Item 5

North Yorkshire County Council
Executive

Tuesday 14 July 2020

North Yorkshire County Council – COVID-19 Outbreak Control Plan

Report of the Director of Public Health

1. Purpose of report

1.1. To present the North Yorkshire County Council (NYCC) Covid-19 Outbreak Control Plan for Members' information and endorsement.

1.2. To seek approval of the delegation of budgetary decisions linked to the delivery of the COVID-19 Outbreak Control Plan to the Corporate Director, Health and Adult Services.

1.3. To seek approval of the delegation of all further steps to implement the Outbreak Control Plan and of any future changes required to the Outbreak Control Plan to the Director of Public Health.

2. Background

2.1. As part of the UK Governments response to the COVID-19 pandemic, a national Test and Trace system was launched by the government on 28 May 2020. This is a central part of the government's recovery strategy.

2.2. Achieving the objectives of Test and Trace requires coordinated efforts from local and national government. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection.

2.3. All upper tier local authorities were required by the Department for Health and Social Care to develop and publish an Outbreak Control Plan by the end of June 2020 and was made available on the County Council's website on 26th June. Please see Appendix A for full details of the Plan.

2.4. The Outbreak Control Plan is centred around 7 interconnected themes:

- Care homes and schools
- High risk places, locations and communities
- Local testing capacity
- Contract tracing in complex settings
- Data integration
- Vulnerable people
- Local Boards

2.5. The Plan provides a framework for the North Yorkshire approach to preventing and controlling outbreaks of COVID-19 and reducing the spread of the virus across the county. The key objectives of the Plan include;

- Proactive approach to preventing outbreaks by identifying and supporting high risk settings and groups;

- Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible;
- Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results;
- Supporting people and settings to remain isolated by providing practical support and guidance on infection control;
- Ensuring appropriate and proportionate governance to implement public health measures with community engagement as relevant.

2.6. A newly established member led group, the Outbreak Management Advisory Board, has been set-up in accordance with government guidance. This group has political ownership for public facing engagement and communication for the outbreak response and is chaired by Cllr.Carl Les. A terms of reference and meeting schedule for the group was agreed at the first meeting, held on 16 June 2020. The terms of reference and full membership are available in Appendix B. The group will meet every 3 weeks initially, with the ability to come together sooner, if required. The next meeting will be held on 10 July 2020. The Outbreak Management Advisory Board will act as an advisory body with a critical role being to ensure relevant representation and a joined up response to COIVD-19. If there are any local outbreaks this Board will play a crucial role in managing communications within our communities.

3. Performance Implications

3.1. Data integration is an enabler to the successful delivery of the COVID-19 Outbreak Control Plan (the Plan). Providing accurate and timely local intelligence is crucial, and will highlight growing or reducing risk in settings so Public Health leads are able to make informed decisions.

3.2. Work is progressing, focused around utilising the existing datasets which are being monitored in relation to COVID. This will ensure:

- visibility of key data metrics to ensure effective and timely management, supporting individual and multiple case management;
- inform prevention activities and
- allow for performance reviews.

3.3. Further to the development of local data sets we expect to receive information from the Joint Biosecurity Centre to support local intelligence.

4. Financial Implications

4.1. The Minister of State for the Department of Health and Social Care allocated a ring fenced grant to Local Authorities on 10 June 2020. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

4.2. The amount of grant received was decided upon using the 2020/21 Public Health Grant allocations as a basis for proportionately distributing the funding. North Yorkshire County Council received £2,022,850. The grant was paid June 2020.

4.3. In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery.

4.4. The Director of Public Health chairs an Outbreak Management Group, with multi-agency representation, which is developing proposals outlining how the funding will be utilised in order to support local delivery. Some potential areas include:

- Enhance Infection Prevention Control resource to deploy flexibly;
- Support localised contract tracing resource;
- Compensate for additional costs incurred by district / borough councils and/or to be available to invest in district / borough services;
- Explore scope to financially incentivise cases / contacts to self-isolate if there is a danger they might go to work otherwise e.g. to support people on zero hours contract, no recourse to public funds etc. This would build on existing services through the Local Assistance Fund and community support.
- Delivery of communications strategy.

Please note the above information is indicative only. The allocation of any of the grant will be subject to the necessary approvals.

5. Legal Implications

5.1. The allocated ring-fenced grant is paid subject to the conditions detailed in the letter from the Department of Health and Social Care. Please see Appendix C for full details.

5.2. As part of the development and implementation of the Plan the Government has indicated the potential for local lockdowns. Under the plans, the new Joint Biosecurity Centre is expected to use data and analytics to identify risks in order to offer advice. Most outbreaks are confined to a single setting, however, we need to plan for scenarios where a localised outbreak may occur with interventions expected to be implemented at local level and councils potentially called upon to close down towns or a few streets. Currently, lockdown powers sit with ministers however there is a potential that responsibility may be passed to councils.

6. Consultation Undertaken and Responses

6.1. The approach to the Plan was presented to the Outbreak Management Advisory Board on 16 June 2020.

6.2. The Plan was formally approved by the Director of Public Health, Dr Lincoln Sargeant on 26 June 2020. The Plan was published on the NYCC website on 26 June 2020 as per the requirement from the Yorkshire Test and Trace coordinating group.

6.3. The Plan has been shared with partners and was also presented at the North Yorkshire multi-agency Test and Trace webinar on 7 July 2020.

7. Impact on Other Services/Organisations

7.1. In order to respond to the pandemic the Local Resilience Form (LRF) was mobilised to ensure a multiagency coordination response. The LRF remains in place to support the ongoing situation.

7.2. As part of operationalising the Plan we will enable the LRF to step-down as we transition into a new way of working as part of our business as usual. This will of course continue to require a coordinated and joint response, for example where contact tracing is required in a specific locality we will liaise with the Environmental Health Officers in the district / borough council.

7.3. District and Borough Council continue to play a crucial role in dealing with queries and supporting those who are shielding, as well as working with people who present as homeless

or live in supported housing. As lockdown measures ease and the local test and trace plan is operationalised partners will work together across the county and mutual aid will be accessed to support localised responses. This will build on the existing expertise and knowledge within partner agencies.

7.4. NYCC has utilised existing service areas to ensure support to the communities of North Yorkshire throughout the pandemic. This support in some cases will be reduced as the impact of COVID eases. However the council will retain the ability to step-up the response at any point to ensure a rapid response to any emerging incident / outbreak.

7.5. Each theme area, as outlined in section 2.4, is led by a Public Health Consultant with support from the relevant Service Area Lead(s), representing the relevant agencies needed to deliver on the themes and project management support. Appendix D provides details.

7.6. A target operating model is in development, Appendix E details the latest thinking in relation to how the model will work in practice. This identifies the main settings, linked to the theme areas within the plan and the associated process flows, including links into the national test and trace service and partner agencies. The proposed operating model will ensure, via the Hub – Test & Trace, that the appropriate response to an incident / outbreak will be provided.

8. Risk Management Implications

8.1. NYCC's Insurance and Risk Management team are working with the Public Health team to review the standard operating procedures (SOPs) issued by Public Health England. The SOPs detail how to respond in different settings. As part of this review an assessment is being undertaken in relation to what, if any, additional insurance the council may require related to the COVID test and trace delivery.

8.2. An action and risk log is being maintained in relation to the mobilisation of the Plan.

8.3. It is unknown what time period the grant funding relates to. This represents a risk as the funding may be insufficient to cover local delivery in the scenario where there is a second peak or multiple outbreaks which have to be responded to at a local level.

9. Equalities Implications

9.1. There is some evidence which demonstrates that COVID-19 has a disproportionate impact on older people; males; some occupations; people with underlying health conditions and people from BAME communities. The economic impact of self-isolation may also be disproportional. We will need to understand these better as more evidence emerges and adapt our approaches as appropriate.

9.2. An Equality Impact Assessment has been completed. Please see Appendix E for full details.

10. Community Safety Implications

10.1. As highlighted in paragraph 5.2 the local response could result in local lockdowns. This could lead to civil unrest within communities.

10.2. Nationally concerns have been raised about the increased levels of domestic abuse, as a result of the nationwide lockdown. This remains a concern as we move out of lockdown. There is also a potential impact if we see local lockdowns coming into effect. A further issue linked to victims of domestic abuse is a potential issue around people being willing / able to engage with contact tracing and what role the system may play in helping people to access help. This is being explored in more detail by the Head of Safer Communities alongside IDAS, the council domestic abuse service provider.

11. Recommendations(s)

11.1. That the Executive notes the contents of this report and endorses the North Yorkshire County Council COVID-19 Outbreak Control Plan.

11.2. That the Executive delegates the making of any required changes to the Plan in order to respond to changes in national policy or local circumstances to the Director of Public Health. This will be in consultation with the Leader of the Council, as Chair of the Outbreak Management Advisory Board.

11.3. That the Executive delegates the budgetary decisions associated with delivery of the Plan and all further steps to implement the Plan to the Corporate Director, Health and Adult Services.

Dr Lincoln Sargeant
Director of Public Health (Health & Adult Services)
25 June 2020

Author of report – Rachel Woodward, Service Manager Test & Trace
Presenter of report – Dr Lincoln Sargeant

Background Documents – North Yorkshire County Council COIVD-19 Outbreak Control Plan
Appendices:

Appendix A – NYCC COIVD-19 Outbreak Control Plan - The Plan is also available on the NYCC website: https://www.northyorks.gov.uk/our-outbreak-plan and includes an Executive Summary and Easy Read version.
Appendix B – Outbreak Management Advisory Board Terms of Reference
Appendix C – Grant Conditions
Appendix D – List of Theme Groups
Appendix E – Target Operating Model
Appendix F – Equality Impact Assessment

North Yorkshire County Council – COVID-19 Outbreak Control Plan

Executive Summary

"We have now entered another phase of our response to the coronavirus pandemic in the UK. We will need to identify local outbreaks of Covid-19 quickly and take effective action to rapidly control them. This plan outlines how we will respond, with our partners, to prevent outbreaks and limit the spread and impact of any that occur. It ensures there are clear protocols in place to respond and outlines how we will focus on preventing infection in the first place through ongoing engagement with our communities and providing information and guidance to reduce risk of spreading the infection. As part of the NHS national Test and Trace programme the outcome will be that we can support the county, its residents, businesses, work force and visitors to return to normal life safely. Covid-19 is the latest in a series of public health threats and this plan builds on long established principles of outbreak management that have served to protect the public from other hazards like this in the past. It demonstrates our commitment to leading the fight to control coronavirus in North Yorkshire."

Dr Lincoln Sargeant, Director of Public Health for North Yorkshire

This plan sets out North Yorkshire's response to the next phase of Covid-19 as part of the national NHS Test and Trace programme in England. It is a dynamic plan and will be developed and refined in line with national policy and local circumstances. It takes a Public Health-led approach and, in particular, sets out the work that will be undertaken by Public Health specialists. The reality of implementing it will extend to a broad range of people and agencies contributing to the health of our communities: environmental health and trading standards officers, NHS and local government professionals with experience of contact tracing, nurses and doctors, care workers, teachers, voluntary organisations and many others.

The Test and Trace service is one strand of all overall approach for management of Covid-19 outbreaks. Whilst the core contact tracing elements will be managed by the regional and local teams of NHS Test and Trace, there is a significant role for us, as a local authority and our partners to support the overall programme. Responses at a local level within North Yorkshire will be led by our Director of Public Health, Dr Lincoln Sargeant.

Public health (Upper Tier) local authorities are required to produce a COVID-19 Outbreak Control Plan by the end of June 2020, based on 7 connected themes[1]:

1. **Planning for local outbreaks in care homes and schools** (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. **Identifying and planning how to manage other high-risk places, locations and communities of interest** including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
3. **Identifying methods for local testing** to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local

[1] Department of Health & Social Care – Local Outbreak Control Plans

pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).

4. **Assessing local and regional contact tracing** and infection control capability in complex settings (e.g., Tier 1b) 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).
5. **Integrating national and local data** and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
6. **Supporting vulnerable local people** to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. **Establishing governance structures** led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

We have established an Outbreak Management Advisory Board, which is a member led group and includes representatives from partner agencies; the business sector; education, care sector and voluntary and community sector, and has political ownership for public facing engagement and communication for the outbreak response.
Health protection is a key aspect of public health's role and outbreak management has always formed a significant part of this. As a local authority we have worked with partners for many years to prevent, detect and manage outbreaks of disease. As such, there are already a number of plans in place which set out how the system responds to outbreaks, and this Outbreak Control Plan draws and builds upon these existing arrangements and experience.

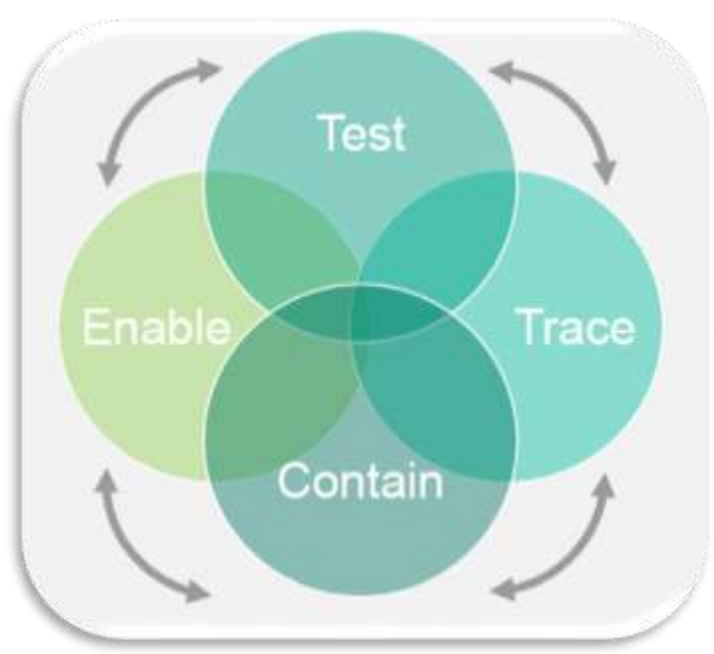
We now know there are stark inequalities in the risks and outcomes of COVID-19 and our outbreak management plan will reflect and seek to address this in order to be effective in preventing and managing outbreaks of COVID-19. We have identified and wherever possible are working to mitigate or reduce the impact of COVID-19 on these population groups within our communities.

In partnership with business, borough and district councils, the NHS, Police and Fire services, the care sector, voluntary and community organisations and many more, we will mobilise the plan to managing outbreaks effectively and ensure;

- A proactive approach to preventing outbreaks by identifying and supporting high risk settings and groups;
- Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible;
- Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results;
- Supporting people and settings to remain isolated by providing practical support and guidance on infection control;
- Ensuring appropriate and proportionate governance to implement public health measures with community engagement as relevant.

North Yorkshire has collectively pulled together and worked over an extended time period to limit the spread of the virus. The support within our communities has been overwhelming. As we move into the next phase of managing the virus we will continue to build on the existing relationships across the sector and to support communities and the economy to return to business as usual safely.

North Yorkshire COVID-19 Outbreak Control Plan



Lead Directorate and service:	Health and Adult Services: Public Health
Effective Date:	26 June 2020
Date Reviewed:	24 June 2020
Date Due for Review:	
Contact Officer:	Dr Lincoln Sargeant
Approved By:	Dr Lincoln Sargeant

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1. Introduction

Overview

This plan sets out the framework for North Yorkshire's response to the next phase of Covid-19 as part of the national Test and Trace programme in England. It is an iterative plan and will be developed and refined in line with national policy and local circumstances. It takes a Public Health-led approach and, in particular, sets out the work that will be undertaken by partners. The reality of implementing it will extend to a broad range of people and agencies contributing to the health of our communities: public health specialists, environmental health and trading standards officers, NHS and local government professionals with experience of outbreak management and contact tracing, nurses and doctors, care workers, teachers, voluntary organisations and many others.

In late December 2019 a new (novel) coronavirus was identified in Wuhan, a city in Hubei Province, China. This virus (later named SARS-CoV-2) appeared to cause a respiratory-type illness of varying severity, now known as COVID-19.

Coronaviruses are a common family of viruses and one of the main causes of the common cold. However, some coronaviruses have caused epidemics of more severe disease, including MERS-CoV and SARS, both of which have required global collaboration to reduce the spread across local, national and international populations. The evidence from these outbreaks is being used to inform the response to COVID-19. As the pandemic progresses, scientists and health care professionals are continuing to learn more about how coronavirus is transmitted and how best to protect the health of the population.

Most people with COVID-19 will present with mild to moderate respiratory symptoms. However, those with underlying co-morbidities are more likely to develop a serious form of the illness, which can lead to respiratory and multi-organ failure requiring lengthy admission to an intensive care unit.

On the 25 March 2020 the Government published The Coronavirus Act 2020. This Act of Parliament grants the government emergency powers to manage the national COVID-19 response. The Act facilitates legislative and regulatory changes that support the UK's response to the COVID-19 outbreak and has three main aims:

- to give further powers to the government to slow the spread of the virus;
- to reduce the resourcing and administrative burden on public bodies;
- to limit the impact of potential staffing shortages on the delivery of public services.

