contact Tracing

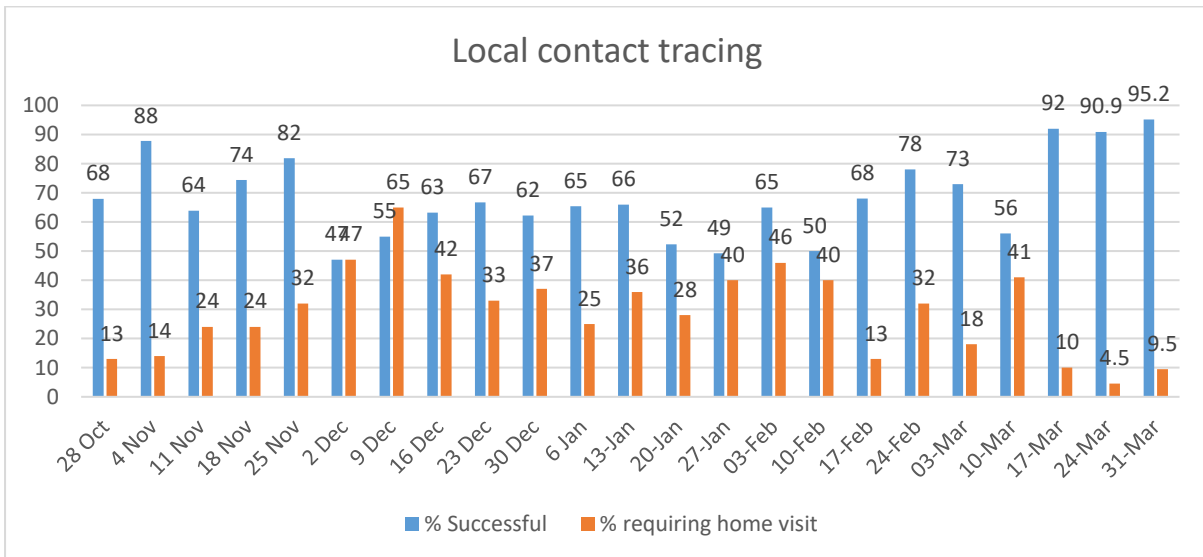
York commenced contact tracing of covid cases on 22nd October. Initially this was 24 hours after the national track and trace service had attempted to get in touch with an individual. On 10th March, contact tracing of all cases by the local York Contact Tracing Service commenced at zero hours, i.e. as soon as a positive case appears in the data.



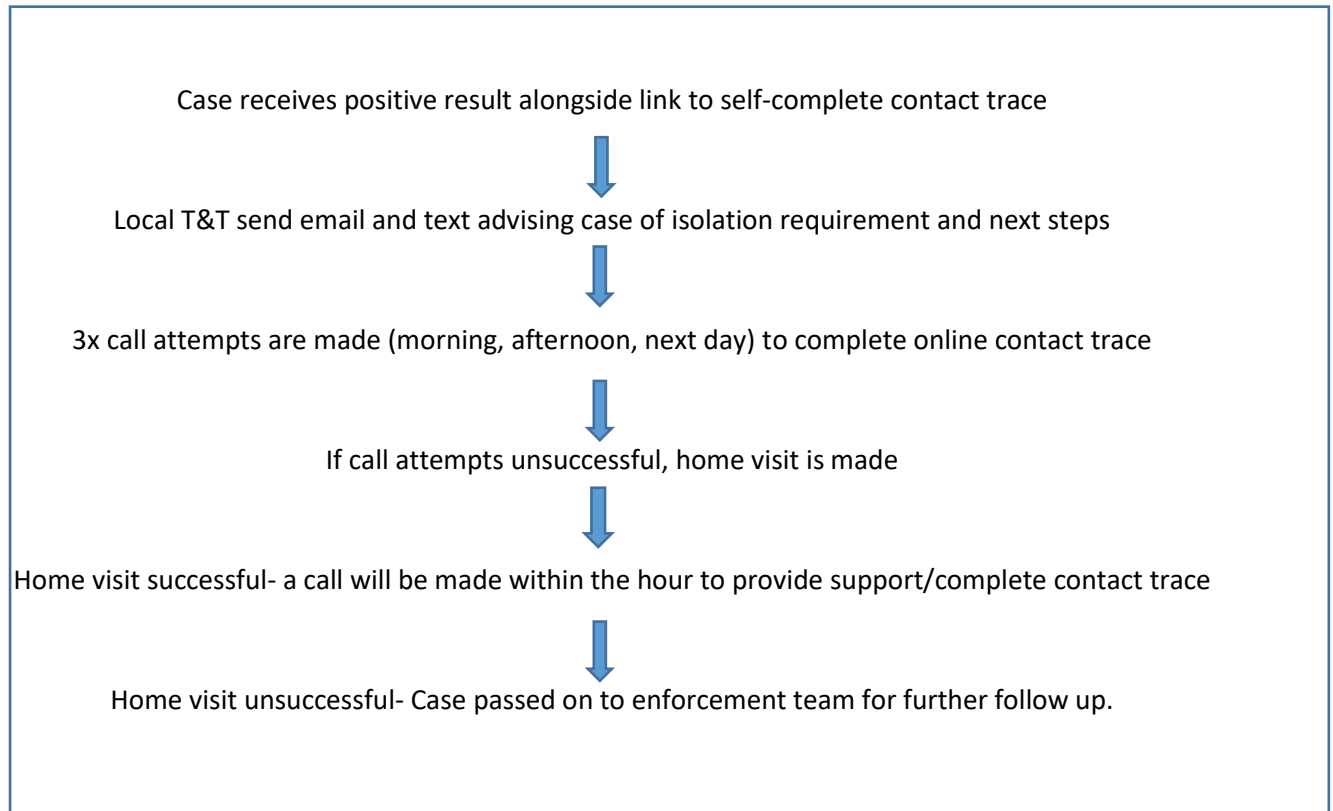
The graphs below show the number of cases that our local team have been dealing with. As cases drop, this has also dropped, except where all contact tracing was initiated from 10th March.



The overall follow up rate across the national and local team has remained at around 90% of York cases. As can be seen from the graph below, with all cases being followed up locally, this success rate has remained consistent, if not slightly better.



Contact tracing process



Benefits of local service

- Dedicated telephone number 01904 551559- resulting in a dedicated place for isolation-contact tracing queries.
- Ability to group cases by household and complete multiple traces in 1 call-Same call handler/family
- Can signpost to local services- Self-isolation support payments, bereavement support etc.
- Able to gather soft intelligence and recognise patterns of infection, i.e. school cases, care homes, traveller sites, and escalate where necessary through local channels
- Forming connections with workplaces to assist in Contact Trace engagement; Stockton Hall Hospital, Chocolate Works Care Village
- Home Visit capability-resulting in quick resolution of cases, and ability to encourage call backs
- Residents are more welcoming & trusting to local contact tracers & local numbers

Fiona Phillips – Assistant Director Public Health

6th April 2021



Outbreak Management Peer Challenge **City of York Council**

March 2021

Feedback Report

1. Executive Summary

The City of York Council (CYC) and its partners have responded well to the Covid-19 pandemic. There is a “can-do” attitude to working together and this is reflected in numerous examples of innovation and adaptation over the last 12 months. York has much to be proud of in its response, and much to share with other councils.

The leadership of the Public Health Team (PHT) has been exemplary, and is widely recognised across both the council and its stakeholders. This applies to the Director of Public Health, as well as her broader team and more widely across the council. Partners are clear that the PHT has added significant value to how they think and respond to the pandemic. Many individuals were named during this peer challenge as having personal impact, skills and expertise which have made a difference.

The model of public health has become further embedded through the pandemic. Having key public health figures distributed across council departments has added value to the approach. When compared to pre-Covid 19, there is a much greater understanding of what public health means, to the extent that there is a widespread view that many people now “get” public health in a manner they did not previously. This is a real asset for the future, with many people feeling that this ‘distributed PHT model’ has continued potential for the future. A challenge, in common with other councils, will be how to further embed public health sustainably for mainstream delivery within broader council services and not lose the momentum and ground it has achieved so far.

How the council has communicated and engaged on the pandemic has been well resourced and is described by partners as exemplary when comparing their experiences with other local authorities. There is much to share with other local authorities they work with. This includes ongoing consideration of behavioural insights to understand why and how residents and other stakeholders react to messages, and how collectively the City works to reach, inform and engage with its communities.

The council is looking forward to the future with confidence and optimism. This is of course a positive approach, and York has much to be optimistic about. The council is actively exploring what next for the City and thinking about its long-term plans and there has been some focus on contingency planning which incorporates scenario planning. This could be further expanded to include the worst-case scenarios, to ensure that risk have been fully explored, particularly as the council is dealing with several unknown factors beyond its control. One of these is how to deal with York’s attractiveness to visitors, with the previous release of lockdown resulting in large numbers of visitors to the City, which in turn affected a spike in positive Covid cases in January 2021. The potential remains for another influx as the national lockdown is lifted from April 2021 onwards.

In common with the challenges that all areas face, staff across the council and partners, as well as communities, are expressing weariness about the ongoing nature of restrictions and responses. Consideration of how the council will prioritise action to support everyone’s recovery will be important going forwards.

There is much to be proud of from York’s response to the pandemic and much good practice to disseminate for the benefit of others, particularly on its approach to communications. Like other local authorities, CYC faces challenges ahead on dealing with uncertainty, opening-up and supporting the local economy, as well as considering the future role of public health and addressing inequalities as the City moves forward.

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Chief Executive: Mark Lloyd

Local Government Association company number 11177145 Improvement and Development Agency for Local Government company number 03675577

2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

Resilience and capacity

- Develop a plan for addressing organisational resilience, giving people time to reflect and recharge. This should be wider than those directly working in public health and consideration should be given on how to support council staff across all services.
- Capitalise on the benefits gained from the distributed PHT model by determining where public health will be positioned in the future and the capacity required to sustain this.

Engagement and Communities

- Build on the great work with communities during pandemic to maintain focus on addressing inequalities. CYC can show many examples of great work undertaken during the pandemic to address inequalities. The council and its partners know that a joined up and strategic approach will be needed if those inequalities are to be addressed.

Partnerships

- Partnership working is a clear strength, providing the opportunity to consider next how to embed the benefits from recent closer partnership working into future ways of working across all Council priorities, over and above Covid 19 and economic recovery.

Living with Covid

- Develop contingency plans for worst case scenarios, as well as best case scenarios. For example, emergence of new vaccine resistant variants, requirement for social distancing beyond the summer, potential challenges with vaccine take-up within certain populations etc.

3. Summary of the Peer Challenge approach

The peer team

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at City of York Council were:

- Sarah Norman, Chief Executive, Barnsley Metropolitan Brough Council
- Cllr Ruth Dombey, Leader, London Borough of Sutton
- Julia Weldon, Deputy Chief Executive and Director of Public Health, Hull City Council
- Corinne Harvey, Director of Operations, Public Health England
- Ann Burrows, Covid-19 Programme Lead, Public Health England
- Jennifer Cooper, Yorkshire & Humber Regional Lead, Joint Biosecurity Centre
- Frances Marshall, Adviser, LGA
- Judith Hurcombe, Programme Manager, LGA

2

Scope and focus

This peer challenge was developed with councils and stakeholders through the Yorkshire and Humber Chief Executives and the Yorkshire and Humber Co-ordination Group. It is the second peer challenge on outbreak management to be delivered in councils within the region.

The scope of this peer challenge was to explore CYC's approach to Covid 19 outbreak management. The peer team looked at:

- The overall plan and approach
- Partnership working
- Resilience and capacity
- Addressing need
- High risk areas including Care Homes & Universities
- Communications and engagement
- Data and intelligence
- Governance
- Recovery / living with Covid
- Good practice

The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focused and tailored to meet individual councils' needs. They are designed to complement and add value to a council's own performance and improvement. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of local government to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared for the peer challenge by reviewing a range of documents and information to ensure they were familiar with the Council and the challenges it is facing. The team then spent 2 half days working remotely with CYC, during which they:

- Spoke to more than 40 people including a range of council staff together with councillors, external partners, and stakeholders.
- Gathered information and views from more than 16 meetings conducted remotely, and undertook additional research and reading.
- Collectively spent more than 145 hours to determine their findings – the equivalent of one person spending more than 4 weeks in CYC.

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their peer challenge on Tuesday 9 March. In presenting feedback to you, they have done so as fellow local government officers and members, not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Feedback

4.1 Partnership working

The pandemic has galvanised partnership working between the council and its partners, with relationships growing and maturing from an already strong base. Some of this is due to previous joint responses to the flooding which has affected the City. Several partners reflected that working together on Covid 19 has enabled a better understanding of each other's drivers and pressures, and that there is a strong and clear ethos of everyone working well together. Equally, CYC colleagues reflected that the City was working 'as a system now, not just the council'. This is a great foundation for the future.

Partners really value the direct access they have to the PHT's advice and expertise, and they value the working relationships that have developed over the last 12 months. The relationship was described by one stakeholder as CYC 'holding onto the back of the bike seat' – e.g. partners were empowered to get on with it, but the PHT were there to catch them if they wobbled. The recently appointed joint public health consultant post between the Clinical Commissioning Group (CCG) and the council is widely regarded as a catalyst of change. It is already having an impact on understanding and further joint working.

Council staff also feel that partnerships have become more embedded across the range of services and relationships that the council delivers over and above the services which would usually have contact with. For example, council staff speak with more confidence about understanding businesses better than they did pre-Covid. The council has worked extensively with businesses on hospitality when opening-up the city under the previous lifting of lockdown arrangements. (See para 4.8). The joint working between the community voluntary sector (CVS) and council has been a real success, founded on an ethos of ensuring those in need received help, irrespective of organisational boundaries and who did what. A strong push towards volunteering and mutual aid – as well as support for service delivery organisations like the Citizens Advice Bureau - resulted in 4000 volunteers being recruited. The Council is about to launch a new volunteering strategy to ensure this community resource is well embedded for the future. Covid 19 Marshalls have also been very successful in engaging with residents and businesses and dealing with localised issues.

Working across public protection in all sectors and leaning into the localised Contact Tracing model has been a real strength. Early in the response, it was agreed that colleagues across public protection including regulatory services would bring an asset-based approach to the development of the local tracing partnership model. Using the knowledge and expertise of working across business and hospitality sectors; building on existing robust processes and maximising the approach of local intelligence from across the council has enabled the York service to provide a more timely and effective service than from NHS Test and Trace. This has included providing wraparound support to assist people maintain self-isolation, working with the Police to encourage and enforce measures, and ensuring a collaborative approach for managing complexity with Health Protecting Team.

The council has lots of exciting physical regeneration plans for the City through a £300m capital programme, including York Central, which will create up to 2,500 new homes, around 6,500 new jobs and a range of public spaces, including the city's first new park in a century. There are also plans to refurbish the Guildhall at a cost of £20m. Some stakeholders expressed a desire for clearer plans for inclusion as part of building back a fairer City, with all residents being able to take advantage of many of these opportunities. (See Para 4.3.)

4.2 Resilience and capacity

A variety of different approaches to supporting system wide resilience and capacity is evident in CYC's response to Covid 19, from partnership working to leverage in capacity, support mutual aid and create economies of scale, through to delivering differently. Examples include, though are not limited to:

- Community Hubs across the City have had a real impact, engaging with over four thousand volunteers, and catalysing a previously established model.
- The existing social prescribing service run through GP practices have been expanded and grown in both scale and GPs' understanding.
- Mutual aid approach to bring in further capacity when the hospital was experiencing a spike in admissions in January 2021.
- Wellbeing support as part of council wide messaging and offer to all staff

The responsiveness, accessibility, and impact of the PHT has been universally commended (para 4.1 refers). Capacity within the PHT however needs further consideration for the medium to long-term. This is partly due to the relatively small size of the team, as well as overall impact of the pandemic on PHTs everywhere. In addition, whilst the embedding of the public health approach across York has undoubtedly been welcomed and had a positive impact, it too has had a bearing on capacity. An overall issue to consider for the future, which is closely bound up with the long-term intentions for the public health function within York, is whether the current approach is sustainable.

In common with other councils there are signs of people becoming tired, and this applies to employees across the council, its partners, and stakeholders, as well as to councillors. Although there are no easy answers, it will be important to think of the long-term strategy to support staff and maintain levels of personal and organisational resilience. Giving people time to reflect and recharge is particularly important as our response to the pandemic enters further phases in the spring and summer of 2021.

The vaccination programme will continue to be a focal point in the coming months, and whilst this is being led by the NHS, it will have an impact on CYC's resources and energies as it is in everyone's interests to promote vaccine uptake across the City. Tackling vaccine hesitancy and encouraging vaccine take-up is something that all local areas are grappling with. With a large student population, a particular challenge in York could be making inroads into the younger age cohorts, and also sections of the community where uptake may be lower than average.

4.3 Addressing need

The council and its partners are proud of their ethos of helping anyone who needs support arising from Covid-19. There is evidence of a 'do now, ask for permission later' approach across the councils' response, with Community Hubs an example of this in action to support the clinically extremely vulnerable and responding to local need (para 4.2 refers).

The daily wellbeing calls which have taken place to residents who have tested positive for Covid 19 between days 7-10 of testing have had real human impact and are of particular note. The council is clear that in some instances these calls have led to interventions which have saved individual's lives, and are rightly proud of this profound impact.

Vulnerable children have been targeted for positive and constructive support and this has resulted in high levels of attendance in schools during lockdown. A red/amber/green assessment rating of each child was undertaken to ensure that the most vulnerable children are supported to have face to face contact. A focus on the 'voice of the child' is evident with examples including working with care leavers to support their mental health, through to joint working with parents of SEND children to understand how CYC can work together better.

York is a relatively prosperous City with many assets and advantages, including affluence. Despite this prosperity there are pockets of disadvantage, some of which can be masked by the overall data available. With the pandemic exacerbating inequalities in communities across the country, concerns were expressed that there are communities within York who are struggling to manage, or are on the cusp of becoming disadvantaged. Stakeholders are conscious of this hidden deprivation and want to do more to tackle inequality, including improving health for local people.

Many participants in this peer challenge recognise that the council has reached far and wide into its resources to support disadvantaged residents, and their health inequalities. Staff and stakeholders are rightly proud of their individual and collective responses. As the City plans for recovery there is a degree of consensus that much has been achieved and collective efforts make a significant difference the quality of life for local people. Going forward, ensuring regeneration plans (para 4.1 refer) and their delivery include broader social and community regeneration to support efforts to reduce inequalities exacerbated by the pandemic, will be important in continuing positive this legacy so that opportunities are as inclusive as they can be for everyone.

Some of the achievements in this area have been depended on individuals to champion inequalities, rather than having an overarching strategic response which takes a more overt and planned approach to tackling disadvantage, and a concern that this approach may be lost as other priorities emerge. Since this peer challenge feedback was given to the council, more evidence has been provided about the range of responses the council has provided on inequality. During the peer challenge a wide number of individuals nevertheless expressed a desire for a continued focus, and higher profile on, inequalities which will have been exacerbated by the pandemic.

4.4 High risk areas: schools, universities and care homes

The council has worked well across high risk areas and it identified 3 areas of good practice.

Schools

Relationships with schools are good and the already established York Schools and Academies Board (YSAB) has been a valuable platform for engaging across the City, sharing information and delivery. Schools speak highly of the support they receive from the council, particularly from Public Health, where having a named point of contact has supported consistency of approach and dialogue. Through this dialogue with YSAB schools have been able to feel they receive good updates of local issues, as well as opportunities for learning.

Schools have confidence in the City's Outbreak Management Plan and there is a good understanding that the national outbreak news and data does not always reflect the situation experienced in the City. The team also heard some reflection that when compared to some other councils, York's approach has been exemplary, and this applies across the local school family,

including special schools. Bringing public health and education together has been welcomed and describe 'The York Way' approach as being listened to, with collegiate attitudes of schools and the council genuinely working alongside each other to tackle problems. Schools feel this is a good platform from which to now build on. Ideas for the future include building on working with the community and voluntary sector; continuing to galvanise how health, communities and schools work together in supporting a wide range of issues including cohesions and localised support to families and children.

Higher Education

Existing good relationships across higher education institutions within York and CYC were built upon during the pandemic to forge even closer joint working. This has developed a whole city response which has avoided the emergence of any narrative of divisions between students and the rest of the population.

Universities, colleges, and the council engaged well and early in response to the pandemic. The creation of a Universities Outbreak Management Advisory Board Sub-Group has been welcomed as a useful vehicle for engagement as well as manifestation of the strategic importance placed in this partnership. This has enabled nuanced messages to be delivered, which are consistent with the broader public health approach across the City, and have supported an approach of everyone in the City being affected and working together.

Universities have been a clear testing priority for the City and resources have been targeted on university halls of residence to reach students. Testing arrangements were rolled out initially with York St John University in December 2020, as part of a city-wide testing resource, which in turn has supported community wide testing capacity across the City.

Care Homes

As with many other aspects of partnership working, engagement with registered care providers has built on existing good practice, and care homes felt that the City's response has galvanised already good partnership working. Communications to care homes has included written bulletins and webinars, and is complemented by daily calls to individual care homes by Adult Social Care. Similarly, excellent working relationships and communications were reported with providers and Independent Care Group, based on mutual respect and trust. One aspect of why this worked so well has been the approach of "Team around the home." This approach built on existing strong partnership across health and social care with clinical leadership at the heart of a compassionate response to care homes. This included: use of virtual consultations; digital monitoring; enhanced support from primary and community services; training and development; and assurance visits with every care home. This work was recognised recently in the Nursing Times awards.

There have been low levels of infections in care homes, with only one significant infection outbreak. National guidance has been successfully adapted for local implementation, including local branding. This has helped to support the development of a local response. Ongoing close working between CYC, North Yorkshire County Council and the CCG has supported the development of joint policies, for example on visiting arrangements.

