

Notice of a public meeting of

City of York Outbreak Management Advisory Board

To: Councillors Aspden (Chair), Runciman (Vice-Chair) and D Myers
Ian Floyd - Interim Head of Paid Service, CYC
Amanda Hatton - Corporate Director of Children, Education & Communities, CYC
Sharon Stoltz - Statutory Director of Public Health, CYC
Dr Andrew Lee - Executive Director, Primary Care & Population Health
Dr Sally Tyrer - General Practitioners
Sian Balsom - Manager of Healthwatch York
Lucy Brown - Director of Communications, York Hospitals NHS Foundation Trust
Julia Mulligan - Police, Fire & Crime Commissioner, N Yorkshire
Lisa Winward – Chief Constable, N Yorkshire Police
Prof. Charlie Jeffery (UoY) - Further / Higher Education
Phil Mettam - NHS Track & Trace Lead
Dr Simon Padfield - Public Health England
James Farrar (York, N Yorkshire & E Riding LEP) – Business Representative
Marc Bichtemann (First York) - Transport Representative
Alison Semmence (York CVS) – Voluntary & Community

Date: Wednesday, 9 September 2020

Time: 5.30 pm

Venue: Remote Meeting

AGENDA

- 1. Declarations of Interest**
- 2. Minutes of the Meeting held on 19 August 2020, and actions arising** (Pages 1 - 8)

3. **Current Situation in York** (Pages 9 - 10)
4. **Communications and Engagement** (Pages 11 - 32)
5. **Update from Sub Group: Universities and Higher Education Establishments (*verbal update*)**
6. **Theme 2 in the Outbreak Control Plan: High Risk Places, Locations and Communities** (Pages 33 - 36)
7. **Testing Policy** (Pages 37 - 58)
8. **COVID 19 Contain Framework: National and Local Powers to Contain Outbreaks** (Pages 59 - 62)
9. **Agenda Items for the next meeting**
10. **Dates of Future Meetings**
11. **Any Other Business**

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

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

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

City of York Council

Committee Minutes

Meeting	City of York Outbreak Management Advisory Board
Date	19 August 2020
Present	<p>Councillors Aspden (Chair), D Myers and Widdowson (Substitute for Cllr Runciman)</p> <p>Ian Floyd - Interim Head of Paid Service, CYC Amanda Hatton - Corporate Director, Children, Education and Communities, CYC Fiona Phillips – Assistant Director of Public Health for the City of York (Substitute for Sharon Stoltz)</p> <p>Lucy Brown – Director of Communications - York Teaching Hospital NHS Foundation Trust Dr Andrew Lee – Executive Director Primary Care and Population Health - NHS Vale of York Clinical Commissioning Group Dr Sally Tyrer – General Practitioner - North Yorkshire Local Medical Committee Alison Semmence – Chief Executive – York CVS Professor Charlie Jeffery - Vice Chancellor and President– University of York Phil Cain - North Yorkshire Police (Substitute for Lisa Winward) James Farrar – Local Enterprise Partnership</p>
Apologies	<p>Councillor Runciman Sharon Stoltz - Director of Public Health for the City of York Sian Balsom - Manager, Healthwatch York Phil Mettam – Track and Trace Lead for Humber, Coast and Vale - NHS Vale of York Clinical Commissioning Group Dr Simon Padfield – Consultant in Health Protection - Public Health England Julia Mulligan - North Yorkshire Police, Fire and Crime Commissioner Lisa Winward - Chief Constable, North</p>

Yorkshire Police
Marc Bichtemann – Managing Director - First
York

In Attendance Claire Foale - Head of Communications,
Customer Services and Digital, CYC
Sharon Houlden - Corporate Director - Health,
Housing & Adult Social Care, CYC

21. Declarations of Interest

No interests were declared.

22. Minutes of the Meeting held on 13 July 2020, and actions arising

The minutes were agreed as an accurate record of the meeting held on 17 July 2020.

The Board noted the updates in the action log.

23. Current Situation in York

Fiona Philips, the Assistant Director of Public Health (ADPH) at the City of York Council, presented a snapshot of the current situation in York. There had been 938 lab confirmed cases in York. The cumulative rate of cases in York was lower than regional and national averages.

As more data was received, the impact felt by some demographics in the city would be better understood. This information had only recently been received, meaning further data was needed to identify any trends or patterns. This could prove difficult however as an estimated 25% of case records did not determine the ethnicity of the individual. The ADPH was escalating this.

Ian Floyd, the Interim Head of Paid Service for City of York Council, noted that even with strong footfall in the city, there hadn't been a noticeable increase in positive cases.

Alison Semmence, the Chief Executive of York CVS, asked if there was any specific plan to reach the BAME communities, who had been shown to be impacted disproportionately by Covid-19. Fiona Phillips assured Alison that there had been a standard operating procedure developed for vulnerable people in complex settings. Work around making information accessible to all groups had been progressed.

Support for those people who are self-isolating had also been established.

The Board discussed the idea of having a localised track and trace system as it was thought that this would yield more data much faster for the local authority to develop plans accordingly. This was currently being piloted by both the Calderdale and Bradford Councils.

The Board noted the report on the current situation in York.

24. Communications and Engagement

Claire Foale, Head of Communications, Customer Services and Digital at City of York Council, presented on the Outbreak Control Communication Plan. She outlined the various means of communicating the government's guidelines.

A 'temperature check' to see how York residents were feeling with the guidance they were receiving was collated on a quarterly basis. Most people knew what to do when they had symptoms and where to go. 54% people were less confident on who they were allowed to socialise with. It was also found that residents were less confident on the rules around returning to work as well as which journeys they could make safely.

The Regional Head of Communications group would be reviewing the communications plan in September.

A Facebook Live Q&A event took place on Tuesday 18th August 2020. It received a lot of questions based around confusion over the use of face coverings. There was particular confusion over the use of face coverings in the education setting. Another meeting to discuss face covering guidance was set to happen on 20th August 2020. This would make sure we had strong recommendations of what to do and when to do it.

The issue of people with hidden disabilities receiving abuse for not wearing masks was raised to the Board. Claire agreed to bring this to the Face Covering Task and Finish Group.

Action 009: The Face Covering Task and Finish to clarify guidance around face coverings in schools and for those not able wear a face covering.

The Board noted the communications update.

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

Charlie Jeffery, the Vice Chancellor and President at the University of York, resolved to establish a sub-group made up of representatives from both Universities and Higher Education institutions. The group had met three times on a weekly basis with colleagues from the NHS and City of York Council Public Health team.

The report had a particular focus on testing, detailing concerns around capacity in the scenarios set out in the paper. Getting the results fast in the student context was important due to the complex social relationships they had. Concerns were also expressed around the often inconclusive self-administered tests and also around students' access to testing hubs. The institutions thought that they could easily absorb all 500 tests that the council had available each day. Fiona Phillips agreed, stating that we should be exploring all testing options to make sure we had capacity to deal with increased testing. She supported the idea of having a testing facility on campus as well as collaborative working with the hospital to ensure this is achieved successfully. Lee, the Executive Director Primary Care and Population Health NHS CCG, also agreed; however, he thought that the current NHS testing process shouldn't be undermined.

The recommendation was for the Board to ask the Council to write to the Department of Health to increase the amount of swabs available. The draft was to be sent to Charlie Jeffery, Fiona Phillips and Andrew Lee prior to the Chair of Outbreak Management Advisory Board.

Action 010: The Chair to write to the Department of Health suggesting an increase in the amount of swabs available.

26. Update from Covid-19 Health Protection Board (verbal update)

Fiona Phillips gave an update on the Covid-19 Health Protection Board. This group was still in the process of being set up. The Covid-19 Health Protection Board sat below this Board as outlined in the Outbreak Management Plan.

As the operational response was run by the Covid-19 Outbreak Preventive and Response (COPR) Group, the strategic overview would be given in the Covid-19 Health Protection Board. Since students would be returning to school soon, the first meeting was scheduled for the end of September.

The Board noted the update on the Covid-19 Health Protection Board.

27. Theme 1 in the Outbreak Control Plan: Safe Opening of Schools and Early Years Settings

Amanda Hatton, the Corporate Director of Children, Education and Communities at City of York Council, gave an update on the themes and work which schools were involved in. Even though schools hadn't closed in York throughout the pandemic, there had been no outbreaks in any education setting. By taking an individual school approach, each institution had been working on detailed risk assessments.

Work was being progressed to get students back into learning and not just back into schools safely. All schools were working to reopen in the first week of September. Communications were being developed to help students and their parents feel safe to come into school.

Councillor Myers queried the bubble system with the mild symptoms/asymptomatic nature of Covid-19 in young people. Amanda Hatton assured the Board that the standard operating procedure had been developed alongside national guidance which dealt with issues raised around vulnerable people and testing within the school context. The powers of policing this did not sit with the local authority but with the Head Teachers and Governing Bodies.

The Board noted the assurance report on the safe opening of schools and early years settings. It was agreed that there would be another update to the Board after schools had returned.

28. Theme 1 in the Outbreak Control Plan: Care Homes

Sharon Houlden, the Corporate Director of Health, Housing & Adult Social Care at City of York Council, updated the Board on the considerable work that had been going on in care homes since the start of the pandemic. Currently, there had been no positive cases in care homes since 17th July. This was through daily liaison and collaborative working with Adult Social Care, the CCG and Public Health to achieve the objectives outlined in the Care Home Support Plan.

There had been additional care home support commissioned. A newly developed recruitment line had been put in place in order to

remain safe. Enhanced community-led support was enabling people to remain independent in their own homes wherever it was not necessary to be admitted to a care home.

The Board noted the paper and welcomed any future reports.

29. The Covid-19 Contain Framework: A Guide for Local Decision Makers

Fiona Phillips outlined which decisions could be made by the local authority. The council had powers to close premises, restrict certain events or restrict access to an outdoor place or type of place. In order to do this, the necessity needed to be demonstrated. Both the Police and the Director of Public Health had to be consulted, with communications sent to the Secretary of State explaining why this recourse had been taken.

Action 011: The ADPH to provide a written analysis report on the Covid-19 Contain Framework.

30. Agenda Items for the next meeting

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

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

The Chair asked Board members to send any other potential agenda items to Tracy Wallis.