Current situation

As with all novel pathogens, our understanding of the virus is constantly evolving. Guidance on COVID-19 is being developed and updated frequently in light of new data and research, and will continue to do so for many years. The global community has had to work together to understand the nature of the virus and how it is spread, plus what potential management and treatment methods there may be (including potential for vaccination).

North Yorkshire County Council (NYCC) is working alongside partner agencies to develop our response in line with national guidance issued by the UK government and Public Health England and other relevant agencies. This information is updated regularly to reflect the changing situation. As such the NYCC COVID-19 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.

Test and Trace

The UK Government launched the NHS Test and Trace service, which forms a central part of the government's COVID-19 recovery strategy, on 28th May 2020. The primary objectives of the Test and Trace service are to:

- control the COVID-19 rate of reproduction (R),
- reduce the spread of infection and
- save lives.

In doing so, this will help to protect our health and care systems, and protect the people and communities of North Yorkshire.

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

Local planning and response is an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. This Outbreak Control Plan sets out the local response with North Yorkshire based around the 7 key connected themes[1]:

Local Outbreak Control Plans will centre on 7 themes

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

High risk places, locations and communities
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies)

Local testing capacity
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc)

Contact tracing in complex settings
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity)

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

Vulnerable people
Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities

Local Boards
Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public

[1] Department of Health & Social Care – Local Outbreak Control Plans

2. Aims and objectives

Aim

To provide a central framework for the North Yorkshire approach to preventing and controlling outbreaks of COVID-19 and reducing the spread of the virus across the County.

Objectives

- Proactive approach to preventing outbreaks by identifying and supporting high risk settings and groups
- Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible
- Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results
- Supporting people and settings to remain isolated by providing practical support and guidance on infection control
- Ensuring appropriate and proportionate governance to implement public health measures with community engagement as relevant.

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.

- **North Yorkshire County Council Pandemic Influenza Plan**
  Provides a framework to support North Yorkshire County 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 (MTV) in North Yorkshire and the City of York.

- **Yorkshire and Humber LRFs and LHRPs (Local Health Resilience Partnership) Pandemic Influenza Framework**
  Provides a strategic level framework to ensure, where necessary, a co-ordinated multi-agency response to minimise the impact of an influenza pandemic on the health and welfare of the communities across Yorkshire and the Humber.

- **The North Yorkshire Local Resilience Forum (NYLRF) Response to Major and Critical Incidents (RMCI) Plan**

Sets out the protocol for information sharing and escalation process. The NYLRF provides a multi-agency approach to response, a common reporting structure, and a joint approach to information management, to achieve a shared situational awareness across North Yorkshire and the City of York.

Epidemiology

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

Incubation period

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

Infectious period

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

Severity of disease

It is not yet clear what proportion of the people who are infected with SARS-CoV-2 remain asymptomatic. Of those who develop symptoms around 80% will experience mild illness, around 14% will experience severe disease (with complications such as pneumonia) and 5% will have critical disease requiring intensive care treatment.

Mortality from COVID-19 is estimated to be around 1% overall (Lancet – 0.66%)[2]. However, this varies with age, being highest in people aged 80 or over (7.8%) and lowest in children 9 and under (0.0016%).

Methods of spread

The main methods of transmission of SARS-CoV-2 are directly via respiratory droplets from infected individuals (e.g. through coughing or sneezing), or indirectly through contamination of surfaces by these infected respiratory droplets.

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

COVID-19 can also be spread via respiratory aerosol. This method of transmission occurs as a result of health care intervention – specifically aerosol generating procedures (a full list can be found here). Aerosols are able to penetrate far into the lungs (down to the alveoli); as such, any procedure likely to generate aerosols (AGPs) requires a higher level of protection (PPE) for those undertaking them. AGPs are also likely to generate an increased level of environmental contamination, so thorough cleaning after these procedures is essential.

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[2] Verity R, Okell LC, Dorigatti I, et al. Estimates of the severity of coronavirus disease 2019: a model-based analysis. Lancet Infect Dis 2020 Mar 30. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30243-7/fulltext.

Reproduction rate

The reproduction number (R) is the average number of secondary infections produced by one infected person.[3] An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable. If R is 2, on average, each infected person infects 2 more people. If R is 0.5 then on average for each 2 infected people, there will be only 1 new infection. If R is greater than 1 the epidemic is generally seen to be growing, if R is less than 1 the epidemic is shrinking.

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

R is not the only important measure of the epidemic. R indicates whether the epidemic is getting bigger or smaller but not how large it is.

The latest R number range for the UK is published here.

Inequalities

As identified in the recent PHE report *Disparities in the risk and outcomes of COVID-19*, PHE 2020, we now know there are stark inequalities in the burden of risk and outcomes of COVID-19. Therefore, our outbreak management plan will need to reflect and address this in order to be effective in preventing and managing outbreaks of COVID-19. Therefore, our outbreak management plan seeks to identify and wherever possible mitigate or reduce the impact of COVID-19 on these population groups that are shown in this review to be more affected by the infection.

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

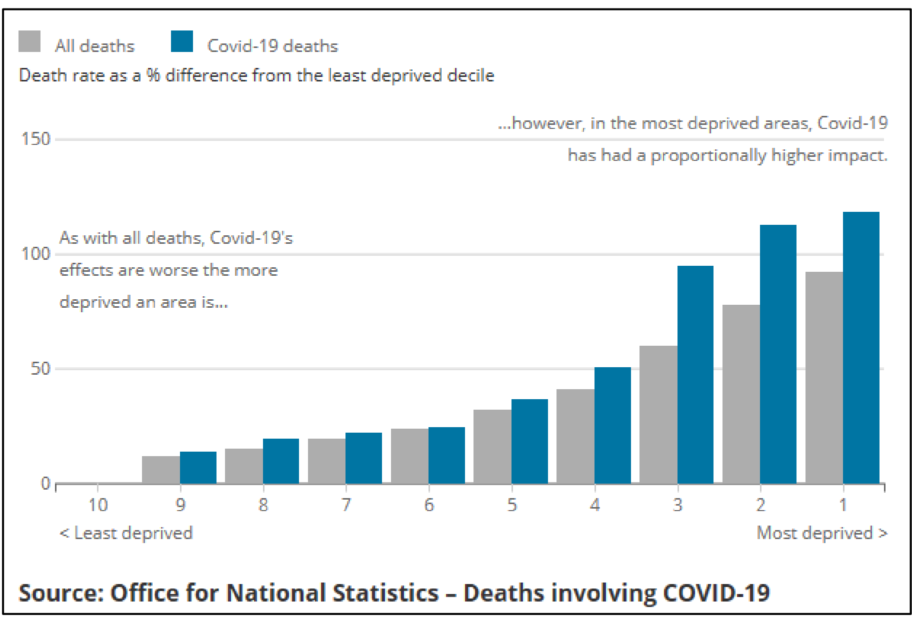
Socioeconomic deprivation

Deaths from COVID-19 have fallen disproportionately on the most deprived communities in England. The chart below shows deaths in the most deprived tenth of areas there were 128.3 deaths per 100,000 population, compared with 58.8 in the least deprived tenth of areas. Mortality in the most deprived areas

[3] https://www.gov.uk/guidance/the-r-number-in-the-uk

is more than double that seen in the least deprived areas. The differences seen with COVID-10 are higher than for all deaths.

Deaths by deprivation, England, 1st March to 31st May 2020



Source: Office for National Statistics – Deaths involving COVID-19

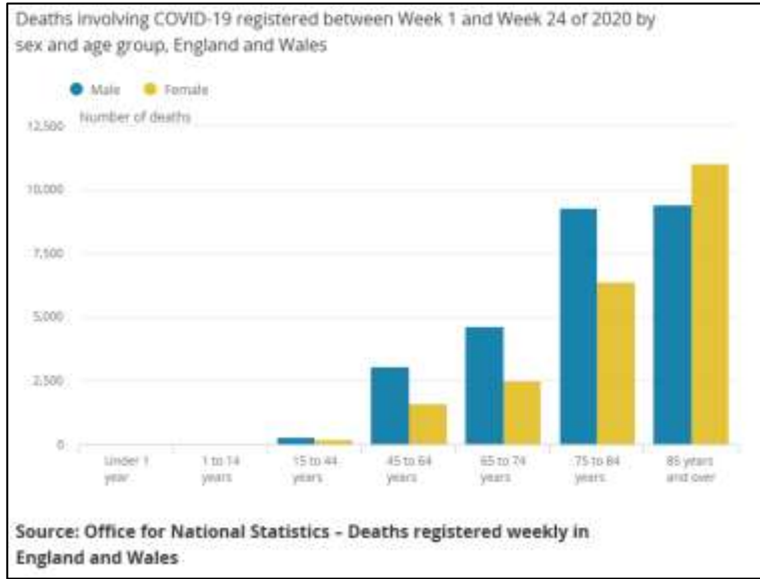
There is little information on COVID-19 inequalities in North Yorkshire. The table below shows North Yorkshire's districts, ranked by the district deprivation score and includes the crude mortality rate and pillar 1 positive test rate. This shows that Scarborough, the most deprived district, has the highest rate of cases in the county and is 4th out of 7 districts in terms of mortality. Conversely, Harrogate is the least deprived district yet has the second highest mortality.

District	Deprivation score (IMD 2019)	Crude cases (pillar 1 testing only)	Crude mortality
Scarborough	26.3	287.9	70.8
Ryedale	15.7	143.8	54.6
Craven	12.8	256.9	112.6
Selby	12.7	153.7	48.3
Richmondshire	12.1	253.5	88.3
Hambleton	12.0	235.9	69.1
Harrogate	10.9	202.5	108.4

Analysis of mortality at Middle layer Super Output Area (MSOA) level shows a mixed picture, which is likely to be heavily influenced by the location of care homes and the relatively small number of deaths at this geography.

Age and sex

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

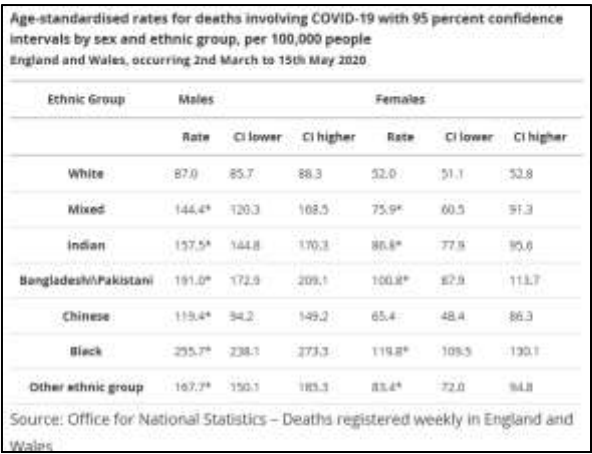


Nationally, age has been a significant factor in outcomes for COVID-19. North Yorkshire, median age 48.2 years, has a significantly older population compared with the UK average (40.3 years). Furthermore, four districts (Craven, Hambleton, Ryedale and Scarborough) have median ages higher than the county average at 50 years and above. Furthermore, these districts have a high proportion of residents aged 65+, who are at increased risk of death from COVID-19.

District	Population aged 65+ (%)	Crude mortality
Scarborough	26.9	70.8
Craven	26.7	112.6
Ryedale	26.6	54.6
Hambleton	25.9	69.1
Harrogate	23.1	108.4
Richmondshire	21.1	88.3
Selby	20.1	48.3

Ethnicity

Nationally, people from many ethnic minority groups are significantly more likely to die from COVID-19 than their white counterparts. It is not well understood why this should be. North Yorkshire (1.7%) has a lower proportion of its population from ethnic minority groups compared with England (13.6%). Craven district (3.2%) has the highest proportion of people from ethnic minority groups in the county (source: Public Health England Local Authority Health Profile).



Age-standardised rates for deaths involving COVID-19 with 95 percent confidence intervals by sex and ethnic group, per 100,000 people
England and Wales, occurring 2nd March to 15th May 2020

Ethnic Group	Males			Females		
	Rate	CI lower	CI higher	Rate	CI lower	CI higher
White	87.0	85.7	88.3	52.0	51.1	52.8
Mixed	144.4*	120.3	168.5	75.9*	60.5	91.3
Indian	157.5*	144.8	170.3	86.8*	77.9	95.6
Bangladeshi\Pakistani	191.0*	172.9	209.1	100.8*	87.9	113.7
Chinese	119.4*	94.2	149.2	65.4	48.4	86.3
Black	255.7*	238.1	273.3	119.8*	109.5	130.1
Other ethnic group	167.7*	150.1	185.3	83.4*	72.0	94.8

Source: Office for National Statistics – Deaths registered weekly in England and Wales

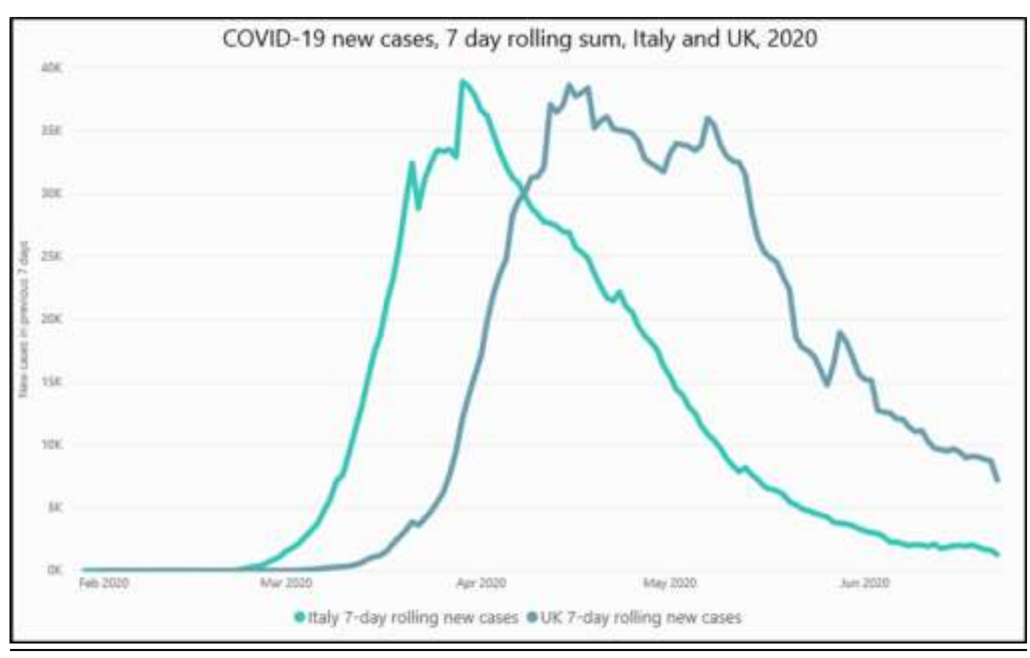
Disability

Nationally, those whose daily activities are limited a lot and limited a little are significantly more likely to die from COVID-19 compared with those who have no disability (ONS, 2020). There is no information on the disability status of COVID-19 patients in North Yorkshire and the county has 17.5% of residents with a long-term health problem or disability, similar to England, 17.6% (source: PHE Common mental health disorders profile).

National context

Globally, cases now exceed 8.9 million, with over 400,000 deaths[4]. The UK has the 5th highest total cases globally and the 3rd highest number of deaths in the world. The UK is approximately 2-3 weeks behind Italy on the epidemic curve. The Italian outbreak took off in the last week of February and appeared to peak on 29 March. For the UK, the epidemic took off in the second week of March, and the curve peaked on 15 April and new cases are declining in both countries[5].

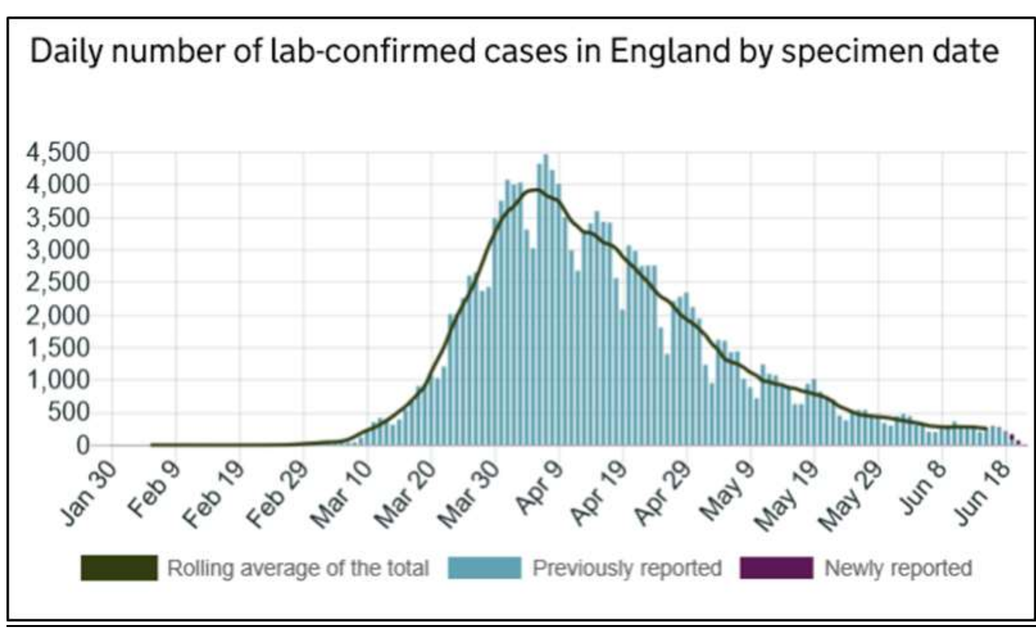
Chart 1



[4] Data as at 23 June 2020.
[5] HAS Daily COVID update

Public Health England data shows there were 305,289 lab confirmed cases in the UK on 21 June, up by 958 from the previous day. The number of lab-confirmed cases in England on 21 June was 159,118 and new cases have halved since 22 May.