4.5 Communications and engagement

Another area of strong practice is how the council has managed its communications and engagement on Covid 19. The communications campaign has been based on the 3 broad strands of: prevent, respond, and manage the outbreak. The approach has been adapted according to circumstances and has included the use of Facebook Live question and answer

sessions. These were weekly during the first national lockdown, and monthly sessions thereafter. These included interactive #AskTheLeaders sessions which are then also made available on YouTube. The insight from these sessions has been used to adapt future messages. For example, in November 2020 where the audience has shown anxiety about financial losses, the campaign has quickly picked this up as an area of focus.

A City-wide Heads of Communications network has been established which includes the main public sector partners, as well as other stakeholders across the City. This has enabled quick sharing of key messages, as well as a consistency of approach across major partners, which in turn has reduced confusion for residents and businesses. CYC has also worked effectively to translate national messages so that they resonate locally, such as advising residents to stay ‘two Archbishops’ apart to encourage social distancing.

Regular electronic newsletters have been provided for residents, and members and partners on a twice weekly basis, and weekly for families and businesses. The messages from these are often shared more widely through Facebook across the City, and are often adapted by those sharing to reach specific audiences. An innovative animation was also developed to explain what contact to expect from public health after a resident has tested positive.

As well as sending out information there has been emphasis on what stakeholders and communities need. Initially roundtables were held with businesses and supplemented in August with a City-wide survey. Quarterly “temperature checks” have been undertaken to gauge residents’ understanding of key messages being communicated across the City. The Human Rights City group provided insight into how disadvantaged communities receive and understand communications, allowing for further adaptation.

Behaviours have been a focus from early in the pandemic. An emotional health campaign called *Feel Real York* has been driven by insight from the council’s *Big Conversation* health check discussion, and a business roundtable, which provided concerns about staff mental health from employers across York. Future work is planned with Public Health England on behaviours and opening-up the City from spring 2021, including a focus on making outside space safer, to ensure that the optimum levels of intervention are put in place to support people to do the right thing. Discussions are taking place with universities and their student bodies on ensuring students can participate and benefit from the approach.

The council has also been proactive about challenging misinterpreted messages, including whether the City was heading for a lockdown in June 2020. In common with other areas, the City has found the timing of some national messages to be challenging, and the communications team’s working arrangements were adapted to ensure quick responses could be made.

4.6 Data and intelligence

Good analysis of data and intelligence was in place prior to the pandemic in York and this has been further consolidated. The approach recognises the value of the established joint strategic needs assessment, as well as the use of a centralised data service to support the Community Hubs.

Early during the pandemic, a data sharing protocol was agreed between the council and its partners. This has included more detailed sharing of some GP data for the first time. The

sharing of data and information about vulnerable people between the council, voluntary sector and GP practices has enabled targeted and direct support to be provided. Examples include shopping or prescriptions collection.

Data has been collated daily and published weekly on York Open Data since June 2020, including on: local infection rates, deaths, local R rates and vaccination rates. Data is analysed on a real time basis from national, regional and local sources, for example including the council's environmental health systems. Analysis at ward and middle layer super output area levels has enabled local hotspots of virus transmission to be identified quickly. This in turn has led to speedy action to be taken, including on information and enforcement.

A challenge for the future, which York has in common with other local authorities, is how to build on this current approach and improving awareness of the wealth of available public health data to clearly inform future decision making and prioritisation of resources.

4.7 Governance

CYC's governance arrangements for the pandemic have been clear and proportionate, with various levels of strategic meetings, including Gold and Silver levels. These have been stood up and down in accordance with the severity of local incidence and national restrictions.

The council's response has had public health at the its centre. CYC officers speak positively of the council's political and managerial leadership, citing a genuine collaborative and supportive approach across council services, and the PHT have been supported well by the leadership team.

The Outbreak Management Advisory Board, chaired by the Leader of the Council and available online, meets monthly and provides the lead for the communications activity. It is widely regarded as having been helpful in providing the mandate for activities, as well as bringing in further insight to City-wide activities.

4.8 Recovery/living with Covid

There is widespread recognition that a successful economic recovery requires York to be a safe place, and that the successful reopening of the City will depend on a safe reopening. Business representatives told us that the council has listened to their concerns and worked closely with them to address these. This included the early establishment of a contact group, and a focus on developing a good rapport with its members. A discretionary grant funding of £1m was created and which supported over 1,100 micro-businesses across the City.

For the future, the council is actively thinking about how to support the resilience of the voluntary and community sector, which has played such a strong role in supporting the council and residents over the last 12 months. There is also widespread acknowledgement that relationships with health partners have been strengthened, and consideration is being given on how to further build relationships.

There is both confidence in the council's response to date as well as optimism for the City as recovery is planned for. Some of that optimism is reflected in contingency planning for best case scenarios. This would be further enhanced by also exploring contingency planning for worst case events. Some of the latter are beyond the council's control yet could have a profound impact on the opening up of the City and should be considered. For example, if the

national roadmap is delayed or reversed, or if there are local spikes in infection leading to further local restrictions either in the City or in neighbouring authorities.

The council worked well with the hospitality sector to innovate in enabling the opening-up of outdoor spaces during the summer of 2020. An example of this success was the use of the College Green area near York Minister to provide outdoor trading space because indoor space was too challenging due to ongoing social distancing rules. There could be an opportunity to widen York's approach to innovation to encompass testing arrangements for the hospitality sector. Liverpool City Council is looking to pilot a range of approaches in this area and its learning may be worth exploring further for York's benefit.

The PHT in CYC is relatively small, and capacity is stretched (see para 4.2). One year on since the outbreak of Covid 19 in the UK, there is much more widespread and enhanced understanding of the role of public health, not least because the council has put the function at the very heart of its Covid 19 response. A key consideration for the future should be to explore where public health will sit in relation to this recent experience. Part of that consideration should be to explore its resource base within the context of sustainability.

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City of York COVID-19 Outbreak Management Plan Updated vs 2

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1. Introduction

Overview

This updated York Covid-19 Outbreak Control Plan sets out how local partners will work together to reduce transmission of Covid-19, prevent and manage outbreaks and safely manage the roadmap to recovery. This is a city wide plan and has been developed with our key partners, under the leadership of the Director of Public Health (DPH). The plan will cover the context and background to the development of local outbreak control plans, the principles that guide our approach and how we will deliver this for the people of York. Although it is recognised that many of the council services, and other partners, have an important to play the outbreak control plan will focus primarily on the public health response.

Our response has been developed in line with national guidance issued by the UK government for England and relevant public health agencies including Public Health England and the World Health Organisation. This information is updated regularly to reflect the changing situation. As such the outbreak control plan is iterative and will be frequently reviewed and modified in order to ensure that the plan reflects the most up to date information.

In February 2021 the Department of Health and Social Care requested that Local Outbreak Management Plans be updated to reflect the learning that has taken place over the past year to contain Covid-19 in the community and to include the new challenges that have emerged such as growing health inequalities and variants of concern.

In addition to the themes contained in the original Local outbreak Management Plans, refreshed plans must also address the following requirements:

- Responding to variants of concern
- Action on enduring transmission
- Enhanced contact tracing, in partnership with Public Health England Health Protection Teams
- Ongoing role of non-pharmaceutical interventions to prevent cases and reduce transmission e.g. Hands, Face, Space
- Support for the roll-out of the vaccination programme including plans to tackle disparities in the uptake of the vaccine
- Activities to enable 'living with covid' in a covid-secure manner

As part of the Spring 2021 Roadmap, local authorities are also required to prepare for how they will support the safe lifting of national restrictions and the reintroduction of events later in the year such as festivals, performances and other large gatherings. This will be based on government guidance, emerging best practice and research on how to reduce the risk of infection in such settings.

Wherever possible the York outbreak control plan is aligned with the North Yorkshire outbreak control plan to facilitate joint working across local authority boundaries. Mechanisms are also in place through existing networks to work in partnership with other local authorities across the region as required to deliver a joint outbreak response that may cross geographical boundaries.

Context

York has strong infection prevention and outbreak management arrangements in place with robust governance under the leadership of the Director of Public Health and approved by the Health and Wellbeing Board.

These well-established arrangements are robust, effective, timely and responsive outlining clear roles and responsibilities of health and care services to manage outbreaks within a wide range of settings and population groups. Specialist health protection skills and responsibilities sit within an already functioning system which includes local authority public health and environmental health functions and Public Health England (PHE).

The York Covid-19 Outbreak Control Plan will build on these foundations, working to scale up and further enhance the local existing arrangements and increase workforce capacity in environmental and public health to be able to deliver an effective outbreak prevention and response.

This Outbreak Control Plan sets out the local response with City of York based around the key themes set out below:

- Care homes and educational settings, including schools, colleges and universities
- High risk places, locations and communities
- Local testing capacity including for surge testing in response to variants of concern
- Contact tracing including targeted work in those areas of enduring transmission

- Data integration
- Supporting vulnerable people to get help to self-isolate
- Local Boards and governance structures
- Support for the Covid-19 Vaccination Programme
- Communications and engagement

2. Aims and Purpose

Aims

To provide a central framework for the City of York approach to preventing and controlling outbreaks of Covid-19 and reducing the spread of the virus across the City in order to:

- Reduce infections
- Save lives
- Support recovery

We need to minimise and manage the spread of coronavirus so the people of York feel safe to return to work, school and public places and restart the economy. Whilst Covid-19 can affect us all, some of us, due to our underlying health conditions or individual circumstances will be more vulnerable to its effects. We need to ensure we reach and support all the people in York and prioritise those facing the highest risk.

Our Principles and Approach

We will be guided by certain principles in our approach to the design and operationalisation of the York Covid-19 Outbreak Control Plan.

- We will take a proactive, preventative and positive approach, with an emphasis on what people can do to keep themselves safe and support others. We will work to engage communities, businesses and the third sector. Infection prevention is one of our key priorities.
- We will take an asset based approach, building on our strengths and enhancing our local system. We already have a strong infection prevention control team, delivered by the Harrogate and District NHS Foundation Trust, outbreak management expertise in our public health and environmental health teams and fantastic work going on in the third sector. We are expanding our capacity and capability in public health

and environmental health to enable us to widen our scope with a focus on prevention as well as outbreak response.

- We will focus on equity and need taking a person-centred, community-centred approach. We know some people are more at risk from poor outcomes from Covid-19, including older people and those with long term conditions. We also know that there are clear inequalities in infection rates and outcomes for different groups. In particular national work has highlighted how Black, Asian and Minority Ethnic (BAME) groups often face four key areas of risk:
 - Long-standing social disadvantages
 - Occupational risk
 - Patterns of health-care access
 - Structural issues (racism and discrimination)
- We will ensure that action is tailored to need and that we reach and work with communities at greatest risk.
- We will take a one system approach engaging and communicating widely across different sectors and stakeholders in an open and transparent way
- We will take a co-production approach, working with people, communities and partners
- We will communicate and engage widely with stakeholders across the city
- We will share good practice building on our learning from outbreaks locally and in other areas and embed evaluation and learning to drive ongoing improvement
- We will be guided by intelligence and data, evidence and best practice

3. Background

Outbreak Management

Health protection is one of the three key functions of the public health role, and outbreak management has always formed a significant part of this. Local authorities have worked with partners for many years to prevent, detect and manage outbreaks of disease. There are already a number of plans already in place setting out how the system responds to outbreaks, and this Outbreak Control Plan draws and builds upon these existing arrangements:

- **Communicable Disease Outbreak Plan - North Yorkshire and York Operational Guidance**
Sets out the roles and responsibilities of key agencies and the agreed procedures during local and national outbreak investigations.
- **City of York Council Pandemic Influenza Plan**
Provides a framework to support City of York Council staff to respond to a declared influenza pandemic in a coordinated, timely and effective manner.
- **North Yorkshire County Council and City of York Council Mass Treatment and Vaccination Plan**
Outlines the approach for providing mass treatment or mass vaccination. Details the roles and responsibilities of each responding organisations, describes how the activation of a plan will be coordinated and gives a general guidance of what steps need to be taken to deliver mass treatment or vaccination in North Yorkshire and the City of York.
- **Yorkshire and Humber LRFs and LHRPs (Local Health Resilience Partnership) Pandemic Influenza Framework**
Provides a strategic level framework to ensure, where necessary, a co-ordinated multi-agency response to minimise the impact of an influenza pandemic on the health and welfare of the communities across Yorkshire and the Humber.
- **The North Yorkshire Local Resilience Forum (NYLRF) Response to Major and Critical Incidents (RMCI) Plan**
Sets out the protocol for information sharing and escalation process. The NYLRF provides a multi-agency approach to response, a common reporting structure, and a joint approach to information management, to achieve a shared situational awareness across North Yorkshire and the City of York.

Epidemiology

As a novel virus, research is still ongoing to understand the exact epidemiological features of SARS-CoV-2 commonly known as Covid-19.

Common symptoms include fever, a new continuous cough and loss of or change in sense of smell or taste; however, real-time tracking of the disease via the ZOE COVID Symptom Study App suggests issues such as diarrhoea, nausea, headache, sore throat, muscle pain and tiredness may also be common amongst those who have the virus. Complications associated with

Covid-19 may include cardiovascular distress, sepsis, stroke and widespread organ damage can be seen alongside pneumonia and acute respiratory distress syndrome in severe cases.

The median time from exposure to onset of symptoms is five to six days but has been seen to range from two to fourteen days.

Inequalities

As identified in the recent PHE report *Disparities in the risk and outcomes of COVID-19*, Public Health England 2020, we now know there are stark inequalities in the burden of risk and outcomes of Covid-19.

Key findings of the report are:

- People aged 80 or older are 70 times more likely to die than those under 40
- Working-age men diagnosed with Covid-19 are twice as likely to die as women
- The risk of dying with the virus is higher among those living in more deprived parts of the UK. People living in more deprived areas have continued to experience Covid-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, however Covid-19 appears to be increasing this effect.
- Certain occupations - security guards, taxi or bus drivers and construction workers and social care staff - are at higher risk.
- Virus death rates were highest among people of Black and Asian ethnic groups when compared to white British ethnicity.
- People of Chinese, Indian, Pakistani, other Asian, Caribbean and other Black ethnicity had between a 10% and 50% higher risk of death when compared to white British people.

As more evidence emerges about how to prevent, and the impacts of Covid-19 we will need to adjust our approach accordingly.

The Impact of Covid-19 in City of York

As at 17 March 2021, York has had a total of 12,081 confirmed cases of Covid-19. A rate of 5,736 per 100,000 population. This compares with an England rate of 6,646 and Yorkshire and Humber rate of 6,717.

Chart 1

The 7 day rate of new cases of Covid-19 has fallen from a peak of 671 per 100,000 population on the 8th January 2021 to 49.9 as at 17th March 2021

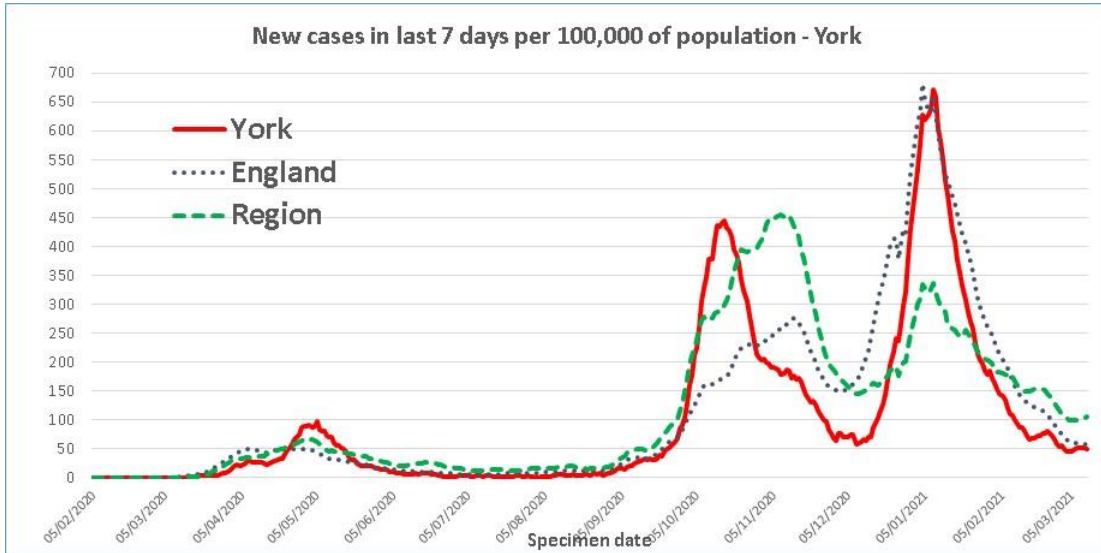


Chart 2

The number of secondary school aged children testing positive increased following the introduction of widespread asymptomatic routine testing prior to returning to school on 8th March 2021

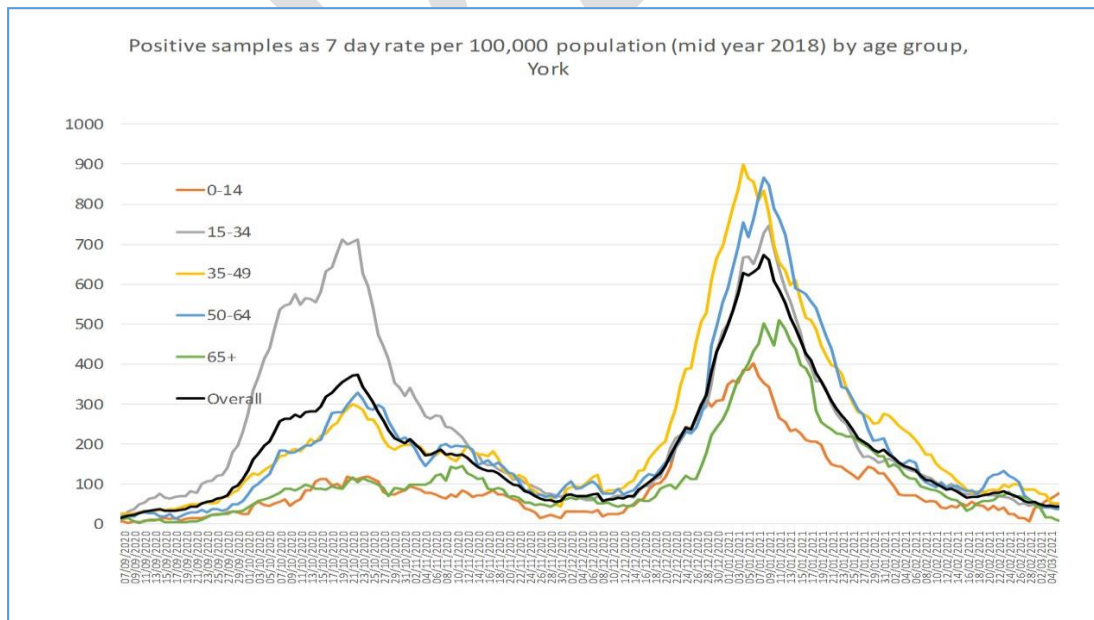


Chart 3

The number of cases of Covid-19 in university students has significantly reduced following the peak in October 2020. This follows the introduction of targeted testing and contact tracing by both universities in partnership with the City of York Public Health Team.