31. Dates of future meetings

The agreed dates of future meetings were as follows:

- 9th September 2020 – 17.30
- 21st October 2020 – 17.30

32. Any Other Business

The Board had no other business to discuss.

Cllr K Aspden, Chair

[The meeting started at 5.32 pm and finished at 6.57 pm].

Outbreak Management Advisory Board Action Log

Action Number	Meeting Date	Work Stream	Action	Action Owner	Notes	Status
006	13.07.2020	Communications	Lead on progressing information packs for school governors	Claire Foale	Communications will provide an update on this as part of their agenda item on 19.08.2020 Update as of 07.09.2020: Have spoken to schools and they have suggested that this is picked up one schools re-open	In progress

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Business Intelligence Hub

Covid-19 in York: Public Health Data - One Page Summary (as at 7.9.20)

Key Impacts

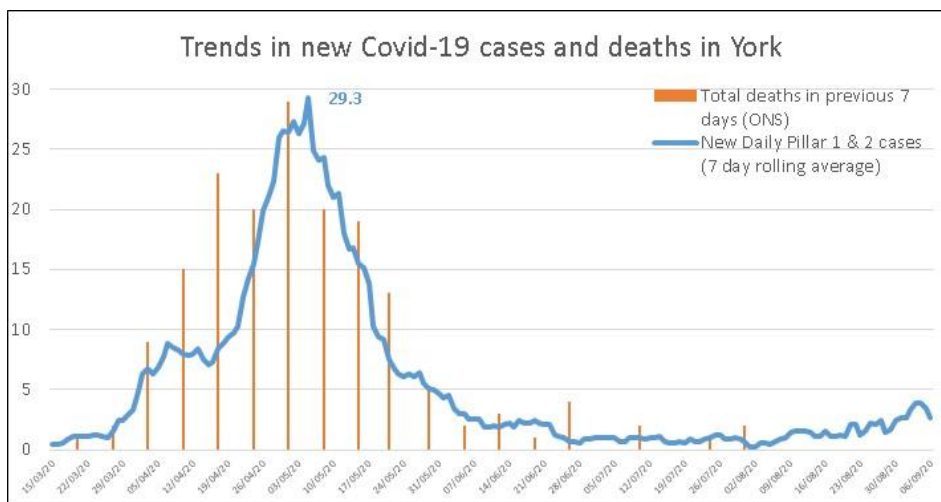
- York has had **991** cases, a rate of **470.5** per 100,000 of population. The rate in York is lower than national (532.4) and regional (681.5) averages.
- The weekly rate of new COVID-19 cases per 100,000 population tested under Pillar 1 and 2 (as at 1.9.20) was **7.15** for York – **42nd** out of 149 local authorities, with a rank of 1 being the lowest rate.
- As at 4.9.20, the latest 7 day positivity rate in York (Pillar 2 only) was **1.61%** (28 positives out of 1,741 tests). The positivity rate in York is increasing but remains **lower** than national (2.2%) and regional (3.1%) averages.
- There have been **171** deaths of CYC residents (76 in care homes). No deaths have been reported for a York resident since week 31 (25 to 31 July). The overall death rate in York is **below** the England average but a higher percentage of deaths of York residents have occurred in care homes.

Impact by age and gender

- The age profile of those people testing positive since the easing of lockdown on 4th July is **younger** than for those testing positive prior to that date. 51% of those testing positive since 4.7.20 are aged under 30 compared with 16% previously. 34% of those testing positive since 4.7.20 were in the 20-29 age bracket compared with 14% previously.
- **61%** of those testing positive in York were female. **53.1%** of those who died were male, a slightly lower proportion than the national average (55%).

Peaks

- The peak for new cases and deaths in York occurred in **early May**.



New cases peaked on **5.5.20** (29 cases per day) and deaths peaked on **1.5.20** (29 deaths in the previous week). Throughout July there was an average of less than 1 new case per day, however since 1.8.20 there has been an average of 2 new cases per day in York. The number of people in hospital with covid remains very low in York.

NHS Test and Trace

- Since 28.5.20 a total of **160** laboratory confirmed CYC cases have been uploaded into the NHS Test and Trace system and **124** of the cases have been engaged. **320** 'contacts' have been identified and **206** of these have been traced.

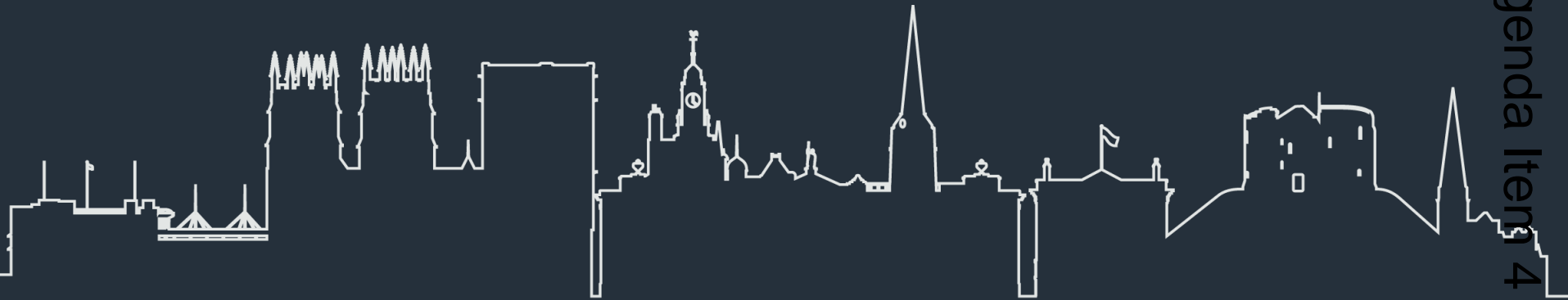
A weekly release of Covid-19 data is published on [York Open Data](#).

Produced by City of York Council Business Intelligence Hub

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YORK OUTBREAK CONTROL Communications plan

Supporting the Outbreak Control Plan



The big 4 – key messages

Stopping the
spread of the
virus is in all
our hands:



Wash them regularly



Wear a face covering



If you have symptoms
stay home and get tested



Socially distance -
2m is best

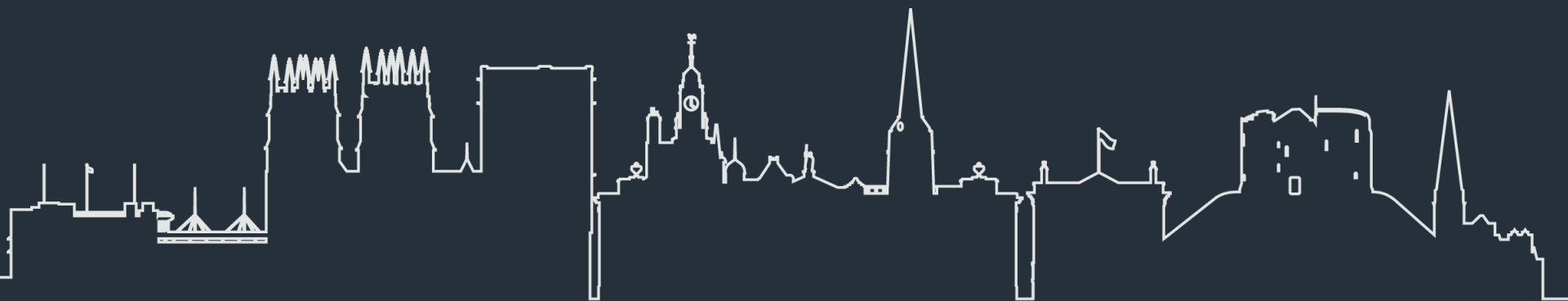
Communications update

- Results and recommendations from Our Big Conversation temperature check
- Face covering campaign
- Let's be York – return of university students
- Community cohesion campaign
- Younger people campaign



Our Big Conversation

Results and recommendations





Temperature Check

Took place throughout August, asking residents to tell us their understanding and confidence in the public health measures and restrictions in place.

Received 1,486 online responses - around 150 paper versions to include

Age breakdown

Prefer not to say	0.50%
Under 16	0.10%
16-24	2.30%
25-39	16.90%
40-55	29.70%
56-59	9.30%
60-64	13.30%
65+	27.90%

Ward responses



Headline results and recommendations

Results	Recommendations
<p><u>Understanding of symptoms and knowing what to do</u> c85% very or extremely confident they understand (more than 99% extremely, very or somewhat confident)</p> <p>c87% know what to do if they display symptoms (over 98% extremely, very or somewhat confident). Around 1% lack confidence on this.</p>	<p>Continue multi-channel approach with continued consistent, persistent messaging, working with partners across the city.</p>
<p><u>Understanding social distancing guidance</u> 5% not confident about social distancing guidance 16% not confident about who you can socialise with and rules on returning to work</p>	<p>Social distancing advice in next issue of <i>Our City</i>. Will continue to share advice via our channels.</p> <p>Promote “around 2m is best for social distancing”</p>
<p><u>Following rules</u> 96% are confident they are sticking to the rules, 68% lack confidence that others are observing them correctly</p>	<p>“We’ve got it covered” campaign shows people across York taking steps to keep each other safe, this includes businesses and public transport representatives and launches 7 September 2020.</p>
<p><u>Measures in place</u> 1 in 5 people lack confidence that shops have the right measures in place, while 1 in 4 have similar concerns about public transport.</p>	<p>New version of “lets be York” animated video developed by universities and colleges to explain safety measures in place</p>
<p><u>Welcoming visitors</u> Over half of respondents express concern at seeing regional or international visitors in York</p>	<p>Community cohesion campaign planned to help address underlying tensions.</p>



Quality of information

C95% felt informed about how to stop the virus spreading, with around 5% feeling uninformed.

C90% feel informed (10% felt uninformed) about the risk to them/their family and how to stay healthy

Council guidance (84%) is slightly more understood than government guidance (80%).

Most useful sources of information: NHS websites, National broadcast media and then both printed and digital council publications

A multi-channel approach is essential as all identified channels had a significant % of people finding it useful.

Continue consistent, persistent messaging

Work with partners and community groups to identify and reach those who feel uninformed using additional channels.

Use insight from where people are accessing information and if we aren't already, include those channels.

Impact on physical and mental health

21% feel physically healthier and 10% feel emotionally/mentally healthier than the three months prior to lockdown

Higher numbers feel lockdown had a negative impact in these areas:

33% feel physically less healthy

49% feel less healthy mentally

57% feel less optimistic about the future.