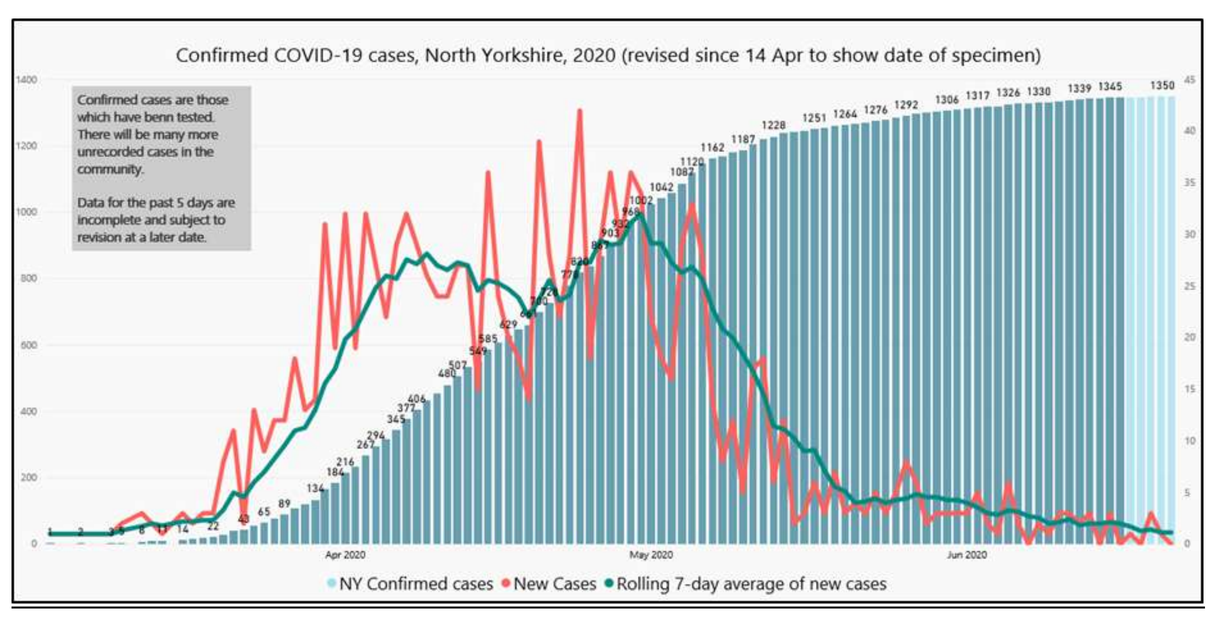
Chart 2



North Yorkshire context

As at 23 June total cases in North Yorkshire stood at 1,350. Cases are those confirmed by tests carried out at hospitals and community testing sites (Pillar 1). It is likely that there are many additional cases in the community. Since 1 March – 12 June 2020 there has been 498 COVID related deaths registered in North Yorkshire[6]. North Yorkshire may be lagging behind the UK as a whole.

Chart 3



[6] Office for National Statistics (ONS)

A critical issue within North Yorkshire is the time taken for testing specifically in care home settings. Various routes for care home testing have been developed, including:

- PHE arrange swabs for symptomatic care home residents at the start of an outbreak (Pillar 1)
- Care home testing portal – access to 1 round of whole home testing (Pillar 2)
- Delivery of swabs to care homes using our local logistics mechanisms from PST satellite sites in Scarborough and Harrogate (Pillar 2) – previously Keighley site
- Hospitals testing individual residents who are due to step down into social care placements

The time from requesting swabs to receiving the results has often been too long to support effective public health actions. The average number of days from a test requested to a test delivered to care homes has been 12 days for those care homes requesting a test where residents have symptoms. The maximum time from requesting a test kit to delivery has been 20 days.

Developments under Theme 3 locally will mitigate this moving forward as the county will be able to offer a rapid and flexible approach to accessing testing. This is a crucial element of the plan in order to identify and control the virus.

Responsibilities

National Responsibilities

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

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

These organisations have developed plans for co-ordinating the response at a national level and supporting local responders through their regional structures. DHSC, PHE and NHS England provides strategic oversight and direction for the health and adult social care responses to pandemics.

Local/regional responsibilities

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

- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) 2010

- Health and Safety at Work Act 1974 and associated regulations
- Food Safety Act 1990 and associated regulations
- Food Safety and Hygiene Regulations 2013
- Food Law Code of Practice (England)
- International Health Regulations 2005

Local Resilience Forums and Local Health Resilience Partnerships have the primary responsibility for planning for and responding to any major emergency, including pandemics.

Public Health England (PHE) is the lead agency for Test and Trace at a regional level. North Yorkshire is covered by PHE North East and Yorkshire, which works on two sub-regional footprints (North East and Yorkshire & the Humber). PHE Yorkshire & Humber Health Protection Team provide Tier 1 support to Test & Trace, managing outbreaks and cases linked to complex/high risk settings.

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

4. Mobilisation and delivery of the plan

National / Regional / Local levels

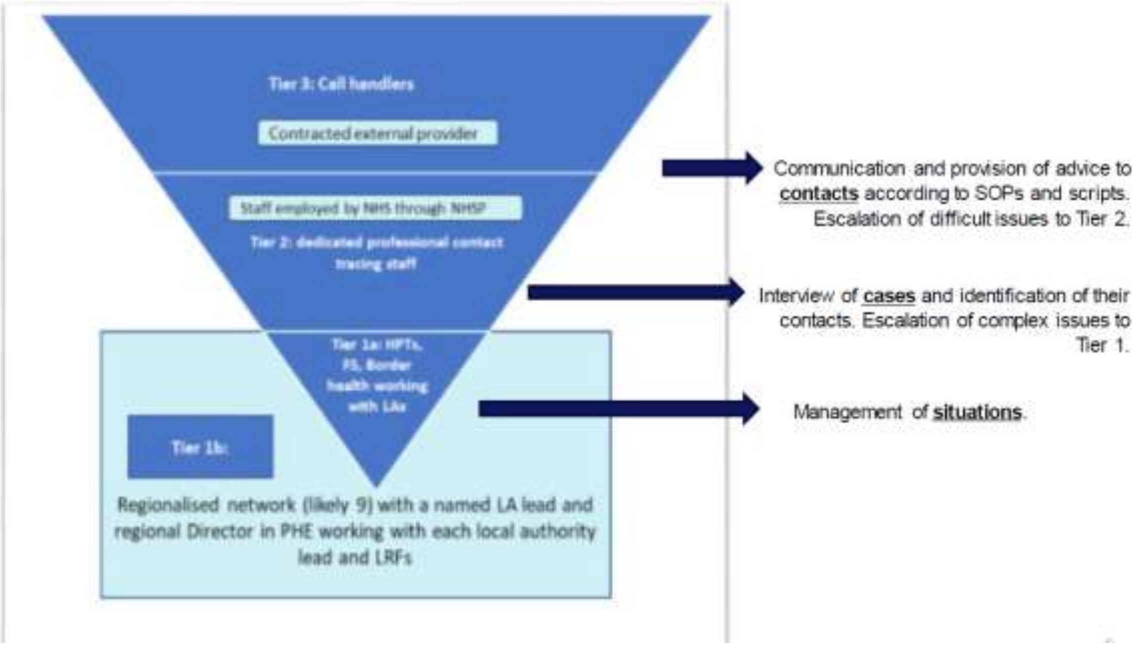
At the national level, NHS Test and Trace runs the Contact Tracing and Advisory Service (CTAS). Where a person develops symptoms they should contact the national Test and Trace service to request a test. Where the test is positive the individual will be required to share their contacts via the NHS website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

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

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

At the local level, the Director of Public Health plays the key leadership role and is responsible for the development of the local COVID-19 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 PHE in focusing on the most complex outbreaks, especially care homes.

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



Partner involvement

Partnership – with business, borough and district councils, the NHS, Police and Fire services, the care sector, voluntary and community organisations and many more – is key to mobilising the plan and to managing outbreaks effectively. Partners are engaged as detailed under each specific theme area within this plan. The plan is iterative and as we operationalise our response to local test and trace and outbreak management we will continue to link with partners to determine the necessary roles and responsibilities. A wide range of partners across North Yorkshire are informed and engaged in the ongoing COVID-19 response through the Local Resilience Forum (see appendix 12). Key additional areas identified to date in relation to the delivery of the plan include:

District / Borough Councils

Environmental Health Officers (EHOs) have existing relationships with numerous businesses across the county and will continue to play a crucial role in the delivery of preventative messages. EHOs will also be involved in high risk and / or complex cases related to local outbreaks in settings such as workplaces e.g. involved in the preparation of food, providing advice on risk assessment of the setting and infection prevention control advice. There is also a role for EHOs in local contact tracing. This is likely to be where the national test and trace service has been unable to contact people and face to face intervention or other specialised local support is required.

Licensing officers - the new emergency premises closure requirements brought in by the Health Protection (Coronavirus, Business Closure) (England) Regulations 2020 ('the Business Closure Regulations') gives councils powers to close certain businesses and other venues that involve social contact without essential grounds for this to take place. Licensing officers have pre-existing relationships with many businesses, we will continue to work with officers to deliver preventative work and support to local businesses.

Resource in relation to EHOs and Licencing Officers is limited across the county. Operationalising resource to respond to local requirements will need to take account of implementing changes around other aspects such as Brexit, as well as supporting adherence to current and future guidance on premises. This is area is identified as a potentially requiring investment of the ring-fenced funding.

Housing Officers – under Theme 2 we will continue to work closely with housing officers to deliver preventative work for those in high risk accommodation settings. Housing officers will also be able to contact the Outbreak Management Group to alert to any new confirmed cases / outbreaks.

Health & Safety Executive (HSE)

The Health and Safety Executive is providing support to businesses in relation to areas such as:

- How to clean the workplace to reduce the risk of COVID-19;
- Social distancing in the workplace and making changes to the work environment to protect people and be 'COVID-secure';
- Providing advice on PPE.

Where there are cases, incidents, outbreaks HSE will be engaged as required (including attendance at outbreak control teams (OCTs) if necessary) to provide advice and support in assessing whether required standards are being complied with.

Fire & Rescue

The Fire and Rescue service are playing a key role in the distribution of swabs for COVID-19 testing as part of the pseudo-satellite tasking unit (PST) established in Scarborough. The service distributes swab tests to settings (particularly care homes) in bulk where needed to enable a flexible and rapid response to potential COVID-19 outbreaks in high risk settings.

NYCC is looking to replicate this model in other localities across the county and may require further resource to support the distribution working on the same model.

The Military

The military are operating mobile testing units across the county, on behalf of the Department for Health and Social Care. There is an ongoing requirement for testing provision across the county as lockdown measures ease. Access to suitable testing facilities is a critical element of the test and trace programme.

Primary Care

Primary care staff provide clinical support to symptomatic individuals / confirmed cases. This includes advice on initial clinical assessment (including e.g. care homes, special schools for those children and young people who cannot tolerate the swab testing) and further management of individuals who need additional support to manage their symptoms.

The local authority will move to a model where we share information, via the Clinical Commissioning Groups, on outbreaks with GP practices to ensure they are informed. This will feed into patient risk assessments for those linked to the setting and alert GPs to when there is a higher background proportion of COVID-19 circulating in the local community.

Clinical Commissioning Groups

Where a CCG is notified of a positive test, there is a requirement that this is notified to the Director of Public Health. The CCG and the DPH will then work in line with the COVID-19 Outbreak Control Plan. The DPH should be notified of any complex case/outbreak occurring in a GP practice within the county council boundary in order to provide the necessary support.

The CCG will provide relevant communications to GP practices around prevention of COVID-19 and how to access support for those testing positive. There is an opportunity to join up the communications strategy by the CCG and the local authority.

The CCG has a role in supporting any GP practice with contact tracing where this is required at a local level. There is an opportunity to join up contact tracing training between the council and the CCGs.

Missed vaccinations will start to be re-programmed and it is likely that the flu campaign will be extended. There is an opportunity for partners to work together in terms of information giving and assessing the health and well-being of children and young people and those who are vulnerable and elderly. This will present an opportunity to gather intelligence on the communities' health and well-being and we need to consider how we can effectively achieve this and utilise our combined resource.

There may be longer term impacts on health, some of which may be directly due to COVID-19, requiring rehabilitation and other care.

Hospitals

The DPH should be notified of any complex cases/outbreaks which occur in a hospital setting within the county council boundary (or in other local hospitals serving a significant proportion of the North Yorkshire population e.g. Airedale) in order to provide the necessary support.

Other healthcare settings

The DPH should be notified of any complex cases/outbreaks which occur in other healthcare settings within the county council boundary (or in other locations serving a significant proportion of the North Yorkshire population) in order to provide the necessary support. This will include (but is not limited to) dental practices, optometrists, hospices, primary and community care settings.

Care Sector

Care Homes and other care providers are an essential part of the work to protect older and disabled people. They have been at the frontline in the first phase of COVID-19 and they remain pivotal in ensuring the most vulnerable members of the community are protected from COVID-19 and/or receive the support and help they need if they contract the virus.

Care homes have been following strict infection prevention and control measures for months to help protect their residents. Homes have remained closed to all non-essential visitors, put in place enhanced cleaning, and used personal protective equipment (PPE) for delivery of care to ensure residents are kept safe. Care homes have been in daily contact with NYCC to provide updates on COVID-19 and infection prevention control (IPC) issues.

Schools

Education and childcare settings have played an important role in the COVID-19 response by providing childcare for vulnerable children and children of critical workers. They continue to be an essential part of the local system for identifying and responding to potential outbreaks. Support for pupils and staff to remain isolated by providing practical support and guidance on infection control to reduce the transmission of disease and protect vulnerable people.

Arrangements put in place to enable educational settings to report suspected or confirmed cases and receive advice and support, which build on established communication channels within Children and Young People Services appear to be working well.

Police

North Yorkshire Police continue to support COVID-19 response efforts (including outbreak management and Test & Trace) as part of the LRF, in particular as the lead organisation for the Multi-Agency Co-ordination Centre and Tactical/Strategic Command Groups.

In a scenario where a local lockdown is required the police will support communities in keeping safe.

Guidance makes specific reference to environmental health and trading standards officers having responsibility for issuing prohibition notices and, in partnership with the police, challenging unsafe behaviours where businesses do not follow these restrictions. This is based on the understanding that environmental health and trading standards will have existing relationships and expertise in dealing with these business sectors. There are still issues in relation to enforcement powers.

Wider role of the County Council

The Public Health Team within the County Council is responsible for the development of this plan and the Director of Public Health is the lead locally. In order to support the Public Health Team in this pivotal role, a number of the council's service areas are supporting the public health team, this includes:

- Customer Service Centre - providing a front line response to help people within our communities who are shielding or self-isolating and need support in relation to food; medication; financial advice or other forms of welfare advice and support;
- Business and Environmental Services – supporting in many ways e.g. through transport; mapping key information; supporting targeted communications; highways messages; trading standards helping in relation to identification of contact tracing resource and developing training; and continuing to work with businesses impacted by COVID-19.
- Children and Young Peoples Services – colleagues working within education and schools are liaising with Public Health colleagues on a daily basis in order to provide key updates and the latest information to ensure our educational settings are up to date with PPE guidance and know how to seek support and advice in dealing with COVID-19.
- Adults Social Care – have worked closely with the Public Health Team since the start of the pandemic. The impact on people in our care homes and who receive care in their own homes has been significant. The Team has worked with colleagues in order to improve access to testing facilities as well as providing advice on PPE guidelines and infection prevention control.
- Technology and Change – providing access to timely data to help inform our local response and ensure we have visibility of key data metrics. The team continue to work closely with public health colleagues as additional information becomes available.
- Policy and Partnerships - Interfacing with colleagues in many other sectors through the Local Resilience Forum, District Councils and other partnership groups.

Political and partner oversight

There is political engagement and partner engagement through the newly established Outbreak Management Advisory Board, as noted in the plan.

Broader engagement is through the LRF and the two NHS Integrated Care Systems that serve the population of the County.

