



City of York COVID-19 Outbreak Management Plan

Lead Directorate and service:	Directorate of Public Health City of York Council
Effective Date:	01 July 2020
Date Reviewed and Updated:	March 2021
Date Due for Review:	March 2022
Contact Officer:	Sharon Stoltz
Contact:	Sharon.stoltz@york.gov.uk
Approved By:	Sharon Stoltz, Director of Public Health

Contents

Contents.....	2
1. Introduction.....	3
Overview	3
Context.....	4
2. Aims and Purpose.....	5
Aims	5
Our Principles and Approach	5
3. Background.....	6
Outbreak Management.....	6
Epidemiology.....	7
Inequalities.....	8
The Impact of Covid-19 in City of York.....	8
Responsibilities	14
4. Mobilisation and delivery of the plan	16
Governance & Management Structure.....	16
Operationalising the Outbreak Control Plan – City of York	17
Escalation of response	19
Outbreak Management Advisory Board	19
Data Sharing.....	19
Testing Strategy and Local Capabilities.....	20
Local Testing Capacity	21
Local Contact Tracing.....	21
Funding Allocation	22
5. Overview of the Core Themes	24
THEME 1 – CARE HOMES & SCHOOLS.....	25
THEME 2 – HIGH RISK PLACES, LOCATIONS AND COMMUNITIES.....	27
THEME 3 – LOCAL TESTING CAPACITY including Surge Testing	30
THEME 4 – CONTACT TRACING	32
THEME 5 – DATA INTEGRATION	34
THEME 6 – VULNERABLE PEOPLE.....	36
THEME 7 – LOCAL BOARDS	38
THEME 8 - VACCINATION PROGRAMME	
6. Communications and Engagement.....	42
Appendices	

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 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

