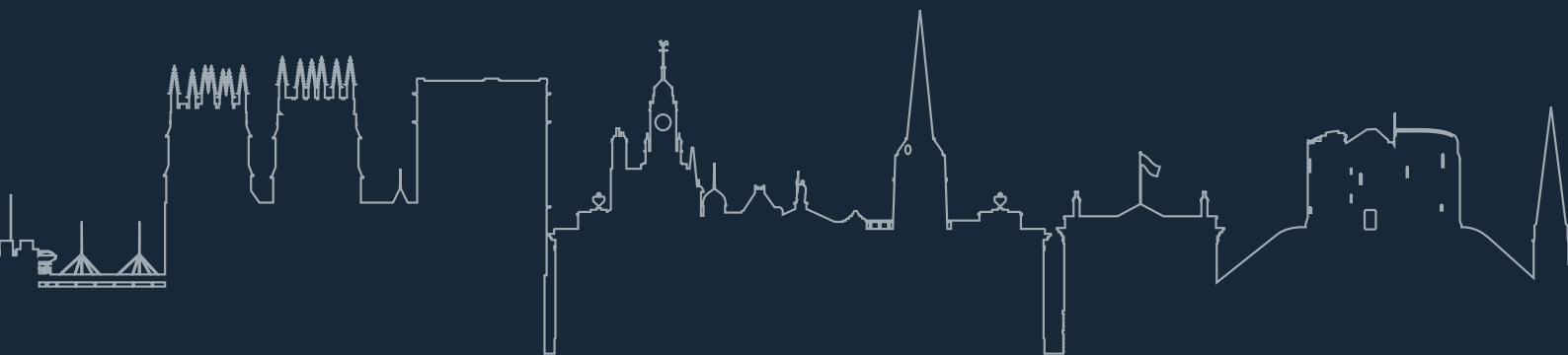CITY OF
YORK
COUNCIL

COVID-19
Outbreak Control Plan

Lead Directorate and service:
Department of Public Health
Health, Housing & Adult Social Care Directorate

Effective Date: 01 July 2020

Date Reviewed:

Date Due for Review: March 2021

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Contents

1 Introduction

Overview

A new (novel) coronavirus which came to be named SARS-CoV-2 was first identified in late 2019. This virus appeared to cause a respiratory-type illness of varying severity, now known as Covid-19. Over the last six months the virus has spread to cause a global pandemic, including in the UK. The first epidemic wave in the UK occurred in March, peaking in April. Since then the number of cases, hospital admissions and deaths from Covid-19 have all fallen steadily. It is anticipated that further epidemic waves will follow, therefore there is an urgent need for disease control measures to mitigate this.

The York Covid-19 Outbreak Control Plan sets out how local partners will work together to reduce transmission of Covid-19, prevent and manage outbreaks. This is a city wide plan and is being 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 will guide our approach and how we will deliver this for the people of York. Although it is recognised that many of the council services have an important part 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 and relevant UK Public Health agencies. 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.

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 already 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.

Contact tracing is only one component of the York Covid-19 outbreak plan and must link in with the full range of public health tools and techniques such as epidemiology and surveillance, infection control and evaluation.

Test and Trace

The UK Government launched the NHS Test and Trace service, which forms a central part of the government's Covid-19 recovery strategy, on 27th May 2020.
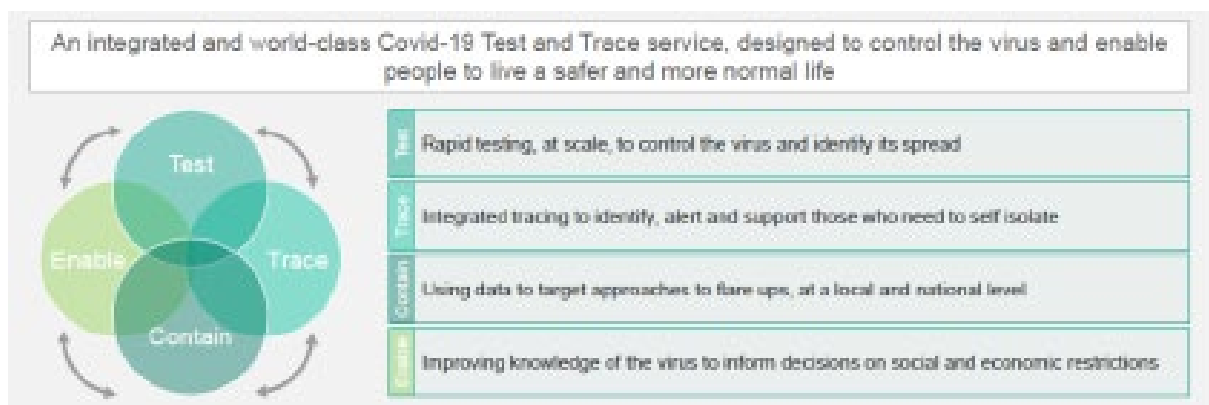
This is underpinned by effective planning and response strategies at a local level. The primary objectives of the Test and Trace service are to:

• Control the Covid-19 rate of reproduction (R),
• Reduce the spread of infection and
• Save lives.

Achieving these objectives requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

Local planning and response is an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. This Outbreak Control Plan sets out the local response within City of York based around the seven key themes set out below:

- Care homes and educational settings, including schools, colleges and universities
- High risk places, locations and communities
- Local testing capacity
- Contact tracing in complex settings
- Data integration
- Supporting vulnerable people to get help to self-isolate
- Local Boards and governance structures
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- Local Boards and governance structures
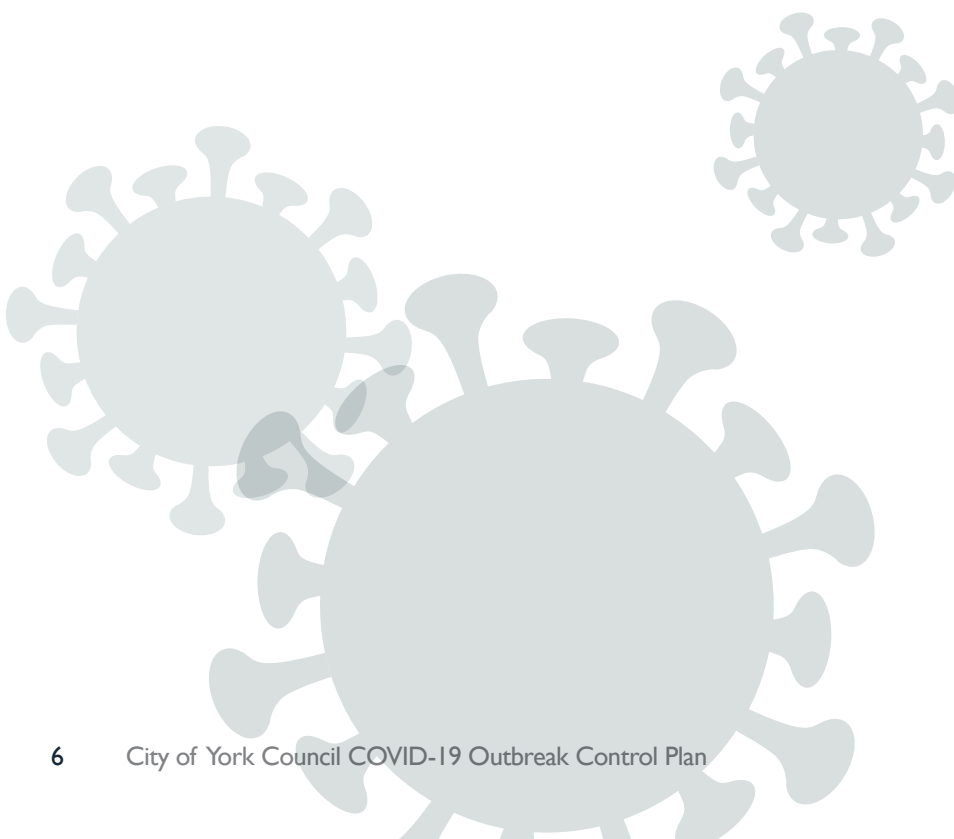
2 Aims and Purpose