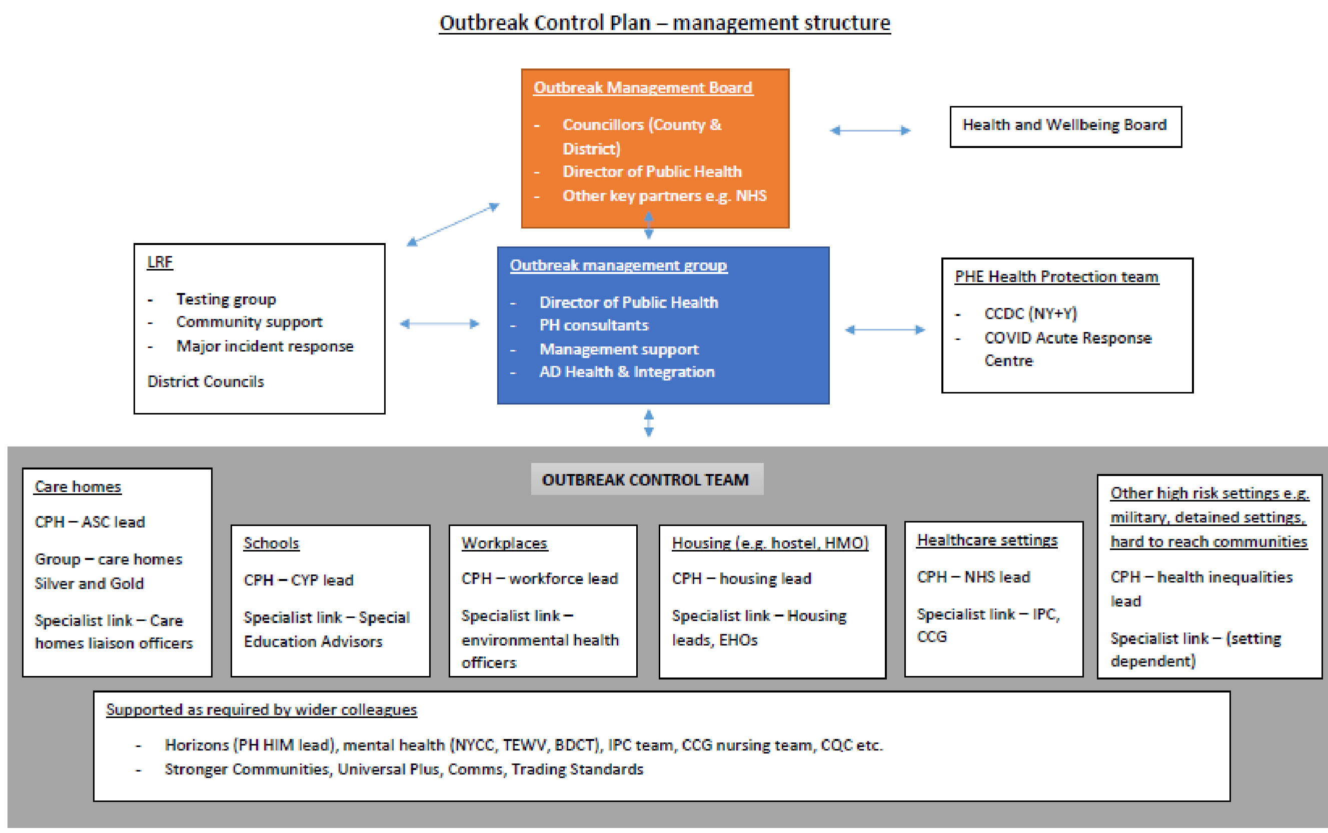
The Department for Health & Social Care has outlined how the local plan will integrate with the regional and national work:

National, regional and local policy integrated in a local plan – key links

	Group	Role
Local	COVID-19 Health Protection Board	Responsible for the development of local outbreak control plans by Directors of Public Health
	Strategic Co-ordinating Group	Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g., Police, SIRE, NHS etc)
	✪ Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response
Regional	Local Resilience Forum	Coordinate public and emergency services to respond to regional emergencies
	Integrated Care System	Develop and deliver regional health strategy
National	Test and Trace Programme	Develop national test and trace strategy
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems

✪ To be formed

Outbreak Governance & Management Structure – North Yorkshire



The outbreak management group will oversee each of the seven themes, with a nominated consultant lead for each area. The group will monitor information received through Test & Trace and other sources, identify any issues, complete an initial risk assessment and follow up as appropriate.

Should issues require a multi-agency response, an outbreak control team (OCT)/incident management team (IMT) will be convened by a public health consultant – either a consultant in communicable disease control (CCDC) at PHE, or the director of public health/consultant in public health from NYCC. Indications

for standing up an OCT can be found in the relevant PHE standard operating procedure (SOP), please see Appendix 10.

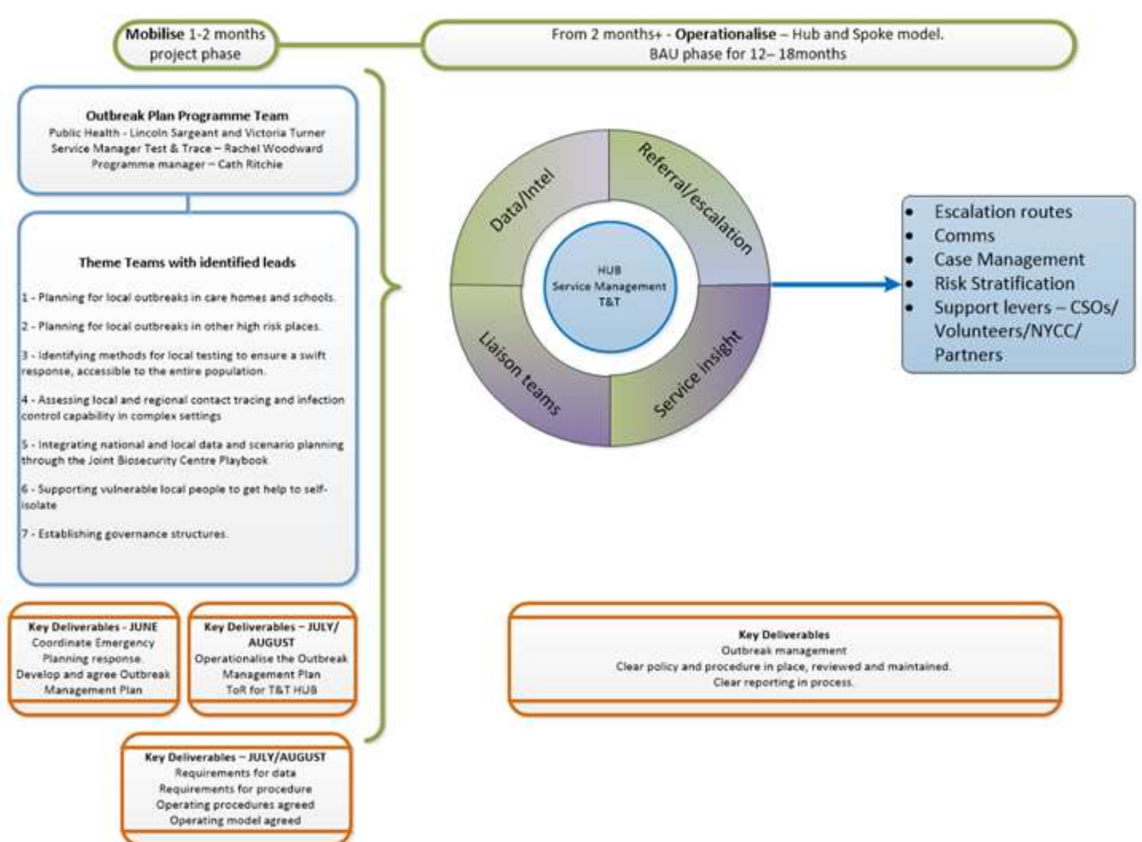
The OCT/IMT will be chaired by a consultant in communicable disease control (PHE) or consultant in public health or DPH (NYCC). Membership will depend on the nature of the outbreak/incident. More information on the role of OCTs can be found in the Communicable Disease Outbreak Plan: North Yorkshire and York Operational Guidance (see Appendix 11).

Should the outbreak require a wider response than an OCT, additional partners can be alerted/co-opted through the Local Resilience Forum (LRF). The process for standing up a LRF response is given in Appendix 12.

Operationalising the Outbreak Control Plan – North Yorkshire

As Test and Trace embeds and becomes more established we will be able to step down the emergency response to the current pandemic. It remains unknown how long it will be before a vaccine or effective treatment is available. As a result there is a need to move the local Test and Trace capabilities and function into a business as usual service – the Test and Trace Hub. The hub will have overall management of test and trace within North Yorkshire and link into appropriate onward referral routes/ pathways whilst ensuing a continuous feedback cycle to check and review the approach.

Within North Yorkshire the Hub will be established from July 2020 onward and is currently expected to operate for 12-18 months. A key part of the governance for the Hub will be the ability to step up the response, as appropriate, for example in the scenario of a second wave.

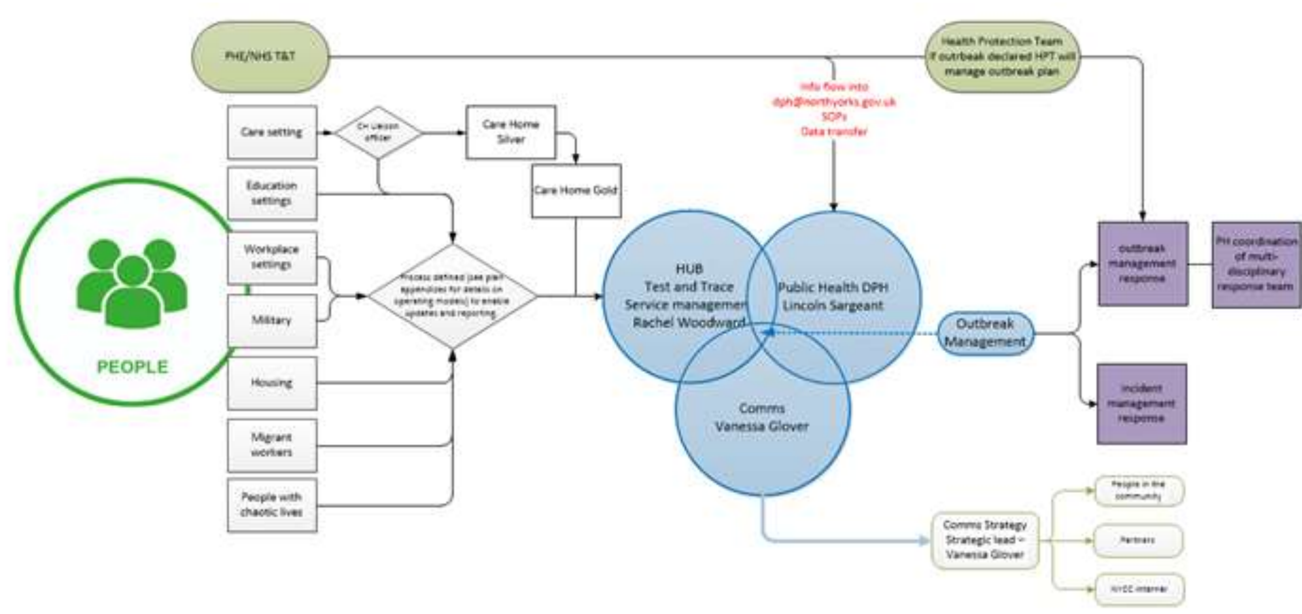


Each of 7 themes has a public health consultant lead/ service lead. For each theme there is a core team to support delivery; the exact make up of these teams will vary depending on who is most appropriate for each theme. Each team has the ability to link into wider partners as and when required.

A programme management team consisting of the Director of Public Health, public health consultant, service manager and programme manager will be responsible for the overall delivery of the outbreak control plan during its initial mobilisation. This group meets on a daily basis alongside the public health consultant team to review progress and address any issues. Other agencies will be included as relevant to the evolving picture of local outbreaks.

The programme is expected to last for 12-18 months, and will need to be merged into business as usual once operationalised.

Target Operating Model



The target operating model is still in development. The above diagram illustrates the current thinking in relation to how the model will work in practice. This identifies the main settings, linked to the theme areas within the plan and the associated process/data flows internally within the council, from partner agencies as well as links into the national test and trace service. The proposed operating model will ensure, via the Hub – Test & Trace, that the appropriate response to an incident / outbreak will be provided.

Escalation of response

Should it be necessary to invoke a wider multi-agency response, the outbreak management group will be able to escalate through existing routes in place with the Local Resilience Forum (LRF). These include:

- Multi-Agency Coordination Centre (MACC)
- MACC can escalate to tactical and/or strategic coordination groups as necessary (TCG/SCG)
- Response to Major and Critical Incidents (RMCI) 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 full membership and terms of reference is available in Appendix 7.

The group will meet every 3 weeks initially, with the ability to come together sooner, if required. 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 community outbreaks this Board will play a crucial role in managing communications within and across our communities.

Any issues requiring escalation for political consideration will be escalated to the Outbreak Management Advisory Board, the criteria which would trigger the need to escalate a situation to the Board is still in development.

Data sharing

The legal framework has flexibility when it comes to the processing of information. 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 individual residents 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[7].

Test & Trace – locally

The local test and trace capacity will support the identification and management of the contacts of probable or confirmed COVID-19 cases and ensure that these people 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-quarantine, proper hand hygiene and respiratory etiquette measures, and advice around what to do if they develop symptoms;
- timely laboratory testing (all those with symptoms and, if resources allow, asymptomatic high-risk exposure contacts as defined below).

Funding allocation

The Minister of State for the Department of Health and Social Care has allocated a ring fenced grant to Local Authorities on 10 June 2020. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The amount of grant received was decided upon using the 2020/21 Public Health Grant allocations as a basis for proportionately distributing the funding. North Yorkshire County Council received **£2,022,850**. The grant will be paid June 2020.

In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery.

The Outbreak Management Group will develop proposals which will outline how the funding will be utilised in order to support local delivery. Some initial areas of potential investment may be:

- Enhance Infection Prevention Control resource to deploy flexibly ;
- Support localised contract tracing resource;
- Compensate for additional costs incurred by district / borough councils and/or to be available to invest in district / borough services;

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[7] https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-ig-professionals

- Explore scope to financially incentivise cases / contacts to self-isolate if there is a danger they might go to work otherwise e.g. to support people on zero hours contract, no recourse to public funds etc. This would build on existing services through the Local Assistance Fund and community support.
- Communications strategy.

Please note the above information is indicative only. The allocation of any of the grant will be subject to the necessary approvals.

National Lockdown

The UK government imposed the lockdown on the evening of 23 March 2020 in order to prevent the spread of COVID-19. The restrictions were initially put in place for a period of three weeks, until 13 April, but were later extended for another 21-day period. The UK Government has set out set out five tests for easing lockdown measures;

1. Protect the NHS's ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.
2. See a sustained and consistent fall in the daily death rates from COVID-19 so we are confident that we have moved beyond the peak.
3. Reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.
4. Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.
5. Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS.

The Government's priority is to protect the public and save lives; it will ensure any adjustments made are compatible with these five tests.

Localised Lockdown

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

Currently, lockdown powers sit with ministers however there is a potential that responsibility may be passed to councils.

5. Overview of 7 core themes

There are detailed operational plans which sits below this Outbreak Management Plan – these are detailed in the appendices.

Each of the 7 theme areas has a Public Health Consultant lead who is responsible for delivery of the theme objectives. 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:	• PH Consultant, North Yorkshire County Council (care homes) • PH Consultant, North Yorkshire County Council (Educational Settings)
THEME TEAM:	Support to care homes: • PH team: Health Improvement Managers and Officers • Adult Social Care team: Assistant Directors, Quality Improvement and Provider Services Care and Support Teams • NHS Team: North Yorkshire, Vale of York and Bradford & District CCGs • Care Home Gold & Silver Resilience plan structures supported by Care Home Liaison Officers see Appendix 1 - Care Home reporting framework for Gold and Silver resilience meetings, which includes the list of partner agencies. Support to schools: • PH team: Health Improvement Officer • CYPS Team – Education Advisers, Early Years, Inclusion, Adult Learning and Health & Safety.
THEME DESCRIPTION:	
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).	
THEME OBJECTIVE:	
What are we going to achieve • Effective local plans are in place which ensure a timely response to a suspected COVID-19 outbreak. • Monitoring arrangements are robust to support proactive identification and management of suspected COVID-19 hotspots. • Clear plans are in place to manage a localised response. • Clear and timely communications are in place.	
OPERATING SCOPE	
• 235 care homes and extra care facilities across North Yorkshire. • 263 maintained schools (excluding nurseries) • 113 non-maintained schools • 25 Children's Centres • 16 High Needs Providers • 5 NYCC children's homes • 78,216 (Early Years – Year 11) young people in school or early year's provision. • 3,200 children and young people with EHCPs	
PLAN	
Key milestones to achieve the objectives • Supporting people and settings to remain isolated by providing practical support and guidance on infection control. • A KPI/MI dashboard is being developed to enable daily monitoring of key data metrics.	