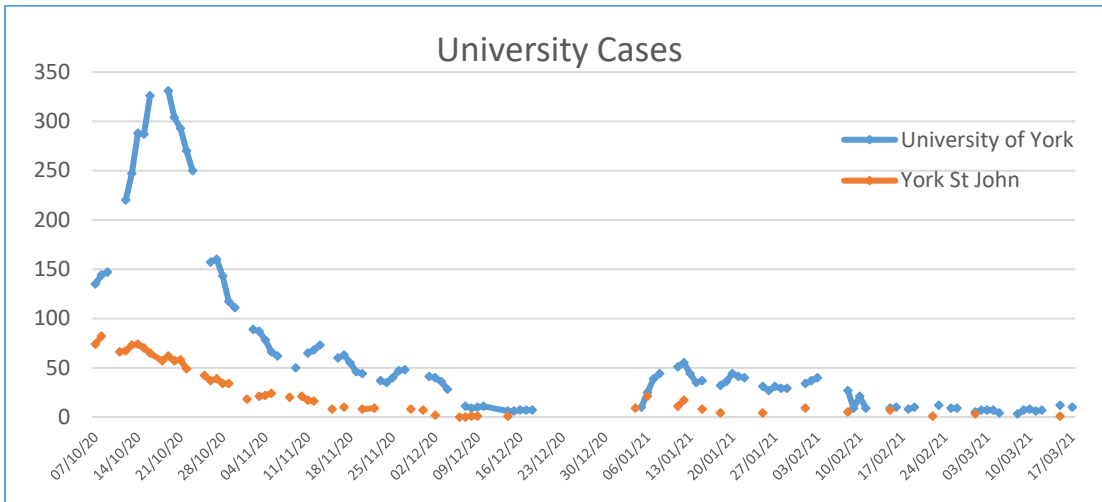


Chart 4

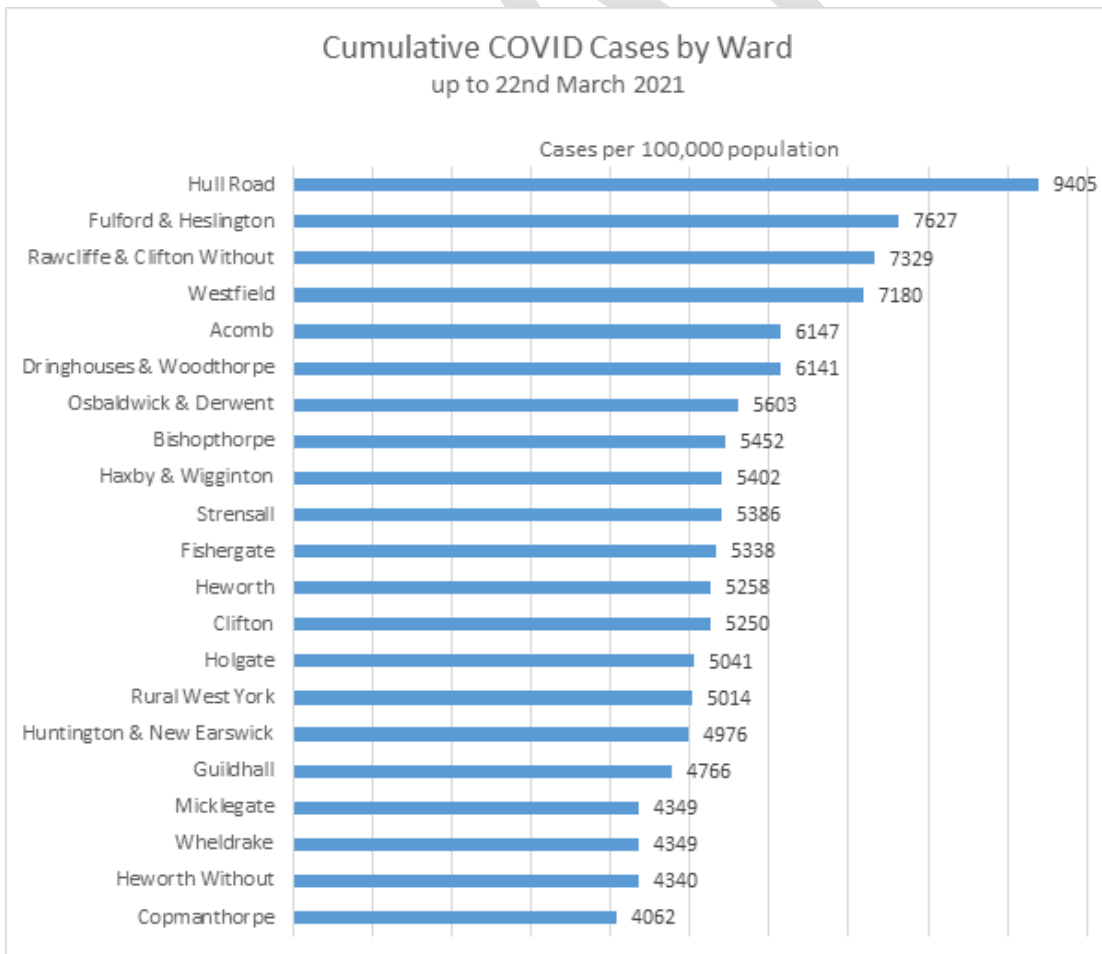


Chart 5.

As at 13th March 2021 there had been a total of 76 triages by NHS 111 in the City of York Council area in the last seven days. The peak number was 653 in the seven day period to 20th September 2020.

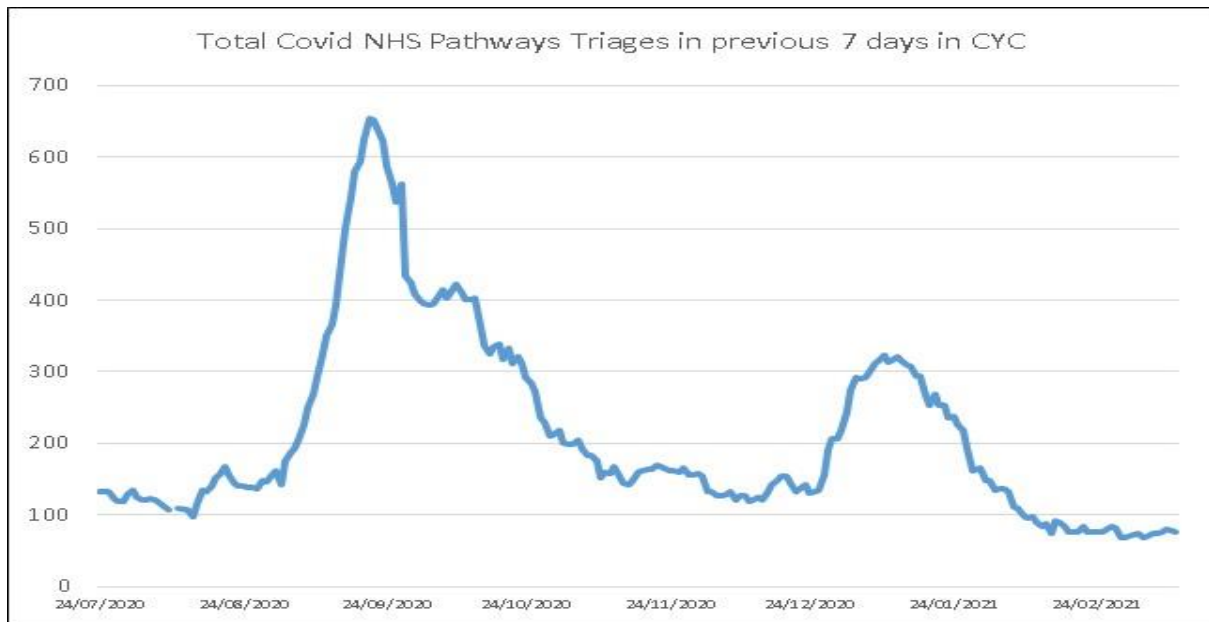


Chart 6.

As at 16th March 2021 the ZOE Covid Symptoms App estimated that there were 82.4 per 100,000 people in York with symptoms of Covid-19. This is from a sample of 4,513 residents registered on the App. The peak rate was 1,283 per 100,000 on 7th January 2021.

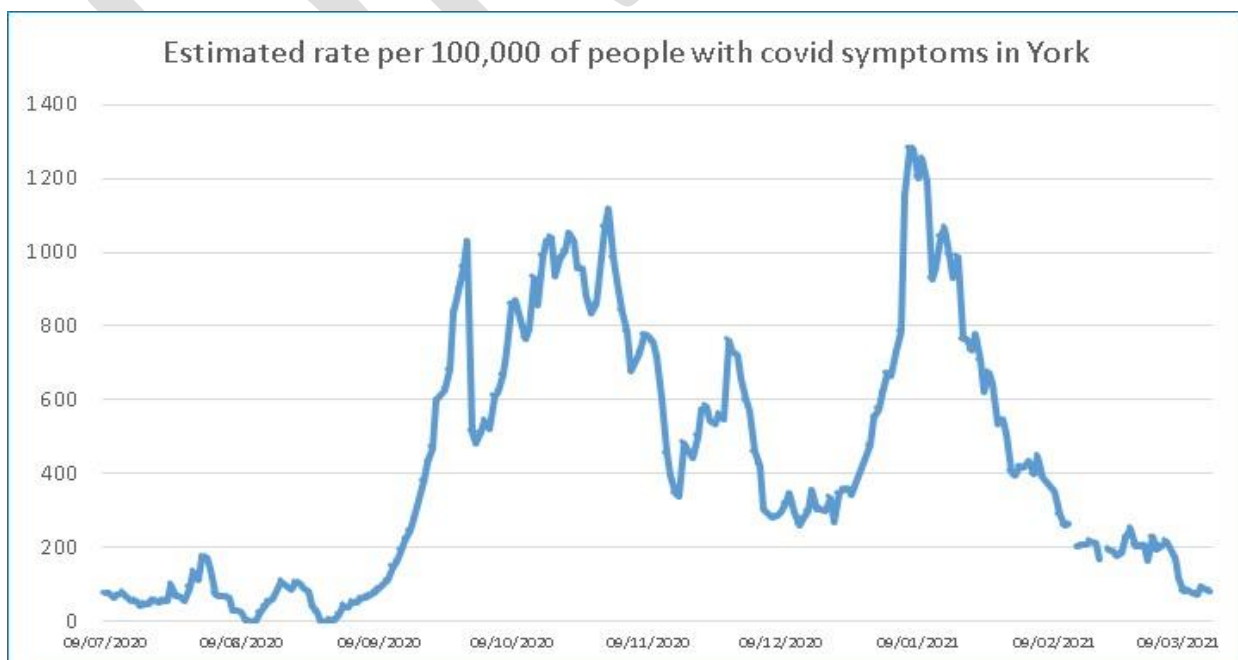


Chart 7.

As at 15th March 2021 there were 19 people with Covid-19 in general and acute beds in York Hospital and 6 patients in Intensive Care.

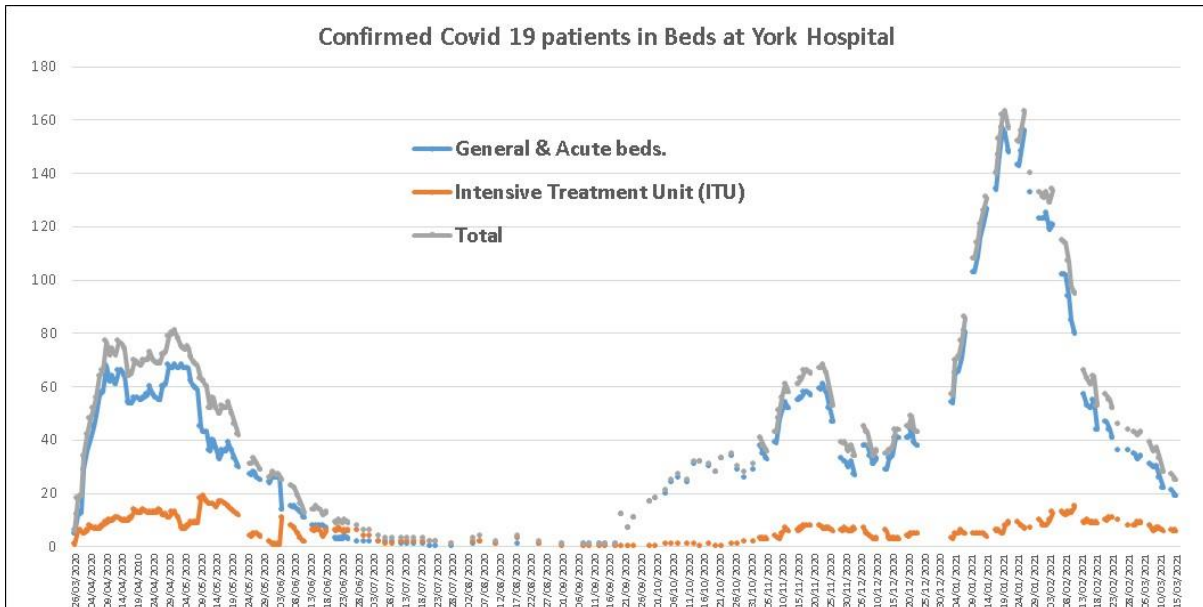


Chart 8.

As at 5th March 2021 there have been 378 deaths of York residents where Covid-19 was recorded on the death certificate. The total rate of deaths per 100,000 population in York is 179.5 which is lower than the national average of 223.5. The average age of the people who died is 82 years with an age range of 44-104.

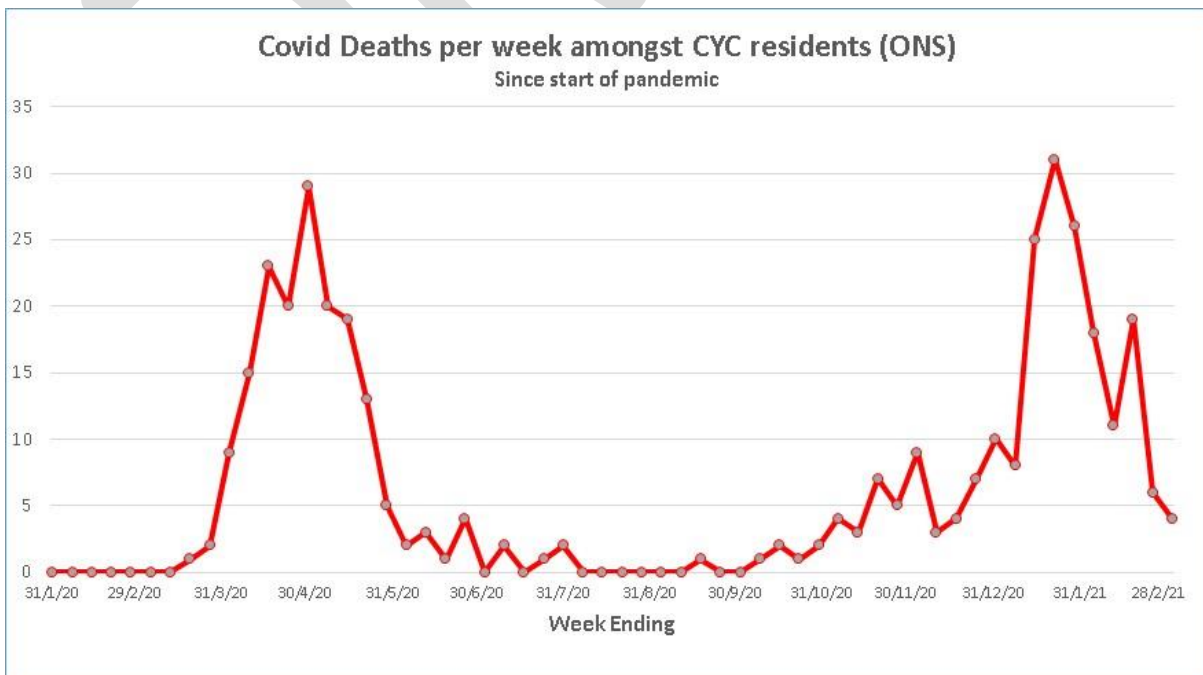


Chart 9.

The chart below shows the total percentage of cases uploaded to NHS Test and Trace who have been completed. The red line denotes when local contact tracing was introduced in York on 22nd October 2020. The completion rate is consistently at or above 90%.

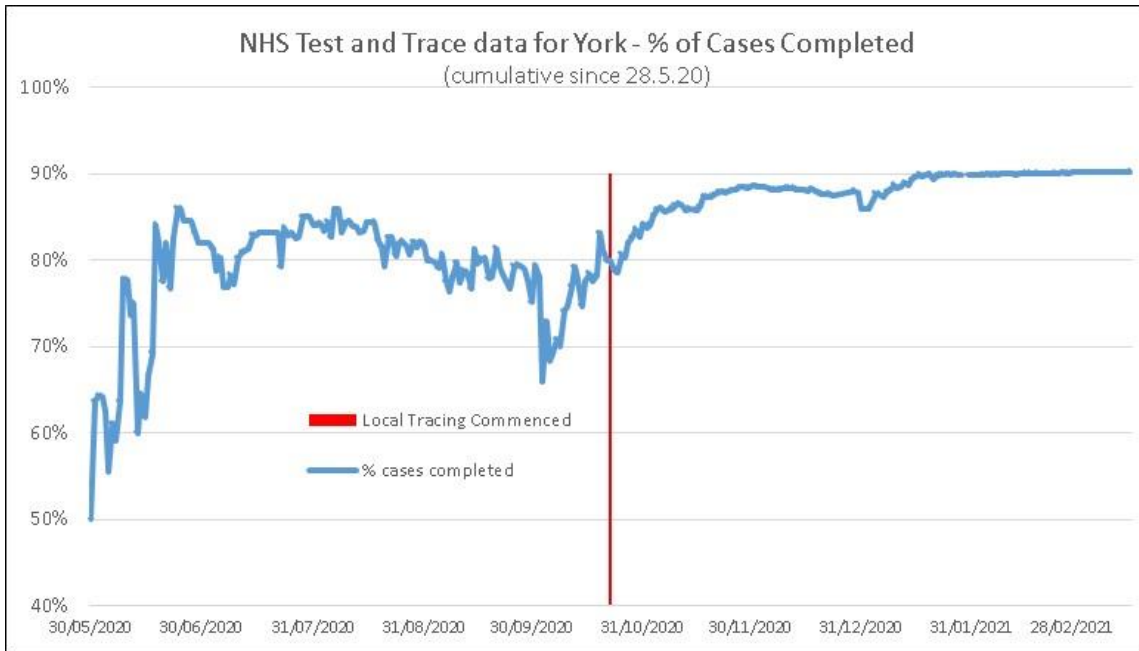
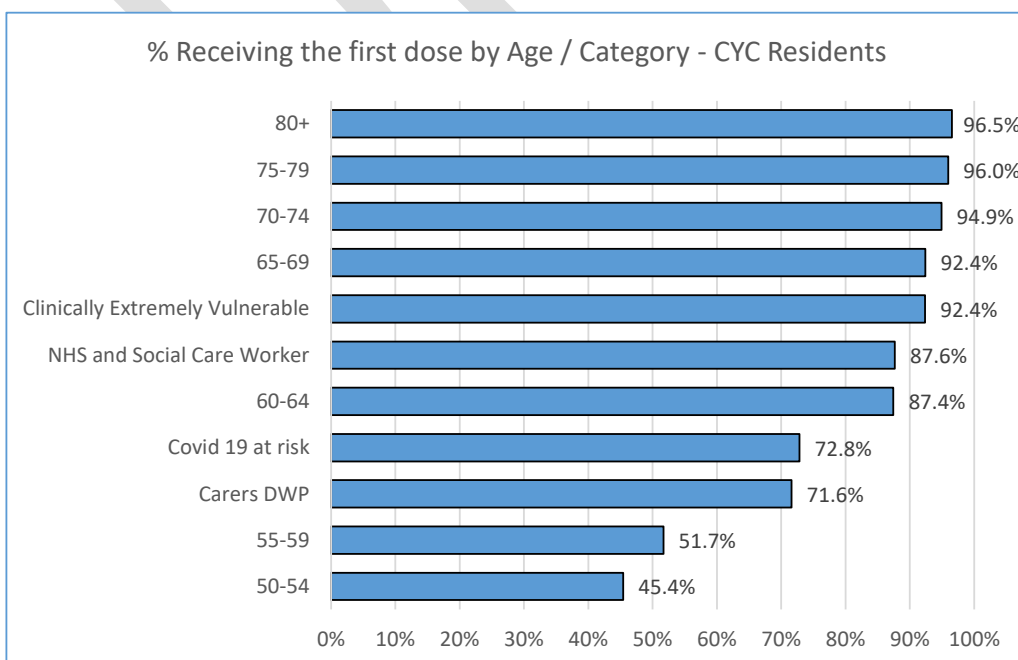


Chart 10.

The chart below shows the percentage of residents in York in the eligible groups that have received the first dose of the Covid-19 vaccination as at 15th March 2021. (Source: NHS NIMMS covid vaccine uptake report).



Responsibilities

National Responsibilities

Ministers are accountable nationally for:

- Setting the overall framework for the Covid-19 response
- The national communications strategy
- Enabling and supporting the local response
- Oversight and intervention where necessary

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the Covid-19 response as appropriate. Oversight of the ongoing incident response takes place through the government's local action committee command structure (bronze, silver, gold) which can escalate concerns and issues for discussion and decision across by ministers across government.

Ministers have powers to take action against specific premises, places and events as well as to direct Local Authorities to act.

Many of the responsibilities for outbreak management (including Covid-19) sit at national or regional level these include:

- The Department for Health & Social Care (DHSC) is the lead UK government department with responsibility for responding to the risk posed by Covid-19.
- The four UK Chief Medical Officers (CMOs) provide public health advice to the whole system and government throughout the UK.
- SAGE is responsible for ensuring that a single source of co-ordinated scientific advice is provided to decision makers in Government (COBR).
- The NHS works in partnership with Local Resilience Forums on pandemic preparedness and response delivery in healthcare systems in England and Wales.
- Public Health England (PHE) provides specialist technical expertise on health protection issues and support both planning and delivery arrangements of a multi-agency response.
- The Department for Education (DfE) lead on the education response.

These organisations have developed plans for co-ordinating the response at a national level and supporting local responders through their regional

structures. DHSC, PHE and NHS England provides strategic oversight and direction for the health and adult social care responses to pandemics.

Local responsibilities

Local authorities have a key role in preventing, investigating and managing outbreaks of communicable disease. The specific statutory responsibilities, duties and powers available to them during the handling of an outbreak are set out in the following legislation:

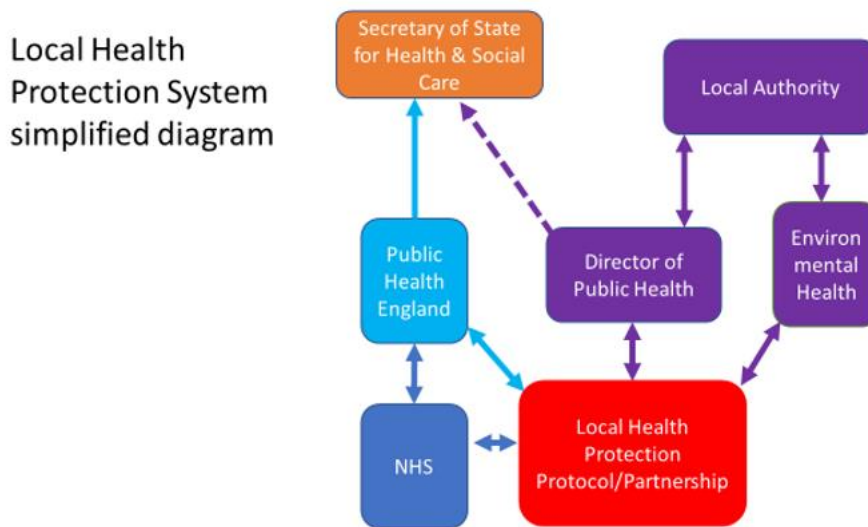
- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) 2010
- Health and Safety at Work Act 1974 and associated regulations
- Food Safety Act 1990 and associated regulations
- Director of Public Health under the Health and Social Care Act 2012
- Food Safety and Hygiene Regulations 2013
- Food Law Code of Practice (England)
- International Health Regulations 2005
- Coronavirus Act 2020
- Civil Contingencies Act 2004

Local Resilience Forums (LRF) and Local Health Resilience Partnerships (LHRP) have the primary responsibility for planning for and responding to any major emergency, including pandemics. In North Yorkshire and York the multi-agency emergency response to the pandemic has been escalated to the North Yorkshire Local Resilience Partnership.