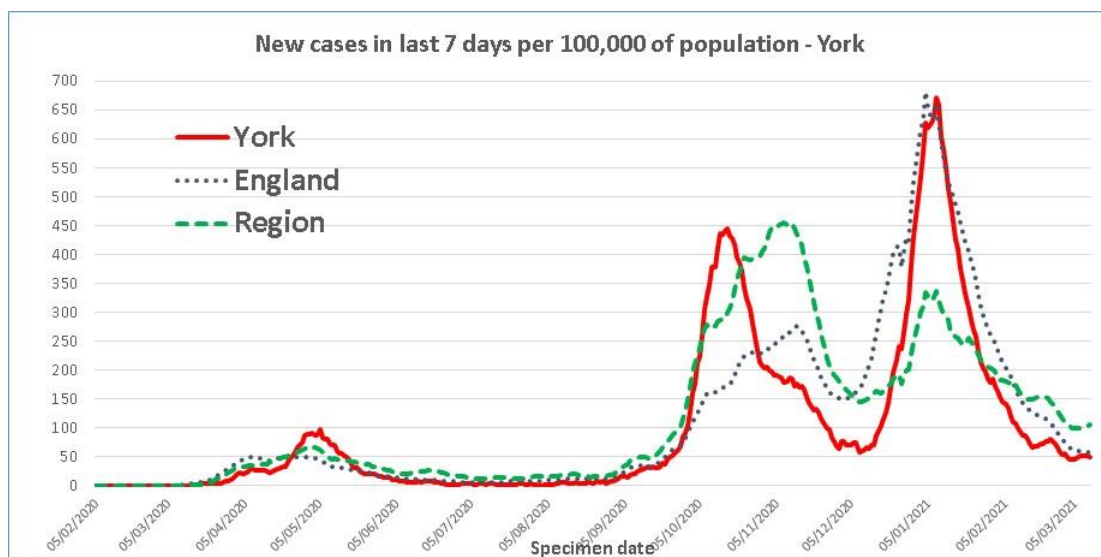


Chart 2

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

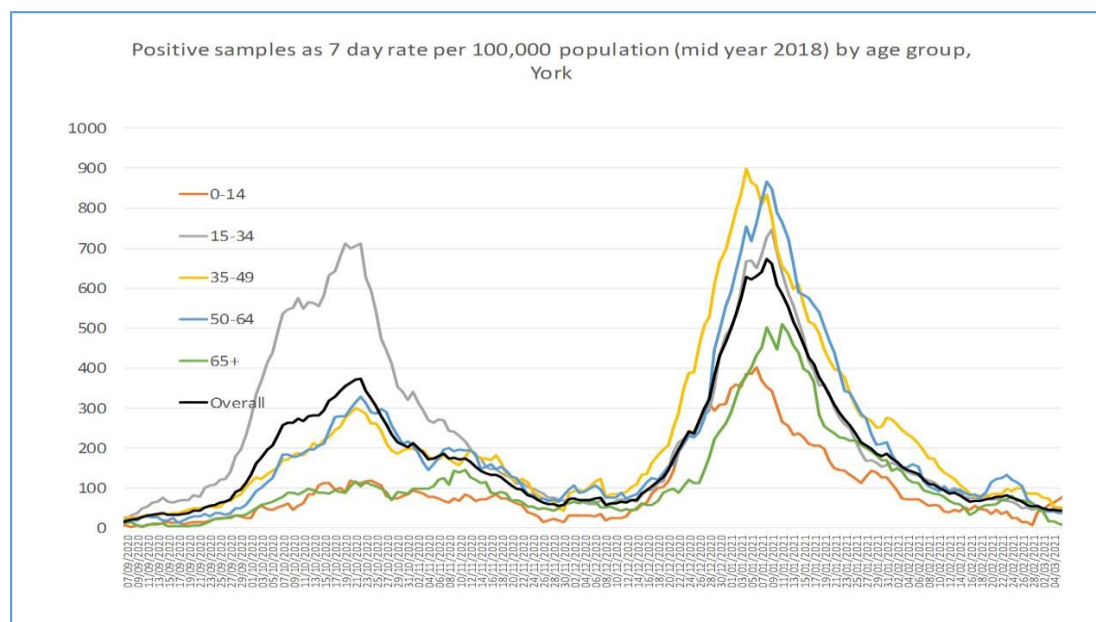


Chart 3

The number of cases of Covid-19 in university students has significantly reduced following the peak in October 2020. The graph below shows the total number of active cases reported each day. Not all of these will be new cases.