- Care homes – continuation of:
  - Daily calls to care homes from contact worker
  - Care home liaison officers allocated to each home
  - Daily NYCC care home Silver meeting, chaired by public health consultant/DPH
  - Daily multi-agency outbreak management meetings (Gold)
  - Support on a range of issues including infection prevention and control, staffing, PPE
  - Care home testing and prioritisation framework
  - Care market resilience plan – available on the NYCC website here: https://www.northyorks.gov.uk/news/article/north-yorkshire-covid-19-care-market-resilience
- Schools – continuation of FLOWCHART:
  - Builds on established communications channels with educational settings to ensure timely information about suspected or confirmed COVID-19 cases and advice and support to schools
  - Provides an overview of Test and Trace, advice on testing and isolation
  - Outlines the arrangements for reporting suspected and confirmed Covid-19 cases
  - Provides links to relevant and useful national guidance
  - Regular catch up meetings with CYPS Team
- Consistent and co-ordinated communications to ensure a co-ordinated outbreak response. This will include: what information is to be communicated, by whom, how, when and who the recipients should be.
- Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.
- Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed COVID-19 case in their setting.

Appendix 1 provides supporting documentation in relation to care homes and educational settings.

MEASUREMENT

Critical KPIs/ MI which will be monitored

- Care homes data on categorisation (updated daily)
- No outbreak/new outbreak/ongoing outbreak/historical outbreak
- Daily updates on numbers of suspected/confirmed cases, hospitalisations, deaths from COVID-19 in each care home
- Proportion of care homes that have been able to access whole home testing
- Daily updates on numbers of suspected/confirmed cases in schools
- Number of outbreaks in schools.

CRITICAL 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 highest risk care homes
- Proactive follow up of suspected cases in educational settings
- Resilience in Schools Public Health Team

ACCOUNTABLITY STRUCTURE:	Care homes

	• Care home Silver (internal) and Gold (multi-agency) meetings Schools *Outbreak Management Group (daily) and convene when required.* *Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

THEME 2 – HIGH RISK PLACES, LOCATIONS AND COMMUNITIES	
THEME LEAD:	• PH Consultant, North Yorkshire County Council (Vulnerable Groups /Tourism) • PH Consultant, North Yorkshire County Council (Workplaces/Housing)
THEME TEAM:	**Support to businesses / workplaces:** • PH team: Health Improvement Manager & Officers (Workplace) • Health & Safety structures (links with BES officers, Silver and Gold meetings) • LEP team: Skills & social inclusion • Trading Standards Team: Head of Service and officers • Federation of Small Businesses and Business Improvement Districts **Support to accommodation settings:** • PH team: Health Improvement Manager and Officers (Housing) • HAS Housing: Adult Social Care Housing lead an officers • Districts Housing leads – through Chief Housing officer links **Support to other High Risk settings such as Hospitality; Leisure and Tourism:** • PH team: Health Improvement Manager and Officers • BES / LEP links: Director and Chief Officers • Districts Links through Environmental Health Officers and other groups such as Directors of Development
THEME DESCRIPTION:	
Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).	
THEME OBJECTIVE:	
What are we going to achieve	

- Define complex, high risk settings, cohorts, scenarios of relevance to NY
- Risk assess by likelihood of impact
- Ensure high risk settings have access to accurate, evidence based information relating to infection control and managing outbreaks
- Prevent spread of Coronavirus in these settings

- Supporting people and settings to remain isolated by providing practical support and guidance on infection control.
- Proactive approach to preventing outbreaks by identifying and supporting high risk settings and cohorts.
- Effective local plans are in place which ensure a timely response to a suspected COVID-19 outbreak, these are tailored to the requirements of specific communities and high risk / vulnerable groups/ communities as appropriate.
- Preventative measures implemented.
- Monitoring arrangements are robust to support proactive identification and management of suspected COVID-19 hotspots.
- Clear plans are in place to manage a localised response.
- Clear and timely communications are in place.

OPERATING SCOPE

Specific settings:

- **High risk Employer / businesses settings that are workplaces**
- **High risk Accommodation settings** – Homeless shelters; Houses of Multiple Occupation
- **High risk other** e.g. Hospitality; Leisure; Tourism; accommodation; Food and Beverage.
- **High risk communities – see theme 6 Vulnerable people** Homelessness; Gypsy & traveller; Military; BAME; Substance misusers, people with LD.

PLAN

Key milestones to achieve the objectives

- A KPI/ MI dashboard is being developed to enable daily monitoring of key data metrics.
- Tailored communications strategy for targeting specific group/cohorts and high risk / vulnerable groups/ communities is being developed to ensure effective engagement.
- A suite of case studies based on responses to live suspected COVID case is being collated and tracked to ensure a continual review of approach and ensure processes are kept up to date.
- Preventative measures are identified and implemented.
- PH team, the LEP, Trading Standards and District and Borough Council Environmental Health Officers are working together to utilise existing relationships with workplaces within North Yorkshire to proactively manage infection control.
- Prevention approach – high risk communities identified and work underway with them to proactively to prevent outbreaks and strengthen communication channels.
- Criteria has been develop in relation to identifying high risk workplaces/ business and engagement with the Local Enterprise Partnership to identity.
- Consistent and co-ordinated communications to ensure a co-ordinated outbreak response. This will include: what information is to be communicated, by whom, how, when and who the recipients should be.
    - Consider help lines, information bulletins, media updates and social media responses tailored for the care home/ education settings.
- Standard Operating Procedures (SOPs) from PHE will be followed and factored into our local response when a setting has a confirmed COVID-19 case in their setting.

Appendices will be developed for each of the High Risk Theme settings e.g. Workplace Settings Model, for full details of the public health offer for each setting in North Yorkshire. It has been developed in response to the COVID-19 pandemic. As such it sets out an approach to preventing and managing the disease and any potential outbreaks within workplace settings. Appendix 2 provides a summary of the approach to high risk settings.	
MEASUREMENT	
Critical KPIs/ MI which will be monitored • High Risk workplace settings matrix categorisation (developed and updated). • 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 (review whether daily necessary). • Proportion of high risk settings that have been able to access whole home testing. • Weekly (review Daily) updates on numbers of suspected/confirmed cases in high risk settings. • Number of outbreaks in high risk settings.	
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 highest risk care homes.	
ACCOUNTABLITY STRUCTURE:	*Outbreak Management Group (daily) Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

THEME 3 – LOCAL TESTING CAPACITY	
THEME LEAD:	• PH Consultant, North Yorkshire County Council (health protection lead)
THEME TEAM:	• HAS Assistant Director Health & Integration • LRF testing workstream
THEME DESCRIPTION:	
Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).	
THEME OBJECTIVE:	
What are we going to achieve • Expansion of existing local testing to support test and trace (see Appendix 3). • Additional testing facilities which provide different access routes to people for testing. • Ability to provide fast response testing in high risk location(s) e.g. outbreak in school/ care home/ workplace. • Timely pathway from requesting; accessing and receiving results to ensure timely action. • Clear and timely communications are in place.	
OPERATING SCOPE	
• Largest county covering 3,103 square miles.	

- A large proportion of the county is super-rural.
- People who are 65 years old and over make up 24.2% of our population. This compares to 18.2% in the population of England as a whole.

PLAN

Key milestones to achieve the objectives

Appendix 3 shows the proposed process flow for the different pillars of testing at a local level.

- KPI/MI dashboard developed which enables daily monitoring of key data metrics.
- NYCC and Gloucestershire pilot for local direction of mobile testing units, including reserve/off portal capacity. These will inform wider roll-out of Test & Trace and support drafting of national guidance.
- Roll out of pseudo-satellite tasking units (PSTs) across North Yorkshire, starting with Scarborough area, to support (and eventually replace) Marley Fields link
- Access Amazon supply portal to enable nominated people to access bulk orders of supplies i.e. to support testing in care homes and home testing capacity.
- Continuation of rotational mobile testing units across the county under local direction.
- Re-examine existing and potential swabbing (and antibody testing) capacity in Pillar 1
- Understand and support roll out of antibody testing as appropriate
- Support national surveillance testing, including schools surveillance

MEASUREMENT

Critical KPIs/ MI which will be monitored (will add once these have been confirmed)

CRITICAL RISKS/ISSUES/MITGATIONS

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

- Testing pathway currently not as timely as it needs to be (from requesting test through to receiving results) in order to enable effective public health action.
- Still issues with high numbers of void tests (although decreasing)
- Continuation of support once military involvement phased out and current logistics support returns to business as usual roles
- No modelling data currently available – therefore an element of uncertainty in relation to resource which may be required to the local response. **Mitigation** – developing local data metrics to ensure daily monitoring. Exploring Microsoft developments re: data reporting capabilities.

ACCOUNTABLITY STRUCTURE:	*Outbreak Management Group (daily) Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

THEME 4 – CONTACT TRACING IN COMPLEX SETTINGS	
THEME LEAD:	• PH Consultant, North Yorkshire County Council (health protection lead)
THEME TEAM:	• PH team: health improvement managers • Wider pool of specialists including trading standards, environmental health, sexual health, TB team (each with key contact)

THEME DESCRIPTION:
Assessing local and regional contact tracing and infection control capability in complex settings (Tier 1) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
THEME OBJECTIVE:
What are we going to achieve • Early identification of outbreaks by responding to alerts to suspected cases based on symptoms and case finding through whole setting testing where feasible. • Comprehensive outbreak management including instituting quarantine of setting based on suspicion and reviewing with test results • Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate. • Community and employer engagement (link to comms and high risk groups work). • Tailored approach to meet the needs of different communities and economies. • Accessing and reaching different groups communities. • Meeting the humanitarian needs of those who need to self-isolate.
OPERATING SCOPE
On 28th May 2020 the Government announced the start of the national NHS Test & Trace programme. The T&T programme has 3 tiers: • Tier 1 – **Public Health England health protection team** will manage the most complex cases – and will be the interface with local authorities • Tier 2 – **healthcare professionals** will contact cases and escalate complex cases • Tier 3 – the commercial arm of **call handlers** will manage routine contacts Whilst the core contact tracing elements will be managed by the regional and local T&T teams as above, there is a significant role for local authorities and partners to support the overall programme. This will focus on: • Providing support to PHE when required to undertake face to face contact tracing of individuals/communities where standard Tier 1 procedure not successful/appropriate. • 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), comms required etc. District and Borough Council continue to play a crucial role in dealing with queries and supporting those who are shielding, as well as working with people who present as homeless or live in supported housing. As lockdown measures ease and the local test and trace plan is operationalised partners will work together across the county and mutual aid will be accessed to support localised responses. Tis will build on the existing expertise and knowledge within partner agencies.
PLAN
Key milestones to achieve the objectives • A KPI/ MI 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. This will draw on people who already have contact tracing skills or setting-specific experience, including: - Contact tracing experience ▪ Environmental health officers

- Sexual health staff
- Trading standards staff
- TB team
- Setting-specific
    - Care home liaison officers
    - Senior Education Advisors
    - Horizons staff (drug & alcohol)
    - Homeless
    - Other specific communities, e.g. travellers

- Provide training to pool of contact tracers identified above on COVID-19 specific contact tracing.
- Develop SOP to provide clarity on how/when contact tracers will be asked to work as part of COVID-19 outbreak response teams on contact tracing
- The virtual ring-fenced budget which partners contribute to in order to manage an outbreak will be available.
- Mutual aid will continue to be sought from North Yorkshire and York partner organisations.

MEASUREMENT

Critical KPIs/ MI which 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.
- The ring-fenced grant allocation will be insufficient to cover the actual costs of management and delivery of the pandemic.
- Currently there is no robust mechanism for the outbreak management team to share confidential information directly with PHE (T&T Tier 1) – PHE currently investigating process and back up currently available (via team member with PHE account) if needed in the meantime.

ACCOUNTABLITY STRUCTURE:	Contact tracing led by the outbreak management group as part of outbreak response, responsible to the Member led Advisory Board. PH working group responsible to outbreak management group.

THEME 5 – DATA INTEGRATION	
THEME LEAD:	• Public Health Consultant, North Yorkshire County Council.
THEME TEAM:	• Service Manager Test & Trace • Technical Project Manager • Business Change Analyst • Head of Data & Intelligence

	• Head of Strategy & Performance • Senior Intelligence Analyst • Technology & Change Architecture team • Data Governance • Health Improvement Manager

THEME DESCRIPTION:

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

THEME OBJECTIVE:

What are we going to achieve

- Timely access to local data through NYCC's Technology and Change Teams 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 cases and outbreaks, including those cutting across multiple settings and capturing those needing support such as translation services or support to those self-isolating.
- Access to national data on test and trace (*dashboard which will be updated every 30 mins, details to be confirmed*).
- Providing local intelligence to highlight growing or reducing risk settings so Public Health leads are able to make informed decisions.
- Ensure controls are in place to assure the quality of data captured through outbreak management themes.
- A Data Protection Impact Assessment (DPIA) will be completed for the processing activity, stating the lawful basis to enable the activity to occur, whilst identifying and mitigating potential risks in respect to the individuals and organisations concerned. Information Sharing Agreements (ISAs) will also be set up for each external organisation with whom data is being shared, ensuring a secure mechanism is in place for the transfer of data.

OPERATING SCOPE

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

Work is underway locally to utilise the existing datasets which are being monitored in relation to COVID-19 to ensure visibility of key data metrics to ensure effective and timely management.

Where there is currently no formal system for capturing data, localised spreadsheets are being established to ensure timely monitoring. These new process are being reviewed weekly through the data integration theme group in order to feed into the development of a technology specification. Reconciling different data recording will be important in ensuring high quality data and avoiding duplicating data entry.

PLAN

Key milestones to achieve the objectives

- KPI/ MI dashboard developed which enables daily monitoring of key data metrics.
- Expect to be fed information from the Joint Biosecurity Centre about the local picture e.g. hotspots
- Standards around common data schema to inform recording across all themes.
- Locally looking at potential developments working alongside Microsoft for a database to hold all data and support reporting.

Appendix 5 will include further supporting documentation related to this theme:

- Data sharing agreements- privacy notices

- Data flows
- Example of data set

The theme group is currently developing these areas.

MEASUREMENT

Critical KPIs/ MI which will be monitored (will add once these have been confirmed)

CRITICAL RISKS/ISSUES/MITGATIONS

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

- There is a need to prioritise the identification of data gaps in the national and local data sets. Lead times for developing data gathering solutions and methods of analysing will take more time then utilising existing data sets.
- Need for clarity about national data sets and data sharing agreements, which also work effectively in local contexts (e.g. workplaces).
- The dashboards/data intelligence products need to provide the key information that enables the strategy & performance team to quickly produce analysis and management briefings to support timely and informed decision making.
- Timely access to accurate data is crucial. Failure to robust information could quickly result in the virus spreading.
- Workstream data and reporting specifications are still not fully defined and require further finesse through the detailed planning stage, which needs to be prioritised, in order to allow for system build time.
- Appropriate use of definitions of terms such as clusters and outbreaks.
- If we fail to monitor the development of local data capture on a regular basis, there is a risk technology and service begin to separate which will threaten our ability to provide quality intelligence. This is being mitigated by the weekly theme group meetings, supported by business analysis workshops.

ACCOUNTABLITY STRUCTURE:	*Outbreak Management Group (daily) Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

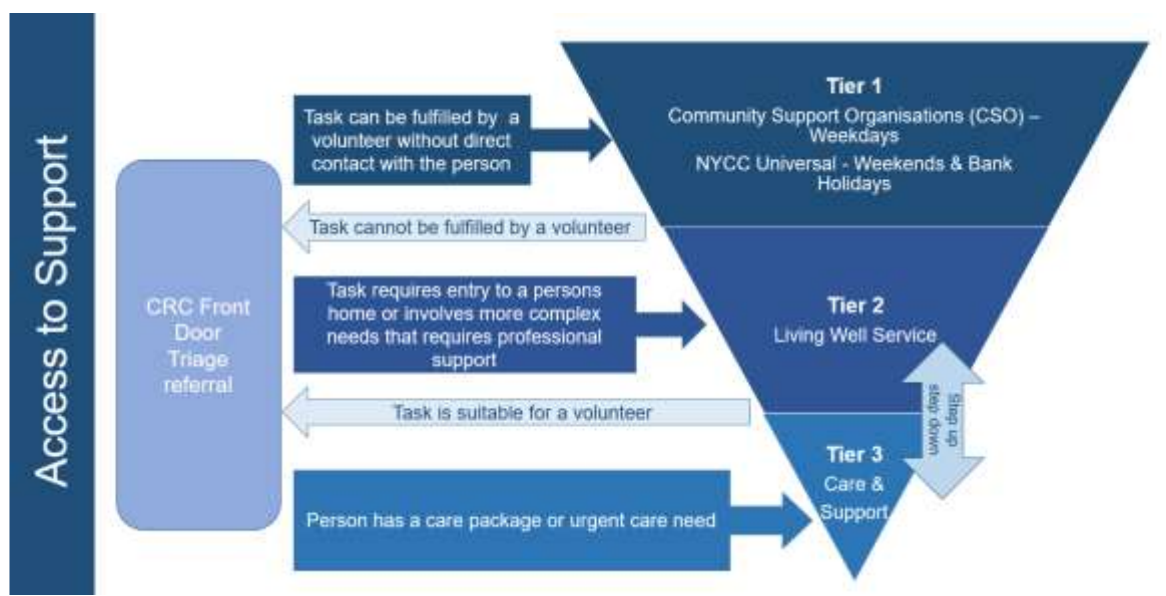
THEME 6 – VULNERABLE PEOPLE	
THEME LEAD:	• Public Health Consultant, North Yorkshire County Council
THEME TEAM:	• Project Manager • Head of Stronger Communities • Head of Targeted Prevention • Head of Data and Intelligence • Participation & Engagement Manager • Health Improvement Manager • Customer Contact Centre Manager • Communications Manager • Head of Safer Communities
THEME DESCRIPTION:	

Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
THEME OBJECTIVE:
What are we going to achieve • We will utilise the Councils existing community offer (including NY Connect and other self-service portals) 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, borough and district councils, 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 follow public health messages to get tested if symptomatic and participate in the Test and Trace 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 e.g. explore establishing a 'hardship' fund. • 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 local data intelligence/mapping of vulnerable groups (as identified below) where it is required to support more effective targeting of interventions to prevent and manage outbreaks. • We will work with high risk settings who provide services or employment to vulnerable groups to support them to take action to prevent and manage outbreaks appropriately (links to Theme 2).
OPERATING SCOPE
In partnership with the 7 District & Borough Councils, NHS and the Voluntary and Community Sector, North Yorkshire County Council has established a dedicated programme of initiatives designed to ensure that anyone who is self-isolating has the help they need. Appendix 6 – provides an overview of the social isolation work stream, clearly detailing the levels of support and how these are triaged via a central point – the NYCC Customer Contact Centre. Through the council's Stronger Communities Team, existing relationships with the community and voluntary sector has ensured swift mobilisation of a community response to COVID-19. There are currently 23 organisation helping to respond and support people self-isolating. The council's work with volunteers is nationally recognised and the response to date is testament to the relationships and commitment. Since the start of COVID-19 NYCC has used existing relationships with district and borough partners to support the delivery of the social isolation and community support across the county. Appendix 6 includes the - Social isolation and community support work-stream – brief to partners. This identifies the key contacts within each organisation and explains how the triage system works in order to support people in the community. People who are self-isolating may find that they need help with things like shopping, collecting prescriptions or looking after pets. They may need someone to talk to if feeling lonely or isolated or ideas about how to stay active and exercise by accessing online activities and support.