Public Health England (PHE) is the lead agency for Test and Trace at a regional level. City of York is covered by PHE North East and Yorkshire & Humber which works on two sub-regional footprints (North East and Yorkshire and Humber). PHE Yorkshire and Humber Health Protection Team provide specialist support to Test & Trace, managing outbreaks and cases linked to complex/high risk settings.

Multi-agency working at both a national and local level ensures joint planning between all organisations. A co-ordinated approach to ensure best use of resources to achieve the best outcome for the local area.

Figure 1 below shows a simplified diagram of the local health protection system.



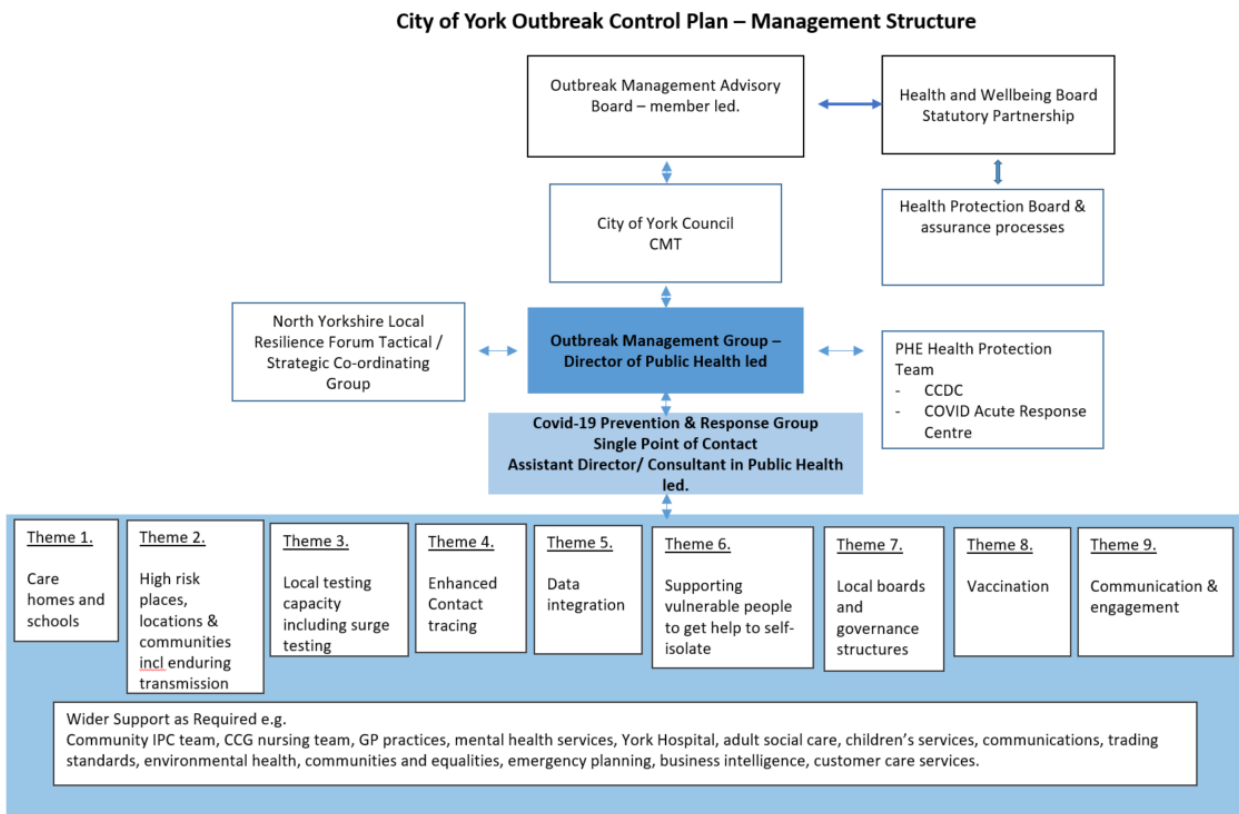
4. Mobilisation and delivery of the plan

The local authority Director of Public Health plays the key leadership role and is responsible for the development of the local Outbreak Control Plan. This includes linking across services into specific local Covid-19 response arrangements, ensuring the service is inclusive and meets the needs of diverse local communities, interfaces with the Local Resilience Forum (LRF) and Integrated Care Systems (ICS) and works with Public Health England in focusing on the most complex outbreaks, especially care homes.

Governance & Management Structure

The diagram below describes the governance and management structure for the York Covid-19 Outbreak Control Plan for the nine key themes.

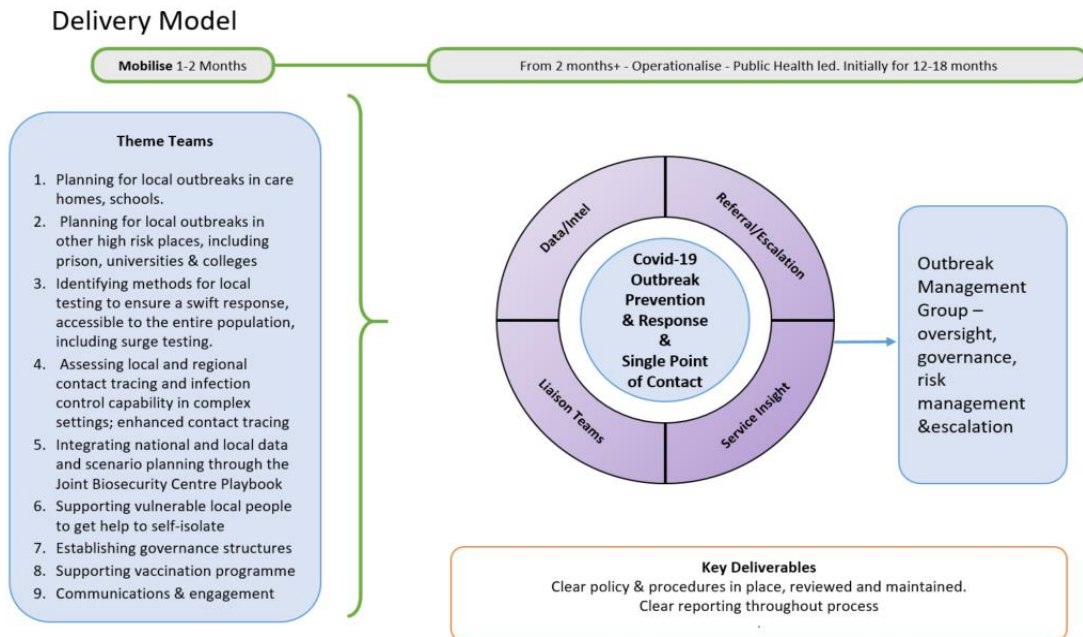
Figure 2. City of York Covid-19 Outbreak Control Plan Management Structure



Operationalising the Outbreak Control Plan – City of York

As Test and Trace embeds and becomes more established we will be able to step down the emergency response to the current pandemic. As a result there is a need to move the local test and trace capabilities and function into a business as usual service – Covid-19 outbreak prevention and response and Single Point of Contact. This group, chaired by the Assistant Director / Consultant in Public Health, will have the operational capability to manage the day to day organisation of Test and Trace within York and report into the Outbreak Management Group who will ensure linkages into appropriate onward referral routes / pathways whilst ensuring a continuous feedback cycle to check and review the response.

This group was established in July 2020, initially for 12-18 months but will continue for as long as needed to manage our local pandemic response. A key part of the governance for the group will be the ability to step up the response, as appropriate, for example in the scenario of a variant of concern requiring the roll-out of surge testing.



Each of the themes has a Public Health Specialist lead. For each theme there will be a core team to support delivery; the exact make up of these teams will vary depending on who is most appropriate for each theme. Wherever possible we will use existing groups / mechanisms to make the most efficient use of limited capacity.

The Covid-19 outbreak prevention and response and Single Point of Contact will be responsible for taking forward the nine themes. The group will monitor information received through Test and Trace and other sources, identify any issues, complete an initial risk assessment and follow up as appropriate. This group will report to the Outbreak Management Group chaired by the Director of Public Health.

Should issues require a multi-agency response, an incident management team (IMT) will be convened by a public health consultant – either a Consultant in Communicable Disease Control (CCDC) at Public Health England, or the Assistant Director of Public Health. Membership will depend on the nature of the outbreak / incident.

Should the outbreak require a wider response than an IMT, additional partners can be alerted through the North Yorkshire Local Resilience Forum (NYLRF) through the RCMI process.

An Outbreak Management Group consisting of the Director of Public Health, Assistant Director / Consultant in Public Health, Nurse Consultant in Public Health, theme leads and programme management team will be responsible for the overall delivery of the outbreak control plan during mobilisation.

The programme is expected to last for 12-18 months, and will need to have surge capacity built into the arrangements to be able to respond quickly to any localised spike in cases.

Escalation of response

Should it be necessary to invoke a wider council or multi-agency response, the Outbreak Management Group will be able to escalate through existing routes in place within the council. These include:

- CYC Silver emergency planning response group
- CYC CMT / Gold emergency planning response group
- Escalation to North Yorkshire Local Resilience Forum via RCMi process

Outbreak Management Advisory Board

This is a newly established member led group which has political ownership for public facing engagement and communication for the outbreak response. The group has been set-up in accordance with government guidance. A terms of reference and meeting schedule for the group has been agreed.

The Outbreak Management Advisory Board will act as an advisory committee with a critical role being to ensure relevant representation and a joined up response to Covid-19. If there are any local outbreaks this Board will play a crucial role in managing communications within and across our communities.

Any issues requiring escalation for political consideration will be escalated to the Outbreak Management Advisory Board.

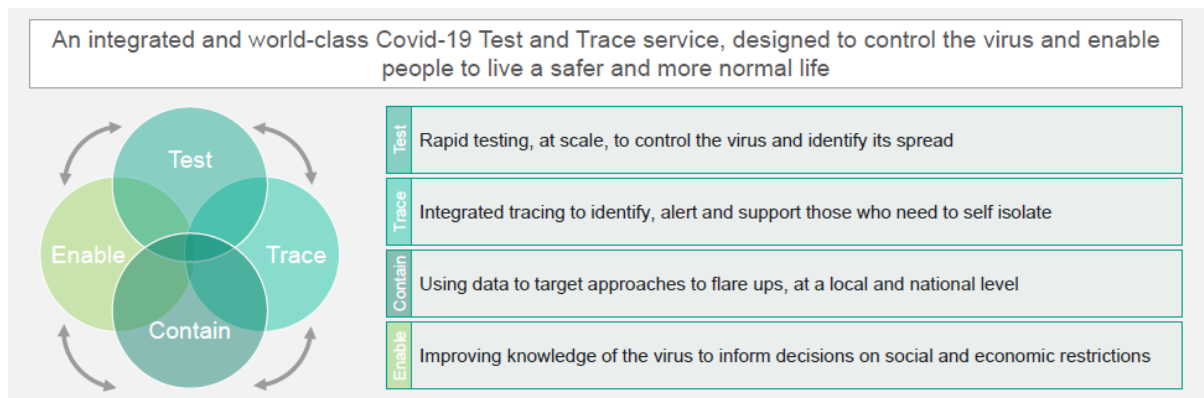
Data Sharing

Information relating to the Covid-19 outbreak should be shared as needed to support individual care and to help tackle the disease through research and planning during the Covid-19 situation. The focus should be to ensure the risk of damage, harm or distress being caused to individuals and service users is kept to a minimum and that data is only processed where it is necessary to do so and in an appropriate manner. The Council's privacy notice has been updated accordingly.

The government has significantly strengthened its sharing of key Covid-19 relevant data and information with local authorities. This data is essential to help local authority public health teams better understand outbreaks and incidents in their local areas.

Testing Strategy and Local Capabilities

The UK Government launched the NHS Test and Trace service on 27 May 2020.



This is underpinned by effective planning and response strategies at a local level.

The local test and trace capacity will support the identification and management of the contacts of confirmed Covid-19 cases and ensure that individuals are rapidly identified in order to intervene and interrupt further onward transmission.

This is achieved through:

- The prompt identification of contacts of a probable or confirmed case of Covid-19
- Providing contacts with information on self-isolation, hand and respiratory hygiene as per the national guidance and advice around what to do if symptomatic
- Timely testing for those with symptoms of Covid-19 and access to rapid testing using Lateral Flow Devices for those who are asymptomatic (symptom-free testing).

Local Test and Trace started in York in October 2020 with a phased introduction

Local Testing Capacity

At the time of writing City of York residents with symptoms of Covid-19 have access to the following testing capacity:

- Drive-through PCR testing site at Poppleton Bar Park and Ride
- Walk-in PCR testing site at Wentworth Way, University of York campus
- Mobile Testing Units using PCR testing deployed in identified 'hot spots, with higher levels of infection across the City.

Residents are also able to access rapid symptom free or asymptomatic testing at a number of sites across the City using Lateral Flow Devices. At the time of writing anyone living or working in York who is unable to work from home or is supporting a vulnerable person, including volunteers can access community testing sites seven days a week at:

- York St John University testing site – capacity 500 tests a day
- University of York testing site – capacity 2000 tests a day
- York Stadium Leisure Complex – capacity 1000 tests a day
- Hybrid model of testing of staff in primary schools and staff and students in secondary schools in partnership with schools and community testing
- Hybrid model of testing with local businesses and workplaces with public health support for on-site testing and community testing
- Surge testing plans, e.g. in response to variant of concern are agreed and in place and
- Public health support and guidance for routine testing using Lateral Flow Devices as per government policy in care homes, schools, colleges and universities, work places etc.

Our future plans include partnership with community pharmacies to introduce **Pharmacy Collect** and expanding **Community Collect** to be more accessible across the city

Local Contact Tracing

City of York has established a Local Contact Tracing Partnership with NHS Test and Trace. This has evolved since its launch and now offers a seven day service with responsibility for taking cases over from NHS Test and Trace after 1 hour.

The local service has maintained high performance with over 90% of contacts completed following referral to the service. The service is staffed by local

authority employed Health Promotion Officers who have completed local and national training. The service aims to:

- Reduce the risk of community transmission of the virus by identifying contacts of positive cases and provide advice and support to self-isolate
- Deliver high quality service as set out in national Standard Operating Procedures
- React quickly to any clusters or outbreaks associated with settings e.g. communities, schools, workplaces
- Use local data and intelligence and knowledge of local communities to provide targeted support to those needing help in isolation – referral and signposting to community hubs etc.
- Provide public health support to tracing and support of positive cases and contacts in universities, schools etc.
- Deliver local enhanced contact tracing
- Targeted work to those areas identified with enduring transmission including supporting the Covid-19 vaccination programme to those individuals and communities who have not taken up the offer of the vaccine.

Further information about the Single Point of Contact to support the delivery of Test and Trace in York can be found in appendix 2.

Funding Allocation

The Secretary of State for the Department of Health and Social Care allocated a ring-fenced grant to local authorities with Public Health responsibilities on 10 June 2020 to support expenditure legally incurred in the prevention and management of the outbreak response. The amount of grant received was decided upon using the 2020/21 Public Health Grant allocations as basis for proportionately distributing the funding. City of York received a one-off grant of £733,896.

This grant has since been replaced by a Containment Outbreak Management Fund which is based on per head of population and supports local authorities using a scaled allocation aligned to the level of restrictions and national lockdowns.

National guidance requires local authorities with public health responsibilities to double their existing health protection capacity. The Outbreak Management Group have therefore developed proposals for investment to include:

- Infection prevention and control resource
- Enhance public health specialist capacity to support local prevention and outbreak response
- Enhance environmental health and trading standards capacity to support local prevention and outbreak response
- Support localised testing and contact tracing resource
- Data and intelligence
- Communications

And also:

- Support for self-isolation and shielded groups through Community Hubs, social prescribing etc.
- Financial support for those on low incomes unable to claim Government social-isolation grant via council led discretionary grant scheme
- Shielding letters to households with details of how to access local support e.g. food, social support, help with prescriptions etc.
- Support for delivery of Covid-19 Vaccination Programme

The allocation of the grant is subject to the necessary approvals.

[Roadmap to Recovery](#)

The UK government announced on 22nd February 2021 the roadmap for safely existing from national lockdown. This is a four step, data-driven strategy that loosens public restrictions gradually with a minimum of five weeks between each step. Before proceeding to the next step the government will examine the data to assess the impact of the previous step. The assessment will be based on four tests:

The vaccine deployment programme continues successfully

Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated

Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS

The government's assessment of risk is not fundamentally changed by new variants of concern.

The steps are set out in Covid-19 Response: spring 2021

<https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary>

Living with COVID (COVID-secure)

We know that the virus will remain with us for some time and it may have seasonal resurgences. The hope is that it will eventually become endemic but currently scientists do not know when this transition will occur. The government will need to ensure that the country can live with the virus in the longer-term without imposing restrictions which bear heavy economic, social and health costs. This points to the need for a sustainable locally delivered response to the virus. With the success of the vaccines, it is expected that infection rates can rise without a corresponding increase in hospital admissions or serious infection. However in York, as in other local authorities, will still need a sustainable locally delivered response to enable communities to live safely with the virus.

Local authorities have an important role in ensuring that public places and businesses are COVID-safe – improving knowledge of infection prevention and control, ensuring spaces are well ventilated, that social distancing is maintained wherever possible, the wearing of face coverings and promoting regular asymptomatic testing. Increasing compliance will help reduce the risk of transmission as sectors reopen.

Ultimately the key to the success of the roadmap locally will be supporting the roll-out of the vaccination programme. Our data-driven approach to improving vaccine uptake and access within our communities will give York the best chance of returning to normality in the near future.

5. Overview of the Core Themes

Detailed operational plans which sit below this Outbreak Management Plan are being developed and will be available on request by contacting enquiries.publichealth@york.gov.uk

The accountability structure for each theme is captured below and forms part of the wider governance and management structure.

THEME 1 – CARE HOMES & SCHOOLS	
THEME LEAD:	<ul style="list-style-type: none"> • Designated senior public health officer.
THEME TEAM:	<p>Support to care homes:</p> <ul style="list-style-type: none"> • Public Health Officers • Adult Social Care • Vale of York CCG • Community IPC team • Care Home Gold & Silver Resilience plan structures supported by adult commissioning team <p>Support to schools:</p> <ul style="list-style-type: none"> • Children Services Team –Education Advisors, Early Years, Inclusion, Adult Learning and Health & Safety, Public Health Officers
THEME DESCRIPTION:	
<p><i>Prevention planning and response for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response). Support for covid testing of school staff and pupils</i></p>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve</i></p> <ul style="list-style-type: none"> ➤ Effective local plans are in place which ensure a timely response to a suspected COVID-19 outbreak. ➤ Monitoring arrangements are robust to support proactive identification and management of suspected COVID-19 hotspots. ➤ Clear plans are in place to manage a localised response. ➤ Clear and timely communications are in place. ➤ Proactive outbreak prevention support 	
OPERATING SCOPE	
<ul style="list-style-type: none"> • 37 care homes in York with 1459 registered care beds, • 57 supported households (all family types from parents with children, through single homeless) • 9 Children’s Centres • 63 -State maintained schools and academies • 5 Independent schools • 276 -Early Years and Childcare providers • 988 -Children and young people with EHCPs • 25,698 - School age children (5-18) 	
PLAN	
<p><i>Provide key milestones to achieve the objectives</i></p> <ul style="list-style-type: none"> • Supporting people and settings to remain isolated by providing practical support and guidance on infection control. • A KPI dashboard is in place to enable daily monitoring of key data metrics • Care homes : <ul style="list-style-type: none"> - Step up and step down plan for Gold and silver Multi partner meetings - Direct care home liaison through adult social care commissioning team, including capacity tracker - Escalation to Local Resilience Forum as required - Care home testing and prioritisation framework in place 	

<ul style="list-style-type: none"> - Support on a range of issues including infection prevention and control, staffing, PPE. - Care market resilience plan – available on the CYC website https://www.york.gov.uk/ShapingCare <ul style="list-style-type: none"> • Schools – School plans are in place in partnership with with CYC Education Colleagues and Headteachers <ul style="list-style-type: none"> - robust support system for schools and early year’s settings. • Consistent and co-ordinated communications to ensure a co-ordinated outbreak response. This will include: what information is to be communicated, by whom, how, when and who the recipients should be. <ul style="list-style-type: none"> - Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings. • Standard Operating Procedures (SOPs) from PHE and localised for the city of York schools are in place. • Quality assurance in school testing sites

MEASUREMENT

<p><i>Critical data which will be monitored</i></p> <ul style="list-style-type: none"> • Care homes case reporting data and outbreak notifications • No outbreak/new outbreak/ongoing outbreak/historical outbreak • Daily updates on numbers of suspected/confirmed cases, hospitalisations, deaths from Covid-19 in each care home • Daily updates on numbers of suspected/confirmed cases in schools • Number of outbreaks in schools.
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CRITICAL RISKS/ISSUES/MITGATIONS

<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> • Timely access to the national data dashboard • Robust mechanism to access timely testing • Clear operating procedures in relation to the “hand-off” of cases. • Ensuring daily updates from all settings. • Proactive follow up of suspected cases in educational settings. • Resilience in Public Health Team.
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<p>ACCOUNTABILITY STRUCTURE:</p>	<ul style="list-style-type: none"> • Outbreak Management Group • Care home Silver (internal) and Gold (multi-agency) meetings • Outbreak Management Advisory Board
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THEME 2 – HIGH RISK PLACES, LOCATIONS AND COMMUNITIES	
THEME LEAD:	<ul style="list-style-type: none"> • Designated senior public health officer
THEME TEAM:	<p>Support to businesses / workplaces:</p> <ul style="list-style-type: none"> • Public Health Officers • Public Protection (EHO and Trading Standards) • Health & Safety • Federation of Small Businesses • York Business Improvement District (BID) • Local Enterprise Partnership (LEP) <p>Support to accommodation settings:</p> <ul style="list-style-type: none"> • Public Health Officers • Housing Officers • Others as appropriate <p>Support to Colleges and Universities:</p> <ul style="list-style-type: none"> • Public Health Officers • Schools Effectiveness and Achievement Officers • Vale of York CCG • Public Health England • Others as appropriate <p>Support to other High Risk settings such as Hospitality, Leisure and Tourism:</p> <ul style="list-style-type: none"> • Public Health Officers • CYC Officers in economy & place • Public Protection (EHO and Trading Standards) • LEP / BID / Make it York
THEME DESCRIPTION:	
<p><i>Identifying and planning how to manage high-risk places, locations and communities of interest including workplaces, Universities, colleges, sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).</i></p>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve:</i></p> <ul style="list-style-type: none"> • A proactive approach to preventing and managing outbreaks in high risk places, settings and communities. • Utilise current definitions of complex, high risk settings, cohorts and scenarios of relevance to CYC, whilst reviewing regularly to ensure all settings are covered. • Risk assess complex settings and ensure they have a named contact to provide liaison and support to these settings. • Ensure high risk settings and communities have access to accurate, evidence based information relating to infection control and managing outbreaks. • Ensure national and local data intelligence can quickly identify potential outbreaks that may be linked to specific places, locations or communities. Support local teams to prevent spread of infection in these settings. • Effective local plans which ensure a timely response to a suspected Covid-19 outbreak, these are tailored to the requirements of specific communities and high risk / vulnerable groups/ communities as appropriate. 	