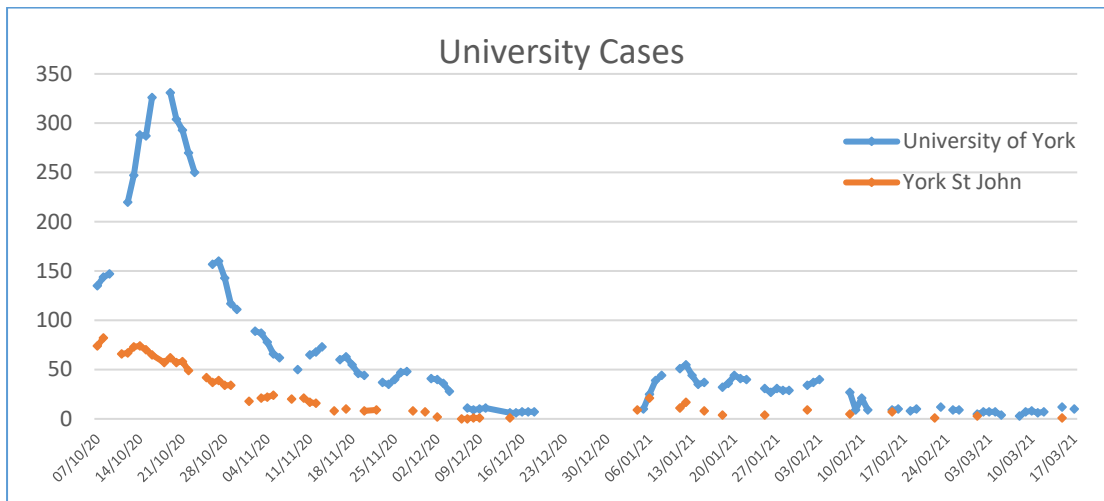


Chart 4

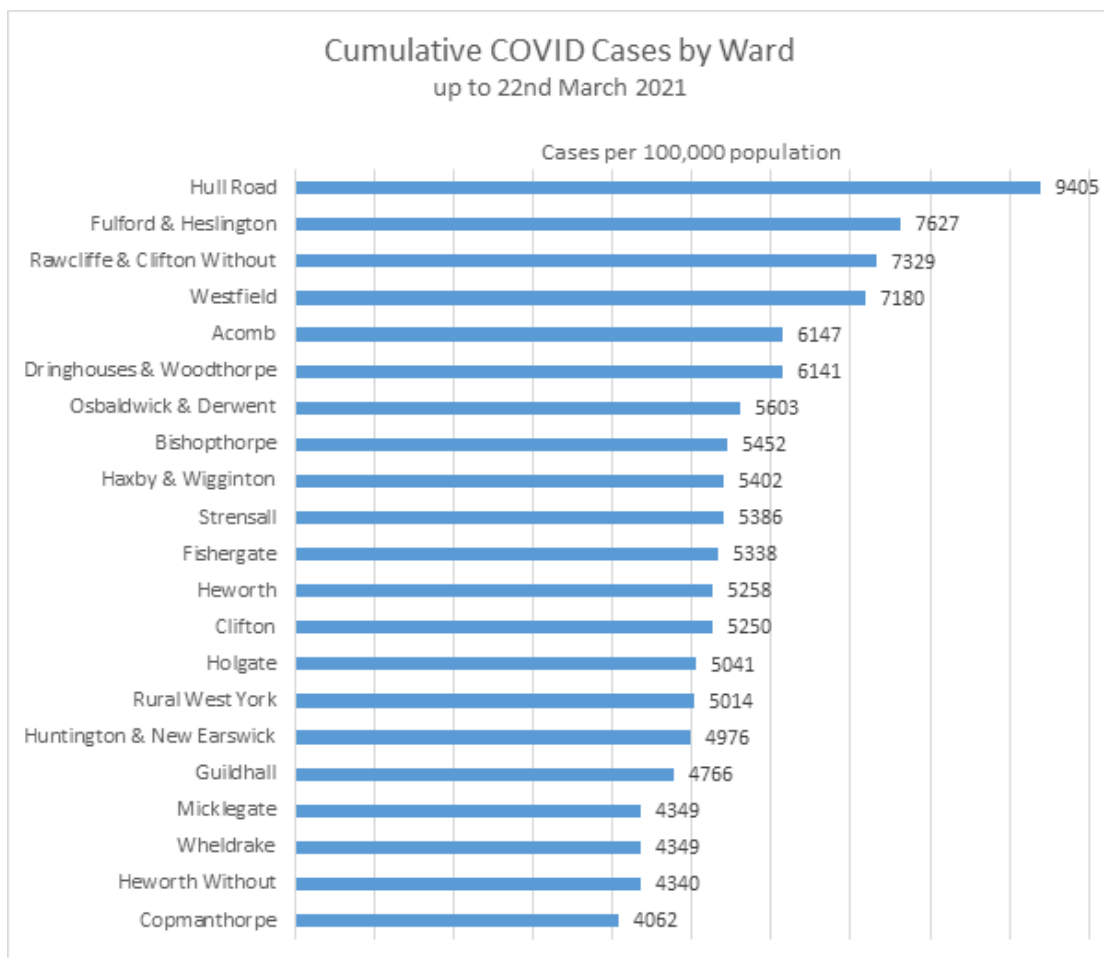


Chart 5.

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.

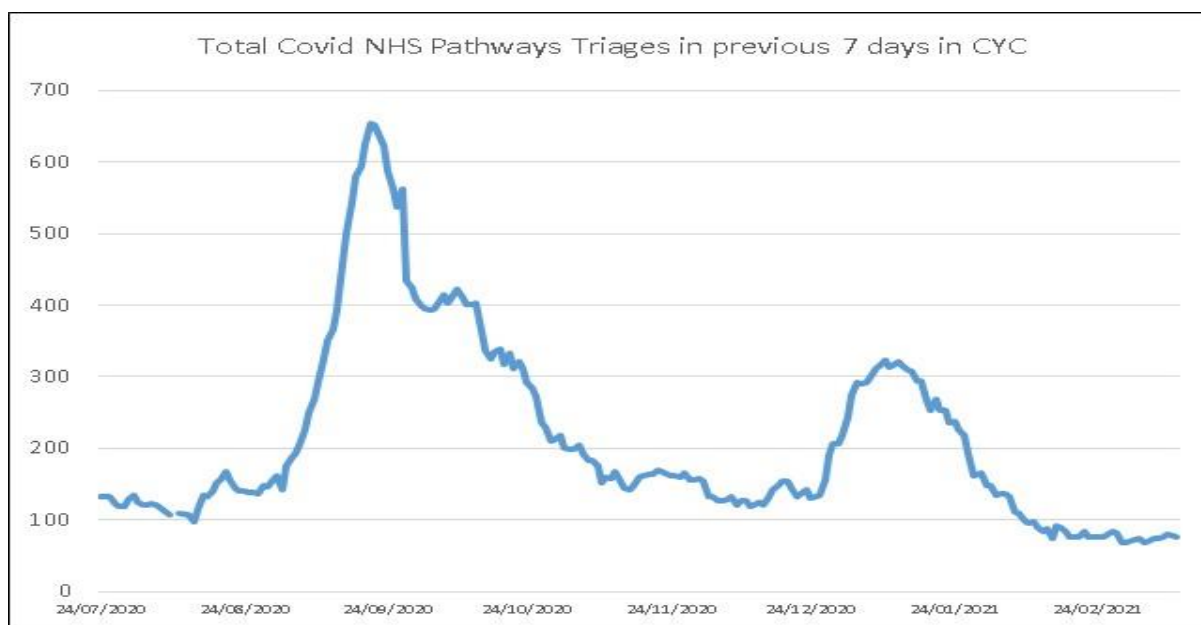


Chart 6.

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.

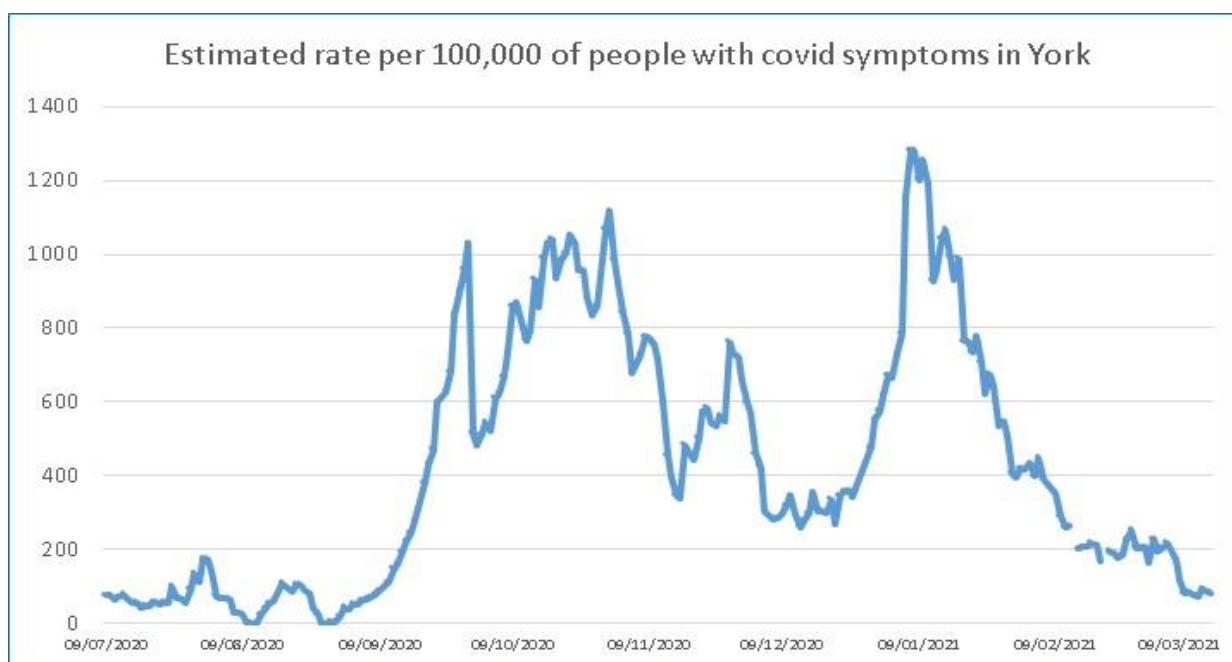


Chart 7.