Our key messages are simple: people should try and **contact family, friends or neighbours first and let them know how they can help**. If they still need help they should try and contact local clubs or groups they are a member of as many have volunteers who are assisting with shopping and befriending. The aim is to try and ensure that help is provided as close to the person as possible and from people they know and trust. Further details of the offer and how people can access it can be found in Appendix 6 - Local support in your community.

The Customer Service Centre at North Yorkshire County Council is the single point of contact for anyone seeking help: tel: 01609 780780

A team of advisors have been trained to effectively triage any requests for help to the appropriate support for them whether that is community support, help with finances, social care or mental health.



North Yorkshire Connect and Buy Local are also two self-service portals for to support resident access supplies and services.

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 direct or indirect impacts of COVID-19. These factors may also impact on their capability, opportunity and motivation to take action in response to public health messages and advice.

This is an emerging condition so those that are vulnerable are likely to include the following but should not be restricted to this list and will be reviewed frequently:

Directly impacted by COVID-19

- Extremely vulnerable - People who are defined, also on medical grounds, as clinically extremely vulnerable to coronavirus.

- Clinically vulnerable - 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.
- BAME groups - are at greater risk of infection with death rates due to COVID-19 found to be higher for those from certain BAME groups, particularly those from Bangladeshi backgrounds who are twice at risk of death when comparing them to non BAME counterparts.
- 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. High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed.

Indirectly impacted by COVID-19

- People with caring responsibilities
- Gypsies and Travellers
- People at risk from domestic violence
- Homeless and rough sleepers
- Refugees and asylum seekers
- Migrant workers
- Central and Eastern European households
- People whose first language is not English
- People with physical disabilities, autism and learning disabilities
- Children at risk from safeguarding concerns
- People/families on low income, uncertain employment status
- People with alcohol or substance misuse
- People with mental health conditions
- Sex workers
- Digitally excluded people due to issues including lack of IT literacy, internet access and speed issues, mobile phone/smart phone or computer ownership or access, internet usage, and behaviours such as online banking and shopping

PLAN

Key milestones to achieve the objectives

- A KPI/ MI dashboard will be developed which enables daily monitoring of key data metrics.
- Confirm an effective process is in place via the council's customer service centre to support vulnerable groups affected by COVID-19 which will continue to provide an effective single point of contact.
- Ensure the customer service offer is expanded from 30/5/2020 to support those isolating under test and trace and that support continues to be delivered by community organisations (Monday- Friday) and by a Universal + model (Saturday- Sunday and bank holidays) and in relation to emergency responses. Appendix 6 includes a further flowchart which outline how people can access support: *Finding your local support within your community*.
- Confirm support will be continued to be delivered by NYCC prevention teams including Living Well and Income Maximisation for people with more complex needs as part of Test and Trace.
- Confirm that the national test and trace team will inform those self-isolating to contact their local authority if they require:
    - 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. This will need to take account of and link into existing arrangements within the Districts and Boroughs.
- Develop a communications and engagement plan for reaching and supporting our vulnerable groups – ensuring guidance and media is culturally appropriate and available in different languages and use different approaches to mitigate fears and encourage improved uptake of vital prevention services.
- Ensure that all relevant customer contact points, including community support hubs, have access to telephone / video interpretation services as part of the above communications and engagement plan.
- Ensure that mapping of vulnerable groups and key contacts is cross-referenced with the other themes in this plan, understanding that some groups will experience a number of risk factors including socio-economic status, insecure or overcrowded housing, reliance on public transport, communication needs and digital exclusion.
- Produce a document that clearly sets out the public health offer to vulnerable groups.
- Continue to review PHE research on health inequalities and differential health impact of COVID-19 on communities and ensure that this learning is incorporated into both the outbreak management planning and wider public health, health and social care system planning to reduce health inequalities.
- Linked to the above, ensure that differential health impact for county council employees continues to be considered and appropriate risk assessments are in place, with associated action-planning.

Appendix 6 includes a further flowchart which outline how people can access support:

- Finding your local support within your community.

MEASUREMENT

Critical KPIs/ MI which will be monitored (will add once these have been confirmed)

CRITICAL RISKS/ISSUES/MITGATIONS

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

- Some vulnerable groups may not co-operate or have the capability to follow public health advice including self-isolation.
- As the support is extended further to support people known to have tested positive with COVID this may lead to volunteer concerns about exposing themselves to possible risk (although no contact is required).

- If there are geographic clusters of affected people living in one locality requiring support during periods of self-isolating the local community support organisations may not have sufficient volunteer capacity to respond within required timescales. ***Mitigation*** – there are 3 tiers of volunteer support.
    - Tier 1 - The community support organisations
    - Tier 2 – NYCC volunteers +ready for anything which would increase support
    - Tier 3 – Members of NYCC staff and/ or other public sector staff.

These tiers of volunteers would be called upon if the local community support organisation is unable to respond. Further to this volunteer capacity is continually reviewed and monitored to ensure sufficient support. Where there is an area identified as requiring additional volunteers targeted media campaigns are undertaken.

ACCOUNTABLITY STRUCTURE:	*Outbreak Management Group (daily) Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

THEME 7 – LOCAL BOARDS	
THEME LEAD:	• Director of Public Health, North Yorkshire County Council
THEME TEAM:	• Assistant Chief Executive and Corporate Director Health and Adult Services

THEME DESCRIPTION:

Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

THEME OBJECTIVE:

What are we going to achieve? i.e.

- 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.

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 LHPR. These were updated in May 2019. Where appropriate and possible existing governance will be used to manage our response.

PLAN

Key milestones to achieve the objectives

- A KPI/ MI dashboard developed which enables monitoring of key data metrics for the relevant governance groups.
- Form the Local Outbreak Engagement Board. This Board will have political ownership and public facing engagement and commutation for outbreak response. Terms of Reference are being drafted and membership confirmed.
- Evidence of widespread community transmission in any part of the County may require action to disrupt transmission by closing services down (i.e. mini lockdown). The Local Outbreak Engagement Board 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.
- Aim to escalate/de-escalate the frequency of meetings in line with data on active cases/outbreaks.
- **Public Health England North Yorkshire Health Protection Team -** co-ordinate and chair the Incident/Outbreak Control Team meeting. The Outbreak Control Team includes:
  - Consultant in Communicable Disease Control, PHE
  - Director of Public Health
  - PHE Health Protection Practitioner
  - CCG Emergency Planning Leads
  - Administration support
  - Media/communication representative

- Other partners as required
- We will operate the governance in accordance with the below:

	Group	Role
Local	COVID-19 Health Protection Board	Responsible for the development of local outbreak control plans by Directors of Public Health
	Strategic Co-ordinating Group	Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g. Police, SIRE, NHS etc)
	✪ Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response
Regional	Local Resilience Forum	Coordinate public and emergency services to respond to regional emergencies
	Integrated Care System	Develop and deliver regional health strategy
National	Test and Trace Programme	Develop national test and trace strategy
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems

✪ To be formed

MEASUREMENT

Critical KPIs/ MI which will be monitored (will add once these have been confirmed)

CRITICAL RISKS/ISSUES/MITGATIONS

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

ACCOUNTABLITY STRUCTURE:	*Outbreak Management Group (daily) Linking into the wider Outbreak Control Plan – Governance & Management Structure – North Yorkshire.*

6. Communications

The core focus of communication will be to:

- Warn and inform without frightening
- Help reduce the spread of Coronavirus and save lives
- Support communities and the economy to a return to business as usual safely through recovery
- To coordinate the approach to test and trace information sharing.

Supporting mechanisms

- A single source of truth for North Yorkshire. www.northyorks.gov.uk/TestAndTrace
- Stay Safe in North Yorkshire message assets
- Full utilisation of the NYLRF communications partners' products and platforms
- Visibility including roadside visibility on key routes and in key communities
- Extensive proactive engagement with identified high risk demographics and venues led by HAS PH and ASC Teams
- Amplifications of national changes or enhancements to service as appropriate
- Targeted engagement with specific and different demographics and settings

Key messages which the communications strategy will cover include:

- The Test and Trace Service is designed and owned by the NHS.
- Many of the responsibilities for outbreak management sit at national level with Government Departments including DHSC and DfE;
- Local authorities have a key role in investigating and managing outbreaks of communicable disease. These responsibilities, duties and powers are supported by a raft of legislation;

- Building on existing experience in disease prevention and control and have been working with partners for many years to prevent, detect and manage outbreaks of disease.
- The most important principles of outbreak management focus on preventing the spread in the first instance – that's why the PH guidance on keeping 2m apart and washing hands regularly if so important.
- Effective rapid testing is key to infection management which is why we have put such a focus on resolving those issues in North Yorkshire

We will be establishing the audiences within each setting to produce targeted communications. These communication routes will allow us to target the daily lives of these audiences so the messaging is noticeable and effective. The aim of targeted communications is to educate residents in North Yorkshire on how to prevent the spread of Coronavirus. It is vital to the success of the communications that we link with our partners and stakeholders to deliver our messaging as a trusted voice.

It is important that we ensure consistency of the messages we communicate with the public and we will therefore align to the public information campaign of the Department of Health and Social Care. The communications strategy will not duplicate information which sits on gov.uk, instead appropriate signage will be provided, where required.

Resources are available which will be utilised to reinforce the message:

- Videos
- Posters
- Email signature
- Digital screens
- Web banners
- Social media

See: Coronavirus (COVID-19): campaign information and resources.

We will work with care homes; educational settings and workplaces to share these media tools.

Specifically in relation to educational settings our communications strategy will align and link into The Department for Education (DfE), as the central government department responsible for providing advice about educational settings, further details available via this link:
https://www.gov.uk/coronavirus/education-and-childcare

A DfE helpline is being set up to manage the flow of increasing queries, from providers and from parents of pupils – this will be reflected in our communications and signposting.

Communications will include other languages (translation, interpretation), British sign language (BSL) and easy-read as well as spoken languages. As part of theme 6 it is important that people within North Yorkshire communities know the key messages in relation to Test and Trace and are informed about how to access support, and this forms part of the communications strategy.

The Full Communications Strategy is available at Appendix 9.

Appendices

Appendix 1: Care homes and schools action plan

Care homes

- Care homes resilience plan
- Care Home reporting framework for Gold and Silver resilience meetings – including the partner agencies

Schools

- NYCC schools flowchart

Appendix 2: High risk places, locations and communities action plan

Summary of the approach to high risk settings.

Appendix 3: Local testing capacity action plan

Operational detail of different testing routes – MTU, PST, RTC, home test - awaited

Appendix 4: Contact tracing in complex settings action plan

Brief Overview – NHS Test & Trace

NHS Test & Trace Flowchart

SOP for working with PHE - awaited

Appendix 5: Data integration action plan

Data sharing agreements- privacy notices - awaited

Data flows - awaited

Example of data set - awaited

Appendix 6: Vulnerable people action plan

COVID 19 Social isolation work stream

Social isolation and community support work-stream – brief to partners.

Finding your local support within your community

Local support in your community

Appendix 7: Local boards action plan

Terms of Reference for COVID-19 Outbreak Management Advisory Board

Appendix 8: Case examples

These examples give an indication of potential management of case/outbreak management in different settings and some of the issues that may arise.

1. **Care home** – confirmed outbreak
2. **Refuge** – single possible case
3. **School** – single confirmed case
4. **Workplace** – possible outbreak via T&T

1. Care home

Notification: Reported via NYCC daily call by care home contact worker that care home has had 3 asymptomatic residents test positive for coronavirus following whole home testing. They have reported as outbreak to PHE.

Risk assessment: Medium. PHE have been informed so will have given IPC and isolation advice. All staff should be using appropriate PPE when interacting with residents and should be no visitors to home etc. No symptomatic residents.

Initial response: Care home liaison officer follows up with home following discussion at daily huddle (Silver). They feed in to 4pm resilience meeting that all residents are now isolated, but care home is struggling with PPE supply and they need further support with wider IPC advice on cohorting etc. Advice given around accessing emergency LRF PPE supply whilst exploring other regular provider options.

Follow up: Care home discussed at care homes Gold meeting at 8am next morning. IPC note that this is a care home that has had issues before with outbreaks and poor IPC – they agree to follow up directly with the home. LRF PPE panel receives and approves an emergency PPE request. NYCC continue to monitor through daily calls and CHLO/Silver system.

2. Refuge

Notification: Phone call received from IDAS to inform of symptomatic resident in local refuge – asking for advice. Refuge contains several families, some have completely separate apartments but others all have shared kitchen.

Risk assessment: Medium. Case presumptive rather than confirmed but setting contains vulnerable individuals and there are shared access areas.

Initial response: Public health advice given around isolating symptomatic resident and their close contacts – cautious approach taken and all residents asked to remain in their own flats, with segregated use of kitchen unit (cleaned between uses). Swabbing arranged via internal logistics (from Marley Fields) for all residents and staff members. Informed PHE who added to their case management system and provided infection control advice.

Follow up: Further support given around substance misuse by smoking cessation and drug & alcohol leads. Issue highlighted around shopping – usual support route required cash on delivery and residents have no access to cash. Refuge reached agreement with local supermarket to deliver and take card payment.

Additional family returned to the setting after swabs taken. Refuge able to use some of the spares left to swab these residents. First batch of swabs returned within 48hrs – all negative (including symptomatic resident). Symptomatic resident advised to complete 7 days of isolation but all others had isolation restrictions removed.

3. School

Notification: Informed via PHE daily line list about a staff member at a primary school who is a household contact of a confirmed case of COVID-19. PHE have provided isolation advice to the staff member, plus general IPC advice to the school and some initial comms support.

Risk assessment: Low-medium at present but needs monitoring. Individual not symptomatic, isolation advice given, no one else at school unwell. School has good IPC measures in place.

Initial response: Flag issue with appropriate Special Education Advisor so they are aware to keep eye on situation. Add to incident log.

Follow up: On day 5 of isolation the staff member (teacher) develops symptoms. PHE complete contact tracing but because the staff member had self-isolated their only contact was their other household member (who was already a positive case). PHE also provide comms advice to the school about what to tell parents/staff etc. School contact their Special Education Advisor for advice as there is parental concern that children have been exposed. Public health support given to head teacher – reassured that as symptoms developed 5 days in to isolation this is outside the period of infectivity for the individual (currently taken as 48hrs prior to symptom onset until 7 days post-symptom onset). Also provided support on environmental cleaning and other IPC measures. Daily calls from education advisors to school keep eye on concerns.

4. Workplace

Notification: Phone call from PHE Consultant in Communicable Disease Control (CCDC) to inform of a confirmed case in a migrant worker at a food processing factory. Initial conversations have suggested that several other workers are also symptomatic.

Risk assessment: Risk = high. Setting on list of workplaces known to have high numbers of staff in confined environment. Workplace also on radar for environmental health for previous IPC breaches. Migrant workers also difficult to engage and often live in multi-occupancy dwellings.