<ul style="list-style-type: none"> • Preventative measures are implemented in line with joint working agreements and local standard operating procedures. • Comprehensive communication plans are in place, which focus on preventing outbreaks, managing behaviours and provided targeted messages. Support settings to implement lateral flow testing and provide elements of quality assurance to this. • Conduct site visits and quality assurance work in order to support prevention and outbreak management • Lead outbreak investigations in connection with high risk places and recommend control measures
OPERATING SCOPE
<p>Specific High risk / complex settings:</p> <ul style="list-style-type: none"> ➤ High risk workplaces ➤ Complex higher education settings – colleges and universities ➤ High risk accommodation settings – Homeless shelters; Houses of Multiple Occupation ➤ High risk other e.g. Hospitality accommodation; Food and Beverage. ➤ Askham Bryan prison ➤ High risk communities – see theme 6 Vulnerable people Homelessness; Gypsy & traveller; Military; BAME; Substance misusers.
PLAN
<ul style="list-style-type: none"> ➤ Provide key milestones to achieve the objectives ➤ Monitor and refine KPI dashboard to enable daily monitoring of key data metrics ➤ Consistent and co-ordinated communications for targeting specific group/cohorts and high risk / vulnerable groups/ communities to ensure effective engagement and co-ordinated outbreak response. ➤ Case studies based on responses to live suspected Covid will be collated and tracked to ensure a continual review of approach and ensure processes are kept up to date. ➤ Preventative measures are identified and implemented. ➤ Joint working between Public Health and Public Protection to utilise existing relationships with workplaces within City of York to proactively manage infection control. ➤ Support the OMAB ‘Universities and Colleges Sub-group’ and the Universities and Colleges Operational Group to deliver effective multi-agency working and to provide public health resources and expertise into the higher education sector in York ➤ Prevention approach – Work with high risk communities to proactively to prevent outbreaks and strengthen communication channels. ➤ Review and refresh Standard Operating Procedures (SOPs) from PHE, as and when required.
MEASUREMENT
<p><i>Critical data which will be monitored (will add once these have been confirmed)</i></p> <ul style="list-style-type: none"> • High Risk workplace settings matrix categorisation • No outbreak/new outbreak/ongoing outbreak/historical outbreak. • Weekly updates on numbers of suspected/confirmed cases, hospitalisations, deaths from Covid-19 in each high risk setting (more frequently if required) • Proportion of high risk settings that have been able to access whole site testing. • Number of outbreaks in high risk settings. • Testing data relating to student testing and self-isolation
CRITICAL RISKS/ISSUES/MITGATIONS
<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> • Timely access to the national data dashboard. • Robust mechanism to access timely testing. • Clear operating procedures in relation to the “hand-off” of cases

- College and University plans for activities, attendance, student movement in and out of the city, and face-to-face education plans in the context of the evolving nature of the pandemic and the opening up of the city across 2021

ACCOUNTABILITY STRUCTURE:

Outbreak Management Group
 OMAB Universities and Colleges Sub-group
 Linking into the wider Outbreak Control Plan governance
 & management Structure – City of York

DRAFT

THEME 3 – LOCAL TESTING CAPACITY including Surge Testing	
THEME LEAD:	<ul style="list-style-type: none"> • Designated senior public health officer
THEME TEAM:	<ul style="list-style-type: none"> • Public Health Officers • Emergency Planning • LRF testing work stream
THEME DESCRIPTION:	
<p><i>Development of a comprehensive testing offer to the residents of York, which supports national protocol and gives residents the opportunity to access testing quickly, efficiently and ensures a swift response. The testing offer within the city is a mix of Regional Testing Sites which offer PCR tests, Local Testing Sites which offer LFD tests and mobile testing units where there is an identified issue either in numbers of positive results or accessibility.</i></p> <p><i>Testing provides disease surveillance which includes the identification of new strains and vaccine-evasive disease. Testing is crucial in managing outbreaks and enabling a safer re-opening and easing of lock down measures.</i></p> <p><i>All viruses mutate as they replicate creating new variants – called either ‘Variants of Concern’ (VOC) or ‘Variants Under Investigation’ (VUI). To enable to Director of Public Health, supported by partners, to quickly assess the risks of a VOC or VUI a surge testing action plan has been drawn up – appendix 3. The impact of these variants can be significant, to reduce the impact as much as possible the action plan draws together partners who will work collectively to achieve this. Implementing our surge action plan will enable us to act quickly and decisively to any VOC or VUI which may change the transmissibility, infection severity, evade the immune response or undermine the efficacy of the existing vaccine.</i></p>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve</i></p> <ul style="list-style-type: none"> ➤ Continued improvements to support asymptomatic testing. This has included rapid testing in schools, workplaces and care homes ➤ An equitable testing strategy which allows all residents to access testing, particularly those in more deprived communities and in places where there may be higher rates amongst vulnerable groups. ➤ Provision of high quality testing ➤ A testing offer that is available and equitable to all including those who are not digitally enabled. ➤ A Community Collect offer, initially from our PCR testing sites and a ‘Community Collect Plus’ model where residents can drop in to collect testing kits, have a test on site and be supported to take tests themselves. ➤ Continued use of Mobile Testing Units, where required on a short term basis as a response to an identified need. ➤ Support testing in key high risk areas including supporting care homes, schools, private hospitals and workplaces. ➤ Provision of a fast response to any testing required as a result of an outbreak. ➤ Ensure that clear and timely communications are in place. ➤ Support the ‘Community Collect’ model – initially for schools bubbles and as this widens out to ‘Pharmacy Collect’ and beyond. ➤ Working with key partners, a surge testing action plan which provides a robust response to any VOC or VUI that are identified. 	
OPERATING SCOPE	
<ul style="list-style-type: none"> ➤ Within City of York Council boundary 	

<ul style="list-style-type: none"> ➤ Student population across the four ‘Higher York’ institutions is 31,000 – York St. John, University of York, Askham Bryan and York College. ➤ Understand the scope around offer to Askham Grange open prison. 	
<p>PLAN</p>	
<p><i>Provide key milestones to achieve the objectives</i></p> <ul style="list-style-type: none"> ➤ Data dashboard developed which enables daily monitoring of key data metrics. ➤ On-line booking system to track site utilisation and inform capacity and demand ➤ Support the establishment of the Regional, Local and mobile Testing Sites as required ➤ Use of mobile testing units across the city under the direction of the DPH. ➤ Development of a ‘hybrid’ model for LTS which will include a community testing offer and a community collect with support. (Community Collect Plus) ➤ Community Collect model to be offered via Local Testing Sites from early April 2021 ➤ Support national surveillance testing, including schools surveillance. ➤ Bespoke City of York Council Staff testing offer developed. 	
<p>MEASUREMENT</p>	
<ul style="list-style-type: none"> ➤ Number of testing slots available across the City for symptomatic and asymptomatic testing ➤ Number of tests undertaken ➤ Reporting of incidents 	
<p>CRITICAL RISKS/ISSUES/MITGATIONS</p>	
<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> ➤ Confirmatory PCR tests following a LFT has caused confusion as this is required for some testing scenarios and not for others. ➤ Issues with positive LFT tests which are followed by negative PCR test creating a disconnect between Public Health advice and public perception. ➤ Initial modelling data over estimated the number of tests that would be administered. ➤ Development of local data metrics to ensure daily monitoring has supported mitigation of issues. ➤ Residents becoming ‘tired’ of the same messages and frequent testing. ➤ Misunderstanding of what testing means – I.e. not test to release and who school bubble testing kits should be used for, many families using these on young children 	
<p>ACCOUNTABILITY STRUCTURE:</p>	<ul style="list-style-type: none"> ➤ Outbreak Management Group ➤ Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 4 – CONTACT TRACING	
THEME LEAD:	<ul style="list-style-type: none"> • Dedicated senior public health officer
THEME TEAM:	<ul style="list-style-type: none"> • Public Health Officers • Environmental Health Officers
THEME DESCRIPTION:	
<p><i>Assessing local and regional contact tracing and infection control capability in complex settings (Tier 1) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).</i></p>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve</i></p> <ul style="list-style-type: none"> ➤ High quality contact tracing of residents testing positive for covid. ➤ Early identification of outbreaks or risky settings from backwards contact tracing. ➤ Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results. ➤ Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate. ➤ Community and employer engagement. ➤ Targeted approach to meet the needs of different communities and economies. ➤ Accessing and reaching different groups and communities. ➤ Meeting the humanitarian needs of those who need to self-isolate. 	
OPERATING SCOPE	
<p>On 28th May 2020 the Government announced the start of the national NHS Test & Trace programme. The T&T programme has 3 tiers:</p> <ul style="list-style-type: none"> • Tier 1 – Public Health England health protection team will manage the most complex cases – and will be the interface with local authorities (Tier 1b) • Tier 2 – healthcare professionals will contact cases and escalate complex cases • Tier 3 – the commercial arm of call handlers will manage routine contacts <p>On 22 October 2020 City of York Council entered into a local contact tracing partnership with NHS Test and Trace, whereby any cases that are uncontactable in Tier 3 are passed over to our local Contact Tracing Team, which is part of the York Public Health Team. On 10 March 2021, this partnership was expanded so that the local Contact Tracing Team undertakes contact tracing with all cases from the point of a positive test result.</p> <p>In addition to Tier 3 contact tracing for cases, the local authority also focusses on;</p> <ul style="list-style-type: none"> • Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate e.g. high risk and hard to engage communities • Meeting the humanitarian needs of those who are required to self-isolate and need additional support. • Engaging with health/social care organisations, workplaces etc. to ensure they are aware of what the Test and Trace programme means to them e.g. operational impact (and how to mitigate), communications required etc. 	
PLAN	
<p><i>Provide key milestones to achieve the objectives</i></p> <ul style="list-style-type: none"> ➤ A KPI dashboard developed which enables daily monitoring of key data metrics. 	

<ul style="list-style-type: none"> ➤ Develop a core team of people who will provide local support where there are complex cases who cannot be followed up over the phone or via the app. ➤ Develop a skilled local contact tracing team. ➤ Mutual aid will continue to be sought from North Yorkshire and York partner organisations. 	
MEASUREMENT	
<p><i>Data will be monitored (will add once these have been confirmed)</i></p> <ul style="list-style-type: none"> • Log of all outbreaks/cases/incidents referred into outbreak management team 	
CRITICAL RISKS/ISSUES/MITGATIONS	
<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> • T&T alone will not keep case numbers low. Rising numbers of cases can quickly overwhelm capacity and may be an indication that other control measures are needed. Robust data metrics to monitor are crucial. • Resourcing of local contact tracing needs to be maintained for as long as is needed. 	
ACCOUNTABILITY STRUCTURE:	<ul style="list-style-type: none"> • Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York Council

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THEME 5 – DATA INTEGRATION	
THEME LEAD:	<ul style="list-style-type: none"> • Dedicated senior public health officer.
THEME TEAM:	<ul style="list-style-type: none"> • Business Intelligence Hub • Outbreak Management Group • Test & Trace Hub • Information Governance
THEME DESCRIPTION:	
<i>Integrating national and local data relating to COVID impact, testing, positive cases, outbreaks, and vaccinations, enabling timely and evidence-based prevention and response activity</i>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve?</i></p> <ul style="list-style-type: none"> ➤ Timely access to local data through CYC Business Intelligence Team which supports individual and multiple case management, informs prevention activities as well as allowing for reviewing performance. ➤ Monitoring arrangements are robust to support proactive identification and management of suspected Covid-19 outbreaks and outbreaks, including those cutting across multiple settings and capturing those needing support such as translation services or support to those self-isolating. ➤ Access and integration of national data from NHS test and trace with local data and data systems ➤ Providing local intelligence to highlight growing or reducing risk settings so Public Health leads are able to make informed decisions. ➤ Ensure controls are in place to assure the quality of data captured through outbreak management themes. ➤ Good data governance, including <ul style="list-style-type: none"> ○ a Data Protection Impact Assessment (DPIA) for the processing activity, stating the lawful basis to enable the activity to occur, whilst identifying and mitigating potential risks in respect to the individuals and organisations concerned. ○ Information Sharing Agreements (ISAs) for each external organisation with whom data is being shared, ensuring a secure mechanism is in place for the transfer of data. 	
OPERATING SCOPE	
<p>Local access to national datasets has grown throughout the pandemic and our public health response to COVID has been underpinned by a high degree of data integration and much joint working between agencies. Internally, we have established strong data governance and processing capability through our BI hub, and are able to present this data in meaningful analysis through a number of reports and dashboards. Currently there are daily dataflows, analyses, presentation and publication of data on the virus, including:</p> <ul style="list-style-type: none"> • Data flowing from the national test and trace system to the council on positive, negative and void tests relating to CYC residents, from which we are able to look at trends in viral spread, geography, demography, and age and to identify settings linked with virus transmission • Data flowing from the national test and trace system which enables the public health contact tracing team to carry out its crucial functions • Testing and booking data from the CYC-run symptom-free test sites • Outbreak management and testing data from settings such as schools, universities and care homes 	

<ul style="list-style-type: none"> • Data flowing from local NHS partners around vaccination rates and trends in uptake. • Agreed and transparent publication of this data, via daily tweets on local case rates and a larger range of data published on York OpenData platform. 	
<p>PLAN</p> <p><i>Provide key milestones to achieve the objectives</i></p> <ul style="list-style-type: none"> ➤ ➤ Continue to deliver the data integration and products in a timely manner to inform outbreak management decisions and support local testing ➤ Develop further functionality and integration with NHS sources around vaccination ➤ Support the expansion of the CYC contact tracing service to deliver enhanced contact tracing from hour 0 for all cases of COVID 	
<p>MEASUREMENT</p> <p><i>Critical data which will be monitored</i></p> <p>A large number of Covid-19 indicators are currently being monitored, both internally through daily dashboards and the KPI machine, and publicly through the York Open Data platform. They include data on :</p> <p>indicators on population behaviour in relation to the pandemic, for example Google Mobility data, school attendance, calls to the NHS 111 line, self-reporting symptoms through the KCL Covid app</p> <p>national indicators on COVID</p> <ul style="list-style-type: none"> ➤ Covid-19 case data including: <ul style="list-style-type: none"> ➤ Daily and cumulative new diagnosed cases in York. ➤ Cases per 100,000 of population ➤ Daily and cumulative hospitalisation data from York Hospital ➤ Weekly number of covid-19 deaths for CYC residents ➤ Data on COVID vaccinations by priority group and dose ➤ Data on Variants of Concern (VOC) ➤ We can further break down much of this data by demography, geography and age 	
<p>CRITICAL RISKS/ISSUES/MITGATIONS</p> <p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <p>Our delivery of the data integration aspects of outbreak management has meant that we have mitigated many of the critical risks in this area. We will be mindful of the overarching issues which this theme faces:</p> <ul style="list-style-type: none"> ➤ Timely access to accurate data is crucial. Failure to record accurate information could quickly result in the virus spreading. ➤ Failure to monitor the data will result in a delayed response to potential outbreaks. ➤ The circumstances of the pandemic are rapidly evolving, and as the Government’s Roadmap and the Contain framework progress we will need to respond in a timely way to any changes, for example around new variants. 	
<p>ACCOUNTABILITY STRUCTURE:</p>	<ul style="list-style-type: none"> • Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 6 – VULNERABLE PEOPLE	
THEME LEAD:	<ul style="list-style-type: none"> • Designated senior public health officer
THEME TEAM:	<ul style="list-style-type: none"> • Communities and Equalities Team • Housing & Community Safety Team • Local Area Co-ordinators • Community & voluntary sector
THEME DESCRIPTION:	
<p><i>Supporting vulnerable local people, not in receipt of adult social care services, 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.</i></p>	
THEME OBJECTIVE:	
<p><i>What are we going to achieve?</i></p> <ul style="list-style-type: none"> ➤ We will utilise the Councils existing community offer to support people who are contacted by Test and Trace. However we recognise that there may be residents who are not aware of the offer as they have not had the need to access it to date or lack the skills/confidence to access this service which will need to be addressed in the communication plan. ➤ We will work with local services, community and volunteering networks to utilise local experience of identifying and engaging with vulnerable groups or communities who may struggle to self-isolate (if identified through Test and Trace) as well as looking at how we can encourage and support vulnerable groups to get tested if symptomatic and participate in the tracking system. ➤ We will work with partners to identify the challenges/barriers different vulnerable groups may face to self-isolate (or participate in Test and Trace) and look to find solutions. ➤ We will ensure that communications (message and method) are tailored to meet the needs of vulnerable groups and address key behaviours that look to prevent, manage and control the spread of Covid-19. ➤ We will produce data intelligence on vulnerable groups (as identified below) where it is required to support more effective targeting of interventions. ➤ We will work with high risk settings who provide services or employment to vulnerable groups to support them to take action to prevent and manage outbreaks appropriately (links to Theme 2). 	
OPERATING SCOPE	
<p>In partnership with NHS and the Voluntary and Community Sector, City of York Council has established a dedicated programme of initiatives designed to ensure that anyone who is self-isolating has the help they need. Through existing relationships with the community and voluntary sector, swift mobilisation of a community response to Covid will be possible.</p> <p>We have identified a number of vulnerable groups who due to their pre-existing physical and mental health conditions, their living or working environment and or chaotic lifestyle make them vulnerable to Covid-19 and may impact on their capability, opportunity and motivation to take action in response public health messages and advice. However, this is an emerging condition so those that are vulnerable are likely to include the following but should not be restricted to this list:</p> <ul style="list-style-type: none"> ➤ People, including those aged 70 and over, those with specific chronic pre-existing conditions and pregnant women, are clinically vulnerable, meaning they are at higher risk of severe illness from coronavirus. ➤ People who are defined, also on medical grounds, as clinically extremely vulnerable to coronavirus ➤ BAME groups ➤ Gypsies and Travellers 	

<ul style="list-style-type: none"> ➤ People at risk from domestic violence ➤ Homeless and rough sleepers ➤ Refugees and asylum seekers ➤ Migrant workers ➤ People with learning disabilities ➤ People/families on low income ➤ People living in more deprived areas - have continued to experience COVID-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but COVID-19 appears to be increasing this effect.” ➤ Substance misusers ➤ Digitally excluded. 	
<p>PLAN</p>	
<p><i>Provide key milestones to achieve the objectives</i></p> <ul style="list-style-type: none"> ➤ Data dashboard developed which enables daily monitoring of key data metrics. ➤ An effective process is in place via the councils customer service centre to support shielded or symptomatic people/households. ➤ The national test and trace team will inform those self-isolating to contact the local authority if they require: <ul style="list-style-type: none"> ▪ Practical or social support for themselves; ▪ Support for someone they care for ▪ Financial support. ➤ Develop a contact list of key agencies/ services that are linked with our vulnerable groups. ➤ Contact key agencies/agencies to discuss how they can support local vulnerable groups as part of the test and trace programme. 	
<p>MEASUREMENT</p>	
<p>Number of people being supported</p>	
<p>CRITICAL RISKS/ISSUES/MITGATIONS</p>	
<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> ➤ As the support is rolled out further and volunteers have to support people known to have tested positive with Covid this may lead to concerns about attending the premises (although no contact is required). ➤ If there are geographic clusters of affected people living in one locality requiring support during periods of self-isolating the local community support organisations may not have sufficient volunteer capacity to respond within required timescales. Mitigation – there are 3 tiers of volunteer support: <ul style="list-style-type: none"> - Tier 1 - The community support organisations - Tier 2 - CYC registered volunteers - Tier 3 – Members of CYC staff and / or other public sector staff <p>These tiers of volunteers would be called upon if the local community support organisation is unable to respond. If there is an identified gap in an area requiring volunteers, targeted media campaigns will be undertaken.</p>	
<p>ACCOUNTABILITY STRUCTURE:</p>	<ul style="list-style-type: none"> • Outbreak Management Group • Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

THEME 7 – LOCAL BOARDS	
THEME LEAD:	<ul style="list-style-type: none"> • Director of Public Health, City of York Council
THEME TEAM:	<ul style="list-style-type: none"> • Democratic Services • Health and Wellbeing Board Partnerships Co-ordinator
THEME DESCRIPTION:	
<i>Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by Gold command forums and a new member-led Board to communicate with the general public.</i>	
THEME OBJECTIVE:	
<i>What are we going to achieve.</i>	
<ul style="list-style-type: none"> ➤ Appropriate and proportionate governance to implement public health measures with community engagement as relevant. ➤ Effective governance plans and structure in place with clearly defined roles and responsibilities. ➤ Terms of Reference agreed for the new member-led Board – the Outbreak Management Advisory Board. 	
OPERATING SCOPE	
The key principles of how we work together in an outbreak situation were agreed by the North Yorkshire and Humber Directors of Public Health, Health Protection Assurance group, and later agreed by the North Yorkshire and York LHRP. These have been flexible to respond to emerging issues during the pandemic. Where appropriate and possible existing governance will be used to manage our response.	
PLAN	
<i>Provide key milestones to achieve the objectives</i>	
<ul style="list-style-type: none"> • Data dashboard developed which enables monitoring of key data metrics for the relevant governance groups. • The established Outbreak Management Advisory Board will have political ownership and public facing engagement and communication for outbreak response. • Evidence of widespread community transmission in any part of the City may require action to disrupt transmission by closing services down (i.e. mini lockdown). The Outbreak Management Advisory Board (OMAB) needs to have sufficient power and legitimacy to implement public health actions that may be required. These could include tightening lockdown around particular geographic areas, or advising on school closures etc. • The frequency of meetings will be in line with data on active cases/outbreaks. • Public Health England and CYC Public Health/Health Protection Team - co-ordinate and chair the Incident/Outbreak Control Team meeting. The Outbreak Control Team includes: <ul style="list-style-type: none"> • Director of Public Health / Assistant Director of Public Health (Chair) • Consultant in Communicable Disease Control (CCDC), PHE • Nurse Consultant in Public Health • CYC Emergency Planning • Vale of York CCG representative (s) • Administrative support • Media / communication representative • Other partners as required dependent on the nature and setting of the outbreak / incident 	
MEASUREMENT	
CRITICAL RISKS/ISSUES/MITIGATIONS	
<ul style="list-style-type: none"> • Public health workforce capacity 	

ACCOUNTABILITY STRUCTURE:

- Outbreak Management Group
- Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York

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Theme 8: Vaccination Programme

Theme Lead: Designated senior public health officer

Theme team: Public Health Officers, CCG, NIMBUSCARE, GP's

Theme description:

The COVID Vaccination programme is led by the NHS. The roll out of the vaccination for COVID-19 in York has, so far, been successful in overachieving targets set nationally. Within York the majority of Vaccinations have taken place at Askham Bar Park and Ride site which was established by NIMBUSCARE as a local vaccination site. There is also a Regional Testing site co-located which has successfully operated side by side.