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.

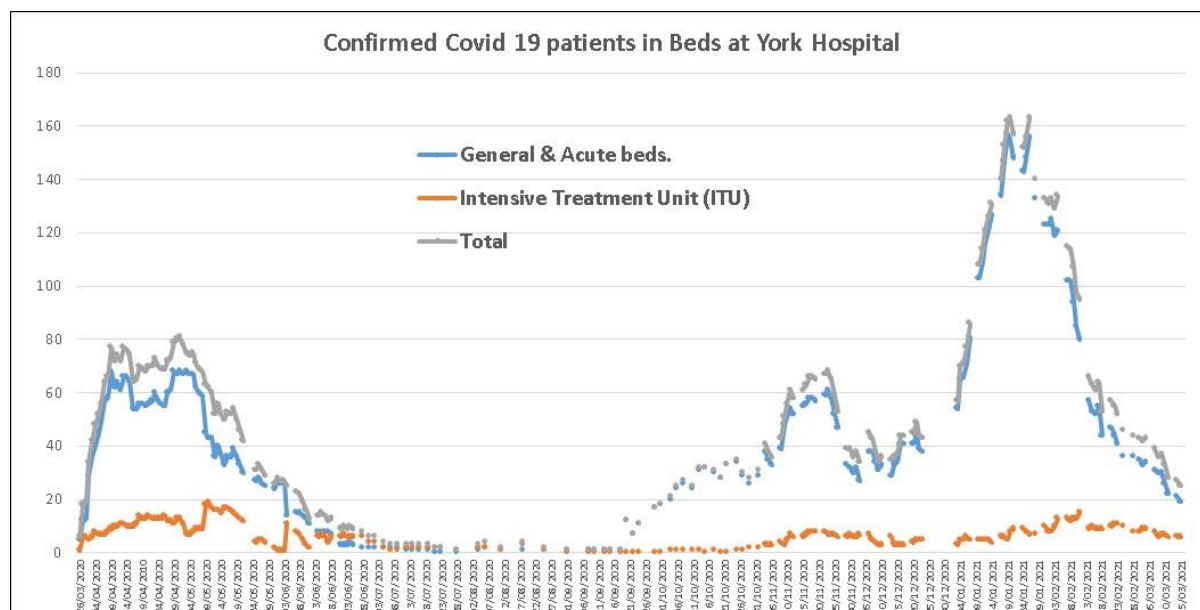


Chart 8.

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.

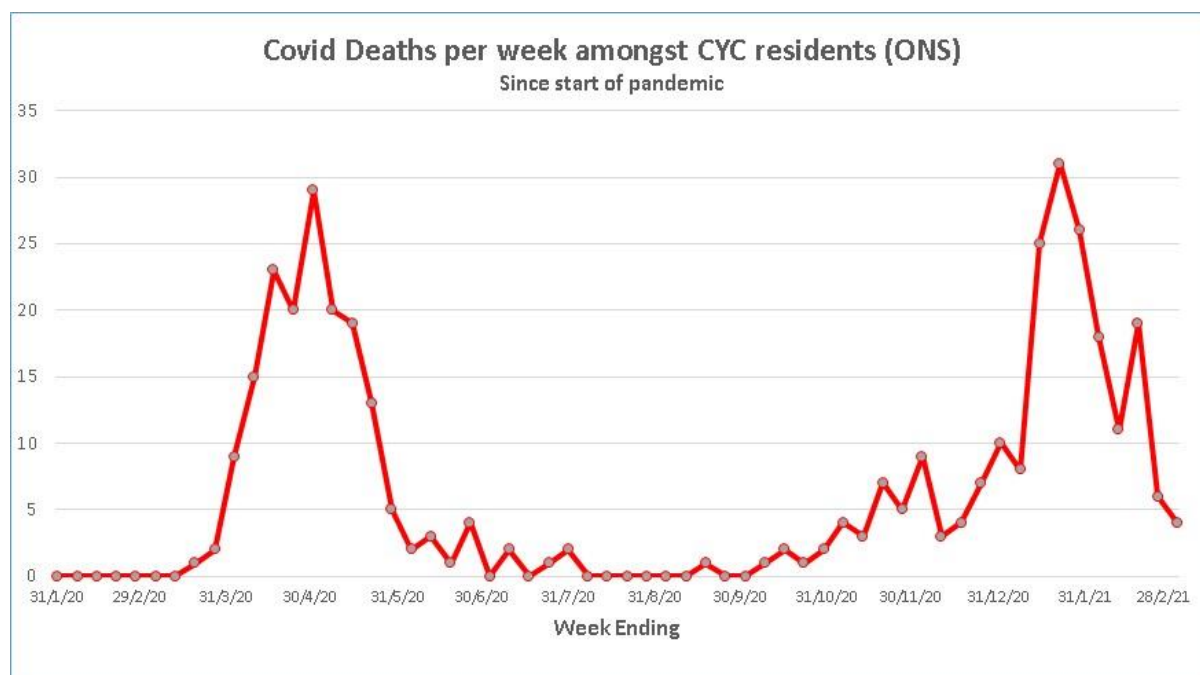


Chart 9.