Promotion of health trainer support for health and wellbeing advice.

Continue promoting community support lines (including mental health) for people of all ages.

Consider a city-wide campaign to address physical and mental health impacts

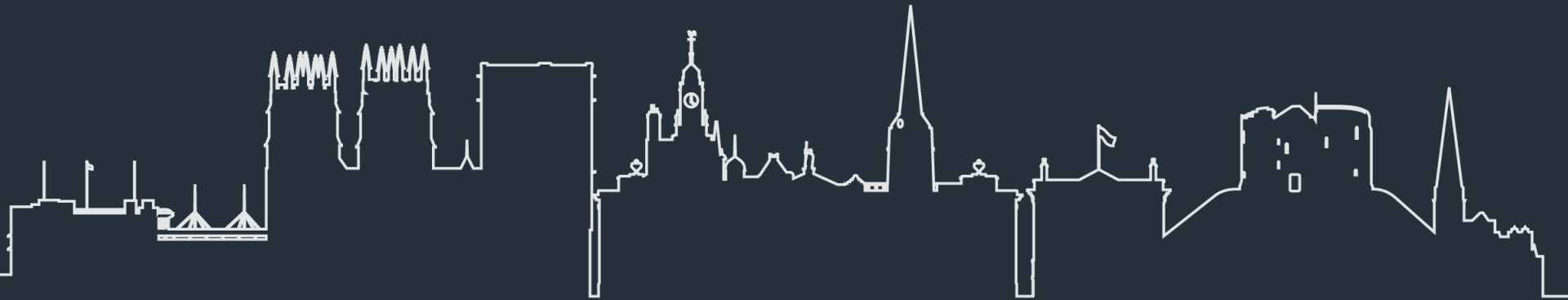
Reminder : phased approach

Phase		Approach (including aims)	Timing
Phase 1	Regular updates of current situation to try and prevent outbreaks	<p>Keep residents, businesses and partners informed</p> <p>Ensure consistent messaging and build advocacy through the Let's be York campaign.</p> <p>Show how keeping city safe for different audiences, eg. visitors – Visit York/Feel at Home in York</p> <p>Share case data regularly so people understand current situation</p> <p>Continue partnership approach including working together on discrete issues</p> <p>Develop specific messaging for target audiences</p> <p>Maximise reach and understanding of what to do.</p> <p>Embed public health messages in recovery work and communications</p>	Current work in progress
Phase 2	Alert following spike in cases	<p>Public health warning following increase in cases</p> <p>Reiterate public health messaging in clear way</p> <p>Offer guidance and practical support.</p> <p>Share message widely</p> <p>Share video content from public health professionals to explain latest advice in an engaging way</p> <p>Address inaccuracies/provide context</p>	
Phase 3	Manage outbreak	<p>Initiate the covid-19 incident comms plan (see annex A)</p> <ul style="list-style-type: none"> • Deliver a regular drumbeat of accurate / up-to-date information as directed by cobra and relevant phase • Signpost support • Promote unity and community cooperation • Target information 	

Phase I

Regular update of current situation to try and prevent outbreaks

9 September 2020



One year recovery campaign

Stopping the spread of the virus is in all our hands:

Wash them regularly Wear a face covering

If you have a cough or cold, stay home and rest

Let's protect each other

Let's be York
Safe. Welcoming. Considerate.

Economic recovery (EU funded)

How do you keep two Vikings apart?

Use social distancing. We're deploying floor markers around the city centre so that you can stand on Vikings, Romans, Saxons and Celts when you need to.

Let's be York
Safe. Welcoming. Considerate.

Communities

Stay informed

Daily COVID data for York is available at York Open Data. The dataset contains daily data trackers for the COVID-19 pandemic, aggregated by month and starting 18th March 2020. The dataset is updated on weekly basis.

Let's be York
Safe. Welcoming. Considerate.

Corporate (Council)

Promote a stronger economy

Shop local

Every York resident spent a fiver at a local business this weekend, that would put £1m into York's economy. Whether it's a takeaway meal, flat white or a new bicycle - let's shop local.

Let's be York
Safe. Welcoming. Considerate.

Let's be safe

For touch free parking please use RingGo

Use the RingGo app and pay by credit or debit card

Let's be York
Safe. Welcoming. Considerate.

Your results, what next?

Get help online with understanding grades at GCSE, AS and A level this summer - and your future options

Let's be York
Explore. Inspire. Learn.

Build confidence in the safe opening of the city

Open later and

Visiting a play area this weekend?

Don't forget to take hand sanitizer with you to keep your hands clean and stop the spread of Coronavirus while you play.

Let's be York
Safe. Welcoming. Considerate.

Let's engage

"We're supporting"

Back to school

We are working with schools, colleges and childcare providers to ensure children are safe when they return

Let's be York
Explore. Inspire. Learn.

Let's celebrate

Our Repair Office is now doing repairs to register the birth of your new baby by September only, along with other key life events and fun events.

Repairs & Maintenance

We are now able to take appointments for all your repair needs for your home

Contact us:
01904 551000 (option 4, option 1)
8.00am to 5.00pm, Monday to Friday
01904 551045 outside of normal office hours

Let's be York
Safe. Welcoming. Considerate.

Share safety actions individuals/organisations taking (not EU funded)

Jaydene Plush Cafe

All our staff members are wearing masks, as well as face shields where appropriate, while menus are available in a digital format by scanning a QR code.

#YORKKIND ReopenWithCare

Let's be York
Safe. Welcoming. Considerate.

Residents who are need priority

We're still here to help!

Although shielding has lifted, you might still need help. We're still here for you. Email us at: covid@york.gov.uk. Call us at: 01904 551150. You can find local food deliveries at: www.york.gov.uk/coronavirus-support-york/

Let's be York
Safe. Welcoming. Considerate.

Approved image to follow

Let's be York
Safe. Welcoming. Considerate.

Signpost support

Don't go hungry in the holidays

If your children get free school meals, we're still here to help you over the holidays.

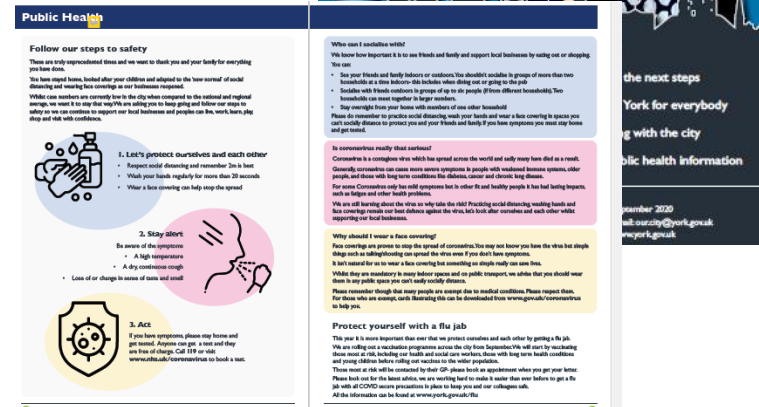
Email us at: covid@york.gov.uk. Call us at: 01904 551150.

Let's be York
Safe. Welcoming. Considerate.

Share accurate and timely messaging

Continue to share consistent and persistent preventative messages via multiple channels including:

- Stakeholder briefings/updates
- Resident updates
- Radio interviews
- Press releases
- *Our City* (lands on door steps from the 7 September 2020)
- Social media



Facebook Live Coronavirus Q&A

18 August: Public Health

Demonstrate that the council is adapting to be **open and effective.**
engaging with residents throughout lockdown and recovery.

Communications objectives:

- **Think:** Local resident and businesses are aware that their council leaders are responding to their questions and adapting how they communicate in order to operate openly and affectively amidst lockdown.
- **Think:** Resident and businesses are equipped with more detailed answers and insight into some of the more nuanced issues being addressed by the council and the support available to them.
- **Feel:** Resident and businesses feel they can participate in dialogue with council leaders and that local concerns are being heard and addressed.
- **Do:** Staff, residents and businesses watch the Q&A and engage in constructive conversations on social media and submit email questions for the discussion.
- **Do:** York is seen by peers in local government as adapting and innovating to connect with residents.

Evaluation headlines :

Think (aware)

Social media total reach –10.8k
Advocates (key partners who shared the message) –York
COVID facebook pages,

Other comms activities-
mentioned in internal
communication to staff, email
updates to Businesses, residents
and schools/families.

Feel (interest)

Social media engagement – 1,017
Views – 2.767

Do (action/advocacy)

Peak live view: 84
Email questions submitted: 5
Shared 16 times (Facebook)



City of York Council was live.

Published by Sarah Mitchell-Baker [?] · 1d ·

Join us for a Live Q&A discussing your question about public health across York and our response to the Coronavirus pandemic.

(First live streamed on 18 August 2020, 5pm)

On today's panel:

- Cllr Keith Aspden, Leader of City of York Council
- Cllr Carol Runciman, Executive Member for Health and Adult Social Care
- Fiona Phillips, Assistant Director of Public Health
- Dr Andrew Lee, Executive Director of Primary Care and Population Health, NHS Vale of York CCG
- Andrew Godfrey, Neighbourhood Policing Inspector for York City Centre, North Yorkshire Police



Get more likes, comments and shares

When you boost this post, you'll show it to more people.

10,802
People reached

1,017
Engagements

Boost post

30

34 Comments 16 shares

Facebook Live Coronavirus Q&A

2 September: Back to School

Demonstrate that the council is adapting to be **open** and **effective, engaging** with residents throughout lockdown and recovery.

Communications objectives:

- **Think:** Local resident and businesses are aware that their council leaders are responding to their questions and adapting how they communicate in order to operate openly and affectively amidst lockdown.
- **Think:** Resident and businesses are equipped with more detailed answers and insight into some of the more nuanced issues being addressed by the council and the support available to them.
- **Feel:** Resident and businesses feel they can participate in dialogue with council leaders and that local concerns are being heard and addressed.
- **Do:** Staff, residents and businesses watch the Q&A and engage in constructive conversations on social media and submit email questions for the discussion.
- **Do:** York is seen by peers in local government as adapting and innovating to connect with residents.

Evaluation headlines :

Think (aware)

Social media total reach – **11,760**

Advocates (key partners who shared the message) – **COVID Support psages, BRTUS: York**

Other comms activities- mentioned in internal communication to staff, email updates to residents and schools/families, Let's Be York parent pages.