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
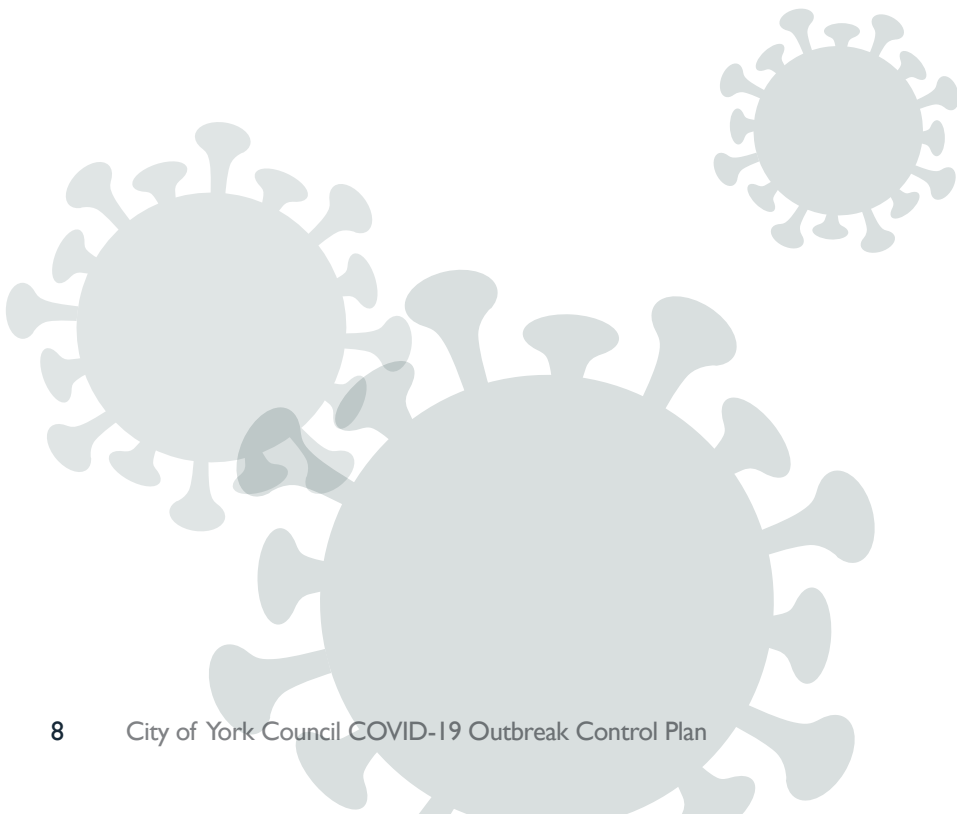
3 Background

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 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 organisation, 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.

Incubation period

Current evidence suggests that the incubation period (i.e. the time between acquiring the infection and becoming infectious) of Covid-19 ranges from 1-14 days (median 5).

Infectious period

Originally, individuals were considered to be infectious for as long as their symptoms lasted. However, there is now evidence to suggest individuals can be infectious without showing symptoms, and that those who do become symptomatic can be infectious for up to 48 hours before symptom onset. People experiencing mild illness should no longer be infectious 7 days from the onset of symptoms. However, people who are admitted to hospital with more severe illness, or people living in care homes (who are likely to have weaker immune systems due to age and frailty) are being advised to isolate for 14 days from symptom onset as they may have greater difficulty clearing the virus.

Severity of disease

It is not yet clear what proportion of the people who are infected with Covid-19 remain asymptomatic. Of those who develop symptoms around 80% will experience mild illness, around 14% will experience severe disease (with complications such as pneumonia) and 5% will have critical disease requiring intensive care treatment.

Mortality from Covid-19 is estimated to be around 1% overall. However, this varies with age, being highest in people aged 80 or over (7.8%) and lowest in children 9 and under (0.0016%).

Methods of spread

The main methods of transmission of Covid-19 are directly via respiratory droplets from infected individuals (e.g. through coughing or sneezing), or indirectly through contamination of surfaces by these infected respiratory droplets.

Human coronaviruses have been found to survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22 to 25°C and relative humidity of 40 to 50% (which is typical of air conditioned indoor environments). An experimental study using SARS-CoV-2 specifically reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper.

Covid-19 can also be spread via respiratory aerosol. This method of transmission occurs as a result of health care intervention – specifically aerosol generating procedures.

Reproduction rate

The reproduction number (R) is the average number of secondary infections produced by one infected person. An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable. If R is 2, on average, each infected person infects 2 more people. If R is 0.5 then on average for each 2 infected people, there will be only 1 new infection. If R is greater than 1 the epidemic is generally seen to be growing, if R is less than 1 the epidemic is shrinking.

R can change over time. For example, it falls when there is a reduction in the number of contacts between people, which reduces transmission.

R is not the only important measure of the epidemic. R indicates whether the epidemic is getting bigger or smaller but not how large it is. Other measures are taken into account such as the number of people accessing testing with symptoms and testing positive; hospital admissions due to Covid-19 and the number of deaths due to suspected or confirmed Covid-19 recorded on death certificates.

At the time of writing the latest R number range for North East and Yorkshire was 0.8 to 1.0.

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.

Socio-Economic deprivation

Deaths from Covid-19 have fallen disproportionately on the most deprived communities in England. The chart below shows deaths in the most deprived tenth of areas were 128.3 deaths per 100,000 population compared with 58.8 in the least deprived tenth of areas. Mortality in the more deprived areas is more than double that seen in the least deprived areas.

**Table 1:** Deaths by deprivation in England, 1st March to 31st May 2020
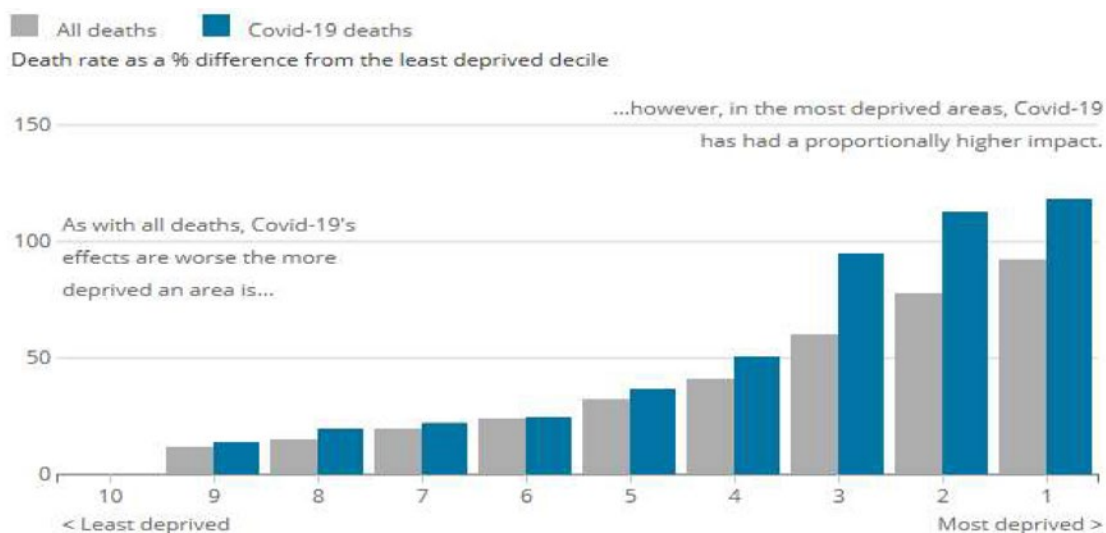
Source: Office for National Statistics – Deaths involving COVID-19

There is little information on Covid-19 inequalities in City of York because of the relatively low numbers of deaths. This section of the plan will be revised and updated as further information becomes available.