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%.

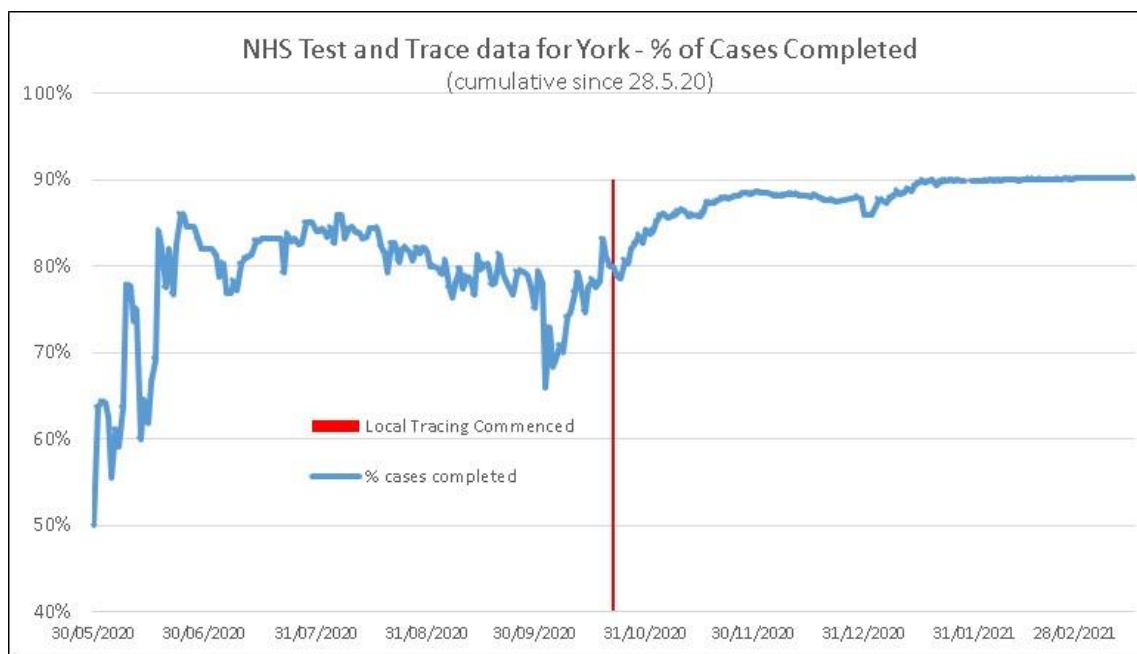
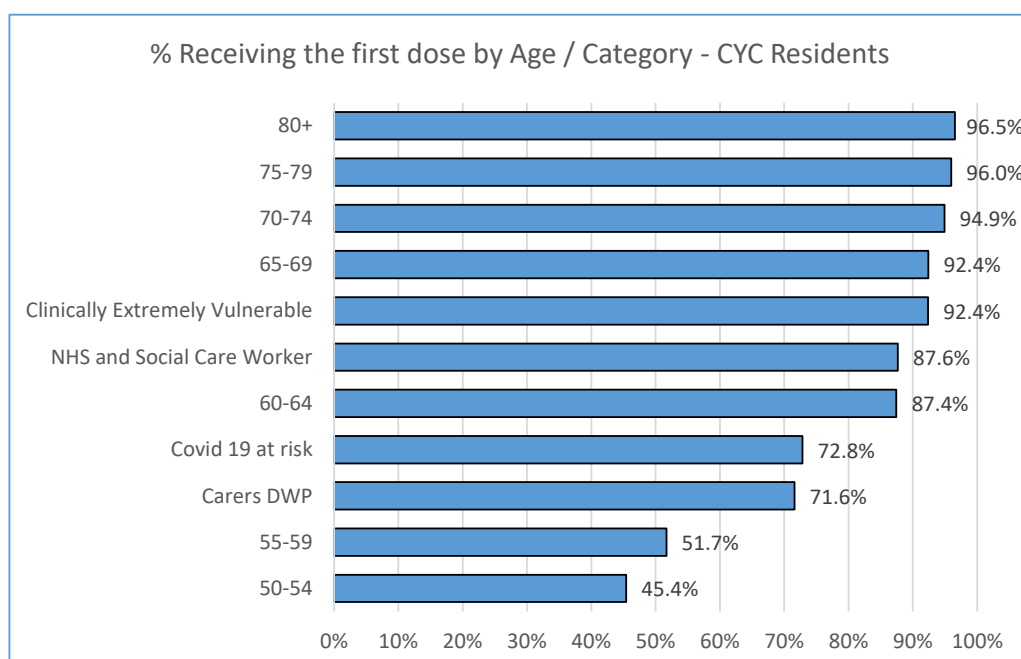


Chart 10.