Feel (interest)

Social media engagement – **1,115**

Views – 3.3k

Do (action/advocacy)

Peak live view: **72**

Email questions submitted: **7**

Shared **12** times (Facebook)

Promoting across
Twitter, Facebook,
Instagram and
YouTube before,
during and after live
stream

On CYC
Website

Recent question and answer sessions

We recently held a live-stream which provided the opportunity to ask some of our questions you had; watch here:



See recordings of previous Ask The Leader sessions:

- Ask The Leaders coronavirus questions and answers, 28 April 2020
- Ask The Leaders coronavirus questions and answers, 19 May 2020
- Ask The Leaders coronavirus questions and answers, 15 June 2020
- Ask The Leaders coronavirus questions and answers, 16 July 2020



City of York Council was live.

2 September at 16:59

Join us for a Live Q&A discussing your question about returning to schools and early years settings across York.

(First live streamed on 2 September 2020, 5pm)

On today's panel:

- Cllr Paula Widdowson, Executive Member for Climate Change (of the panel)
- Cllr Ian Cuthbertson, Executive Member for Children, Young People and Education... See more



City of York Council @CityofYork · Sep 2
STARTING IN 10 MINS ON OUR FACEBOOK PAGE:
facebook.com/cityofyork

Grab a cuppa and join us over on our facebook page for the next Live Q&A focussing on returning to schools and early years settings in York, including guidance around travel, hygiene and support.



Share accurate and timely messaging

Build advocacy

Face coverings task and finish group

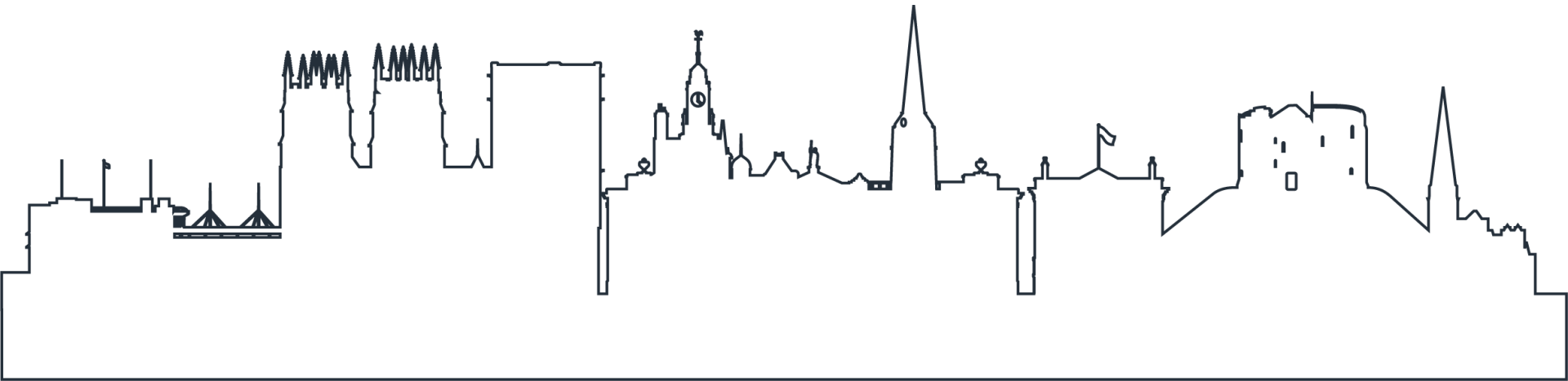
- New regulations came into force 28 August 2020
 - Face coverings are mandatory in a most indoor settings including shops, supermarkets, banks, libraries, places of worship, community centres or where social distancing is difficult with fines up to a max £3,200 for repeat offenders
 - secondary pupils have to wear face coverings in schools corridors in local lockdown areas, with schools choosing whether to introduce them
 - Children under 11 and people who cannot put on, wear or remove a face covering for good reason are exempt



Build advocacy

Face coverings task and finish group

- Partners developed a joint campaign in 10 days
- “We’ve got it covered” – launches 7 September 2020 to coincide with college students return and will run throughout September
- Features photos of different settings showing how organisations are helping to keep people safe – with face coverings, hand washing (or hand/san) and social distancing – shared amongst partners channels
- Addresses insight from Our Big Conversation / temperature check



“We’ve got it covered” Communications plan

Objectives

Think – audiences know “we’ve got it covered” by the 3x things to protect themselves and others (hand washing, face coverings, social distancing of at least 2m), face coverings worn inside or at a distance of 2m, partners are working together to help York know what to do when, there are exemptions when people have good reasons for not wearing a covering, the need for considerate communications

Feel – audiences feel supported, inspired and reassured that partners are working together for the good of the city

Do – wear a face covering if appropriate to do so, advocate face coverings and mindful communications, recognise and support exemptions

Strategy

We’ve got it covered – shared message and photo library showing different recognisable settings and the safety measures in place – settings include waste, schools, GP, care homes, university, college, public spaces, retail, restaurants, libraries, canteen/kitchens – aiming to show different settings in obvious York places.

Amplify message – partners to distribute a shared set of posters and social media posts promoting message and settings, distributed throughout September – starting predominately with education and moving into retail and public transport

Create a shared toolkit – partners create a toolkit of different settings showing different measures in reportage style, with a common frame promoting the message and leading to shared website content or more information on the CCG website

Encourage advocacy – initiate a selfie/advocacy campaign by encouraging different organisations and audiences to share photos of themselves taking/following safety measures with #gotitcovered– **initiate a selfie campaign .. ?**

PRIORITIES/HIGHLIGHTS

- 1-2 September – photo shoots across different settings
- 7 September – campaign launches
- Use other moments in September to push campaign eg.
- 7 September – college returns
- 14 September – YSJ returns
- September – UoY returns

OBJECTIVES	<p>Think – audiences know “we’ve got it covered” by the 3x things to protect themselves and others (hand washing, face coverings, social distancing of at least 2m), face coverings worn inside or at a distance of 2m, partners are working together to help York know what to do when, there are exemptions when people have good reasons for not wearing a covering, the need for considerate communications</p> <p>Feel – audiences feel supported, inspired and reassured that partners are working together for the good of the city</p> <p>Do – wear a face covering if appropriate to do so, advocate face coverings and mindful communications, recognise and support exemptions</p>
AUDIENCE	<ul style="list-style-type: none"> Residents/students/visitors Businesses/ networks/representatives Stakeholders and partners Members and Parish Councillors MPs Council staff Media Visitors Employees (if an outbreak in one setting)
STRATEGY	<ol style="list-style-type: none"> We’ve got it covered Amplify message Create a shared toolkit Encourage advocacy
IMPLEMENTATION	<div> <p>We’ve got it covered</p> <ul style="list-style-type: none"> All partners use same factual and consistent information Partners develop <u>shared photo library</u> of the safety measures in place – settings include waste, schools, GP, care homes, university, college, public spaces, retail, restaurants, libraries, canteen/kitchens – aiming to show different settings in obvious York places. <u>CYC creates frames</u> for adding to photos to create shared approach – using Lets be York campaign Different frames created for different messages <p>Create a shared toolkit</p> <ul style="list-style-type: none"> CYC create a partner toolkit to share photos reflecting city, safety precautions and its demographics CYC shares frames with partners for consistent look and feel Created and share key messaging CCG to develop web content for sharing by partners on their own websites and more details for signposting to more information </div> <div> <p>Amplify message</p> <ul style="list-style-type: none"> Share consistent messaging and support recovery work taking place (for example Let’s be York) Launch on 7 September with <u>shared PR and newsletter content</u> Partners use <u>own channels</u> to reach as many people as possible Showcase the work happening across the partnership – at the <u>Outbreak Control Advisory Board</u> Provide <u>poster pdfs</u> to download for installing onsite/premises <u>Schedule social</u> throughout September starting with Education Posters displayed on <u>buses</u> and park and ride sites? (could we encourage LNER??) <p>Build advocacy</p> <ul style="list-style-type: none"> Establish and run the face covering task and finish group Share the actions taken across the city to protect people and prevent an outbreak Residents, businesses and partners sharing consistent messaging Create opportunity for residents/students to take selfies and share “I’ve got it covered” message on their social feed Partners share all photos across social (not just specific to their setting) </div>
EVALUATION	<p>Residents/visitors/students and businesses are aware of the messages</p> <p>Students and visitors share and advocate message and open their channels</p> <p>Partners use our packs</p>

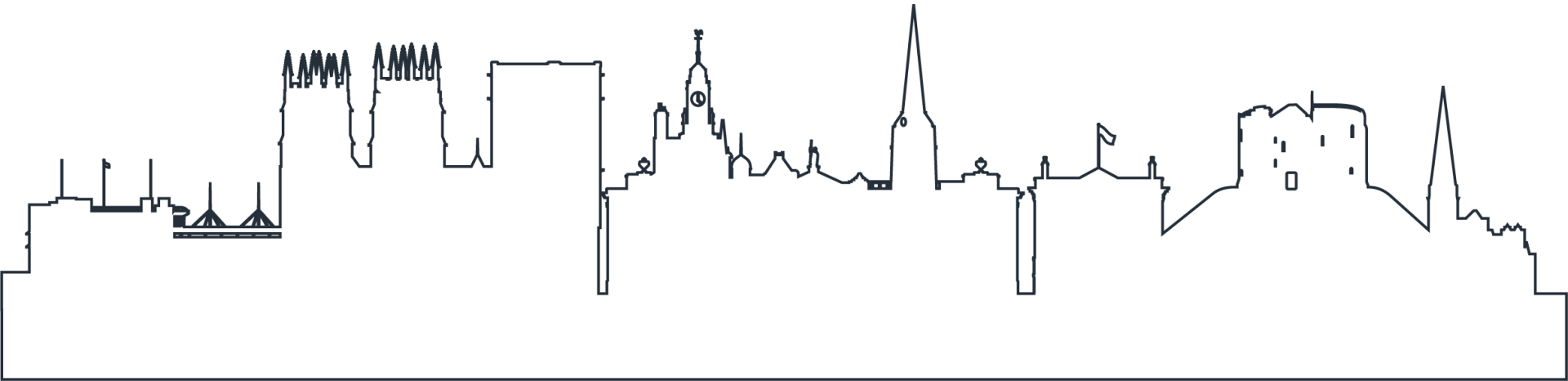
Example campaign images only

The real ones launch on 7 September 2020



Photo library showing
different settings

Social media posts
Posters to download
Web content
Newsletter content
Launch PR



Future campaigns

Universities and colleges

- Safe and welcoming
- New animated video to welcome students to the city and encourage everyone to support each other take the right precautions