The vaccine deployment programme is one of the four key tests that the government will base decisions on easing of lock down restrictions and encouraging people to accept the vaccine when it is offered is an important part of returning to 'normal'.

Sitting alongside vaccination, effective test, trace isolate are valuable tools in effectively reducing the spread of the virus, as well as the morbidity, mortality and hospitalisation from COVID-19.

For the purposes of this plan the objectives set out below are to support the residents of York in the uptake of the COVID-19 Vaccination.

Theme objective: What we are going to achieve.

- A high quality, safe and effective vaccination programme for the residents of York.
- Supporting Primary Care to provide a safe, equitable and accessible vaccination offer to all residents in line with the JCVI guidance.
- A clear process for occupational groups to access vaccinations in agreement with the CCG
- Support voluntary, commissioned services and charity workers who support those vulnerable to COVID to access the vaccination in a timely way.
- Development of an action plan to reduce the inequalities in vaccine uptake, either demographic, geographic or those with vaccine hesitancy.
- Targeting those in higher prevalence areas or those in the most vulnerable groups using the principles of contact tracing to engage and support them to have the vaccine.

Priority groups for vaccination advised by the Joint Committee on Vaccination and Immunisation (JCVI).

Priority Group	Risk Group
1.	Residents in a care home for older adults Staff working in care homes for older adults

2.	All those 80 years of age and over Frontline health and social care workers
3.	All those 75 years of age and over
4.	All those 70 years of age and over Clinically extremely vulnerable individuals (not those under 16 years of age)
5.	All those 65 years of age and over
6.	Adults aged 16 to 65 in an at-risk group
7.	All those over 60 years of age and above
8.	All those 55 years of age and above
9.	All those 50 years of age and above.

Operating Scope:

- Within CYC boundary
-

Plan (Key milestones to achieve the objective).

- Data dashboard to monitor key metrics
- Working with NHS partners to develop a vaccination action plan to reach those who do not attend or difficult to contact
- Support a clear and timely communications strategy, including Vaccine hesitancy
- Training Contact tracers to support those who do not attend and “difficult to contact” by personal phone calls

Measurement

Vaccine uptake of first and second vaccination.

Currently there is no defined percentage the vaccine which will create herd immunity, [JCVI guidance](#) indicates that: “... we would need to vaccinate a large proportion of the population with a vaccine which is highly effective at preventing infection (transmission).”

Critical Risks/Issues/Mitigations:

- These may change over the course of the vaccination programme, as the time of writing there are:
 - Adverse reactions – e.g. WHO investigation into report of blood clots
 - Vaccine efficacy against virus variants
 - The achievement of a successful vaccine uptake
 - Vaccine supply

6. Communications and Engagement

We set the below communications objectives to respond to coronavirus and its impact:

- Audiences are aware of the systems in place to protect residents and their families with swift action taken. Audiences are part of the citywide effort to reduce levels across the city with everyone aware of how to part their play.
- All audiences feel we are taking consistent and timely approach to support residents and protect their health. Residents and businesses feel support to adapt their behaviours. They know what to do.
- Residents and partners share accurate and timely public health messages to protect the city. Audiences follow the local advice, share factual messages and do not spread misinformation.

We will make infection prevention and safety messages a core part of our recovery planning.

We will continuously learn throughout, including from other local authorities, and national, partner and resident insight. We will work closely with PHE Behavioural Science Unit to learn how best adapt behaviour to stay safe.

The core focus of communication will be to:

- Share public health infection control advice to prevent the spread
- Establish confidence in the response and recovery.
- Correct misinformation to build trust in our response.
- Promote and explain the Test and Trace system.
- Explain the outbreak – warn and inform without frightening.
- Help reduce the spread of infection and save lives.
- Support communities and the economy to safely recover and learn to live with covid.
- Prompt safe behaviours

A communications strategy has been developed. The strategy is phased dependent on the restrictions in place:

Phase 1 - prevent an outbreak

Phase 2 - respond to an alert or change in restrictions

Phase 3 - manage an outbreak

Phase 4 – recover

The communications strategy encompasses the following themes:

Phase 1 (prevent) 2 (respond) 4 (recover)	Phase 3 (manage)
<p>Share accurate and timely updates Share key public health messages and updates about the current situation in York, quickly addressing inaccuracies and providing the most up to date information and tools to support behaviour change.</p> <p>Build advocacy Work closely with partners to ensure consistent messaging across the city. Share public health actions taken by city partners and public health and show how behaviour changes are supported by partners.</p> <p>Build confidence in the steps taken and what people need to do Share what the city is doing to protect residents and what they need to do to keep others safe and places open. Use case and vaccination data to update residents and businesses on the current position. Demonstrate partnership approach being taken.</p> <p>Build engagement through conversation Share messages and updates with residents. Engage audiences to find out how they are feeling and what they need to help the city recover and adapt their behaviours. Work closely with our partners to share insight and ideas.</p>	<p>Deliver a regular drumbeat of accurate / up-to-date information Initiate incident communications toolkit, assign roles and establish the rhythm of the incident, with regular and targeted communications and ongoing social media and website updates.</p> <p>Signpost support Update CYC website and signpost support through all channels, responding to social media and providing information for partners to distribute through their channels</p> <p>Promote unity and community cooperation Put people first, share stories of the personal impact of covid (MyCovidStory) and of people coming together and showing the very best of themselves and their experience of covid (York Kind)</p> <p>Target information Provide residents with targeted information about changes, signpost relevant support services, coordinate information through targeted networks for partners to distribute to their channels</p>

The communication plan has been developed with all key partners and is overseen by the Outbreak Management Advisory Board. Task and finish groups are convened by the Outbreak Management Advisory Board to steer targeted campaigns.

We will link the communication into existing campaigns such as Our Big Conversation and make infection prevention and safety messages a core part of our recovery planning.



Join the conversation that is shaping our city's recovery.

The core focus of communication will be to:

- Share public health infection control advice to prevent the spread
- Establish confidence in the response.
- Correct misinformation to build trust in our response.
- Promote and explain the Test and Trace system.
- Explain the outbreak – warn and inform without frightening.
- Help reduce the spread of infection and save lives.
- Support communities and the economy to return to business as usual safely through recovery.

A communications strategy is in place with regular updates on progress to the Outbreak Management Advisory Board. The strategy includes the following themes:

Build Advocacy

- Share key public health messages and updates on the current situation in York.
- Work closely with partners to ensure consistent messaging across the city.
- Share public health actions taken by city partners and public health.

Build Confidence

- Build confidence in the steps being taken and what they can do to support the city wide effort.
- Share more of what the city is doing to protect residents.
- Use data to update residents and businesses on the current position.
- Demonstrate the partnership approach being taken.

Build Engagement

- Engage residents through “Our Big Conversation” campaign.
- Work closely with partners to share messaging and ideas.

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Appendix 1 – Outbreak Definitions

Outbreak definition for non-residential settings

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

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting e.g. workplace, school etc.

	Criteria to declare	Criteria to end
<i>Cluster</i>	<p>Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days.</p> <p>(In the absence of available information about exposure between the index case and other cases)</p>	No confirmed cases with onset dates in the last 14 days.
<i>Outbreak</i>	<p>Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days</p> <p>And one of:</p> <p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes cumulative in 24 hours) during the infectious period of the putative index case</p> <p>Or</p> <p>(When there is no sustained community transmission or equivalent JBC risk level) – absence of alternative source of infection outside the setting for initially identified cases.</p>	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

Outbreak definition for residential settings

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

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

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

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

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

	Criteria to declare	Criteria to end
<i>Outbreak in an inpatient setting</i>	<p>Two or more confirmed cases of Covid-19 OR clinically suspected cases of Covid-19 among individuals associated with a specific setting with onset dates 8-14 days after admission within the same ward or wing of a hospital.</p> <p>NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.</p>	No confirmed cases with onset dates in the last 28 days.
<i>Outbreak in an outpatient setting</i>	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days.	No confirmed cases with onset dates in the last 28 days in that setting.

	<p>AND ONE OF:</p> <p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for > 15mins cumulative during 24 hour period) during the infectious period of the putative index case</p> <p>OR</p> <p>(When there is no sustained community transmission or equivalent JBC risk level) – absence of alternative source of infection outside the setting for initially identified cases.</p>	
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Other Definitions

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

Appendix 2 – Functions and details of York Single Point of Contact

Contract tracing is a tried and trusted approach to prevent the spread of infection and to contain and prevent outbreaks. Comprehensive contact tracing alongside mass testing are common features in countries that have so far succeeded in keeping the number of cases of Covid-19 relatively low, such as Germany and South Korea. There is now a recognition that in the absence of a vaccine or effective treatment a medium / long term approach to Test and Trace is needed over 18 months to 2 years.

City of York Covid-19 Single Point of Contact (SPOC)

As part of the preventative approach to the control and management of Covid-19 in York, a Single Point of Contact has been established to interface with the NHS Test and Trace service. This acts as a single point of contact for two way communication and to receive and escalate cases and situations where they are identified both by the national Test and Trace system and local intelligence.

York Covid-19 SPOC: covid.SPOC@york.gov.uk

Telephone: 01904 553005

Hours of operation: 09:00 to 17:00 7 days a week

Ownership: Public Health Team, City of York Council

Key Functions of the York SPOC:

- To provide a single point of contact (SPOC) for NHS Test and Trace and the PHE Health Protection Team.
- To act as a key point of contact for settings and service leads.
- Will receive cases from level 1 (PHE health protection team) for information and for action.
- To act as a key point of contact and co-ordination in the event of an outbreak situation.
- To work in partnership with the communications team to identify key communication messages around infection prevention and control and provide information as necessary to support elected member, partner, residents briefings and media statements.
- To escalate issues / cases identified locally to the level 1 (PHE health protection team) whether further contact tracing support is required (e.g. cross geographical borders) or highly specialist input is required.
- Using data and intelligence for:

- New outbreak monitoring
- Early warning / surveillance of increase in case activity
- Hotspot analysis
- Vulnerable people monitoring and case management support (including those clinically shielded and support for self-isolation)
- Reporting regularly to outbreak management board including escalation of any issues of concern.

National Test and Trace Service

The York Single Point of Contact (SPOC) will work within the framework of the national test and trace service. The UK Government launched the NHS Test and Trace service on 28 May 2020 as part of an integrated test, trace, contain and enable (TTCE) approach to Covid-19. The National Test and Trace service has 3 levels:

Level 3: National call handlers contracted from external providers who are responsible for:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the household and community contexts of cases escalated to Level 1.
- Escalating difficult issues to the Level 2 staff.

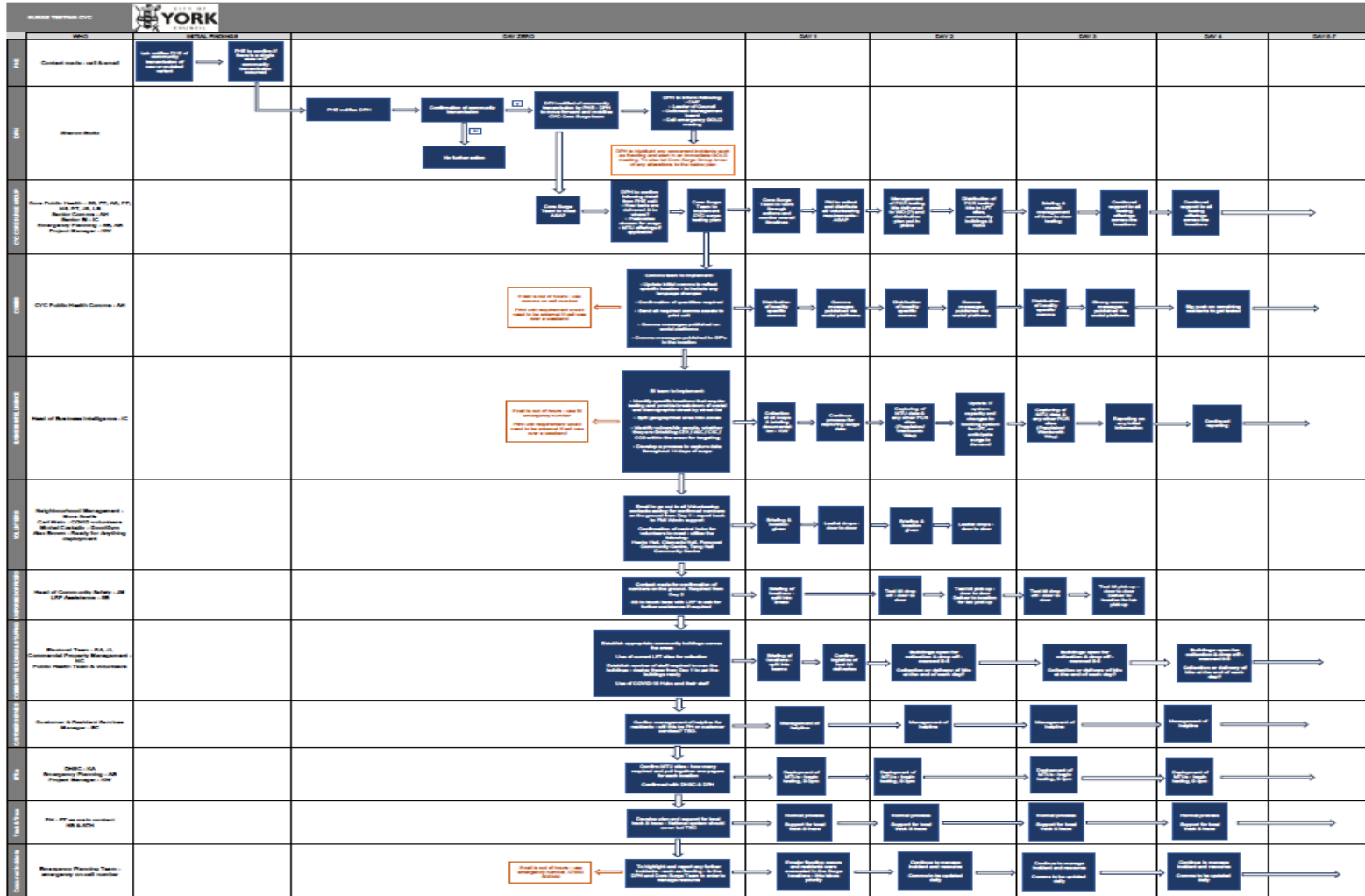
Level 2: Professional contact tracers recruited through NHS Providers (mainly recently retired NHS staff and public health specialists) who are responsible for:

- Interviewing index cases (i.e those who test positive) and identifying their contacts using SOPs and scripts.
- Handling issues escalated from level 3 staff.
- Escalating complex issues and situations to Level 1.

Level 1: Regional arrangements via the PHE health protection team who are responsible for:

- Establishing a single point of contact
- Leading on complex contact tracing
- Collaborative working on a regional and sub-regional footprint
- Escalating complex issues to the local public health team that require a more bespoke response – the City of York Single Point of Contact (SPOC).

Appendix 3. City of York Surge Testing Project Plan



Appendix 4.



City of York Council COVID-19 Health Protection Board Terms of Reference (TOR)

Background	<p>Managing the current pandemic of COVID-19 presents considerable challenges in York as for the rest of the country.</p> <p>Many organisations have a role to play in protecting the people of York from COVID-19 and the overlapping roles and responsibilities of the main agencies for health protection can be complex.</p>
Purpose	<p>The primary role of the COVID-19 Health Protection Board is to provide strategic leadership to support the delivery of the City of York Council COVID-19 Outbreak Control Plan and the explicit connections to other organisations outbreak control plans across health and social care.</p> <p>The Board will also ensure appropriate connections are made to North Yorkshire County Council and Humber, Coast and Vale Integrated Care System for those issues that are best managed in collaboration.</p> <p>The Board will monitor outbreak management and epidemiological trends across York.</p> <p>The Board will establish appropriate communication and engagement with other groups focusing on COVID-19 response (e.g. Care Homes Gold Group) to avoid duplication and ensure consistency of approach in matters relating to infection prevention and control.</p> <p>The Board will provide assurance to the City of York Outbreak Management Advisory Board that there are robust plans and arrangements in place to protect the population from COVID-19. It will draw to the attention of that Board any matters of concern.</p>
Scope	<p>Topics that are within the scope of the Board include, but are not restricted to:</p> <ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • Test and Trace • Data management, analysis and interpretation • Infection prevention and control • Interpretation of guidance and development of policy • Training and staff development relating to infection prevention and control, contact tracing etc. • Dissemination of information as appropriate

Key Responsibilities	<ul style="list-style-type: none"> • To oversee the development of the local outbreak control plan • To provide assurance to the York COVID-19 Outbreak Management Advisory Board as to the adequacy of arrangements for the prevention, surveillance, planning for, and response to, COVID-19 in York • To highlight concerns about significant COVID-19 related health protection issues and the appropriateness of health protection arrangements for York, raising any concerns with the relevant commissioner / provider or, as necessary, escalating concerns to the Outbreak Management Advisory Board • To provide an expert view on any health protection concerns on which the Outbreak Management Advisory Board request advice from the Board • To monitor a 'COVID-19 Health Protection Dashboard' in order to assess local performance in addressing the key health protection issues relating to COVID-19 in York, raising any concerns with the relevant commissioner / provider or, if necessary, escalating concerns to the Outbreak Management Advisory Board • To monitor significant areas of poor performance through the dashboard and to seek assurance that recovery plans are in place • To review the content of local plans relevant to COVID-19 • To seek assurance that any lessons learned e.g. from outbreaks locally or in other areas, are embedded in future working practices • In addition to reporting to the Outbreak Management Advisory Board, the COVID-19 Health Protection Board will report to the City of York Health and Wellbeing Board which will hold City of York Council, NHS England, Vale of York Clinical Commissioning Group, York NHS Teaching Hospitals NHS Trust and Tees, Esk and Wear Valley Mental Health Trust to account in terms of their health protection responsibilities.
Meeting Arrangements	<ul style="list-style-type: none"> • The Board will be chaired by the Director of Public Health or their deputy and will meet monthly. More frequent meetings can be arranged if necessary with the agreement of the Chair. • The meetings will be convened by the York Public Health team who will provide secretarial support • Items for inclusion on the agenda will be sought from all members in advance of each meeting. Draft minutes and action log will be sent electronically to members and then approved at the next meeting • Meetings will not be open to the public and will not be recorded. • Conflicts of interest must be declared by any member of the group at the start of each meeting • Decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented which will retain their decision making sovereignty.
Quorum	<p>To be quorate the meeting must include:</p> <ul style="list-style-type: none"> • Director of Public Health (Chair) or his/her deputy • Vale of York Clinical Commissioning Group representative

	<ul style="list-style-type: none"> • Clinical representative • Adult social care representative • Children’s services representative 	
Core Membership	Director of Public Health (Chair)	City of York Council
	Assistant Director / Consultant in Public Health (Vice Chair)	City of York Council
	Nurse Consultant in Public Health	City of York Council
	Consultant in Communicable Disease Control (CCDC)	Public Health England
	Representative	Harrogate & District NHS Hospital Community Infection Prevention & Control Service
	Representative	York Hospital NHS Trust Infection Prevention & Control Team
	Clinical lead	Vale of York Clinical Commissioning Group
	Emergency Planning Lead	Vale of York Clinical Commissioning Group
	Senior Business Intelligence Officer	City of York Council
	Emergency Planning Lead	City of York Council
	Head of Public Protection / deputy	City of York Council
	Health & Safety lead	City of York Council
	Adult Social Care	City of York Council
	Representative	Independent Care Group
	Children’s Services	City of York Council
	Communications	City of York Council
Others will be invited to attend to present agenda items or participate in discussion on specific issues.		