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:

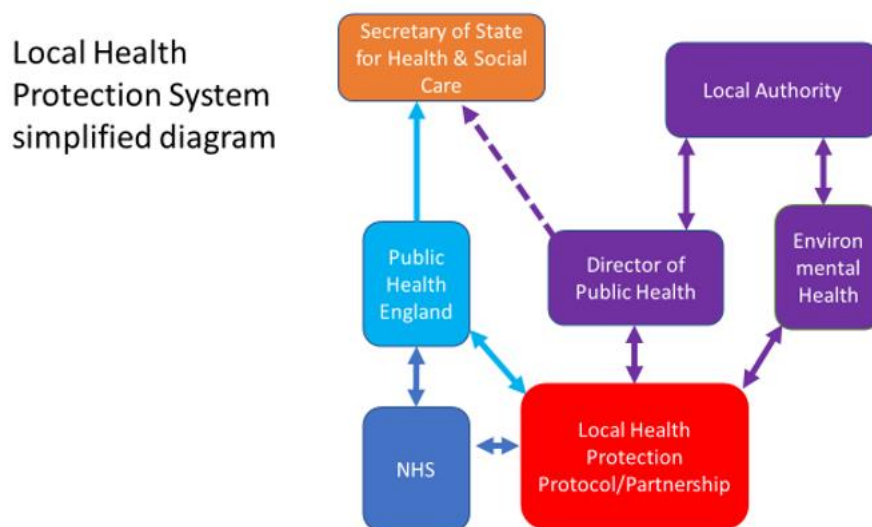
- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) 2010
- Health and Safety at Work Act 1974 and associated regulations
- Food Safety Act 1990 and associated 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.



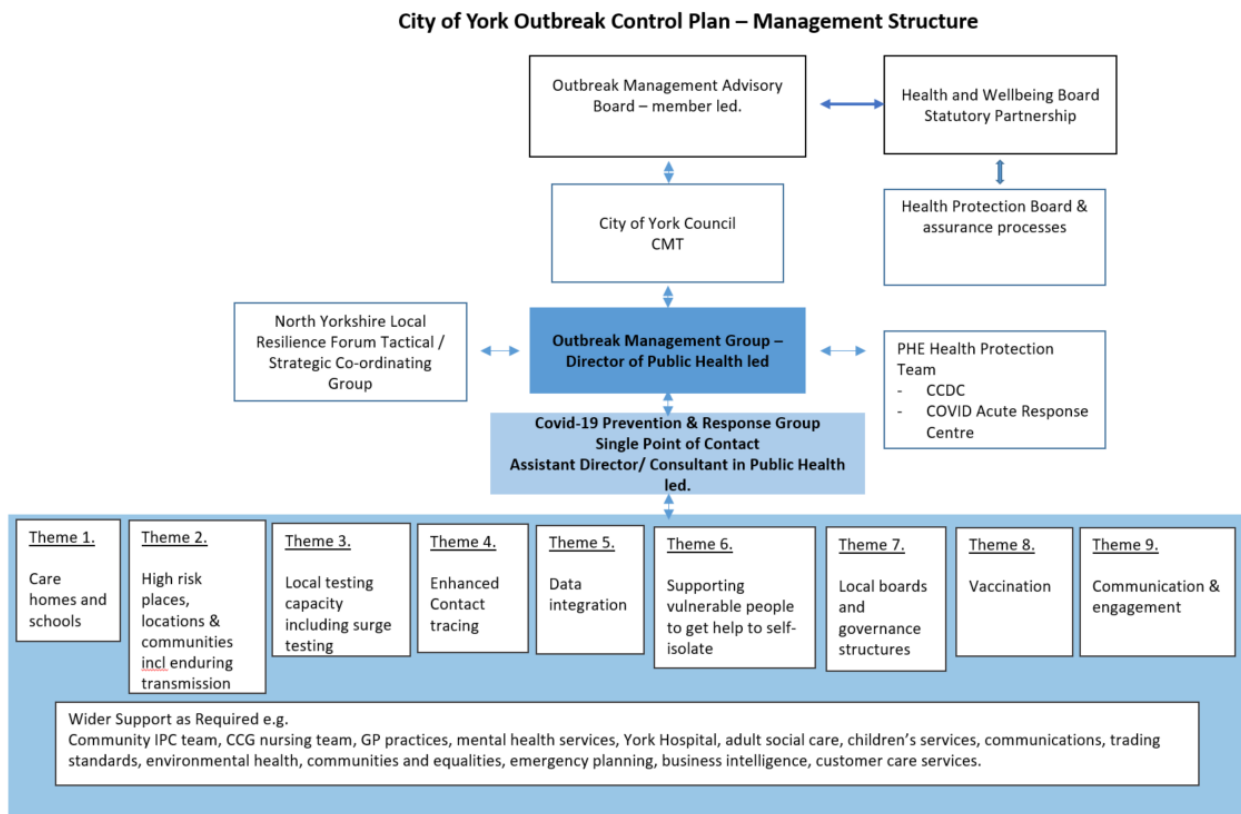
4. Mobilisation and delivery of the plan