Initial response: PHE have discussed with case and identified that there are a number of symptomatic individuals in the workplace. However, due to combination of language barrier and unwillingness to share further details it is not clear how many. Also concerns they are being told to continue to work whilst unwell. Case also lives in HMO with 4 other migrant workers who work at the same factory.

PHE convenes Outbreak Control Team (OCT) – includes PHE, LA public health, environmental health, comms. Agreed that Environmental Health team will visit premises to undertake further risk assessment of the setting, provide IPC advice, and get further information on other potential cases.

Follow up: Following EHO visit, identified that 5/50 workers symptomatic (including 3 who share a house with the original case), 2 of whom are still at work. Symptomatic staff given isolation advice (translated guidance provided) and helped to get swab test (1 via MTU, 1 via postal swab). Four other staff members who worked closely with them on same shifts also given isolation advice, plus the remaining resident from

the HMO. However, decision taken that whole setting testing would be appropriate given high risk level and poor IPC practices.

Following a second OCT the DPH authorises for an MTU to attend the factory the next day. 38 out of the remaining 40 staff members are swabbed. This identifies another 6 staff members who are positive but have no symptoms. PHE completes contact tracing for these 6 individuals and EH provides further advice to the setting.

Appendix 9: Communications Strategy

Communications Strategy

Appendix 10: COVID-19 outbreak management documents

Self-isolation support checklist – awaiting

Appendix 11: Useful resources

Relevant documents may be added as the plan evolves.

Appendix 12: Standing up LRF response

Relevant documents may be added as the plan evolves.

Appendix 13: COVID-19 timeline of key events

Key milestones:

- 31st January: first two cases of COVID-19 are confirmed in the UK in York
- 3rd March: UK publishes Coronavirus (COVID-19) action plan
- 11th March: situation was declared a pandemic by the World Health Organization
- 12th March: UK Chief Medical Officers raise the risk in the UK from moderate to high. The UK enters the ‘delay’ phase of its response. Contact tracing is stopped due to the high level of community transmission. Anyone with a new, continuous cough or fever are instructed to self-isolate.
- 19th March: COVID-19 no longer categorised as a High Consequence Infections Disease (HCID) in the UK.
- 20th March: last day of full schools opening
- 25th March: Coronavirus Act 2020 published
- 26th March: UK enters ‘lockdown’, with citizens advised to stay at home except for very limited purposes
- 10th May: Government coronavirus message updated to ‘stay alert, control the virus, save lives’. A new 5 level alert scale is announced – UK at level 4.
- 11th May: Government publishes … setting out details for phases of lifting lockdown
- 13th May: lockdown measures eased to allow people to spend more time outside
- 28th May: NHS Test & Trace system goes live
- 1st June: primary schools reopen in England
- 8th June: 14 day quarantine period for people arriving into UK is introduced

Appendix B

North Yorkshire Outbreak Management Advisory Board

Terms of Reference (TOR)

Context	As the response to Covid-19 continues, the Government has announced the roll-out of the Test and Trace programme across England, with equivalent programmes being developed across the UK. As part of this response, each council with responsibility for statutory Public Health functions has been asked to lead the local approach, based around an outbreak management plan. A key element of local outbreak management is the engagement of democratically elected councillors/politicians and the key partnership agencies that will contribute to Test and Trace development and delivery. This document sets out the Terms of Reference for the North Yorkshire Outbreak Management Advisory Board, which will bring together local politicians from across North Yorkshire County Council and the seven Borough and District councils within North Yorkshire, as well as senior officers from North Yorkshire County Council, and key partners from statutory, private and voluntary sector organisations.
Purpose	To ensure public engagement with, multi-agency involvement in, and democratic oversight of, North Yorkshire's outbreak management planning as part of the national *Test and Trace* programme. To advise and inform the development of North Yorkshire's outbreak management plan and the local *Test and Trace* programme, reflecting the views of different communities and sectors across the County. To support measures to promote community consent and cohesion and messages around public safety. To engage and communicate with the public about Coivd-19, outbreak management and *Test and Trace.* To ensure that statutory bodies are able to make informed decisions in relation to outbreak management and *Test and Trace* within North Yorkshire and that such bodies retain their own decision making processes. The key role of the board is to support the effective communication of the test, trace and contain plan for the county and to ensure that the public and local businesses are effectively communicated with. It will support and strengthen the plan that will need to underpin every decision that is taken as we move through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively. It will help ensure that the best routes to communicate with all key stakeholders have been

	identified and utilised. It will oversee the evaluation of the success of communications with the public, the public sector and businesses to ensure that they are effective. It will receive regular updates from the Health Protection Board via the Director of Public Health or their nominated representative (see Appendix 1 for key links regarding National, Regional and Local Policy integrated in a Local Plan). Through these updates it will provide public oversight of progress on the implementation of the Test, Trace, Contain stages. It will also ensure that communications builds on existing good practice and that lessons learned from other geographies are taken into account. It will identify any barriers to progress and delivery and make suggestions to help resolve them, making the most of any opportunities that may arise.
Decision maker	Decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented which will retain their decision making sovereignty.
Frequency	The Board will meet, as and when required, initially every three weeks, although the Chair has the right to change the frequency depending on local circumstances.
Quorum	To be quorate the meeting must include: • The Chair or Deputy Chair • The Chief Executive of the County Council or nominated deputy • Director of Public Health or nominated deputy • One Elected Member from a borough or district council (in addition to the Chair / Deputy Chair) • One other full member of the Board
Agenda management and secretariat	The County Council's Democratic Services team will support the agenda setting for, and minuting of, the Board. Any member of the Board may request an agenda item to be considered at the Chair's discretion and should do so within 48 hours of the next Board meeting. Given the potential emergency nature of the Board's business, final papers will be distributed 24 hours before each Board. Any emergency items may be agreed with the Chair within three hours of the next Board meeting. The Board will meet as a working group and will not therefore be covered under the Access to Information Rules for committees. However, as communication is an essential role of the Group, it recommendations will be communicated widely as deemed appropriate.

Board membership

Name	Title	Organisation	Role
County Councillor Carl Les	Council Leader	North Yorkshire County Council	Chair
County Councillor Michael Harrison	Executive Member Adult Social Care and Health Integration	North Yorkshire County Council	Deputy Chair/Chair of North Yorkshire Health and Wellbeing Board
County Councillor Caroline Dickinson	Executive Member Public Health, Prevention and Supported Housing	North Yorkshire County Council	Lead Member for Public Health
County Councillor Stuart Parsons	Opposition Member for NYCC	North Yorkshire County Council	Opposition Member for NYCC
Richard Flinton	Chief Executive Officer	North Yorkshire County Council	Chief Executive
Dr Lincoln Sargeant	Director of Public Health	North Yorkshire County Council	Statutory Director of Public Health
Councillor Richard Foster	Council Leader	Craven District Council	District Council Representative
Councillor Stephen Watson	Portfolio Holder for Environmental Health, Waste and Recycling	Hambleton District Council	District Council Representative
Councillor Ann Myatt		Harrogate Borough Council	District Council Representative
Councillor Angie Dale	Council Leader	Richmondshire District Council	District Council Representative
Councillor Keane Duncan **NOTE:** Substitute will be Councillor Steve Arnold, Deputy Leader	Council Leader	Ryedale District Council	District Council Representative
Council representative to be confirmed – for first meeting Nick Edwards will be an attendee	Officer	Scarborough Borough Council	District Council Representative
Councillor Mark Crane	Council Leader	Selby District Council	District Council Representative

Name	Title	Organisation	Role
Julia Mulligan	North Yorkshire Police, Fire and Crime Commissioner	North Yorkshire Fire and Rescue Service North Yorkshire Police	North Yorkshire Police, Fire and Crime Commissioner
Lisa Winward	Chief Constable [or nominated representative]	North Yorkshire Police	North Yorkshire Police
Richard Webb	Corporate Director Health and Adult Services	North Yorkshire County Council	Statutory Director of Adult Social Services and nominated deputy for the Chief Executive Officer NYCC
Ian Yapp	Head Teacher	Riverside Primary School	Representative for Schools
Mike Padgham	Chair	Independent Care Group	Representing independent and voluntary sector care providers
Dr Sally Tyrer	Chair	North Yorkshire Local Medical Committee	Representing primary care
David Kerfoot	Chair	North Yorkshire and York Local Enterprise Partnership	Representing businesses
Leah Swain	Chief Executive	Community First Yorkshire	Representing the voluntary sector and volunteers
Amanda Bloor	Chair	North Yorkshire Health and Social Care Systems Leadership Executive	Representing the 3 North Yorkshire Clinical Commissioning Groups and the 6 main NHS Foundation Trusts
Judith Bromfield	Nominated officer representative	Healthwatch North Yorkshire	Statutory public involvement voice for the NHS and social care
David Bagguley	Consultant in Health Protection (Acting)	Public Health England	Representing Public Health England regionally

In attendance			
Name	**Title**	**Organisation**	**Role**
Patrick Duffy	Legal and Democratic Services	North Yorkshire County Council	Secretariat
Phil Mettam	Humber, Coast and Vale NHS Test and Trace Lead	NHS	Test and Trace Lead
Vanessa Glover	Head of Communications	North Yorkshire County Council	Communications
Other attendees (e.g. from the transport, 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

Appendix B
APPENDIX 1

National, Regional and Local Policy Integrated in a Local Plan – Key Links

Local	**Group**	**Role**
	COVID-19 Health Protection Board	Responsible for the development of local outbreak control plans by the Directors of Public Health
	Strategic Co-ordinating Group	Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g. Police, SIRE, NHS etc.)
This Board:	**North Yorkshire Outbreak Management Advisory Board**	**Provide political ownership and public-facing engagement and communication for outbreak response**

Regional	Local resilience Forum	Coordinate public and emergency services to respond to regional emergencies
	Integrated Care System	Develop and deliver regional health strategy

National	Test and Trace Programme	Develop national test and trace strategy
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance data systems

See overleaf for Version Control

Appendix B

VERSION CONTROL			
No.	**Produced/updated by**	**Date**	**Comments**
1	Barry Khan/Julie Robinson	04/06/20	Original version
2	Patrick Duffy	08/06/20	Membership updated. Ditto Purpose Section (as per Richard Webb): *To support measures to promote community consent and cohesion and messages around public safety.*
3	Patrick Duffy	09/06/20	Membership updated as further nominations received
4	Patrick Duffy	11/06/20	Membership updated as further nominations received
5	Patrick Duffy	12/06/20	Membership updated as further nominations received
6	Patrick Duffy	22/06/20	Membership updated as further nominations received

GRANT CONDITIONS

1. In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery. In those cases, it is essential that upper tier authorities provide sufficient resources to lower tier authorities within the former's allocated funding (see Annex A) so that the latter can carry out any responsibilities that they are asked to undertake.

2. The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return to the team leader of the Public Health Policy and Strategy (publichealthpolicyandstrategy@dhsc.gov.uk) of the Department for Health and Social Care a declaration, with timings in line with normal MHCLG reporting processes:

   "To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the LOCAL AUTHORITY TEST AND TRACE SERVICE SUPPORT GRANT DETERMINATION 2020/21: No 31/5075 have been complied with".

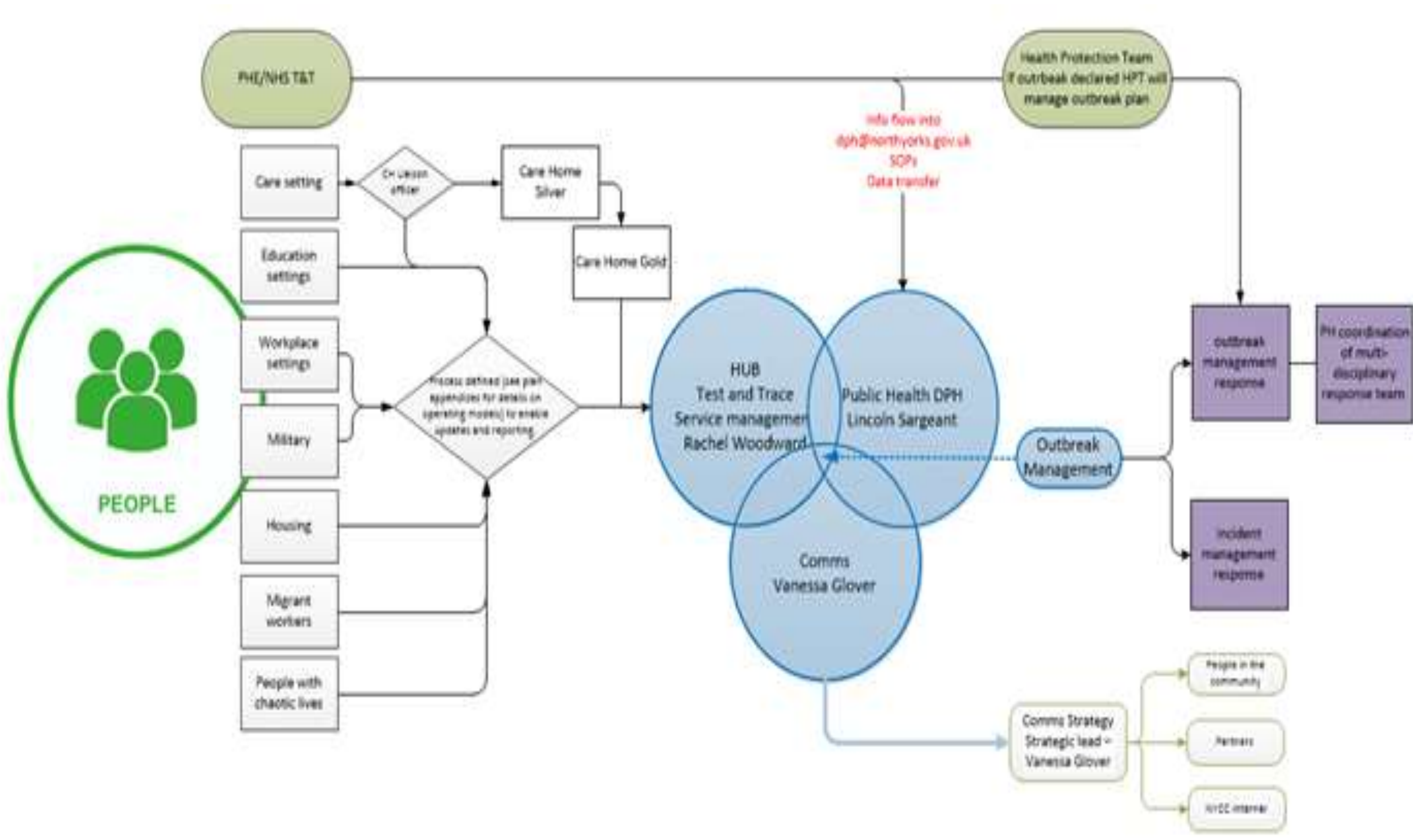
3. If an authority fails to comply with any of the conditions and requirements of paragraphs 1 and 2, the Minister of State may-
   a) reduce, suspend or withhold grant; or b) by notification in writing to the authority, require the repayment of the whole or any part of the grant.

4. Any sum notified by the Minister of State under paragraph 3(b) shall immediately become repayable to the Minister.

Theme Groups

	Theme	Theme	Theme groups
Communications Finance	1	Care homes & schools	Public Health Consultant Assistant Director, Care & Support Assistant Director, Education & Skills Principle Advisor, Education & Skills Project Management
	2	High risk places, locations & communities	Public Health Consultant Assistant Director, Economic Partnership Assistant Director, Growth, Planning & Trading Standards Head of Housing Assistant Director, Policy, Partnerships & Communities Project Management
	3	Local testing capacity	Public Health Consultant Assistant Director, Health & Integration Project Management
	4	Contact tracing in complex settings	Public Health Consultant Head of Section, Growth, Planning & Trading Standards Harrogate Borough Council Health Improvement Managers Project Management
	5	Data integration	Public Health Consultant Head of Data & Intelligence Head of Strategy & Performance Project Management
	6	Vulnerable people	Public Health Consultant Customer Service Centre Manager Head of Stronger Communities Project Management
	7	Local boards	Director of Public Health Assistant Chief Executive, Legal & Democratic Services Project Management

Target Operating Model



Evidencing paying due regard to equality on decisions made as a result of the COVID-19 outbreak The Coronavirus Act 2020 does not exempt local authorities from their duties under the Equality Act 2010 and the Public Sector Equality Duty still applies to decisions made by the County Council. This means we must continue to consider the impacts of our decisions on those with protected characteristics. However, since decisions may need to be made quickly and without undue bureaucracy in relation to service change brought about by the outbreak, a streamlined form has been developed. As always, the form is our way of evidencing that we are paying due regard rather than an end in itself – paying due regard is an ongoing duty and should inform all our decision making. **PLEASE NOTE: where the risk is particularly high and time allows, a full equality impact assessment should always be completed**	
Directorate	HAS
Service area	Public Health
Proposal being assessed	The implementation of the COVID-19 Outbreak Control Plan.
Officer(s) carrying out assessment	**Cath Ritchie and Rachel Woodward**
What are you proposing to do?	The outbreak control plan provides a central framework for the North Yorkshire approach to preventing and controlling outbreaks of COVID-19 and reducing the spread of the virus across the county. The plan focuses on 7 themes which were set out by the Department for Health and Social Care.
Why are you proposing this? What are the desired outcomes?	The Department for Health & Social Care set out a requirement for all upper tier Local Authorities to develop and implement a local outbreak management control plan. The plan outlines how the council will manage outbreaks including: • links to Test and Trace at a national level, • testing strategies and routes locally, • local contract tracing, • Supporting people at risk and communities, • clear governance, • data management • care home liaison, • schools liaison, • work place liaison and, • other high risk area liaison.
Does the proposal involve a significant change to current ways of working / service provision? Please give details.	The proposal is based on pre-existing ways of working and public health expertise. However, operationalising the plan will require an option to escalate the response should an outbreak occur. In order to support local delivery the service area will be supported a by new service manager (Outbreak Control). This role will provide: • coordination via a Test and Trace service hub; • data management; • ensure information process flows across all areas to inform decision making and appropriate response; • support outbreak prevention through oversight and scrutiny.