Table 2: Deaths by age group and sex, England & Wales, 1st March to 31st May 2020

Deaths involving COVID-19 registered between Week 1 and Week 24 of 2020 by sex and age group, England and Wales
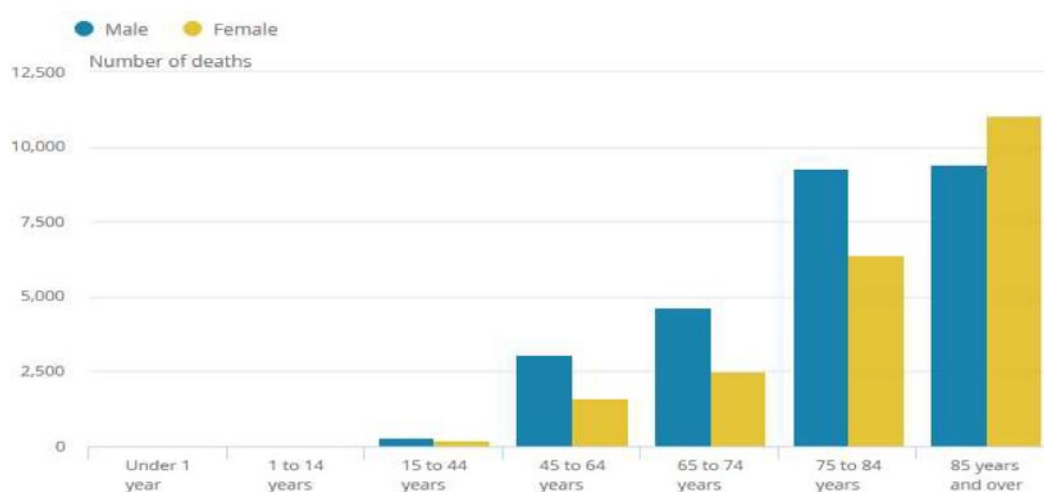
Source: Office for National Statistics – Deaths registered weekly in England and Wales

The average age of the people who have died from suspected or confirmed Covid-19 in York is 82.4 years with an age range of between 53 and 104 which is a slightly older age profile than the national average.

Ethnicity

Nationally we know that many people from Black, Asian and Minority Ethnic (BAME) groups are significantly more likely to die from Covid-19 than their white counterparts. The reasons for this are likely to be multifactorial and are not currently well understood. In the 2011 census, 94% of residents in York describe themselves as 'White British'; this is substantially larger than the national average. The largest minority ethnic group in York is Chinese; this is partly due to the large number of international students. The majority (91%) of residents in York were born in the UK. Trends over the last two decades indicate that York is becoming more ethnically diverse and this trend is expected to continue.

Disability

Nationally, those whose daily activities are limited or have pre-existing medical conditions such as diabetes and heart disease are significantly more likely to die from Covid-19 compared with those who are in generally good health. There is no information currently on the disability status of Covid-19 patients in City of York.

National context

At the time of writing this report, globally cases now exceed 8.9 million, with over 400,000 deaths. The UK has the 5th highest total cases globally and the 3rd highest number of deaths in the world. The UK is approximately 2-3 weeks behind Italy on the epidemic curve. The Italian outbreak took off in the last week of February and appeared to peak on 29 March. For the UK, the epidemic escalated in the second week of March, and the curve peaked on 15 April. Chart 1 below shows the COVID-19 new cases 7 day rolling sum for Italy and the UK over the period February 2020 to June 2020.

Chart 1

COVID-19 new cases, 7 day rolling sum, Italy and UK, 2020

● Italy 7-day rolling new cases   ● UK 7-day rolling new cases
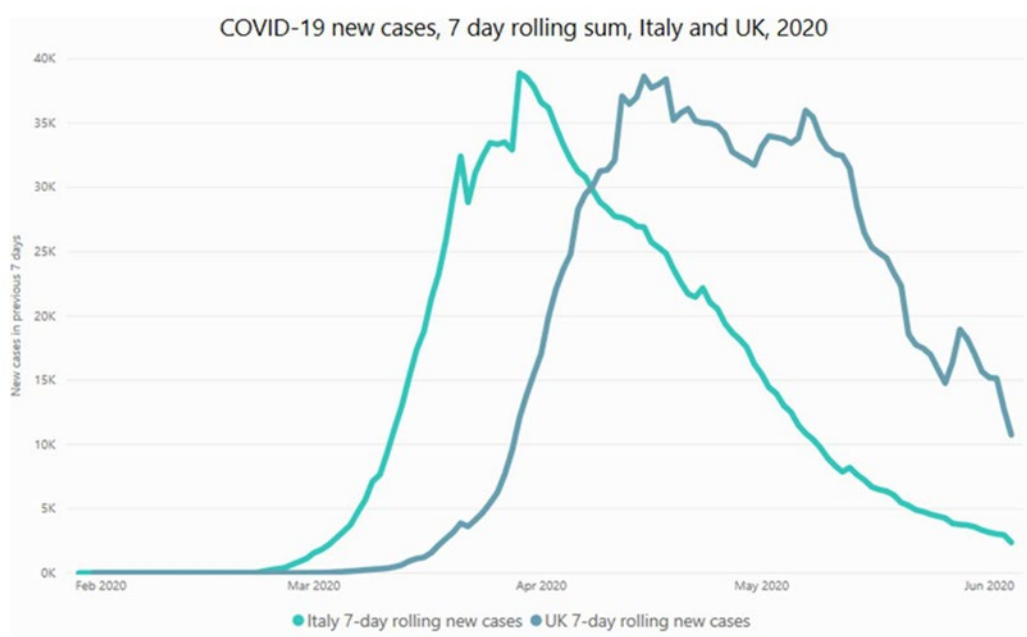
Public Health England data shows there were 305,289 lab confirmed cases in the UK on 21 June, up by 958 from the previous day. The number of lab-confirmed cases in England on 21 June was 159,118.