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

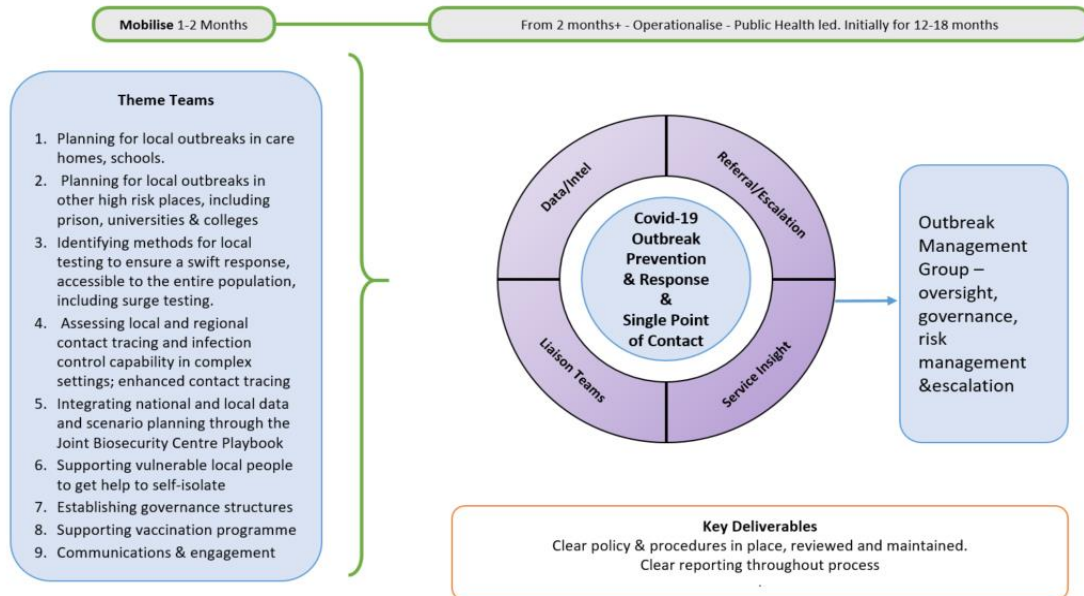


Operationalising the Outbreak Control Plan – City of York

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.

Delivery Model



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.

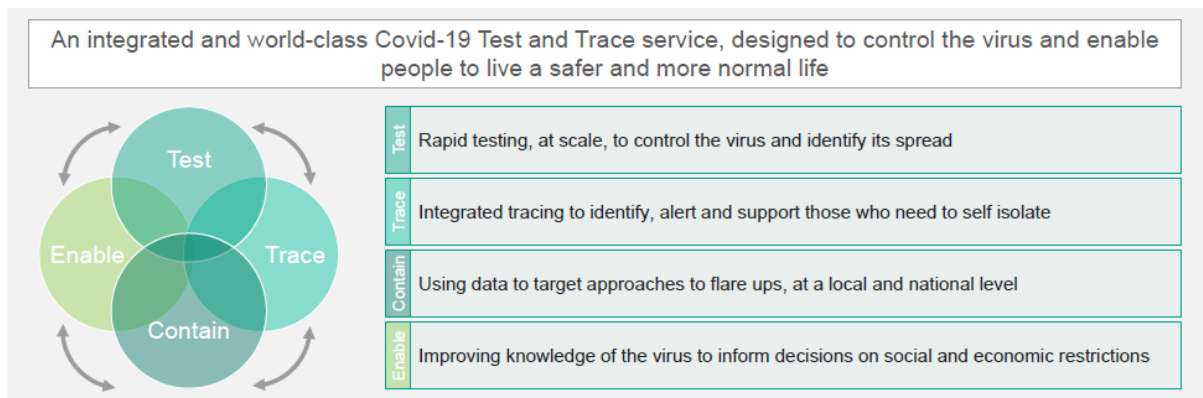
Data Sharing

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 	

- 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 place in partnership with with CYC Education Colleagues and Head Teachers
- Robust support system for schools and early years 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 and localised for the city of York schools are in place.
- Quality assurance in school testing sites

MEASUREMENT

- Critical data which will be monitored*
- 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.

CRITICAL RISKS/ISSUES/MITGATIONS

- 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: | <ul style="list-style-type: none"> • Outbreak Management Group • Care home Silver (internal) and Gold (multi-agency) meetings • Outbreak Management Advisory Board |
|----------------------------------|---|

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
<p>OPERATING SCOPE</p>
<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.
<p>PLAN</p>
<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.
<p>MEASUREMENT</p>
<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
<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"> • 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

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 • University of York and York St John University
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>Continue to the universities on the use of targeted testing. The introduction of university ‘swab squads’ was very successful in delivering testing to contacts in the earlier stages of the pandemic before routine asymptomatic testing was introduced. This can be reintroduced if required to respond to any outbreaks of infection or if we need to do ‘surge testing’ using PCR in response to variants of concern.</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 ➤ Continued partnership work with both universities on testing for students ➤ 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. 	

<ul style="list-style-type: none"> ➤ 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 ➤ 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. 	
PLAN	
<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. 	
MEASUREMENT	
<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 	
CRITICAL RISKS/ISSUES/MITIGATIONS	
<p><i>Critical risks/issue to successful delivery/ achievement of the theme objectives and plan</i></p> <ul style="list-style-type: none"> ➤ Ensuring effective communication of national policy changes for testing e.g. confirmatory PCR tests following a LFT. ➤ Issues with positive LFT tests which are followed by negative PCR test creating 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 	
ACCOUNTABILITY STRUCTURE:	<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 • Contact tracing operations at University of York and York St John University
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. <p>There has been excellent partnership working between the York Public Health Team and both universities who have established successful contact tracing operations for students. The</p>	

universities support for swift in-house contract tracing together with support for self-isolation has played a key part in controlling outbreaks of infection in the student population across the city.