Appendix 5.

City of York Council Outbreak Management Advisory Board Terms of Reference (TOR)

<p>Context</p>	<p>As the response to Covid-19 continues, the Government has announced the roll-out of the NHS Test and Trace programme across England, with equivalent programmes being developed across the UK.</p> <p>As part of this response, each council with responsibility for statutory Public Health functions has been asked to lead the local approach, based around an outbreak management plan.</p> <p>A key element of local outbreak management is the engagement of democratically elected councillors/politicians and the key partnership agencies that will contribute to Test and Trace development and delivery.</p> <p>This document sets out the Terms of Reference for the City of York Outbreak Management Advisory Board, which will bring together elected members and senior officers from the City of York Council, as well as key partners from statutory, private and voluntary sector organisations.</p>
<p>Purpose</p>	<p>To ensure public engagement with, multi-agency involvement in, and democratic oversight of, City of York's outbreak management planning as part of the national <i>Test and Trace</i> programme.</p> <p>To advise and inform the development of City of York Council's outbreak management plan and the local <i>Test and Trace</i> programme, reflecting the views of different communities and sectors across the city.</p> <p>To engage and communicate with the public about Covid-19, outbreak management and <i>Test and Trace</i></p> <p>To ensure that statutory bodies are able to make informed decisions in relation to outbreak management and <i>Test and Trace</i> within City of York and that such bodies retain their own decision making processes.</p> <p>The key role of the board is to support the effective communication of the test, trace and contain plan for the city and to ensure that the public and local businesses are effectively communicated with. It will support and strengthen the plan that will need to underpin every decision that is taken as we move through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively. It will help ensure that the best routes to communicate with all key stakeholders have been identified and utilised.</p> <p>It will oversee the evaluation of the success of communications with the public, the public sector and businesses to ensure that they are effective. It will receive regular updates from the City of York Covid-19 Health Protection Board via the Director of Public Health or their nominated representative.</p> <p>Through these updates it will provide public oversight of progress on the implementation of the Test, Trace, Contain stages.</p>

	<p>It will also ensure that communications build on existing good practice and that lessons learned from other geographies are taken into account.</p> <p>It will identify any barriers to progress and delivery and make suggestions to help resolve them, making the most of any opportunities that may arise.</p>
Decision maker	Decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented which will retain their decision making sovereignty.
Frequency	The Board will meet, as and when required, initially the first two meetings will be held at three week intervals and thereafter revert to monthly, although the Chair has the right to change the frequency depending on local circumstances.
Quorum	<p>To be quorate the meeting must include:</p> <ul style="list-style-type: none"> • The Leader of the Council, (Board Chair); or • Chair of the Health and Wellbeing Board (CYC Elected Member) (Deputy Board Chair); <p>AND</p> <ul style="list-style-type: none"> • The interim Head of Paid Service of the Council or nominated deputy; and • Director of Public Health or nominated deputy; and • One other full member of the Board (not a CYC Elected Member)
Agenda management and secretariat	<p>The Council's Public Health team will support the agenda setting for, and minuting of, the Board. Meetings of the Board will be live-streamed by CYC unless there are exceptional reasons which prevent this.</p> <p>Any member of the Board may request an agenda item to be considered at the Chair's discretion and should do so within 48 hours of the next Board meeting.</p> <p>Given the potential emergency nature of the Board's business, final papers will be distributed 24 hours before each Board.</p> <p>Any emergency items may be agreed with the Chair within three hours of the next Board meeting.</p> <p>The Board will meet as a working group and will therefore be covered under the Access to Information Rules for committees. However, as communication is an essential role of the Group, its recommendations will be communicated widely as deemed appropriate.</p>

Board membership			
Name	Title	Organisation	Role on the Board
CLlr Aspden	Leader of the Council	City of York Council	Board Chair
CLlr Runciman	Executive Member Adult Social Care & Health	City of York Council	Deputy Chair/Chair of CYC Health and Well Being Board
CLlr Myers	Labour Councillor	City of York Council	Leader of the Main Opposition CYC
Ian Floyd	Interim Head of Paid Service	City of York Council	Interim Head of Paid Service
Sharon Stoltz	Director of Public Health	City of York Council	Statutory Director of Public Health
Amanda Hatton	Corporate Director Children, Education & Communities	City of York Council	Statutory Director of Children's Services
Dr Andrew Lee	Executive Director Primary Care & Population Health	Vale of York Clinical Commissioning Group	Vale of York Clinical Commissioning Group Representative
Dr Sally Tyrer	Chair	North Yorkshire Local Medical Committee	General Practitioners Representative
Lucy Brown	Director of Communications	York Hospitals NHS Foundation Trust	York Hospital Representative
Phil Mettam	Accountable Officer	Vale of York Clinical Commissioning Group	Humber, Coast & Vale Integrated Care System Chief Executive Officer lead for testing
Dr Simon Padfield	Consultant in Communicable Disease Control	Public Health England	Health Protection Yorkshire & the Humber
Julia Mulligan	Police, Fire and Crime Commissioner	North Yorkshire Constabulary	Police, Fire and Crime Commissioner
Lisa Winward	Chief Constable	North Yorkshire Police	North Yorkshire Police
Professor Charlie Jeffery	Vice-Chancellor and President	University of York	Further / Higher Education
James Farrar	Chief Operating Officer	York, North Yorkshire & East Riding Local Enterprise Partnership	Business Representative

Marc Bichtemann	Managing Director	First Group	Transport Representative
Alison Semmence	Chief Executive	York CVS	Voluntary & Community Sector
Sian Balsom	Manager	Healthwatch York	Healthwatch York

In attendance			
Name	Title	Organisation	Role on the Board
Fiona Phillips	Assistant Director Public Health	City of York Council	Advisor to the Board
Claire Foale	Head of Communications	City of York Council	Communications
Tracy Wallis	Health & Wellbeing Board Partnerships Co-ordinator	City of York Council / Vale of York Clinical Commissioning Group	Support to the Board
Sam Alexander	Public Health Technical Systems Support Officer	City of York Council	Minute taker
Democratic Services		City of York Council	Support to the Board
Other attendees (e.g. from the culture/events/sport, pharmacy sectors) to be invited as and when required			

Notes	
1.	The Board does not have any decision making powers, its main function is one of advice, support and challenge. This is because decision making is sovereign with the constituent bodies and they all operate under their own recognised delegated schemes of delegation.
2.	Board members should make every effort to attend meetings, but they can delegate to named individuals as appropriate and must endeavour to ensure that the delegated person attends.
3.	Others, as appropriate, may be invited by the chair to attend for specific items on the agenda and constituent bodies are free to choose who they nominate onto the Board.
4.	The Board will receive appropriate documentation in order to form views and give advice to the decision makers.
5.	Board members and attendees must manage any potential conflicts of interest in an appropriate way. Any conflicts should be declared at the start of the meeting. It is noted that this is an advisory group and individuals who represent retail, schools etc. have been chosen to reflect the views of those bodies and will not be considered as having a conflict in expressing their sectors views on proposals.
6.	There will be a clear mechanism for comments and recommendations to reach the decision maker

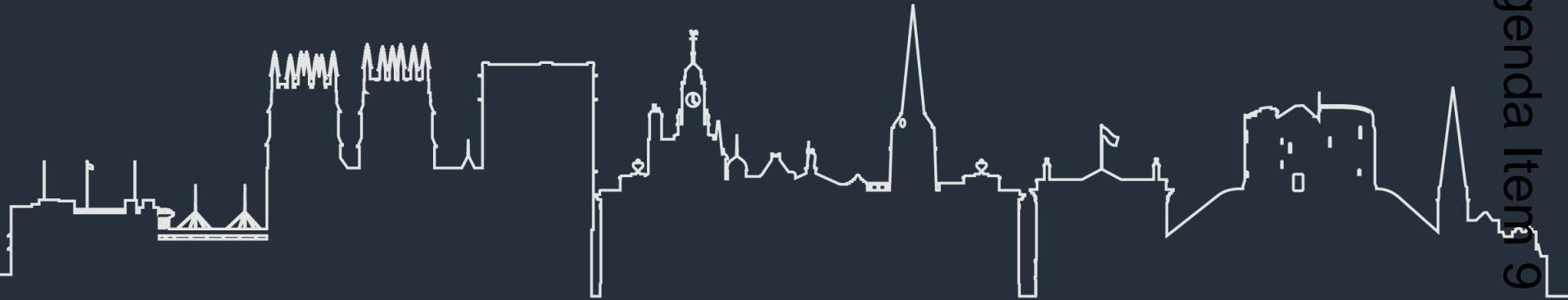
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YORK OUTBREAK CONTROL

Communications update

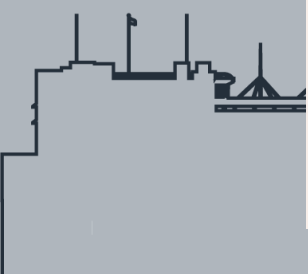
7 April 2021



Key messages

Safe Behaviours

 <p>Wash hands frequently, for at least 20 seconds.</p> <p>Hands</p>	 <p>Wear a face covering in enclosed environments.</p> <p>Face</p>	 <p>Maintain space with anyone outside your household or bubble.</p> <p>Space</p>
 <p>Meet with others outdoors where possible.</p> <p>Air</p>	 <p>Minimise the number of different people you meet and the duration of meetings, if possible.</p>	 <p>Let fresh air in.</p> <p>Air</p>
 <p>Download the NHS Test & Trace app.</p>	 <p>Get a test immediately if you have any symptoms.</p>	 <p>Self isolate if you have symptoms, have tested positive, or had contact with someone with COVID-19.</p>



The four phases of outbreak management communications

Phase 1

- Prevent - Provide updates about the current situation to prevent outbreaks

Phase 2

- Respond – Share information in responses to an alert following increased cases and/or change in restrictions

Phase 3

- Manage the outbreak

Phase 4

- Safely recover

A phased approach

Phases		Approach (including aims)	Timing
1	Regular updates of current situation to try and prevent outbreaks	<p>Amplify in phase 2</p> <p>Share accurate and timely updates: Share key public health messages and updates about the current situation in York, quickly addressing inaccuracies and providing the most up to date information and tools to support behaviour change.</p> <p>Build advocacy: Work closely with partners to ensure consistent messaging across the city. Share public health actions taken by city partners and public health and show how behaviour changes are supported by partners.</p>	15 June 2020: Reopening
2	Alert following spike in cases and/or change in restrictions	<p>Build confidence in the steps taken and what people need to do : Share what the city is doing to protect residents and what they need to do to keep others safe and places open. Use case and vaccination data to update residents and businesses on the current position. Demonstrate partnership approach being taken.</p> <p>Build engagement through conversation: Share messages and updates with residents. Engage audiences to find out how they are feeling and what they need to help the city recover and adapt their behaviours. Work closely with our partners to share insight and ideas.</p>	<p>2 December 2020: Tier 2</p> <p>30 December 2020: Tier 3</p>
3	Manage outbreak	<p>Deliver a regular drumbeat of accurate information: Initiate incident communications toolkit, assign roles and establish the rhythm of the incident, with regular and targeted communications and ongoing social media and website updates.</p> <p>Signpost support: Update CYC website and signpost support through all channels, responding to social media and providing information for partners to distribute through their channels</p> <p>Promote unity and community cooperation: Put people first, share stories of the personal impact of covid (MyCovidStory) and of people coming together and showing the very best of themselves and their experience of covid (York Kind)</p> <p>Target information: Provide residents with targeted information about changes, signpost relevant support services, coordinate information through targeted networks for partners to distribute to their channels</p>	<p>23 March 2020: Lockdown</p> <p>2 November 2020: Lockdown</p> <p>5 January 2021: Lockdown</p> <p>8 March 2021: step 1a</p> <p>29 March 2021: step 1b</p>
4	Safely recover	<ul style="list-style-type: none"> • Approach as per phase 1 and 2 • Updates are highlighted. 	<p>12 April 2021: step 2</p> <p>17 May 2021: step 3</p> <p>21 June 2021: open in full</p>

Communications roadmap



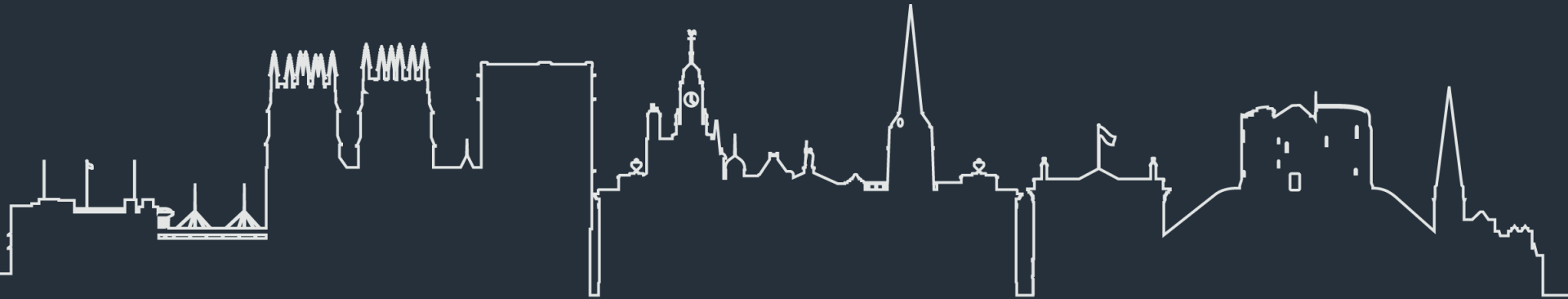
	2020											2021				
Regular rhythm	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Restriction communications	lockdown			Tier I				T2	Lockdown	T3	Lockdown		S1	S2	S3	S4
Regular updates / e-newsletters	daily			1-2 a week												
Direct publications, <i>Our City</i>	monthly				quarterly				monthly		quarterly					
Facebook live – ask the leaders					monthly		weekly	fortnightly				monthly				
Let's be York (Safe reopen)					Business pack, signage, social, web, PR								Signage, social, web, PR (insight trials)			
Let's be York (keep open)					Outside, social											
Let's be York (Xmas/keep going)																
We've got it covered					Social, PR, web											
18-34 yo residents									Social							
Safe return to school					direct, social, web								8			
Emotional health #FeelRealYork									PR, facebook, social, outside, partner packs							
Testing strategy													Direct, web, social, signage			
Complacency: My Covid Story													Web, social, direct, PR			
Vaccinations, inc. mythbusting													Direct, social			
A year on													31		23	

ROADMAP STEPS as published 22/02/2021

	Step 1		Step 2		Step 3	Step 4
	8 March	29 March	No earlier than 12 April		No earlier than 17 May	No earlier than 21 June
		As schools break for Easter Holidays	5 weeks after step 1		5 weeks after step 2	5 weeks after step 3
Education	Schools and colleges open for all students Practical Higher Education Courses					
Business / activities	Wraparound care, including sport, for all children.	Organised outdoor sport (children and adults) Outdoor sport and leisure facilities All outdoor children's activities Outdoor parent & child group (up to 15 aged 5+)	All Retail Libraries & Community Centres Indoor leisure inc. gyms (individual use only) All children's activities Indoor parent & child groups (up to 15 aged 5+)	Personal care Most outdoor attractions Self-contained accommodation Outdoor hospitality	Indoor hospitality Organised indoor sport (adult) Remaining accommodation Indoor entertainment and attractions Remaining outdoor accommodation	Remaining businesses, including Nightclubs.
Social contact	OUTSIDE Exercise and recreation with +1	Rule of 6 or 2 Households	Rule of 6 or 2 Households		Maximum 30 people	No legal limit
	INSIDE Household only	Household only	Household only		Rule of 6 or 2 Households (subject to review)	No legal limit
Travel	DOMESTIC Stay at Home	Minimise travel	Domestic overnight stays (household only)		Domestic overnight stays	
	INT'L No international holidays	No international holidays	No international holidays		Subject to review	
Larger events	LIFE EVENTS	Funerals: 30 Weddings and wakes: 6	Funerals: 30 Weddings, wakes, receptions: 15		Most significant life events: 30	No legal limit (subject to review)
	OTHER EVENTS		Event pilots	Small organised outdoor events	Indoor events 1000 or 50% Outdoor events 4000 or 50% Large seated outdoor venues 10,000 or 25%	Larger events (subject to review)

Phase I

Regular update of current situation to try and prevent outbreaks



Share accurate and timely messaging

27 x press releases

Date	
05 April 2021	Council responds to announcement that more of the city can reopen
01 April 2021	UPDATED STATS: Enjoy Easter safely and responsibly [copy]
01 April 2021	Volunteer litter picker Pete is one of 520
01 April 2021	Plea for more residents to get tested as new testing site is set to open
01 April 2021	Joint working to help open up the city safely
31 March 2021	Media operation note - press briefing 01/04/21
31 March 2021	Three safe ways to vote in 6 May election
30 March 2021	Council updates businesses on the restart grant payments
30 March 2021	Shielding lifts after 1 April as infection rates fall further
27 March 2021	Enjoy the Easter holiday safely
26 March 2021	Grant support provided to more than 3,500 businesses
24 March 2021	More symptom-free testing slots available
23 March 2021	Support and comfort for bereaved residents
22 March 2021	Council and partners thank the city on the first lockdown's anniversary
22 March 2021	Council makes final urge to businesses to apply for "financial lifeline" before deadline
19 March 2021	Stay safe and follow the guidance this weekend
18 March 2021	Plans to meet York's post-pandemic skills needs to be considered
18 March 2021	York families benefit from Easter holiday activity programme
18 March 2021	City of York council preparing for the safe reopening of the city
17 March 2021	Council to contact trace all positive cases in York
16 March 2021	Rates relief applied to business rates
12 March 2021	York's education leaders thank parents and pupils
11 March 2021	UPDATED: Proposal to establish new York Health and Care Alliance
10 March 2021	Residents and businesses invited to join live Q&A
09 March 2021	Latest guidance shared with city care homes
08 March 2021	Invitation to a media briefing - Tuesday 9 March at 4:30pm
08 March 2021	Support marshalls contribute to falling infection rates

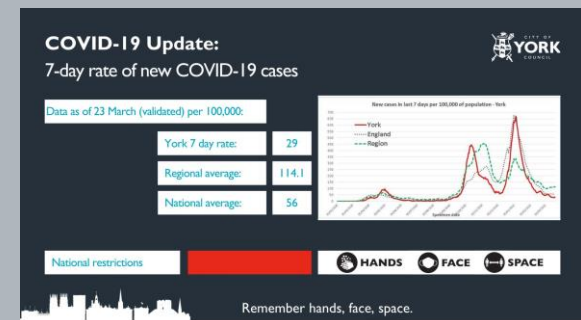
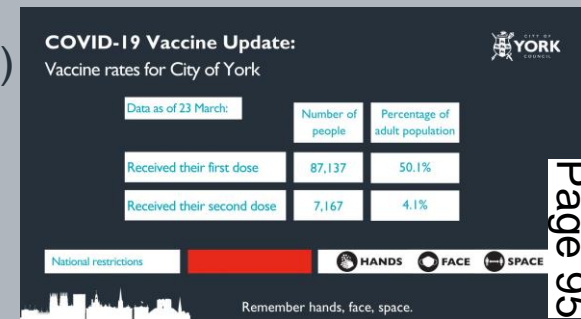
Build confidence in the steps taken and what people need to do

The council works closely with partners and uses different channels to reach as many people as possible.