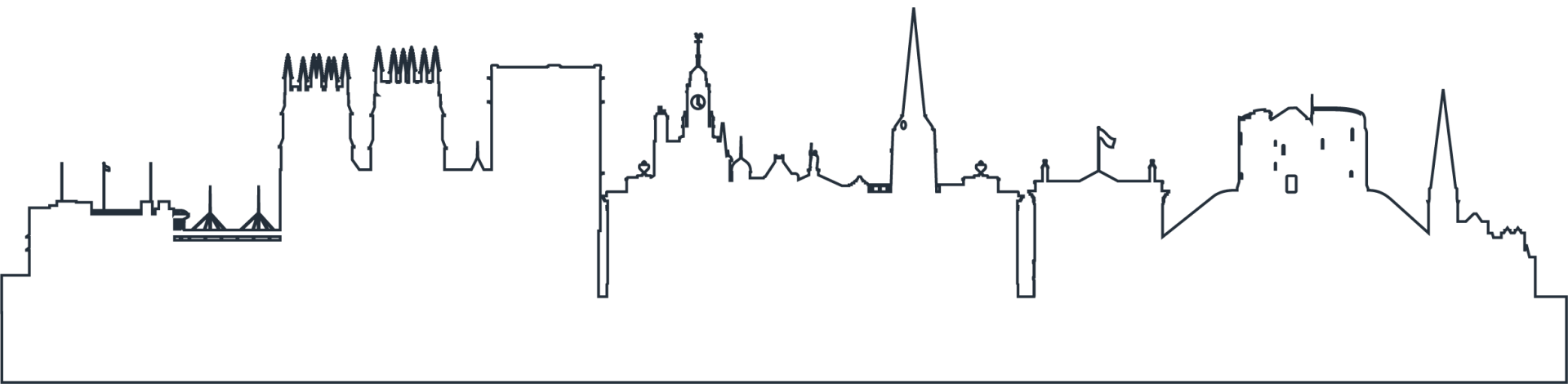
Community cohesion

- Welcoming and considerate
- Campaign being developed to help address insight that “others” are putting residents at risk

Targeted messaging

- Safe and considerate
- Exploring other council's campaigns to encourage 24-49 year olds to wear face coverings/follow safety precautions

In addition, seasonal flu campaigning is being planned

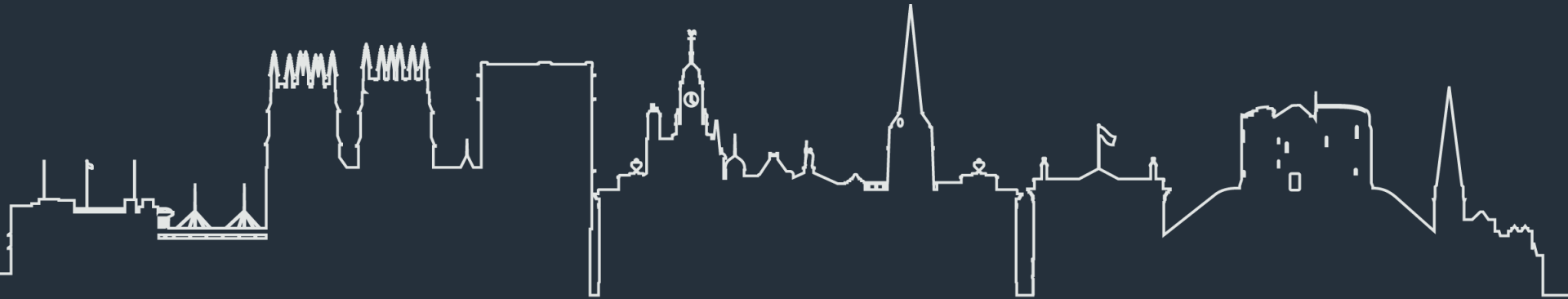


Phase 3

Manage outbreak

Page 30

Planning stage

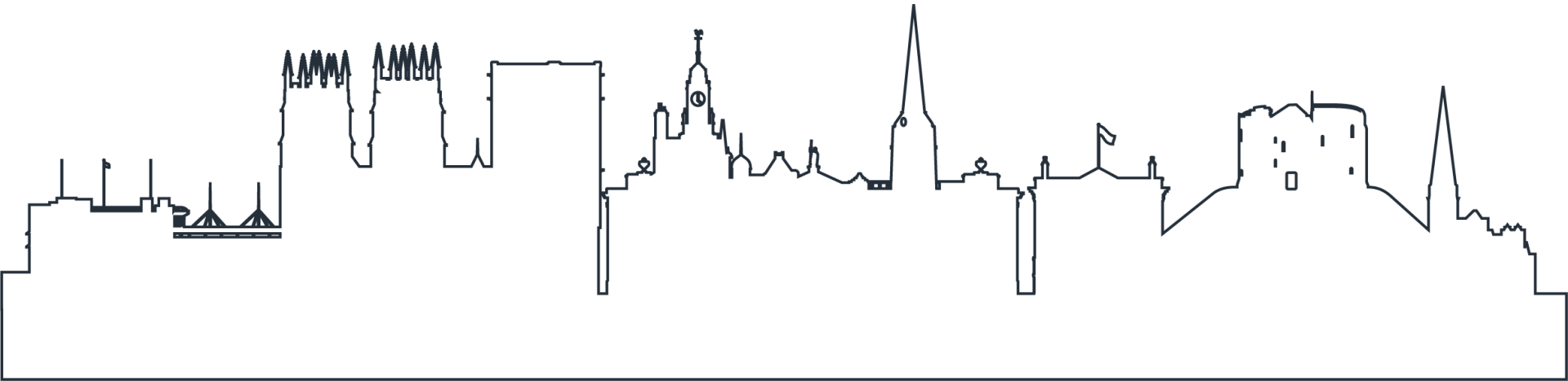


Planning outbreak communications

- Desktop outbreak planning session held with universities – follow-up sessions planned
- Head of Comms Group lessons learned planned
- Toolkit of communications materials drafted

Thank you

Any questions ?





Author : Leigh Bell
Date : August 2020
Executive members : Carol Runciman

COVID-19: Theme Two high risk places, locations and communities.

Purpose of this paper

The purpose of this paper is to update the board about Theme Two of the outbreak management plan: COVID 19, Management of outbreaks in identified high risk communities or settings.

Within Theme Two the national guidance outlines specifically the following communities: Homeless; Gypsy & Traveller; Military; BAME; Substance Misusers

This paper does not attempt to cover all of Theme Two, other high-risk groups and sites such as universities and business premises are covered in other reports.

The response so far

Theme Two:

The local and national outbreak management plans include in Theme Two, outbreak management in high risk communities and sites, and the responsibilities for working with these to prevent and manage COVID 19 outbreaks. The national guidance outlines specifically the following communities: Homeless; Gypsy & Traveller; BAME; Substance Misusers.

It is clear from the emerging evidence that some groups within our society will be more adversely affected than others by the impact of Covid 19, this may be for a variety of reasons. Those from lower socio economic situations may have no option to work from home, may be more at risk of losing their income, more likely to have to take public transport to work or work in places where close contact is unavoidable and therefore at higher risk of infection. In addition, we already know that some groups who may be at higher risk of infection also have already poorer health outcomes than those experienced by the general population of any city. For this reason, extra support is offered within the outbreak management plan for these communities and individuals.

Each local authority has agreed to a set of joint working agreements or SOP's (standard operating procedures) with the regional health protection team, these outline the necessary steps to be taken should there be an outbreak of COVID 19 in those communities or settings.

Part of the SOP for vulnerable communities and settings includes access to testing as well as IPC (Infection Prevention Control) support from the specialist teams. Each CYC area has an identified public health specialist who has been able to offer support and guidance during the initial response. Where service provision is with a third sector provider this link has been forged through the designated commissioning managers.

Public Health core specialist officer team is a small team with limited capacity and as such have in general not directly worked with customers during the initial response, working as a point of contact for those staff already in contact with the customer. Support and advice remains in place as the initial response is paired back, in addition, a central enquiries email has enabled residents and professionals to ask questions and request support from the core PH specialist team as queries or issues have arisen.

The model has been to work with those people who are already in touch with the community of interest and have trusting relationships established. For instance, direct support was given to the substance misuse commissioned provider by public health specialists in order that they were equipped to initiate prevention measures and manage any outbreaks in partnership public health using the appropriate SOP.

Work has been undertaken with the equality and diversity officers at CYC to ensure BAME communities have had information and support in a timely manner including information made available in other languages for those staying in York during lockdown whose first language is not English. In addition, specific support has been given to identified communities through the designated link workers, for instance work has been undertaken in partnership with Migration Yorkshire, Refugee Action York and Faith leaders to share information and health messages with specific community groups and with those without access to social media or television.

A number of initiatives have been undertaken by the established support officers and neighbourhood enforcement team to ensure the Gypsy and

Traveller community have had access to guidance, were able to access fresh water and safe waste disposal to ensure social distancing was possible. This was alongside clear health information to support anyone who experienced symptoms to access testing.

Additional posts have been agreed within CYC to support the capacity and demand locally, to ensure that the hub support remains available for those who need it and key public health messages continue to be shared with those identified at greater risk.

Testing for COVID 19 has been made available to all residents in a number of ways, for most people this would be through the national booking system <https://self-referral.test-for-coronavirus.service.gov.uk/antigen/name>. For some people this is not possible and alternative testing options have been developed locally which are outlined in the testing policy. This process has been made available to the support system work force to implement. For instance, for someone who is homeless or without a fixed address for postal test and no car to attend a drive through centre, tests are arranged through the existing support workforce.

Through the support offered (theme six) to all residents through the community hubs and extensive volunteering programme, volunteers were able to link residents to extended support systems where required. In addition, a public facing communications campaign has been implemented to advertise where residents can access Covid related help.