Chart 2

Daily number of lab-confirmed cases in England by specimen date
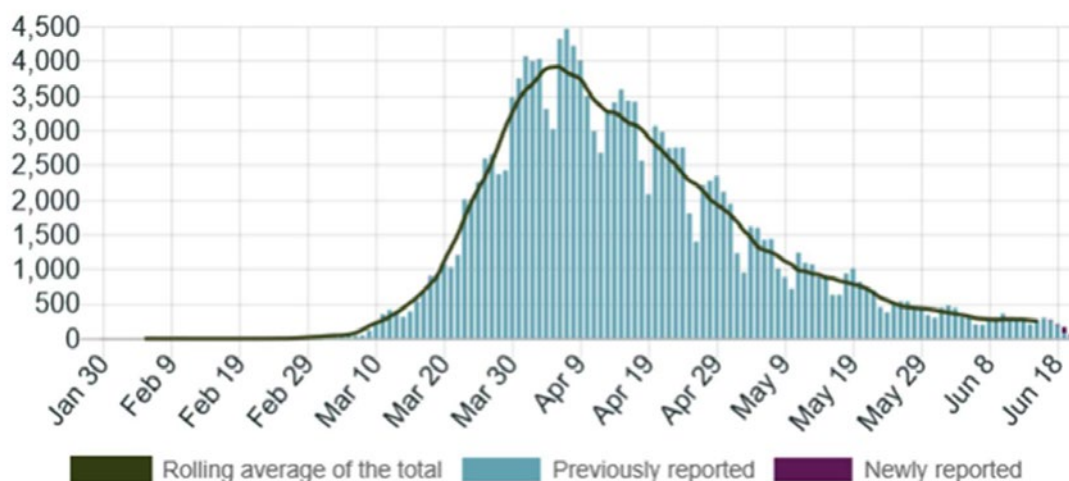
Please note that this refers to data from Pillar 1 testing only.

City of York context

As at 26 June 2020, York has had 463 cases confirmed through the Pillar 1 (tests carried out in NHS and PHE laboratories) a rate of 220.6 per 100,000 population. This compares with an England rate of 285.8 and Yorkshire and Humber rate of 278.8.

City of York Council has recently been given access to Pillar 2 testing data (tests carried out through commercial providers). As at 24 June 2020, York has had 420 confirmed cases in total, a rate of 200.1 per 100,000 population.   The England rate is 136.5 and the Yorkshire and Humber rate is 232.1.

When we look at Pillar 1 and Pillar 2 data combined as at 24 June 2020 York has had 883 confirmed cases of Covid-19, a rate of 420.7 per 100,000 population compared with an England rate of 421.3 and Yorkshire and Humber rate of 509.8.

Chart 3

Chart 3 looks at the peaks in Covid-19 new cases, hospital bed occupancy, deaths and care homes with current infections for the period 17 March 2020 to 25 June 2020. The yellow line indicate the rolling 7 day average of new cases through the pillar 2 resting programme. The dark blue line shows the number of care homes with current Covid-19 infection.

Peaks in local covid new cases, bed occupancy, deaths & care homes with current infection.
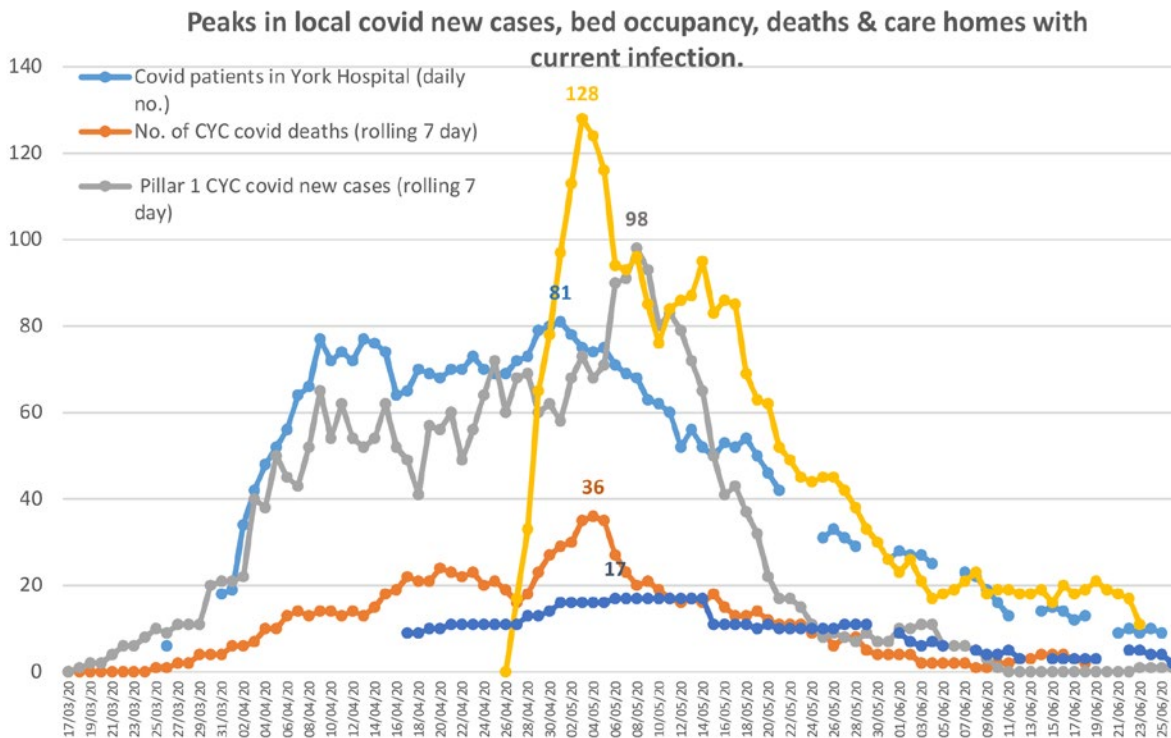
Responsibilities

National Responsibilities

Many of the responsibilities for outbreak management (including Covid-19) sit at national 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 children's social care 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/regional 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
- 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 Tier 1 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.

Local Health Protection System simplified diagram
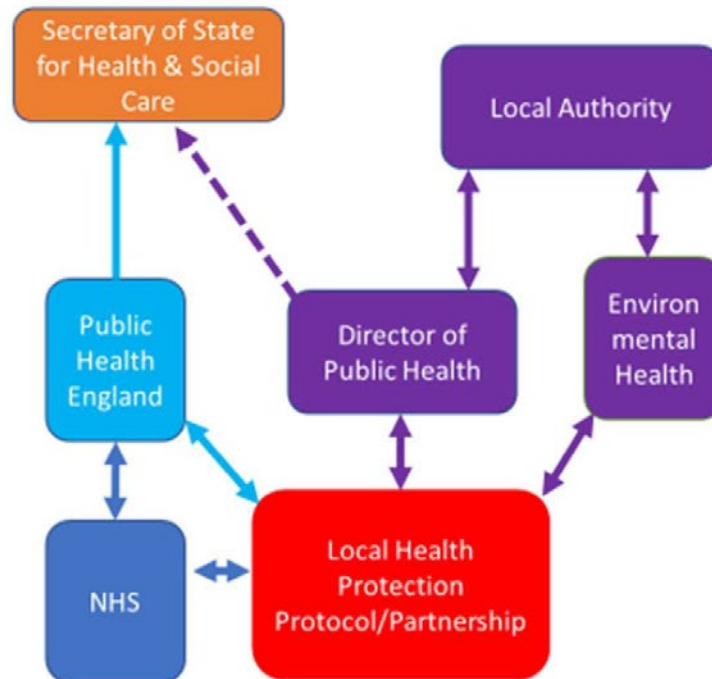
4 Mobilisation and delivery of the plan

At the national level, PHE runs the Contact Tracing and Advisory Service (CTAS). Where a person develops symptoms they should contact the national Test and Trace service to request a test. Where the test is positive the individual will be required to share their contacts via the NHS website or one of the contact tracing team will make contact via telephone. Based on the information provided the contact tracer will assess whether contacts need to be alerted. Complex cases will be referred to local Public Health experts.