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.
- Develop a skilled local contact tracing team.
- 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 RISKS/ISSUES/MITGATIONS

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.
- Resourcing of local contact tracing needs to be maintained for as long as is needed.

ACCOUNTABILITY STRUCTURE:

- Outbreak Management Group
- Linking into the wider Outbreak Control Plan Governance & Management Structure – City of York Council
- Universities sub-group of Outbreak Management Advisory Board

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. 	
PLAN	
<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 	
MEASUREMENT	
<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 	
CRITICAL RISKS/ISSUES/MITGATIONS	
<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. 	
ACCOUNTABILITY STRUCTURE:	<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. 	
PLAN	
<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. 	
MEASUREMENT	
Number of people being supported	
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"> ➤ 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>	
ACCOUNTABILITY STRUCTURE:	<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 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. • 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/MITGATIONS	
<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

Theme 8: Vaccination Programme

Theme Lead: Designated senior public health officer

Theme team: Public Health Officers, CCG, NIMBUSCARE, GP Practices

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.

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>	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
<i>Outbreak in an inpatient setting</i>	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.
<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) – absense of alternative source of infection outside the setting for initially identified cases.</p>	
--	--	--

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 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 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.

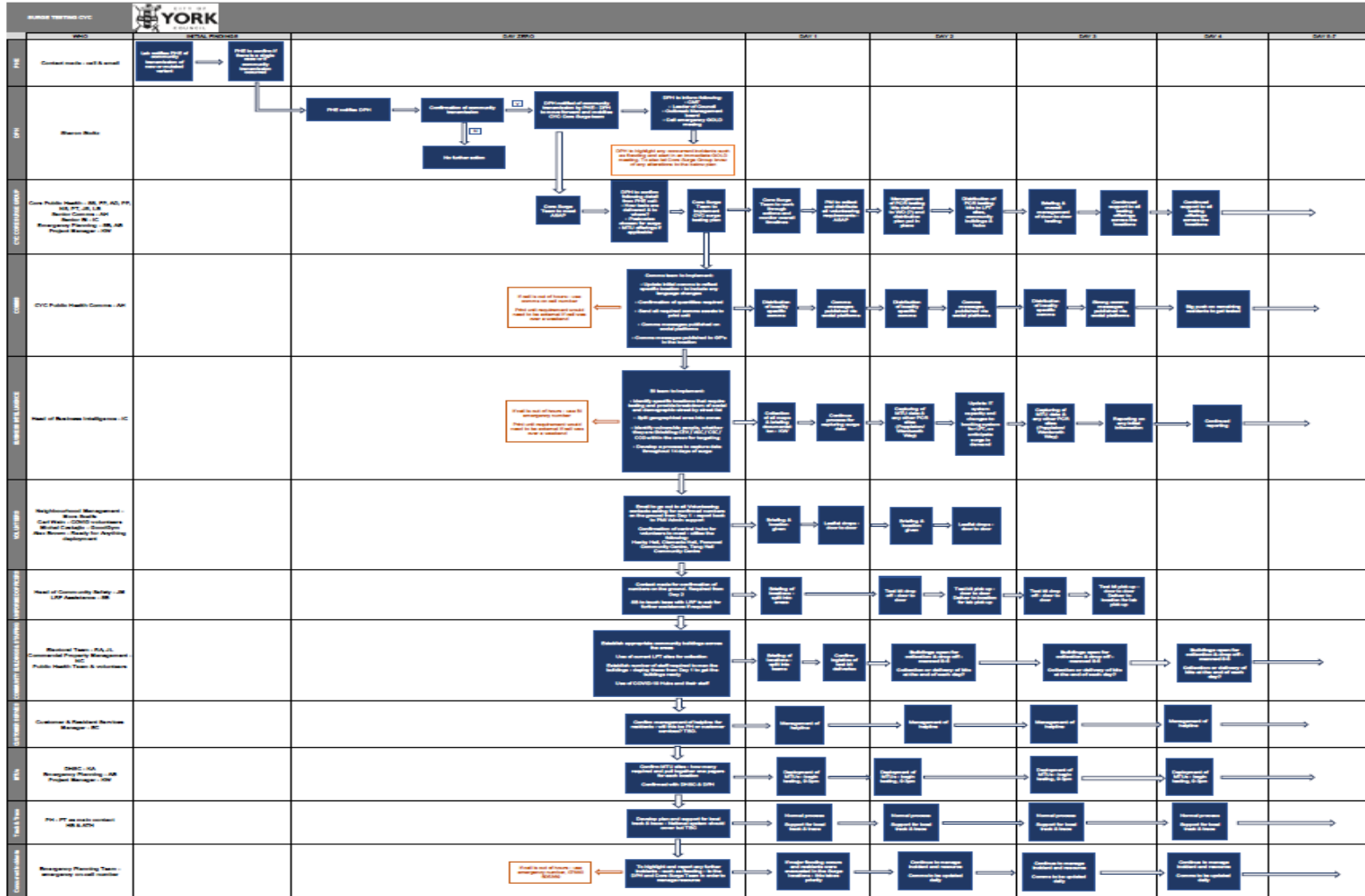
Level 2: Professional contact tracers recruited through NHS Providers (mainly recently retired NHS staff and public health specialists) who are responsible for:

- 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



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

<p>Background</p>	<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>
<p>Purpose</p>	<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>
<p>Scope</p>	<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)

Context	<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>
Purpose	<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