Future initiatives

Whilst the intention is to return as much as possible to business as usual, the need for extra support will continue beyond this initial phase. This will mean some of the initiatives will need to remain in place to support our most vulnerable residents. In continuing to provide this support we protect all our residents by limiting community contacts and reducing transmission of Covid 19.

The offer from the core public health team will remain in place for up to 18 months, with additional capacity to enable this to be managed alongside usual business. Joint working with existing workforces to ensure they are equipped to manage any potential or actual outbreaks within our identified vulnerable communities.

Summary of national guidance

Theme two: Annex One: *High-risk workplaces, communities, and locations – identifying and planning how to manage high-risk workplaces, communities of interest and locations (for example defining preventative measures and outbreak management strategies).*

<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>



Outbreak Management Advisory Board9th September 2020

Sharon Stoltz, Director of Public Health

Testing Policy**Summary**

1. To support access to timely testing in relation to Covid-19 outbreak response, a testing policy has been developed. This is submitted to the OMAB for approval and is attached at Annex A to this report.

Background

2. A Covid-19 testing policy has been developed to ensure that provision of local swab kit testing resources can be allocated on a priority basis and are accessible as a City-wide resource where required.

Main/Key Issues to be considered

3. The availability of local swab test kits to support access to Pillar 2 testing options strengthens local prevention focussed actions to restrict spread of Covid-19.

This testing policy has been developed to provide a clear framework and governance process through which to request testing kits in a range of scenarios.

The inclusion of processes to support access to testing for high risk locations such as care homes and higher education institutions recognises that there may be a requirement to provide more options to those sites in order to support a prevention focussed response.

Consultation

4. The policy has been developed in conjunction with the Adult Social Care Commissioning Team and the Public Health Department with

input from the local care homes, CCG colleagues, FE and HE institutions. Access to testing kits has been trialled with care homes during the pandemic response which has informed the development of the written policy. The specific inclusion of a higher education process acknowledges the possible needs of the student community in order to extend this policy to a city-wide approach.

Risk Management

5. The policy will enable decisions on distribution of swab kits through this finite local resource to be determined on a prioritisation basis. The current demand for swab kits is not close to capacity, however, the inclusion of higher education institutions and the return of a significant number of students may increase demand.

Alternate options to further strengthen our local Pillar 2 testing capacity through the exploration of a possible walk-in testing facility are also being considered.

Recommendations

The OMAB is asked to provide comments on the content of the testing policy and to approve its use. Any further significant changes can be returned to the OMAB for review and approval

Contact Details

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Advanced

Chief Officer Responsible for the report:

Sharon Stoltz, Director of Public Health

City of York Council
Covid-19 Testing Prioritisation Policy.

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City of York Council Covid-19 Testing Ambition

1 INTRODUCTION

- 1.1 The purpose of this paper is to outline the approach across the City of York to identify methods for local testing and ensure a swift response accessible to the entire population as a part of the ongoing response to COVID 19. This paper is written in the context of the national testing strategy. The national testing strategy can be found [here](#).
- 1.2 The ambition across the City of York is to ensure good, timely access to tests and results as part of a systematic health protection approach. The aim of having a local approach is to complement the national offer.
- 1.3 Testing is a key part of supporting prevention and outbreak management during the pandemic alongside a range of other health protection interventions.
- 1.4 This will enable the local system to maintain an oversight of the prevalence of the virus in a local area and help prevent, reduce or delay transmission and outbreaks of COVID 19. This local approach across the City of York aims to supplement the national processes, in order to build a resilient strategy for our whole population.

2 BACKGROUND

- 2.1 The Civil Contingencies Act 2004 (“the Act”) sets out the actions which certain bodies can take in the case of an emergency. An emergency is defined in: Part 1, Section 1 of the Act as ‘an event or situation which threatens serious damage to human welfare in a place in the United Kingdom’. Plainly the outbreak of Coronavirus (Covid-19) falls into this Section and therefore agencies have been coordinating responses in accordance with their powers under the Act.
- 2.2 The Act sets out bodies as either ‘Category 1 Responders’ or ‘Category 2 Responders’. Category 1 responders are organisations at the core of the response to the emergency. They are subject to the full set of civil protection duties and are required to:
 - Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans
 - Put in place business continuity management arrangements
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency
- Provide advice and assistance to businesses and voluntary organisations about business continuity management

2.3 In accordance with Schedule 1 of the Act, City of York Council is a Category 1 Responder (Schedule 1, Part 1, Section 1 Civil Contingencies Act 2004).

NHS Vale of York CCG are Category 2 Responders (Schedule 1, Part 3, Section 29ZA Civil Contingencies Act 2004).

This means that they are 'co-operating bodies' and must co-operate and share relevant information with other Category 1 and 2 responders but do not have the full set of civil protection duties listed above.

2.4 This document sets out the response of these Category 1 and 2 Responders, coordinating to respond to the urgent need for population testing as a result of the outbreak of Coronavirus (Covid-19) affecting the population these responders are responsible for. The response outlined below may be subject to change and is a description of how the Category 1 Responders, City of York Council will discharge their functions under the Act supported by Category 2 Responders.

3 PURPOSE AND VALUES

- 3.1 We will take a population health based approach using outbreak and other data to inform decision making.
- 3.2 We aim to prevent, reduce or delay the transmission and/or outbreaks of Covid-19 within the City of York.
- 3.3 Testing is a key intervention in identifying the incidence and prevalence of Covid-19 in York and determining the most effective interventions required.
- 3.4 We aim to escalate identified risks in order to provide a rapid response where there is an urgent need for testing, or where there have been delays in receiving testing support from other sources.

4 OBJECTIVES AND PRIORITIES

- 4.1 Our objectives are to:
 - 4.1.1 Reduce the risk of COVID 19 transmission in the population.
 - 4.1.2 Have a local testing system which has the capacity and capability to respond in a timely manner to a population level demand.
 - 4.1.3 Prevent, contain and manage outbreaks

4.1.4 Prevent and reduce deaths, where possible

4.2 Our priorities are to:

4.2.1 Target our interventions

4.2.2 Provide a speedy response on a population level based on local intelligence and level of risk

4.2.3 Have a joined-up approach across the health and care system to maximise access to testing through multiple supply routes, working in partnership with the Local Resilience Forum (LRF) and national testing program.

5 PUBLIC HEALTH APPROACH AND PRIORITISATION

5.1 Aim of COVID-19 testing

5.1.1 What is the purpose of swab testing for COVID-19?

- To confirm a suspected diagnosis
- Active case finding in existing situations
- Screening
- Surveillance and where indicated asymptomatic testing (see point 5.3.2)

5.2 Testing across the whole population of the City of York

5.2.1 Testing up to July 2020 has focused primarily on supporting care homes and care settings, the ambition for the city is to extend the testing regime. This will be particularly to sites where the national testing DPH route would not be available to that population or site.

5.2.2 The intention is to expand the local satellite testing route to offer testing beyond care homes and care settings.

5.2.3 The local testing option will prioritise sites which are not eligible to access the national portal that care homes and other care settings can access.

5.2.4 Testing decisions will be made within the national ethical framework which determines that the DPH or the designated representative for each local authority has oversight of the decision to test.

5.2.5 Decisions for instigating testing beyond individual tests via the NHS self-booking system will be based on epidemiological risk assessment and a predetermined risk matrix balanced against the demand on the whole city testing capacity

5.3 Indicators for Testing

This should be read with cross reference to the SOPs (Standard Operating Procedures) which outline what to do if you have a suspected or confirmed COVID 19 positive case within your setting, for complex setting see Annex F

5.3.1 Symptomatic individuals: confirming diagnosis

The main indication for swabbing individuals is to confirm the diagnosis for people with suspected COVID. Initial steps to prevent spread should be taken prior to the result being available (i.e. isolating symptomatic individuals and their household contacts). However, additional public health action (particularly

through the new Test & Trace program) will follow on the identification of any positive results. Receiving timely testing and reporting of results is therefore imperative to implement the necessary actions.

Active case finding

In situations where there is increased risk of transmission in a given setting (care home, work place etc.), for example because there has been a known exposure or there have been cases identified, then whole-setting testing may be useful to detect asymptomatic and pre-symptomatic cases.

Active case finding may also be appropriate when background levels of COVID in care settings and care homes where nationally these are high (e.g. during outbreak peak). Where there is a known risk it is possible to contextualise the results of swabbing. The higher COVID risk also means that the risk/benefit balance of testing tips more in the favour of completing whole setting testing; however, there may still be additional risks of testing in relation to the specific setting to take into account.

Surveillance

Surveillance testing aims to gather population-level information about the number of positive cases across the country. Local response to National surveillance will align to government guidance. Individuals will be approached to take part in surveillance testing directly from NHS. The purpose of surveillance testing is to help illustrate the national COVID picture, rather than for any direct action at individual level (although any positive results would be acted on in the usual way).

5.4 Testing in complex communities, setting and/or populations

- 5.4.1 It may be necessary to offer complex settings, communities, or specific populations local testing options rather than the individual self-booked NHS national testing route for home test kit or drive through testing.
- 5.4.2 The options for each site or community proposed for a local testing route should be considered within the prioritisation model as set out in Annex D.
- 5.4.3 Community Nurses will support vulnerable individuals requiring testing if individual cannot self test, and cannot be supported to undertake the test by carers or family, support can be accessed via the CCG Quality and Nursing Team. Individual swabs will be delivered to the community nurse and collected by Be Independent so that accountability of tests can be maintained.

5.5 Testing for those under 18's

- 5.5.1 For those who are 5 years and over, follow the same process to access testing at Pillar 2, either personal request through NHS or where indicated via the York satellite testing coordinated at a specific site
- 5.5.2 For those under 5 years parent or guardian contacts 111

5.5.3 For those under 5 years and parent/guardian is an employee of the York Acute Hospital Trust, 2-5yrs can arrange a test with their employer for testing within the pediatric department.

5.5.4 Gillick competence and Fraser Guidelines are rules around when a child is deemed to be competent to make their own decisions. Whilst they specifically refer to contraception they have been widely accepted to apply to other medical treatments. There are exceptions to this 'rule', if the child refuses consent and this may mean that they suffer 'grave and irreversible mental and physical harm'.

In the absence of parental consent professionals should satisfy themselves that the child has come to the decision without any form of coercion, exploitation or influence from a third party.

5.6 Testing in care homes (See annex B for more detailed information)

A local decision-making process following national guidance is in place for care homes.