PHE are also responsible for producing training materials, reports and operating procedures. These operating procedures will be used in order to inform and develop the local response in specific settings.

At a regional level, the Association of Directors of Public Health (ADPH) regional networks will work with PHE regions on a footprint of nine areas across the country, City of York Council works with PHE North Yorkshire and the Humber Health Protection Team. Sharon Stoltz, Director of Public Health is the named contact responsible for linking in with the regional PHE team in relation to contact tracing for City of York.

At the local level, the 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.

The diagram below shows how the 3 tiers work together. It is anticipated that the majority of contact tracing will be completed by the national team, as described in tier 2 and tier 3. However in some case the local Health Protection Team will take the lead on contact tracing with support from the local authority, as described in Tier 1a. Where cases are extremely complex and require a local response these will be led by the local authority, alongside the PHE Director and the LRF, as described in Tier 1b.
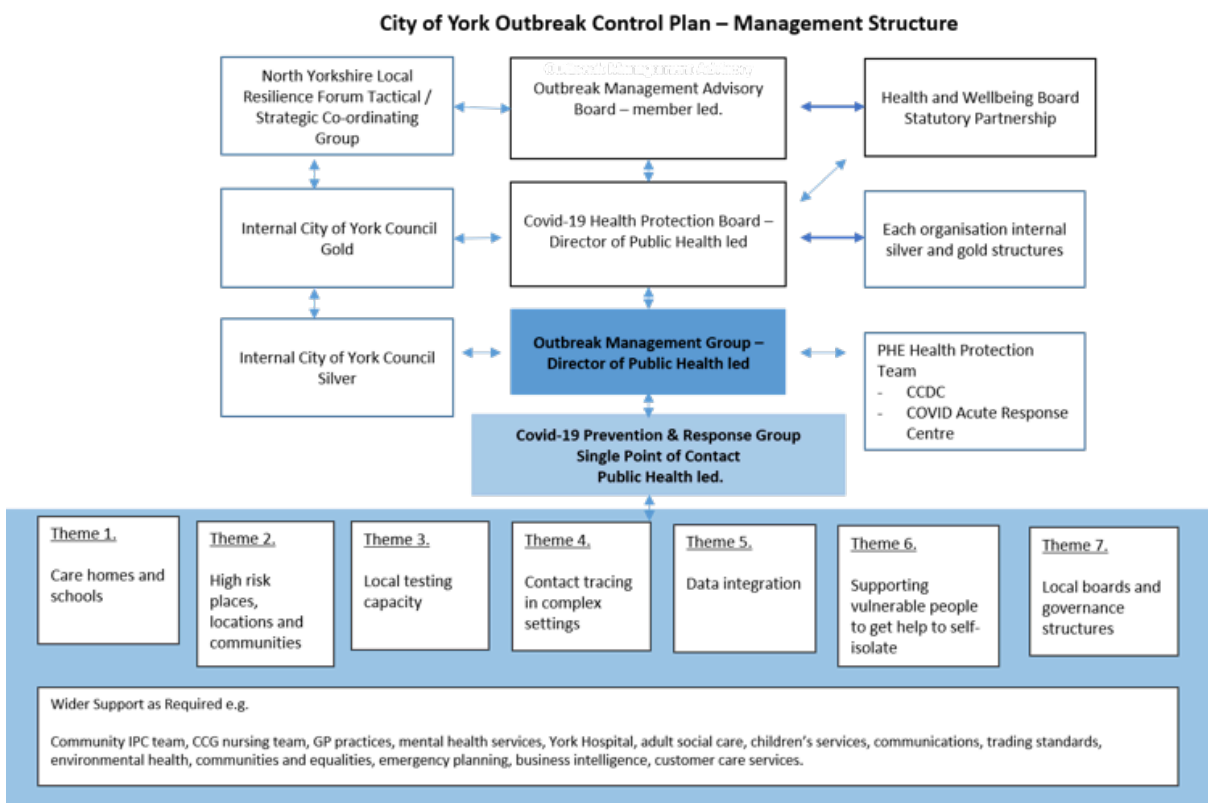
Figure 2
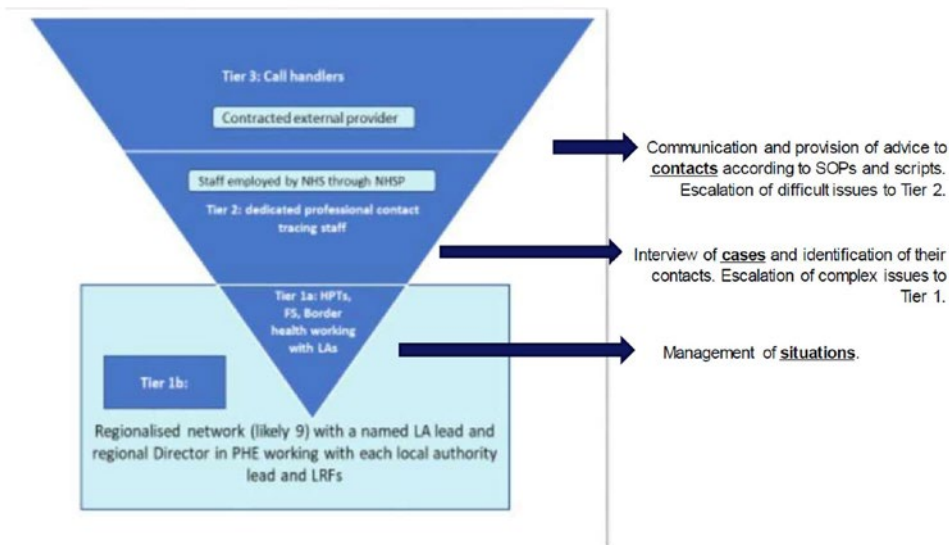
Governance & Management Structure