Our regular communications (increasing registrations throughout the month by %):

- 2x weekly email updates to members and partners (128 recipients)
- 2x weekly resident e-newsletter (2281 recipients **+1%**)
- Weekly business e-newsletter (1533 recipients **+1%**)
- Weekly families e-newsletter (1099 recipients **+1%**)
- Regular press releases and media interviews
- Social media campaigns

Introduced vaccination update twice a week



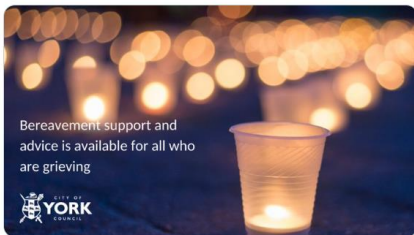
Step and potential dates	What this means (summary). For full details go to the roadmap	Actions (beyond the regular rhythm)	Challenges	Key messages
Step 1 – 8 March Could be announced 1 March	<ul style="list-style-type: none"> Schools and colleges open for all students Some practical HE courses return Funerals (30) and wakes and weddings (6) Exercise outside with one other person No indoor mixing 	<ul style="list-style-type: none"> Facebook Live Information to parents Media briefing 	<ul style="list-style-type: none"> Testing Parental anxiety Complacency 	<ul style="list-style-type: none"> Stay at home Hands, Face, Space Get tested Let's keep going
Step 1b – No sooner than 29 March Announced by 22 March	<ul style="list-style-type: none"> Rule of six or two households outdoors Outdoor sport and leisure facilities reopen Organised outdoor sports return Outdoor parent and child groups (15) Minimise travel, no holidays 	<ul style="list-style-type: none"> Open space/parks signage Map/graphic about local with York in the centre? Community groups/sports briefing (what can do) 	<ul style="list-style-type: none"> What is local? Return of sport Parent and child groups Rule of 6 Staff health and safety 	<ul style="list-style-type: none"> Stay local Hands, Face, Space
Step 2 – No sooner than 12 April Announced by 5 April	<ul style="list-style-type: none"> Still no indoor mixing, rule of 6 outside Reopening of retail, leisure and outdoor hospitality Domestic overnight stays (household only) Indoor parent and child groups (15) Funerals (30), Weddings and wakes (15) By 15 April all phase 1 offered vaccine 	<ul style="list-style-type: none"> Media briefing Information for businesses City centre and district signage Litter campaign Partner briefing Direct comms to residents 	<ul style="list-style-type: none"> Lots reopening Team capacity as this is around Easter break Domestic tourism Business support and café licences Unis face to face learning increases 	<ul style="list-style-type: none"> Hands, Face, Space, air
Step 3 – No sooner than 17 May Announced by 10 May Our City	<ul style="list-style-type: none"> Indoor entertainment and attractions (including pubs) 30 people outdoors, rule of 6/two households indoors (under review) Life events, inc weddings (30) Outdoor entertainment performances Return of crowds (indoor is 1,000 or 50% capacity, outdoor 4,000 or 50%) International travel (subject to review) 	<ul style="list-style-type: none"> Facebook live Media briefing Stadium signage Live well York update? Pub signage Registrar / Crem signage Animation about fresh air What you can do outside Partner briefing 	<ul style="list-style-type: none"> Live spectator sports Indoor mixing Tourism Up to 30 outside Pubs open to indoor trade Furlough support for affected staff Complacency 	<ul style="list-style-type: none"> Hands, Face, Space and air Meet outdoors if you can
GOVERNMENT REVIEW ON THE FUTURE OF HANDS, FACE, SPACE AND HOW WE GET FULLY BACK TO NORMAL				
Step 4 – No sooner than 21 June Announced by 14 June	<ul style="list-style-type: none"> No legal limits on contact and life events Larger events Nightclubs 	<ul style="list-style-type: none"> Open letter to residents? COVID safe celebration pack 	<ul style="list-style-type: none"> What prevention measures are still in? Staying open! 	

For bereavement support in York:

St Leonard's Hospice
stleonardshospice.org.uk
01904 708 553

York Cruse
01904 481162
york@cruse.org.uk or send a message through its Facebook page

Bereaved Children's Support York
bcyy.org.uk
info.bcyy@gmail.com



Bereavement support and advice is available for all who are grieving

9:00 am · 28 Mar 2021 · Hootsuite Inc.

City of York Council Retweeted

York Minster
@York_Minster

Tomorrow marks the first anniversary of lockdown.

We'll be open from 11.30am for prayer, quiet reflection and to light candles for loved ones. The Minster will fall still at 12pm for a 1 minute silence.

You can also join an online service at 5.30pm.

#NationalDayOfReflection



4:36 pm · 22 Mar 2021 · Twitter Web App

16 Retweets 1 Quote Tweet 74 Likes

City of York Council Retweeted

Marie Curie
@mariecurieuk

Today we're inviting you to come together to reflect on our collective loss, support those who've been bereaved, and hope for a brighter future.

Join us for a minute of silence at 12 noon and find out more about the National #DayOfReflection:
bit.ly/394cm5f

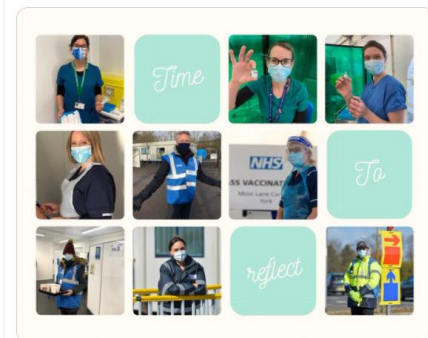


City of York Council Retweeted

Nimbuscare
@Nimbuscare1

As we light up our 'Tent of Hope' tomorrow to reflect on the past year, we remember those we have lost & thank our teams & our community. @SLHYork @ValeofYorkCCG @CityofYork @FirstYork @EboracumYork @YorkTeachingNHS

#OneYearOn #YorkVaccinationCentre



8:12 am · 22 Mar 2021 · Twitter for iPhone

8 Retweets 46 Likes

My Covid Story

Read about how the pandemic has affected ordinary people's lives in an extraordinary year

www.york.gov.uk/MyCovidStory

1. One year since the first lockdown

Today marks one year since the first lockdown announcement. We want to thank you all for your hard work and sacrifices over the past twelve months to stop the spread of the virus, it all makes a difference.

As the country marks one year since the first lockdown was announced on 23 March 2020, we are joining the nation in reflecting on the last 12 months, and thanking residents and businesses for pulling together in what has been the most difficult of times:

Thank you to everyone in York.

You have home-schooled, stayed at home, volunteered, communicated virtually, looked after your community, practised hands, face space and more.

Thank you to our partners

You have worked so tirelessly to protect residents' lives and livelihoods.

Thank you to our business community

This has been incredibly challenging for us all, you have been affected in ways you couldn't imagine, but by working together and sharing the vast knowledge among York, you quickly adapted to keep your customers and staff safe.

Thank you to the city's key workers, including council staff

**23 March 2021
A year on**

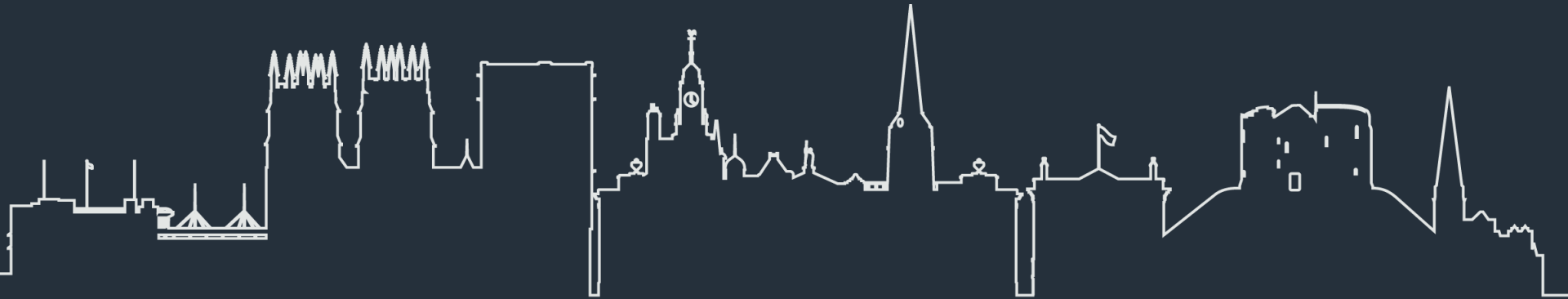
- Press release thanking everyone
- Resident update
- Partner brief
- Shared partner social
- Promoted bereavement support and MyCovid Story case studies on social

Lit up walls in support of St Leonards Hospice



Phase 3

Manage outbreak



Build confidence in the steps taken and what people need to do

Reminding residents what they can do (safe behaviours) to help stop the spread of the virus and keep homes and families in York safe

Communications objectives:

- Think:** know that whilst in lockdown there are things they can do and support available
- Feel:** supported and engaged with Covid safety measures, feeling more control over own safety
- Do:** stay home and follow hands, space, face to help keep everyone safe



City of York Council is reminding eligible business who have not yet applied for Additional Restriction Grant (ARG) funding to do so before the 31 March 2021.
 To check if you are eligible visit: [york.gov.uk/COVID19Business...](https://www.york.gov.uk/COVID19Business...)
 Find out more at [york.gov.uk/news/article/5...](https://www.york.gov.uk/news/article/5...)



To find out more visit: <https://www.york.gov.uk/COVIBusiness>

1. Businesses urged to apply for financial lifeline before deadline

City of York Council is reminding eligible business who have not yet applied for Additional Restriction Grant (ARG) funding to do so before the 31 March 2021.

See details of available business grants and check if you're eligible at: <https://www.york.gov.uk/COVID19Business>

This additional funding has so far supported around 1,300 businesses which have not been forced to close but have been severely impacted by restrictions.

Press release, web, partner updates to remind businesses about deadlines

Easter in York

Let's stay safe and have fun

You can still:

- Walk around the Bar Walls
- Find indoor ideas online
- Play in the city's parks
- Go for a bike ride
- Picnic in the Museum Gardens
- Spot wildlife

and remember **HANDS FACE SPACE**



Social media key messages based on what you can do or connecting to support

Let's all stay safe on shared paths

It's important for all of us to enjoy exercising outside. When near a shared path, ensure your pet is on a lead or trained to walk to heel.

Let's make space for each other on shared paths.



Keep your distance at the park



Are you heading to the park for your exercise?

Please don't gather to keep two metres apart to stop the spread.



www.york.gov.uk

- ✓ Sort your waste before you arrive
- ✓ Only bring what you can handle
- ✓ Keep a 2m distance
- ✗ Don't arrive early

[york.gov.uk/VisitingHWRCsa...](https://www.york.gov.uk/VisitingHWRCsa...)

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Build confidence in the steps taken and what people need to do – 29 March

- PR, media briefing, web update
- Business briefings inc. BID
- Shared national messages
- Prepared city centre signage based on PHE behavioural science unit recommendations – bus stop signage, bollards, business posters

Facebook lives:

- 11/03/21 - Business Support: 25 comments, 942 views, 2225 reach, 7 reactions
- 16/03/21 - Public Health and vaccines: 49 comments, 1451 views, 5994 reach, 20 reactions



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Let's keep York open

Keep 2 metres distance

nhs.uk/coronavirus

Let's be York
Safe Welcoming Considerate

Let's be York
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nhs.uk/coronavirus

Let's be York
Safe Welcoming Considerate

nhs.uk/coronavirus



Sharon Stoltz, director of public health said: "Like everyone I am looking forward to seeing friends or family outdoors from 29 March. However, the virus is still present. Covid loves a crowd so please don't give it the chance to spread. Please continue to follow the rules".



9:09 am · 27 Mar 2021 · Twitter for Android

Build confidence in the steps taken and what people need to do – 12 March

- PR, web update, social
- Shared national messages
- Installed city centre signage based on PHE behavioural science unit recommendations

The reopening is on! Here's what York is planning to make sure the city stays safe after 12 April | YorkMix
at-york-is-planning-to-make-sure-the-city-stays-safe-after-12-april/

The reopening is on! Here's what York is planning to make sure the city stays safe after 12 April

5 Apr 2021 @ 6:16 pm YorkMix



A sign on Clifton Bings in York. Photograph: YorkMix

The Prime Minister has confirmed that the next stage of lockdown easing can go ahead.

At a press conference this evening (Monday), Boris Johnson said: "The net result of your efforts and of course the vaccine rollout is that I can today confirm that from Monday April 12, we will move to step two of our road map.

*Reopening shops, gyms, zoos, holiday campsites, personal care services like hairdressers and of course beer gardens and outdoor hospitality of all kinds.

By clicking "accept", you consent to the use of ALL the cookies.



Build confidence in the steps taken and what people need to do

Testing



City of York Council @CityofYork

Test and Trace contact tracers will call you if you've had a positive COVID-19 test result. They'll ask how you're doing and make sure you're aware of the help available whilst you self-isolate.

Help them help you - expect the call and answer the phone

york.gov.uk/LocalTracing



Tested positive for COVID-19?

Self-isolate and expect a call from a Test and Trace contact tracer.

They will ask you how you're doing and let you know what support is available.

Answer the phone to contact tracers

Symptom Free Testing made easy

- ✓ Booking a regular test
 - ✓ Collect tests to take at home
- Tests are available to book for in person testing or collect at:
- The York Leisure Centre at the York Stadium Leisure Complex
 - Foxwood Community Centre (open from 12 April)
 - York St John University
 - University of York
- Book your symptom-free test at york.gov.uk/SymptomFreeCovidTest

If you have symptoms or your symptom-free test comes back positive you should book a confirmatory PCR test through www.nhs.uk/coronavirus or by calling 119

Media coverage

- Direct communications to residents and responded to community facebook groups
- Promoted booking a symptom-free test to key groups
- Surge testing briefing for officers
- Signpost to web page for more information
- Surge testing sessions to update councillors on preparations

City of York Council @CityofYork

The Better Leisure Centre part of the York Stadium Leisure Complex, is the latest facility in York to offer symptom-free testing Find out more here york.gov.uk/news/article/5...

Help keep the people you love safe and stop the spread

To check you are eligible and book a test, please visit: www.york.gov.uk/SymptomFreeCOVIDtest

If you have coronavirus symptoms or you're self-isolating, instead visit: www.nhs.uk/coronavirus or call 119

Build confidence in the steps taken and what people need to do

#FeelRealYork Emotional and physical health

#FeelRealYork updated with tips on how to start meaningful conversations



Partner toolkit
Social
Press release issued on shielding lifting from 1 April
Wellbeing at work – York Head of Comms Group workshop



Keep those muscles working!
Get ready to start carrying



Sitting well can make you more supple
Keep active and strong - even if you're not moving



Use every chance to be active
Stretch yourself a little more daily to feel better

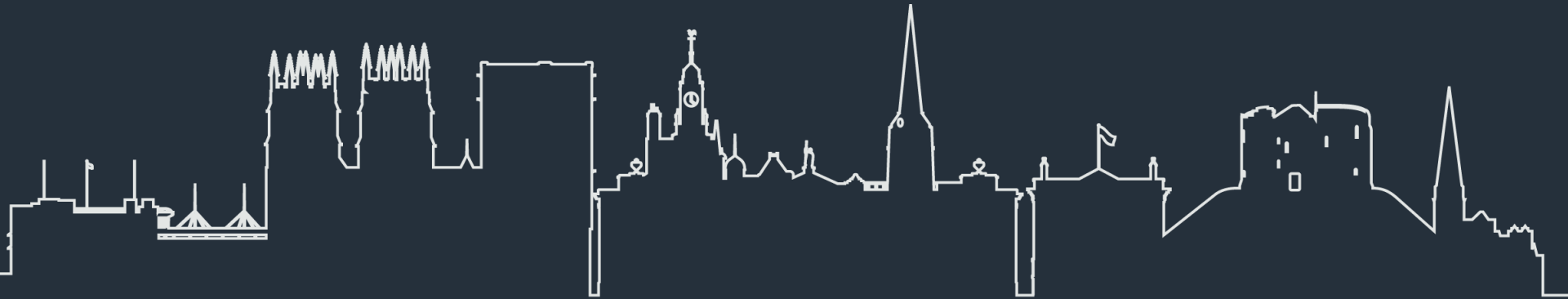


Our bodies are made to move
Keep active and strong to keep up with the kids



Phase 4

Safely recover



The staged plan

The trial will be in stages timed around key reopening dates:

1. Prior to 29 March – review the existing signage and propose changes. Signage will be revised and installed for 29 March and then 12 April.
2. Prior to 17 May – focus groups with businesses with outside space to understand their experiences about how people behave in the outside spaces and the impact the signage had/didn't have AND interview residents/visitors to the city about their experiences together with a city-wide survey for residents. The business insight will inform a second refinement of signage.
3. Prior to 21 June – tourist and resident insight will then further refine signage with recommendations about the interventions installed across the city
4. During the summer, we will poll businesses about how visitors are behaving in open spaces in light of the changes and whether the insight has made a difference.

Stage 1. PHE review existing signage

- PHE behavioural insight unit have reviewed previous/existing signage and made the below recommendations:
 - reduce content
 - focus only on the actions people should take (hands, space or face)
 - Note from 5 April, the Government will also recommend “air” although we don’t yet know what the behaviour is
 - use colour consistently, to act as a prompt
 - be more visible at the points people make decisions
 - Increase size of one-way signage
 - Put more prompts at bus stops or park benches or where people linger (not throughputs like car parks or cycle routes)
 - Reduce clutter - only display signage in locations that make a difference
 - Strengthen city walls signage using what has worked already (eg. exit/no entry signs)

Before

Let's be York
Opening up the city for everyone to enjoy – safely

We've made some changes through the city to help us all – *look out for signs and guides.*

Let's be safe
Wash our hands regularly
Observe social distancing – outside and inside
Let's protect each other

Let's be welcoming
We've opened up more pedestrian areas and spaces
Look out for one way walking streets and signs and maps to plan your routes
Let's park > walk > visit

Let's be considerate
Use the queue markings outside and inside shops
Respect each other
Be patient and show your support for local businesses while they adapt.
Let's support our businesses



Let's be York
Safe Welcoming Considerate

For more information and to help us open up York together, please visit our website: www.york.gov.uk/letsbeyork



After

Let's keep York open

HANDS

FACE

SPACE

Let's be York
Safe Welcoming Considerate

nhs.uk/coronavirus



Let's be York
Opening up the city for everyone to enjoy – safely

Let's travel safely on buses
Wear face coverings at all times
Use the queue markings at all bus stops


Let's be safe
Wash our hands regularly
Observe social distancing – outside and inside buses and buildings

Let's be welcoming
We've opened up more pedestrian areas and spaces
Look out for signs and maps to plan your routes

Let's be considerate
Use the queue markings outside and inside shops
Respect each other
Show support for drivers as we all adapt

For more information on bus and other travel in and around York, please visit www.travelinyork.info

Let's be York
Safe Welcoming Considerate



Catch it
Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

Bin it
Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

Kill it
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

Let's be safe

Let's be York
Safe Welcoming Considerate



We are now open for use


Let's be safe

Welcome.
Please follow social distancing guidelines
The closer we get to each other the more chance the virus has to spread.

Handwashing, face coverings and social distancing can all help prevent the spread of the virus.

Thank you

Let's be York
Safe Welcoming Considerate



Let's be safe

Avoid touching surfaces and handles

Use paper towels provided to enter/exit cubicles

Discard paper towels in the bins outside cubicles (not in the toilets).

Thank you

Let's be York
Safe Welcoming Considerate



We are now open for use

Let's be safe

The council is responding to play areas. Please read and follow this guidance for the safety of everyone using the play area.

1. This equipment is checked regularly for damage and wear and tear but is not certified or disinfected.
2. This is shared equipment, used at your own risk.
3. Do not use this equipment if you or any member of your household has coronavirus symptoms or are self-isolating.
4. Encourage everyone in your family to wash their hands with hand sanitizer regularly and a minimum before and after using the play area.
5. You must keep your distance from other children when they are from the same household. If you are unable to keep your distance please consider entering a play session.
6. Please do not consume food/drink in the play area.
7. Please dispose of your rubbish in bins provided or take it home with you.
8. Wash your hands when you get home.

We hope you enjoy using the play area and thank you for helping to keep everyone safe by always following these simple instructions.

Let's be York
Safe Welcoming Considerate



Let's keep York open

HANDS

FACE

SPACE


nhs.uk/coronavirus

Let's be York
Safe Welcoming Considerate

Let's keep York open

Keep 2 metres distance

Let's be York
Safe Welcoming Considerate



Let's keep York open

Wear a face covering

Let's be York
Safe Welcoming Considerate



Let's keep York open

Wash/sanitise your hands

Let's be York
Safe Welcoming Considerate



Let's keep York open

HANDS

FACE

SPACE

Let's be York
Safe Welcoming Considerate



Build engagement through conversation

25 March 2021

Held zoom webinar for business with outside space

- Promoted through corporate and partner channels
- 66 registered attendees

19-20 April 2021

Arranging 4 x focus groups for business with outside space to discuss direct with PHE behavioural science unit

30 April - 4 May 2021

Holding interviews with 30 residents and visitors

May – Our City survey for all residents

City of York Council Retweeted

 **NHS Vale of York CCG** 
@ValeofYorkCCG

Want to hear from behavioural experts about keeping consumers and staff safe? 

On Thursday 25 March, 3-4pm, the Public Health Behavioural Science & Insights Unit will share experience and knowledge on how to keep customers safe.



Reopening the city with behavioural insight
Hear from behavioural experts about keeping consumers and staff safe.
eventbrite.co.uk

Universities and Colleges Sub Group - Update for the Outbreak Management Advisory Board

Summary

This short paper provides a brief mid-Easter break overview for the Outbreak Management Advisory Board on how Universities and Colleges have been working with the City Council as we emerge from lockdown, including support for city-wide testing initiatives.

Detail

1. Step Two unlocking

Both Universities and colleges have been working closely with City Council colleagues to prepare for the next stage of easing of restrictions. The general step two measures do not have a significant impact on campus facilities other than allowing covid secure hospitality to resume in outside venues. We will keep in close touch with colleagues across both public health and other council departments as students return to hospitality venues across the city to ensure that covid secure measures are continuing to be adhered to.

While not linked to step two unlocking, we also expect post-Easter to see greater numbers of students returning to face to face teaching in-line with government guidance which allows for teaching to resume on some practical subjects. The Government has promised further details on the return of all other HE students "by the end of the Easter holidays" - which for some Universities is as early as the end of this week. Latest indications are that authorisation for in-person teaching for the final tranche of students (in classroom subjects in the humanities and social sciences) will be delayed until mid-May (which is after most teaching has finished for the year).

2. Testing and Isolation

As more social spaces unlock for students at both HE and FE institutions, regular testing will become increasingly important. Both Universities will continue to host mass asymptomatic testing sites jointly with the Council, and these sites are also now offering provision for the collection of home testing kits (as announced on Monday evening by the Prime Minister). We have also been told by the Departments of Health and Education that home testing kits will also be rolled out for students in HE, although precise details of how this testing regime will work are still to be confirmed. As well as encouraging access to testing, we will also be regularly reviewing our communications and engagement approaches to make sure that students and staff continue to follow the basic - but important - covid precautionary measures including use of face coverings, self isolation following symptoms or a positive test, and social distancing.

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