Mental capacity act

5.7.1 When identifying who should be tested consideration should be given to:

- Person's mental capacity to consent to the test
- Any advanced decisions
- Whether someone is so unwell that administering the test would not be appropriate
- Anyone during the last days of life.

5.7.2 The Principles of the Mental Capacity Act 2005 include an assumption of capacity unless a person is assessed as not having capacity. People should be supported as much as possible to make decisions on their own behalf. Where a person is assessed as not having capacity to make a decision about whether or not they should be swabbed for Covid-19, or where they have fluctuating capacity to make such a decision. The assessment must be time and decision specific.

5.7.3 A record of consent should be kept on the individual's personal case file.

5.8 Testing within an FE or HE setting

5.8.1 An FE or HE setting can request a number of tests for its local student population where these students have been unable to access existing established testing routes or where there are considerations needed to be given to support outbreak prevention.

5.8.2 This might mean that rather than requesting whole site testing, an FE or HE institution would request tests on behalf of individual students using the template in Annex G.

5.8.3 The Annex G template should be submitted by 2pm in order to be considered

as a request at the 2:30pm meeting that same day. This should be submitted to the enquiries.publichealth@york.gov.uk e-mail address.

6 SUPPORT TO SETTINGS UNDERTAKING TESTING

- 6.1 Where the testing site has concerns on their ability or competence to administer the test this can be referred to health professionals who will be able to assist. In York this will be overseen by Public Health and the CCG and a process is in place to deploy appropriately trained staff to support the site.
- 6.2 Education regarding swabbing can be given as part of the training being rolled out across York.
- 6.3 The DPH has responsibility to approve testing, in practice this responsibility is discharged through the silver and gold testing priority meetings.

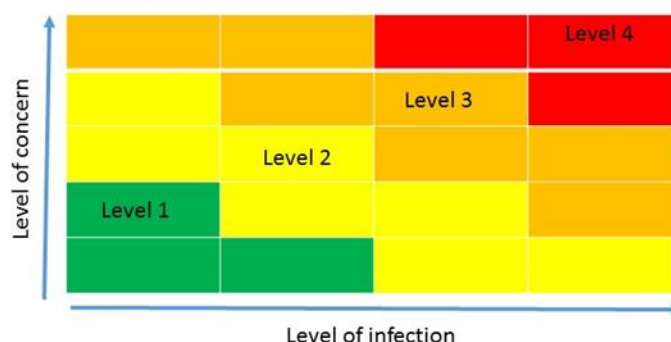
7 GOVERNANCE CONSIDERATIONS

- 7.1 Guide related to the decision to test is outlined in the risk matrix below

Fig 1 below: Risk matrix for decision making

Risk Matrix

- Level of intervention required (1-4) is based on assessment of level of infection and level of concern
- Level of infection:
 - no symptomatic cases → single issue → outbreak - few confirmed cases
 - → outbreak - widespread transmission
- Level of concern influenced by:
 - Soft intelligence – known frequent outbreaks, poor infrastructure, staff sickness, CQC etc.
 - Data – e.g. local clusters of outbreaks



- 7.2 The DPH or designated representative is responsible for ensuring an objective decision making process is followed when instigating whole site testing or screening.
- 7.3 Annex D outlines the priority template when deciding on which sites to prioritise

8 HOW TO REQUEST WHOLE SITE TESTING

If you believe that the site or community you are responsible for requires a whole site/whole population approach this needs to be actioned through the DPH decision making process.

- In the first instance you should complete a referral form found at Annex E and submit to the enquiries.publichealth@york.gov.uk inbox. This should be cross referenced with the SOP for your setting (See Annex F)
- This inbox is managed 7 days per week and your request will be forwarded to the decision making team.
- You will receive an invitation to attend a CYC testing prioritization group at the next available timeslot. Meetings are held Monday to Friday with PH, CCG and ASC at 2.30pm.
- The request will be discussed in the context of the whole city priorities, capacity in the testing system and a decision will be taken about deployment of test kits for the following working day.
- Prioritisation table can be found at Annex D and decision making risk matrix can be found at point 7.1

9 NATIONAL TESTING AND LOCAL SHARED ARRANGEMENTS

9.1 There are currently five pillars of the national testing strategy, however only pillars 1 and 2 are relevant in this context and the other three pillars are nationally focused. The pillars are:

- Pillar 1 – Testing of NHS and some care staff and patients. This pillar includes Public Health England testing during outbreaks.
- Pillar 2 - Swab testing at super sites and mobile testing for the population and limited availability of home testing. Testing of residents in care homes alongside retesting of identified sites
- Pillar 3 Antibody Testing
- Pillar 4 Surveillance Testing
- Pillar 5 Diagnostics National Effort

9.2 Across the shared North Yorkshire and York testing response to achieve our ambitions set out we need an approach to testing that is responsive, timely and supports a proactive early intervention and prevention. To achieve this intent, additional access to testing will be required alongside the national strategy through the North Yorkshire and York Local Resilience Forum (LRF).

In addition to Care Homes and testing people over 65, this will support the testing of.

- People living in residential or nursing care irrespective of age
- Those people living in Extra Care settings or independent living communities
- Those people with a learning disability whether living in residential/nursing care or supported living.
- Other vulnerable adults who may be living in residential/nursing

care or supported living environments e.g. adults with physical disabilities or mental health issues.

- Extended the scheme to include people in receipt of domiciliary care and people in receipt of Direct Payments
- People who are vulnerable and living in other group settings such as hostels and refuges.

10 NORTH YORKSHIRE AND YORK SHARED TESTING PROCESS

10.1 The North Yorkshire and York Testing Group meets regularly.

10.2 Testing is one part of the response that is being provided to support for settings.

10.3 The North Yorkshire and York Testing Group considers recommendations made for the shared testing route by any professional escalating concern

10.4 Following the shared NY&Y Testing Group the DPH representative will implement the process for requesting testing for the proposed site for the agreed eligible settings.

ANNEX A: CARE HOMES AND CARE SETTINGS:**Testing in care homes**

A local decision-making process following national guidance is in place for care homes. Summary of testing access for care homes/settings as of 2nd July is:

- ASC liaise with each site to ensure the latest information is available to assess known risks
- Risks are discussed at a regular partnership meeting governed by DPH/PH representative
- The proposed sites for testing are discussed and an agreement made within the context of the whole care system
- Decision is agreed regarding testing for the following day at the Joint LRF Gold morning call with CYC ASC, NYCC and PH action the request for testing using this route following the meeting.
- Where sites are not eligible for the LRF/DPH shared route a decision will be made about testing alongside the whole population for the local satellite.
- Wrap around support for sites is also considered within both the York and shared NY & Y meetings.

Testing of symptomatic individuals for diagnostic purposes is ongoing and will continue where indicated.

All care homes were required to complete one round of whole home testing to identify asymptomatic or pre-symptomatic cases. This could be considered active case finding for all homes – those with outbreaks due to the existence of cases within the home, and those without known cases as the background prevalence of COVID-19 in care homes over the last few months has been high enough to substantially increase the risk across all care homes.

Our priority for whole setting testing will be active case finding in situations where there is a known epidemiological link – this response will need to be timely and follow the agreed processes.

Repeat whole care home care setting testing – for case identification

National guidance can be found [here](#)

Testing for care home staff can be made available every week through the national testing route managed between NY&Y

Care home residents can be tested monthly without a current outbreak and with no suspected cases within the site.

Careful consideration needs to be given to the decision to action a repeat whole site testing regime. This is still subject to PH governance and is requested and considered within the context of the whole system approach, this would be alongside symptomatic testing through the appropriate daily route. Those eligible through the shared NY&Y DPH route and other through the local testing or mobile testing units.

Repeat site testing must be undertaken within the prioritisation model outlined in Annex D

Prioritising whole care setting testing of staff and residents

Following consideration by local Public Health specialists, the following four over-arching criteria will be used to determine where whole care setting testing should be carried out. Where the requests for tests outstrip capacity, these criteria are in order of importance.

Please refer to Annex D prioritisation table

Testing for pre admission to care homes or transfer between care homes:

It is inevitable that residents will be at times moving between the community to care homes and occasionally between care homes. In order to reduce the risk of cross infection it is advised that the person transferring undertakes a COVID – 19 test within 48 hours of the planned transfer.

The team or worker managing the transfer must submit a test referral form to adultscommissioning@york.gov.uk a test kit ideally from the local pseudo satellite option will be made available for the test to be undertaken. See form below.

ANNEX B: CARE HOME TRANSFER TESTING**City of York Covid - 19 Test Referral form****(Transfers related to care homes/care settings only)**

Referring Team & contact name		
Contact details of referrer/team		
Please state which care home	Community to Care Home	
Please state both sites	Care Home to Care Home	

Full Name	
Current address	
Contact phone number	
NHS number if known	
DOB	
GP Practice	
Date of Admission	
Does the person have capacity to consent	YES / NO
If Yes please provide date of decision – If NO swab cannot be completed	
Does a family member need to be contacted before the test is carried out if so please provide details	Name – Relationship to the person – Address – Contact number –
Has the person consented to the Swab YES / NO IF NO, has a best interest decision be completed?	
Name of person who was involved in Best interest decision	

For Community to Care Home Transfer Only:

Lives with someone suspected or confirmed who has been unable to isolate from the patient	Yes Where known complete	1= Date onset of first symptom 2= Temperature 3= New persistent Cough. Yes/ No
	No	

For Care Home to Care Home Transfer Only

Has the Person had a test in the last 48 hours	YES / NO
If Yes please provide the date and result	Date: Test Result:
Additional Information? ARE CARERS CONTACT DETAILS REQUIRED FOR ACCESS	
Risks:	
Key Code / Access info	
Date Covid19 Swab taken (CCCT)	
Result of Swab (IPC)	Positive/Negative/ Inconclusive
Date test confirmed (IPC)	

Once complete please send to: adultscommissioning@york.gov.uk

ANNEX C: TESTING ROUTES

There are several options to access testing in York and all routes may need to be considered if one fails. NOTE: These may be subject to change.