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

Figure 3. City of York Covid-19 Outbreak Control Plan Management Structure

City of York 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. It remains unknown how long it will be before a vaccine or effective treatment is available. 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 will be formally established from July 2020 onward and is currently expected to operate for 12-18months. 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 second wave.
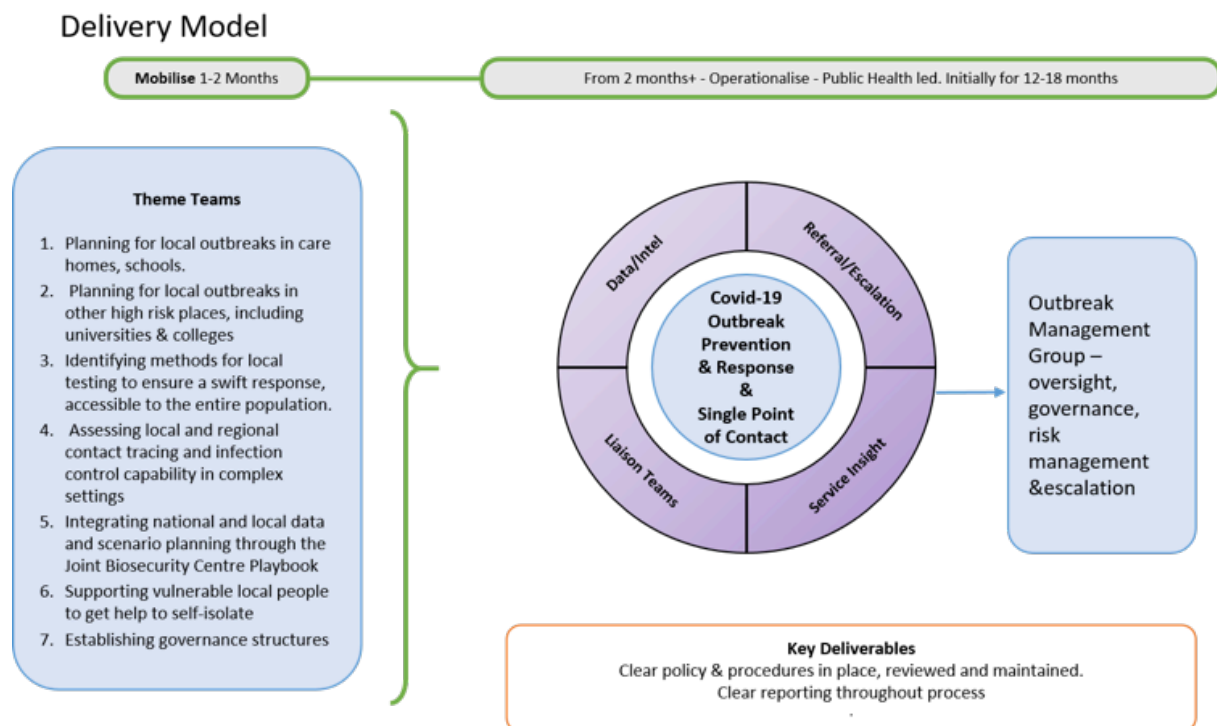
Each of the seven themes has a Public Health Specialist lead. For each theme there will be a core team to support delivery; the exact make up of these teams will vary depending on who is most appropriate for each theme. Wherever possible we will use existing groups / mechanisms to make the most efficient use of limited capacity.

The Covid-19 outbreak prevention and response and Single Point of Contact will be responsible for taking forward the seven 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 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 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, the criteria which would trigger the need to escalate a situation to the Board is still in development and will be approved by the Board in due course.

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.

Test & Trace – locally

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 laboratory testing (all those with symptoms and, if resources allow, asymptomatic high-risk exposure contacts as defined below).

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 Minister of State for the Department of Health and Social Care has allocated a ring-fenced grant to Local Authorities on 10 June 2020. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully 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 a basis for proportionately distributing the funding. City of York Council received £733,896.

National guidance requires local authorities with public health responsibilities to double their existing health protection capacity. The Outbreak Management Group have therefore developed initial 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 contact tracing resource
- Data and intelligence
- Communications

The allocation of the grant will be subject to the necessary approvals.

National Lockdown

The UK government imposed the lockdown on the evening of 23 March 2020 in order to prevent the spread of Covid-19. Significant restrictions were placed on the UK including the closure of schools, non-essential shops and businesses, restricting non-essential travel and requiring the majority of the UK population to remain at home.

Localised Lockdown

As part of the development and implementation of the local Outbreak Control Plan the Government has indicated the potential for local lockdowns. Under the plans, the new Joint Biosecurity Centre is expected to use data and analytics to identify risks in order to offer advice. Most interventions are expected to be at local level, with councils potentially called upon to close down towns or a few streets.

Currently, lockdown powers sit with ministers however there is a potential that responsibility may be passed to councils. Further details about how this might be implemented are awaited but we will use the experience of other areas such as Leicester who have recently had a local lockdown in order to develop our plans in the event that this is required in York at any point during the course of the pandemic.

5 Overview of Seven 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	• Designated senior public health officer.
Theme Team	**Support to care homes:** • 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 **Support to schools:** • Children Services Team – Education Advisors, Early Years, Inclusion, Adult Learning and Health & Safety, Public Health Officers

Theme Description

Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).

Theme Objective

What are we going to achieve
- 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.

THEME 1 – CARE HOMES & SCHOOLS

Operating Scope

- 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

Provide key milestones to achieve the objectives

- Supporting people and settings to remain isolated by providing practical support and guidance on infection control.
- A KPI dashboard is being developed to enable daily monitoring of key data metrics
- Care homes – continuation of::
  - Daily calls to care homes from contact worker
  - Care home liaison through adult social care commissioning team
  - Monday to Friday gold care home meeting, weekends by exception
  - Escalation to Local Resilience Forum as required
  - Care home testing and prioritisation framework
  - 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
- Schools – School plans are in development in collaboration with CYC Education Colleagues.
  - Development of 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.
  - Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.
- Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed Covid-19 case in their setting.

THEME 1 – CARE HOMES & SCHOOLS

Measurement

Critical data which will be monitored
- Care homes data on categorisation (updated daily)
- 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
- Proportion of care homes that have been able to access whole home testing
- Daily updates on numbers of suspected/confirmed cases in schools
- Number of outbreaks in schools.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan
- 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.

Accountability Structure:	• Outbreak Management Group • Care home Silver (internal) and Gold (multi-agency) meetings • Linking into the wider Outbreak Control Plan governance & management Structure – City of York

THEME 2 – HIGH RISK PLACES, LOCATIONS AND

Theme Lead	• Designated senior public health officer
Theme Team	**Support to businesses / workplaces:** • Public Health Officers • Public Protection (EHO and Trading Standards) • Health & Safety • Federation of Small Businesses • York Business Improvement District (BID) • Local Enterprise Partnership (LEP) **Support to accommodation settings:** • Public Health Officers • Housing Officers • Others as appropriate **Support to Colleges and Universities:** • Public Health Officers • Vale of York CCG • Others as appropriate **Support to other High Risk settings such as Hospitality, Leisure and Tourism:** • Public Health Officers • CYC Officers in economy & place • Public Protection (EHO and Trading Standards) • LEP / BID / Make it York

Theme Description

Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).

Theme Objective

What are we going to achieve
- Define complex, high risk settings, cohorts, scenarios of relevance to CYC
- Risk assess by likelihood of impact
- Ensure high risk settings have access to accurate, evidence based information relating to infection control and managing outbreaks
- Prevent spread of Coronavirus in these settings
- Supporting people and settings to remain isolated by providing practical support and guidance on infection control.
- Proactive approach to preventing outbreaks by identifying and supporting high risk settings and cohorts.

THEME 2 – HIGH RISK PLACES, LOCATIONS AND

- Effective local plans are in place 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.
- Preventative measures implemented.
- 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

Operating Scope

Specific High risk / complex settings:
- **High risk Employer / businesses settings that are 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.
- **High risk communities – see theme 6 Vulnerable people** Homelessness; Gypsy & traveller; Military; BAME; Substance misusers.

Plan

Provide key milestones to achieve the objectives
- A KPI dashboard is being developed to enable daily monitoring of key data metrics
- Tailored communications strategy for targeting specific group/cohorts and high risk / vulnerable groups/ communities is being developed to ensure effective engagement.
- 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.
- PH team and LEP and Trading Standards work together to utilise existing relationships with workplaces within City of York to proactively manage infection control.
- Prevention approach – Work with high risk communities to proactively to prevent outbreaks and strengthen communication channels.
- Work with high risk workplaces/ business to prevent outbreaks and strengthen communication channels
  - 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.

THEME 2 – HIGH RISK PLACES, LOCATIONS AND

- Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.

Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed Covid-19 case in their setting.

Measurement

Critical data which will be monitored (will add once these have been confirmed)

- 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.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Timely access to the national data dashboard.
- Robust mechanism to access timely testing.
- Clear operating procedures in relation to the "hand-off" of cases

Accountability Structure	Outbreak Management Group Linking into the wider Outbreak Control Plan governance & management Structure – City of York

THEME 3 – LOCAL TESTING CAPACITY

Theme Lead	• Designated senior public health officer
Theme Team	• Public Health Officers • Emergency Planning • LRF testing workstream

Theme Description

Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).