Does the proposal involve a significant commitment or removal of resources? Please give details.	The expectation is that delivery of the plan will move into a business as usual phase, supported by existing services. If an outbreak or multiple outbreaks occurred this could result in a requirement for additional resource. This is likely to come from other service areas within the council or partner agencies, as appropriate. The service has its own budget and service manager committed.

Impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or NYCC's additional agreed characteristics

As part of this assessment, please consider the following questions:

- To what extent is this service used by particular groups of people with protected characteristics?
- Does the proposal relate to functions that previous consultation has identified as important?
- Do different groups have different needs or experiences in the area the proposal relates to?

You are advised to speak to your Equality rep or contact the legal team for advice if you are in any doubt.

Protected characteristic	**Potential for adverse impact**			**Please explain briefly why you have chosen this option and give details of potential adverse impact, if relevant.**
	Yes	**No**	**Don't know / No info**	
Age	Y			There is evidence that people who are from black or a minority ethnic background, men, the over 70's, people with certain disabilities and illnesses, are more at risk from COVID19. Covid-19 may complicate the management of pregnancy. They are therefore increasingly impacted by the outbreak plan. They are therefore increasingly impacted by the outbreak plan.
Disability	Y			
Sex	Y			
Race	Y			
Pregnancy or maternity	Y			
Sexual orientation		N		
Gender reassignment		N		
Religion or belief	Y			Possible – religious beliefs and practices may increase the risk of exposure to COVID-19 e.g. gathering to pray which is compulsory for some but against self-isolation advice.
Marriage or civil partnership		N		
NYCC additional characteristics				
People in rural areas	Y			Accessing goods and services is more difficult in rural areas and will be exacerbated by the need to self-isolate.
People on a low income	Y			Needing to self-isolate as part of test and trace may well be harder for those on a low income who have jobs which are less stable or do not pay when not in work e.g. zero hours contracts. Deprivation is also a risk factor for Covid-19. There is also a higher risk of crowded or poor-quality housing which may impact on self-isolating.

Carer (unpaid family or friend)	Y			As a carer being told to self-isolate as part of test and trace will be more difficult to manage and the person may need more support or feel under pressure to continue in their role against advice.

Will the proposal have a significant effect on how other organisations operate? (E.g. partners, funding criteria, etc.). Do any of these organisations support people with protected characteristics?	Yes - The management of outbreaks will be done in partnership with national, regional and local partners who all support people with protected characteristics.
DECISION **Based on the above select one of the following options**	**Tick option chosen**
1. No adverse impact - no major change needed to the proposal.	The plan will go ahead with a continued regard for these issues including mitigating actions.

Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.

Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services) **COMPLETE MITIGATING ACTIONS SECTION BELOW**

2. **Actual or potential unlawful discrimination - stop and remove the proposal –** The EIA identifies actual or potential unlawful discrimination. It must be stopped.

Explanation of why option has been chosen. (Include any advice given by Legal Services.)

The Department for Health & Social Care has set out a requirement for all upper tier Local Authorities to develop and implement a local outbreak management control plan to control the impact of COVID-19.

This new virus has been evidenced to have a disproportionate impact on certain groups, some of which fall within the protected characteristics, **Annex 1** provides further information on COVID-19 inequalities in North Yorkshire

As a local authority we need to comply with the requirement to have a plan which clearly details our response to COVID-19 in relation to test and trace at a local level. Unfortunately the impact which the virus has on certain groups is a factor which is out of our direct control. The plan does identify these issues in terms of high risk communities and / people at risk, and details how we will tailor our approach to preventative work as well as our approach around informing / advising and guidance.

The Communications Strategy acknowledges that we will need to interact with groups and communities in different ways. We will be establishing the audiences within each setting (e.g. schools; workplaces; care homes; different groups and communities) to produce targeted communications. These communication routes will allow us to target the daily lives of these audiences so the messaging is noticeable and effective. The aim of targeted communications is to educate residents in North Yorkshire on how to prevent the spread of Coronavirus. It is vital to the success of the communications that we link with our partners and stakeholders to deliver our messaging as a trusted voice. As part of tailoring our communications, where required we will;

- translate information;
- provide easy read documentation;
- ensure we do not exclude older people who can be digitally excluded;
- tailor our approach for those with learning disabilities;

<table>
<tr><td colspan="2">

- tailor our approach for deaf and / or blind people.

Ultimately we will ensure we interact with people in ways that suit them.

Services in place to help people self-isolate will meet the needs of our diverse communities. **Annex 2** shows an example of the support which is available.</td></tr>
<tr><td colspan="2">Mitigating actions
We are paying due regard in our actions and will continue to learn and iterate, working closely with experts in public health and our communications department.</td></tr>
<tr><td>Signed – Director of Public Health</td><td></td></tr>
<tr><td>Date</td><td>02/07/2020</td></tr>
</table>

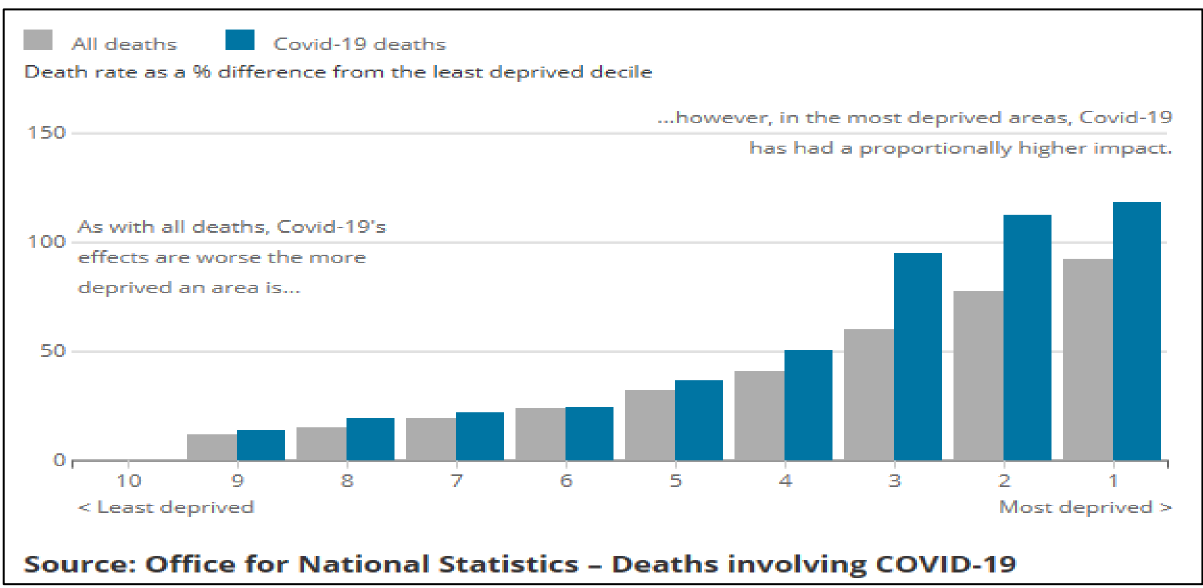
Annex 1

COVID-19 Inequalities in North Yorkshire

Socioeconomic Deprivation

Deaths from COVID-19 have fallen disproportionately on the most deprived communities in England. The chart below shows deaths in the most deprived tenth of areas there were 128.3 deaths per 100,000 population, compared with 58.8 in the least deprived tenth of areas. Mortality in the most deprived areas is more than double that seen in the least deprived areas. The differences seen with COVID-10 are higher than for all deaths.

Deaths by deprivation, England, 1st March to 31st May 2020



Source: Office for National Statistics – Deaths involving COVID-19

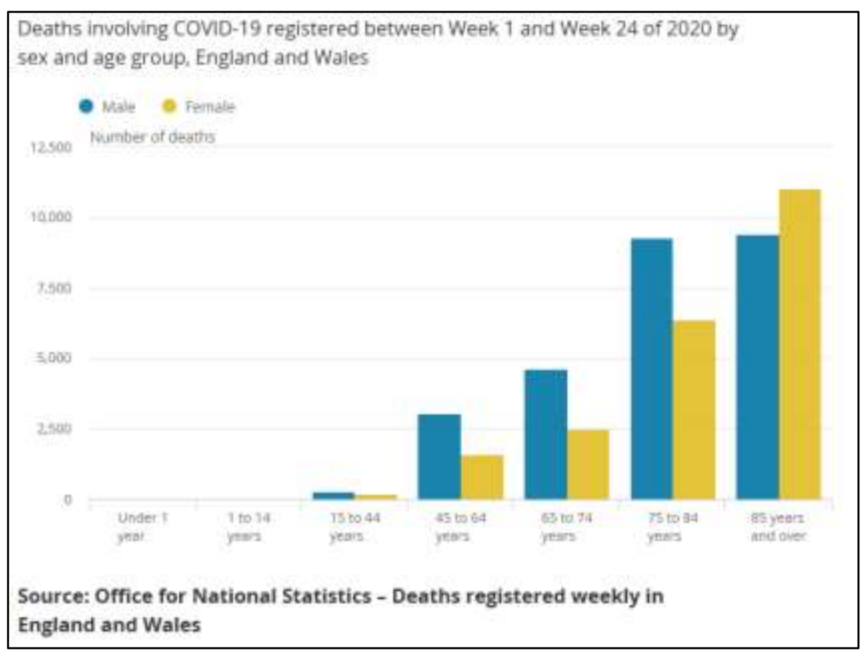
There is little information on COVID-19 inequalities in North Yorkshire. The table below shows North Yorkshire's districts, ranked by the district deprivation score and includes the crude mortality rate and pillar 1 positive test rate. This shows that Scarborough, the most deprived district, has the highest rate of cases in the county and is 4th out of 7 districts in terms of mortality. Conversely, Harrogate is the least deprived district yet has the second highest mortality.

District	Deprivation score (IMD 2019)	Crude cases (pillar 1 testing only)	Crude mortality
Scarborough	26.3	287.9	70.8
Ryedale	15.7	143.8	54.6
Craven	12.8	256.9	112.6
Selby	12.7	153.7	48.3
Richmondshire	12.1	253.5	88.3
Hambleton	12.0	235.9	69.1
Harrogate	10.9	202.5	108.4

Analysis of mortality at Middle layer Super Output Area (MSOA) level shows a mixed picture, which is likely to be heavily influenced by the location of care homes and the relatively small number of deaths at this geography.

Age and sex

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



Source: Office for National Statistics – Deaths registered weekly in England and Wales

Nationally, age has been a significant factor in outcomes for COVID-19. North Yorkshire, median age 48.2 years, has a significantly older population compared with the UK average (40.3 years). Furthermore, four districts (Craven, Hambleton, Ryedale and Scarborough) have median ages higher than the county average at 50 years and above. Furthermore, these districts have a high proportion of residents aged 65+, who are at increased risk of death from COVID-19.

District	Population aged 65+ (%)	Crude mortality
Scarborough	26.9	70.8
Craven	26.7	112.6
Ryedale	26.6	54.6
Hambleton	25.9	69.1
Harrogate	23.1	108.4
Richmondshire	21.1	88.3
Selby	20.1	48.3

Ethnicity

Nationally, people from many ethnic minority groups are significantly more likely to die from COVID-19 than their white counterparts. It is not well understood why this should be. North Yorkshire (1.7%)

Age-standardised rates for deaths involving COVID-19 with 95 percent confidence intervals by sex and ethnic group, per 100,000 people
England and Wales, occurring 2nd March to 15th May 2020

Ethnic Group	Males			Females		
	Rate	CI lower	CI higher	Rate	CI lower	CI higher
White	87.0	85.7	88.3	52.0	51.1	52.8
Mixed	144.4*	120.3	168.5	75.9*	60.5	91.3
Indian	157.5*	144.8	170.3	86.8*	77.9	95.6
Bangladeshi\Pakistani	191.0*	172.9	209.1	100.8*	87.9	113.7
Chinese	119.4*	94.2	149.2	65.4	48.4	86.3
Black	255.7*	238.1	273.3	119.8*	109.5	130.1
Other ethnic group	167.7*	150.1	185.3	83.4*	72.0	94.8

Source: Office for National Statistics – Deaths registered weekly in England and Wales

has a lower proportion of its population from ethnic minority groups compared with England (13.6%). Craven district (3.2%) has the highest proportion of people from ethnic minority groups in the county (source: Public Health England Local Authority Health Profile).

Disability
Nationally, those whose daily activities are limited a lot and limited a little are significantly more likely to die from COVID-19 compared with those who have no disability (ONS, 2020). There is no information on the disability status of COVID-19 patients in North Yorkshire and the county has 17.5% of residents with a long-term health problem or disability, similar to England, 17.6% (source: PHE Common mental health disorders profile).

Appendix 2

Covid-19 Support Grant Scheme

What is it?
North Yorkshire County Council has set up the Covid-19 Support Grant Scheme to help individuals and families who are most in need or most at risk, to access food, utility, and other household essentials to support them through a 14-day period of self-isolation.

How does it work?
If you meet the eligibility criteria below and this is your first time applying, you should contact the North Yorkshire County Council Customer Service Centre on 01609 780780 or by web chat and ask to apply for a Covid-19 Support Grant. In order to direct you to the most appropriate local community support organisation, the advisor will ask you for further information, including your address and contact details.

Food
Community support organisations are coordinating volunteers who go to supermarkets to do shopping on your behalf. The local community support organisation will confirm that you are eligible, before completing the application with you over the phone for the relevant supermarket voucher and amount from the scheme.

The voucher is electronic and can take up to two working days to arrive after the application has been approved. Once it has arrived, a volunteer from the local community support organisation will contact you to find out what food and other household essentials you need.

They will then go to the local supermarket and contact you when they drop the shopping off on your doorstep. The volunteer will not come into your home.

Utility
If required, some of your award can be put towards a utility voucher to help with your gas and electric. Volunteers can top up your utility key or card at a local PayPoint outlet. You will need to state this when the application is being completed.

The vouchers are electronic and can take up to two working days to arrive after the application has been approved. When it has arrived a volunteer from the local community support organisation will contact you to arrange to collect your utility key or card.

They will then go to the local PayPoint outlet and redeem the value of the utility award onto your key or card and then post your card through the letterbox or leave it in another agreed place. The volunteer will not come into your home.

Can I apply?
You can apply if:
1. You have not applied for a Covid-19 Support Grant before; and
2. You live in North Yorkshire; and
3. You are self-isolating and unable to leave your home; and
4. You do not have family or friends who can help you in your current situation; and
5. You meet one or more of the following criteria:
    a. You are 70 years old or over
    b. You have a long-term condition
    c. You are pregnant
    d. You have a weakened immune system

e. You have been made temporarily or permanently unemployed as a result of Covid-19
f. You are not entitled to statutory sick pay
g. You are waiting for a new benefit claim to be processed or you are waiting for your first Universal Credit payment

How often can I apply?
Applications to the scheme are made on the basis of all those living in the household. Each household can only apply for one grant.

What can I apply for?
The scheme can award vouchers for the following supermarkets:

- Asda
- Morrison's
- Sainsbury's
- Tesco

The amount you will be awarded will depend on the number of people in the household:

- Individual - £70
- Couple - £100
- Each additional household member - £20

For example, a couple with two children would be awarded vouchers worth £140 for a supermarket of their choice. An adult with a child would be awarded vouchers worth £90.

Some of your award can also be used for a PayPoint utility voucher. PayPoint utility vouchers can be awarded at the following values:

- £25
- £35
- £45

For example, an individual who requires a utility award of £25 would receive a £45 voucher for their specified supermarket and a £25 PayPoint utility voucher to equal their maximum award value of £70. A couple with two children who request a £45 utility award would receive a £95 supermarket voucher and a £45 PayPoint utility voucher to equal their maximum award value of £140.

If there are multiple supermarkets nearby, it is really important, when discussing with the local community support organisation volunteer, that you state which supermarket you would prefer, as a voucher can only be issued for one supermarket.

Supermarket vouchers cannot be used to purchase cigarettes or other kiosk items.

If you do not have one of these supermarkets in your local area and the volunteer is unable to reasonably access one of them, an award voucher can be issued for use in a local shop or Co-op. You should discuss this with the community support organisation at the time of applying.

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