National guidance can be found [here](#)

Pillar one				
Testing site	Who	How	Helpline	Notes
National (Easingwold site)	NHS essential worker and their family members	Direct referral		
Pillar three Antibody testing				
Testing site	Who	How	Helpline	Notes
National (Easingwold site)	NHS essential worker and their family members	Direct referral		

Pillar Two				
Key workers				
Testing site	Who	How	Helpline	Notes
National test centre (York P&R Poppleton) Drive through or self-test	Key worker employer referral	Employer process Unique referral code given by text https://test-for-coronavirus.service.gov.uk/appointment		CYC employees this is through Medigold when reporting absence
National test centre (York P&R Poppleton) Drive through or self-test	Key worker self-referral	https://self-referral.test-for-coronavirus.service.gov.uk/		

Symptomatic residents				
National test centre (York P&R Poppleton) Drive through or self-test	Symptomatic person	https://www.nhs.uk/ask-for-a-coronavirus-test	Ask at time of test	guidance

Care home residents				
Testing site	Who	How	Helpline	Notes
At the care home through national process	Whole site testing request including staff	PHE referral via CYC named contact Daily prioritisation https://request-care-home-testing.test-for-coronavirus.service.gov.uk/	Via DPH/representative	This is same as care home direct referral
Satellite testing unit	N/A	If required can be requested through emergency planning LRF escalation in a major outbreak		
National test site - courier to care home	Residents of CQC registered care homes	CQC directly wrote to each care home with instructions	Telephone: 03000 616161 enquiries@cqc.org.uk	
National Test site – courier to care home site	Care home manager referral	https://request-care-home-testing.test-for-coronavirus.service.gov.uk/		
Wider system testing				
Testing site	Who	How	Helpline	Notes
York Pseudo satellite testing		Referral (Annex E) to PH email Daily prioritisation by Public Health DPH representative		
NY&Y Satellite testing unit	Complex sites/communities	This would be through DPH/LRF escalation during an outbreak		

The York pseudo satellite option is linked to the pillar 2 Deloitte's offer, test kits are delivered and collected using local couriers organized each day. The tests are self-administered or support is given by the sites own staff and or wrap around support staff via CCG.

NY&Y Satellite testing unit option is part of the shared LRF process cross Y&NY and would only be used in York to support a major outbreak. This offers a quick and assisted testing options however this is a shared facility across the whole of North Yorkshire.

ANNEX D: PRIORITISATION TABLE

Following consideration by local Public Health specialists, the following four over-arching criteria will be used to determine where whole community or setting testing should be carried out. Where the requests for tests outstrip capacity, these criteria are in order of importance.

Prioritisation Table: Whole site testing all populations

1	<p>New outbreak (or new case in COVID-free community/setting) Community/setting has reported new cases. Priority would be given to more complex settings with a new confirmed outbreak. Definitions of what constitutes a new outbreak is defined in the SOP, as this differs depending on the setting. Complex settings include: Shared housing with difficult to manage client group, a setting where social distancing is difficult to impose. Communities of interest such as drug users or gypsy and travelers.</p> <p>Please note where possible for Care Homes/Care Settings that meet the criteria for the national DPH testing portal this should be considered in the first instance to ensure the whole system has capacity. This does not mean that Care Homes/Settings cannot access the local pseudo satellite route simply that a balance to manage capacity needs to be considered.</p>
	<ul style="list-style-type: none"> • One or more confirmed positive Covid-19 residents or staff • One or more staff members reporting Covid-19 symptoms • One or more residents acutely unwell with COVID-19 symptoms • Increase in deaths (concern about unexpected deaths or spike in numbers) Increase in illness in last week
2	<p>Ongoing outbreaks (previously reported to PHE, HPT) requiring escalation</p> <ul style="list-style-type: none"> • Increase in cases above expected or rapid increase in number of cases • Increase deaths above expected or rapid increase in number of deaths • Large or increasing proportion of staff absence related to COVID -19 • High rotation of staff in/out of the site (e.g. agency, staff shared between sites, part of a local provider groups with known or re occurring outbreaks) • Risks identified about infection control measures, cohorting of staff and residents etc. • Large care homes (50+ residents) where there is greater potential for a high level of transmission • Complex sites where there is a potential for high transmission and severe illness/death

3	Other (Examples of other intelligence; Local intelligence, CQC reports, commissioner monitoring, change of leadership, any signs that indicate the setting or community is potentially vulnerable or has increased vulnerability)
	<ul style="list-style-type: none"> • High overall risk* • Concerns raised through multi-agency group • Unstable leadership or recent change of leadership • Keeping a Covid-19 setting free of Covid-19 particularly in larger and complex settings • Any situation where the setting is reporting difficulties in continuing to safely care for residents
4	Repeat whole site testing – screening, no specific concerns
	<ul style="list-style-type: none"> • Resident group are in an epidemiologically noted high-risk category • Social distancing is difficult (for instance due to dementia) • Majority of residents are 65+ • Speculative screening outside the national programme for Settings is not deemed appropriate at this time.

*As determined by risk matrix

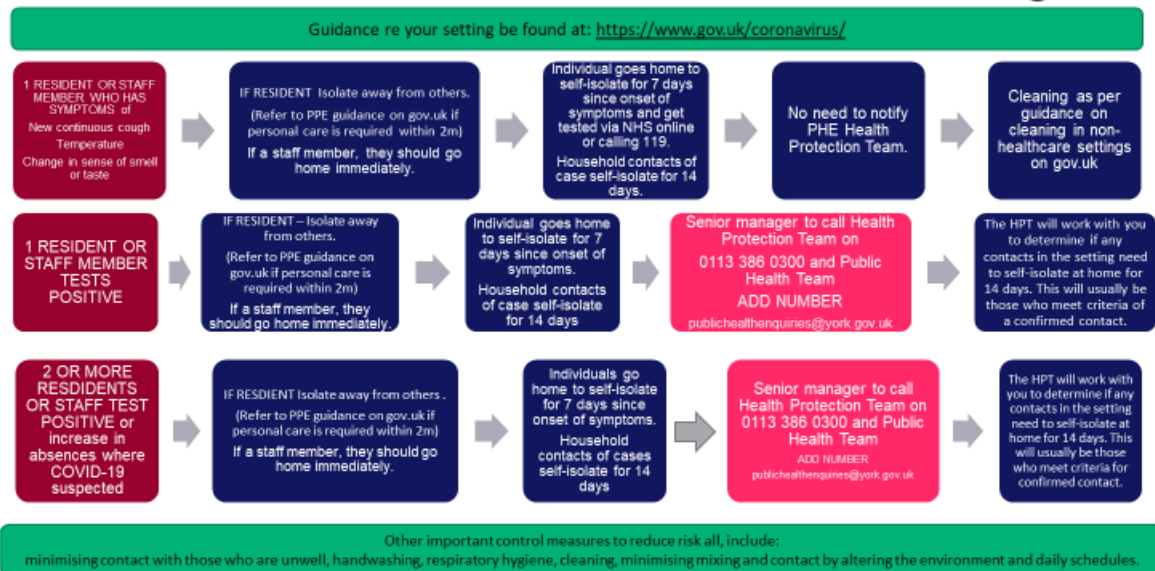
ANNEX E: WHOLE SITE TEST GENERAL REFERRAL FORM**City of York Council****Covid - 19 Whole site test general referral form**

Referring team & contact name	
Contact details of referrer/team	
Please state which site or business this relates to	
Address inc. post code	
And/or state which community this relates to	

Why you are requesting whole site testing?	
How many people are confirmed positive COVID - 19 test at the site?	
How many people are self-isolating due to COVID-19 symptoms	

ANNEX F: WHAT TO DO IN A COMPLEX SETTING

What to do if you have a case of COVID-19 in A COMPLEX setting



Annex G: FE and HE Covid-19 Test kit Ordering Form**City of York Council****Covid - 19 FE and HE Covid-19 Test Kit Ordering Form**

Date of request	
Referring Institution & SPOC contact details	
Contact details of referrer if different	
Name and contact details of institution representative who can provide more detail about this request if required	
Please state full address including. post code and contact name for delivery	
Have you confirmed that each student you are requesting a test kit for is unable to access a test through existing routes from https://www.gov.uk/get-coronavirus-test ? Yes / No	

Have you asked each student if they are experiencing Covid-19 symptoms?	
Have you asked each student if they are self-isolating and complying with guidance?	
Do you have any concerns about any of these students not complying with guidance? If so what and please explain what steps have been taken / additional support may be required?	
How many test kits are you requesting?	



COVID19 Contain Framework: National and Local powers to contain outbreaks

Background

The York Outbreak Control Plan makes reference to national and local lockdowns, as was the situation at the time of writing the Plan in June 2020. This paper updates the detail in the Plan following the issuing of further national guidance and associated Regulations.

Local Powers

On 18th July 2020 The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 came into force. These regulations set out the powers that Local Authorities have to impose restrictions in order to reduce the risk of transmission of coronavirus. The Regulations allow for local authorities to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

In order to enact these powers, the local authority must be able to provide evidence that the following three conditions have been met:

1. the direction responds to a serious and imminent threat to public health in the local authority's area
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

A local decision to restrict types of events or types of places across York, would be progressed through the governance structure outlined within the Outbreak Control Plan, and would be based on data giving evidence that such events or places were driving a rise in infection rates across the City. A local decision to restrict a specific event being planned for York, would be agreed at the Outbreak Management Group, based upon evidence gathered through routes such as licencing applications, Safety Advisory Group meetings, or planning applications. An internal Council procedure is in place to enact this.

National Powers

The direction for local restrictions could also come from the Secretary of State, with the local authority being responsible for enacting the restrictions.

A wide range of indicators are being monitored to ensure constant situational awareness around Covid across England. The indicators will help provide an early-warning system to enable early, preventative action. This monitoring will enable an understanding of the virus progression and level of risk within a local authority area. The majority of areas will be operating as 'business as usual'. However, at any one time, some areas will be designated (by the national command structure) as being in one of the following categories:

- area(s) of concern – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence – for example additional testing in care homes and increased community engagement with high risk groups
- area(s) of enhanced support – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resources being provided to support the local team (eg epidemiological expertise, additional mobile testing capacity)
- area(s) of intervention – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place, and local resources augmented with a national support

National decision-making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the COVID Operations Committee to engage ministers across government.

In the instance of York being designated as being in any of the above categories, the Outbreak Management Group will brief the Outbreak Management Advisory Board, and will work with national partners to agree and implement a local plan.

Fiona Phillips/Sharon Stoltz – 7th September 2020

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