Theme Objective

What are we going to achieve
- Expansion of existing local testing to support test and trace
- Additional testing facilities which provide different access routes to people for testing.
- Ability to provide fast response testing in high risk location(s) e.g. outbreak in school/ care home/ workplace.
- Timely pathway from requesting; accessing and receiving results to ensure timely action.
- Clear and timely communications are in place.

Operating Scope

- Within City of York Council boundary
- Student population across 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.

Plan

Provide key milestones to achieve the objectives
- Data dashboard developed which enables daily monitoring of key data metrics.
- Utilisation of York pseudo-satellite testing unit (PSTs)
- Access Amazon supply portal to enable nominated people to access bulk orders of supplies i.e. to support testing in care homes and home testing capacity.
- Monitor swabbing (and antibody testing) capacity in Pillar 1
- Continuation of rotational mobile testing units across the city under the direction of the DPH.
- Understand and support roll out of antibody testing as appropriate
- Support national surveillance testing, including schools surveillance.

THEME 3 – LOCAL TESTING CAPACITY

Measurement

Critical data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- Testing pathway currently not as timely as it needs to be (from requesting test through to receiving results) in order to enable effective public health action.
- Still issues with high numbers of void tests (although decreasing)
- No modelling data currently available – therefore an element of uncertainty in relation to resource which may be required to the local response.
- Developing local data metrics to ensure daily monitoring.

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

THEME 4 – CONTACT TRACING IN COMPLEX SETTINGS

Theme Lead	• Dedicated senior public health officer
Theme Team	• Public Health Officers • Environmental Health Officers • Option to request support from IPC and TB service, sexual health if surge capacity needed

Theme Description

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).

Theme Objective

What are we going to achieve
- Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible.
- 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

On 28th May 2020 the Government announced the start of the national NHS Test & Trace programme. The T&T programme has 3 tiers:
- 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

Whilst the core contact tracing elements will be managed by the regional and local T&T teams as above, there is a significant role for local authorities and partners to support the overall programme. This will focus on:

THEME 4 – CONTACT TRACING IN COMPLEX SETTINGS

- 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

Provide key milestones to achieve the objectives
- A KPI dashboard developed which enables daily monitoring of key data metrics.
- 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.
- Developing proposals to increase capacity and provide training to contact tracers on Covid-19 specific contact tracing.
- Provide clarity on how/when contact tracers will be asked to work as part of Covid-19 outbreak response teams on contact tracing
- Mutual aid will continue to be sought from North Yorkshire and York partner organisations.

Measurement

Data will be monitored (will add once these have been confirmed)
- Log of all outbreaks/cases/incidents referred into outbreak management team

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan
- 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.
- The ring-fenced budget will be insufficient to cover the actual costs of management of prevention and response to the pandemic.
- Re-examine the mechanism for the outbreak management team to share confidential information directly with PHE (T&T Tier 1).

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

THEME 5 – DATA INTEGRATION

Theme Lead	• Dedicated senior public health officer.
Theme Team	• Business Intelligence Hub • Outbreak Management Group • Test & Trace Hub • Information Governance

Theme Description

Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).

Theme Objective

What are we going to achieve

- 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 to national data on test and trace
- 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.
- A Data Protection Impact Assessment (DPIA) has been completed 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) will also be set up for each external organisation with whom data is being shared, ensuring a secure mechanism is in place for the transfer of data.

Operating Scope

Access to national datasets is an evolving area and the details are still unclear at this point.

Work is underway locally to utilise the existing datasets which are being monitored in relation to Covid to ensure visibility of key data metrics to ensure effective and timely management.

THEME 5 – DATA INTEGRATION

Where there is currently no formal system for capturing data, localised spreadsheets are being established to ensure timely monitoring. These new process will be reviewed on an ongoing basis through the data integration theme. Reconciling different data recording will be important in ensuring high quality data and avoiding duplicating data entry.

Plan

Provide key milestones to achieve the objectives
- Data dashboard developed which enables daily monitoring of key data metrics.
- Expect to be fed information from the Joint Biosecurity Centre about the local picture e.g. hotspots, local R rate.
- Standards around common data schema to inform recording across all themes.
- Locally need to look at potential developments for a secure database to hold all data and support reporting.

Measurement

Critical data which will be monitored
- A number of Covid-19 indicators are currently being monitored
- Although the initial peak has passed, covid-19 indicators are being monitored daily including new data on symptomatic patients, to help provide an early indication of a possible second wave.
- A number of Covid-19 public health indicators are published on York Open Data. These are
  - Daily and cumulative new Pillar 1 diagnosed cases in York.
  - Cases per 100,000 of population for York and England
  - Daily and cumulative deaths from covid-19 at York Hospital
  - Weekly number of covid-19 deaths for CYC residents from local registrar data.
  - Weekly number of covid-19 deaths for CYC residents from data supplied by the Office for National Statistics (ONS).
  - Narrative breakdown of deaths by age and gender and location.

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan
- Need for clarity about national data sets and data sharing agreements, which also work effectively in local contexts (e.g. workplaces).
- The dashboards / data intelligence products need to provide the key information that enables the outbreak management group to be quickly informed of the analysis to support timely and evidence based decision making.

THEME 5 – DATA INTEGRATION

- Timely access to accurate data is crucial. Failure to record accurate information could quickly result in the virus spreading.
- Appropriate use of language and terminology e.g. clusters and outbreaks.
- Failure to monitor the data will result in a delayed response to potential outbreaks. This is being mitigated through support by business intelligence.

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

THEME 6 – VULNERABLE PEOPLE

Theme Lead	• Designated senior public health officer
Theme Team	• Communities and Equalities Team • Housing & Community Safety Team • Local Area Co-ordinators • Community & voluntary sector

Theme Description

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.

Theme Objective

What are we going to achieve

- 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

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.

THEME 6 – VULNERABLE PEOPLE

Through existing relationships with the community and voluntary sector, swift mobilisation of a community response to Covid will be possible.

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:

- 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
- 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.

Plan

Provide key milestones to achieve the objectives
- 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:
  - Practical or social support for themselves;
  - Support for someone they care for
  - Financial support.

THEME 6 – VULNERABLE PEOPLE

- 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.

Measurement

Critical data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan

- 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:
  - Tier 1 - The community support organisations
  - Tier 2 - CYC registered volunteers
  - Tier 3 – Members of CYC staff and / or other public sector staff

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.

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

THEME 7 – LOCAL BOARDS

Theme Lead	• Director of Public Health, City of York Council
Theme Team	• Democratic Services • Health and Wellbeing Board Partnerships Co-ordinator

Theme Description

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.

Theme Objective

What are we going to achieve
- 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 were updated in May 2019. Where appropriate and possible existing governance will be used to manage our response.

Plan

Provide key milestones to achieve the objectives
- 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 commutation 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.

THEME 7 – LOCAL BOARDS

- **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:
  - 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

Data which will be monitored (will add once these have been confirmed)

Critical Risk/Issues/Mitigations

Critical risks/issue to successful delivery/ achievement of the theme objectives and plan
- Public health workforce capacity

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

6 Communications

We will communicate simple and clear preventative measures to our staff, residents, schools, local employers and businesses and ensure that these are updated as new guidance and information is developed.

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 the process of being developed. The strategy will encompass 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.

A detailed communication plan will be developed with all key partners which will be overseen by the Outbreak Management Advisory Board

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Appendices

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
Cluster	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days.
Outbreak	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 (higher threshold for outbreaks compared to clusters)

	Criteria to declare	Criteria to end
	And one of:	
	Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case	
	Or	
	(When there is no sustained community transmission or equivalent JBC risk level) – absense of alternative source of infection outside the setting for initially identified cases.	

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
Outbreak	Two or more confirmed cases of Covid-19 OR clinically suspected cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. NB. If there is a single laboratory confirmed cases, this would initiate further investigation and risk assessment.	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**
Outbreak in an inpatient setting	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. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days.
Outbreak in an outpatient setting	Two or more confirmed cases of Covid-19 among individuals associated with a specific setting with onset dates within 14 days. AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for > 15mins)) during the infectious period of the putative index case OR (When there is no sustained community transmission or equivalent JBC risk level) – absense of alternative source of infection outside the setting for initially identified cases.	No confirmed cases with onset dates in the last 28 days in that setting.

Other Definitions

Possible case	New persistent cough OR fever (over 37.8) OR change or lack of sense of smell or taste.
Confirmed case	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 11 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 Council COVID-19 Health Protection Board

Terms of Reference (TOR)

Background	Managing the current pandemic of COVID-19 presents considerable challenges in York as for the rest of the country. 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.
Purpose	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. 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. The Board will monitor outbreak management and epidemiological trends across York. 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. 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.

Terms of Reference (TOR)

Scope	Topics that are within the scope of the Board include, but are not restricted to: • 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	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

Terms of Reference (TOR)

	• 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, and Wear Valley Mental Health Trust to account in terms of their health protection responsibilities.
Meeting Arrangements	• 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	To be quorate the meeting must include: • Director of Public Health (Chair) or his/her deputy • Vale of York Clinical Commissioning Group representative • 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

Terms of Reference (TOR)

	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 4
City of York Council Outbreak Management Advisory Board Terms of Reference (TOR)

Terms of Reference (TOR)	
Context	NHS Test and Trace programme across England, with equivalent programmes being developed across the UK. 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. 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. 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.
Purpose	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 Test and Trace programme. To advise and inform the development of City of York Council's outbreak management plan and the local Test and Trace programme, reflecting the views of different communities and sectors across the city. To engage and communicate with the public about Covid-19, outbreak management and Test and Trace

Terms of Reference (TOR)

	To ensure that statutory bodies are able to make informed decisions in relation to outbreak management and Test and Trace within City of York and that such bodies retain their own decision making processes.
	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.
	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.
	Through these updates it will provide public oversight of progress on the implementation of the Test, Trace, Contain stages.
	It will also ensure that communications build on existing good practice and that lessons learned from other geographies are taken into account.
	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.
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.

Terms of Reference (TOR)

Quorum	To be quorate the meeting must include: • The Leader of the Council, (Board Chair); or • Chair of the Health and Wellbeing Board (CYC Elected Member) (Deputy Board Chair); • AND • 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	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. 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. Given the potential emergency nature of the Board's business, final papers will be distributed 24 hours before each Board. Any emergency items may be agreed with the Chair within three hours of the next Board meeting. 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, it recommendations will be communicated widely as deemed appropriate.

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

Board membership

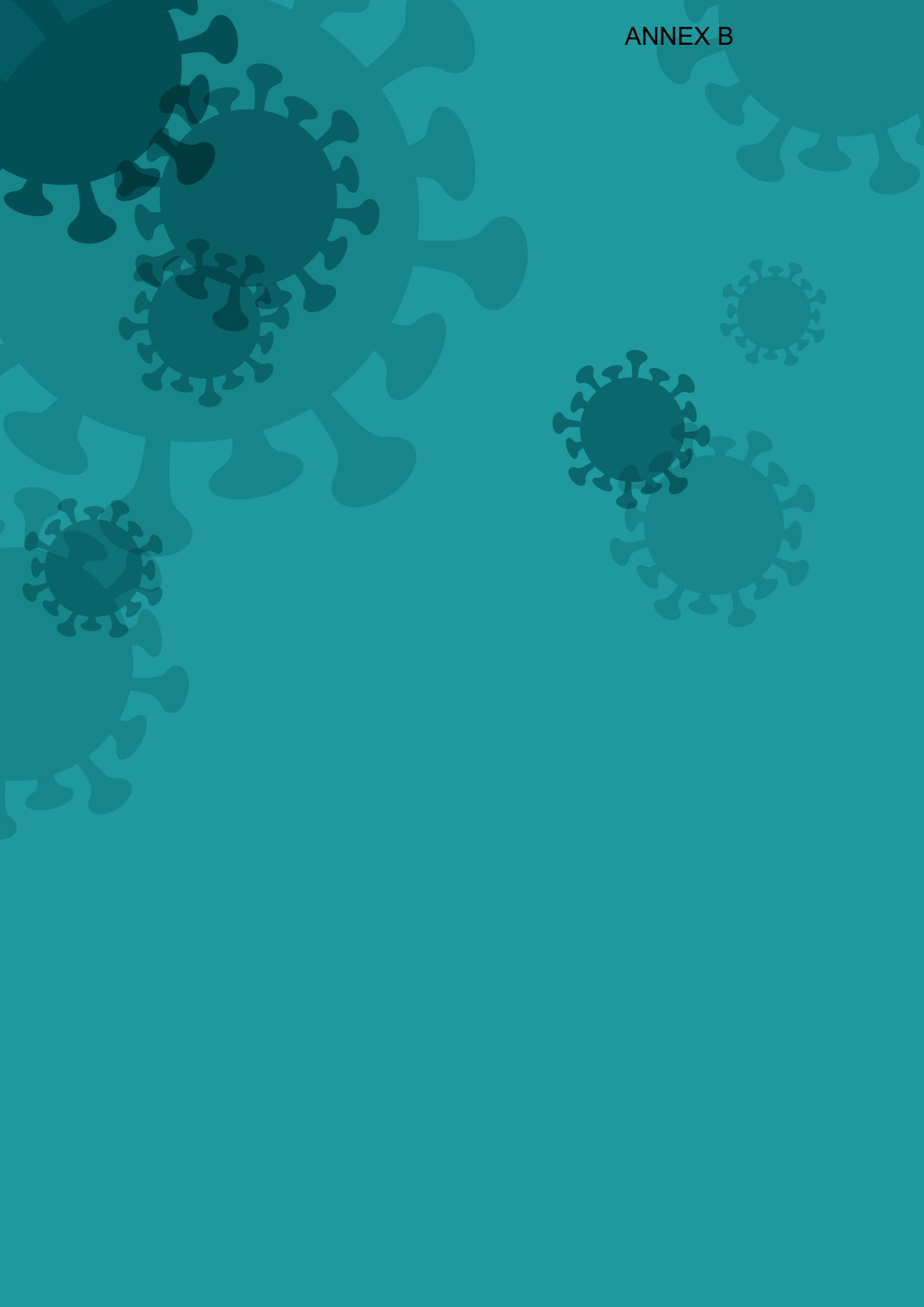| Professor Charlie Jeffery	Vice-Chancellor and President	University of York	Further / Higher Education
James Farrar	Chief Operating Officer	York, North Yorkshire & East Riding Local Enterprise Partnership	Business Representative
Marc Bichtemann	Managing Director	First Group	Transport Representative
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
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