

## COVID Control update October 2020

Doncaster Council

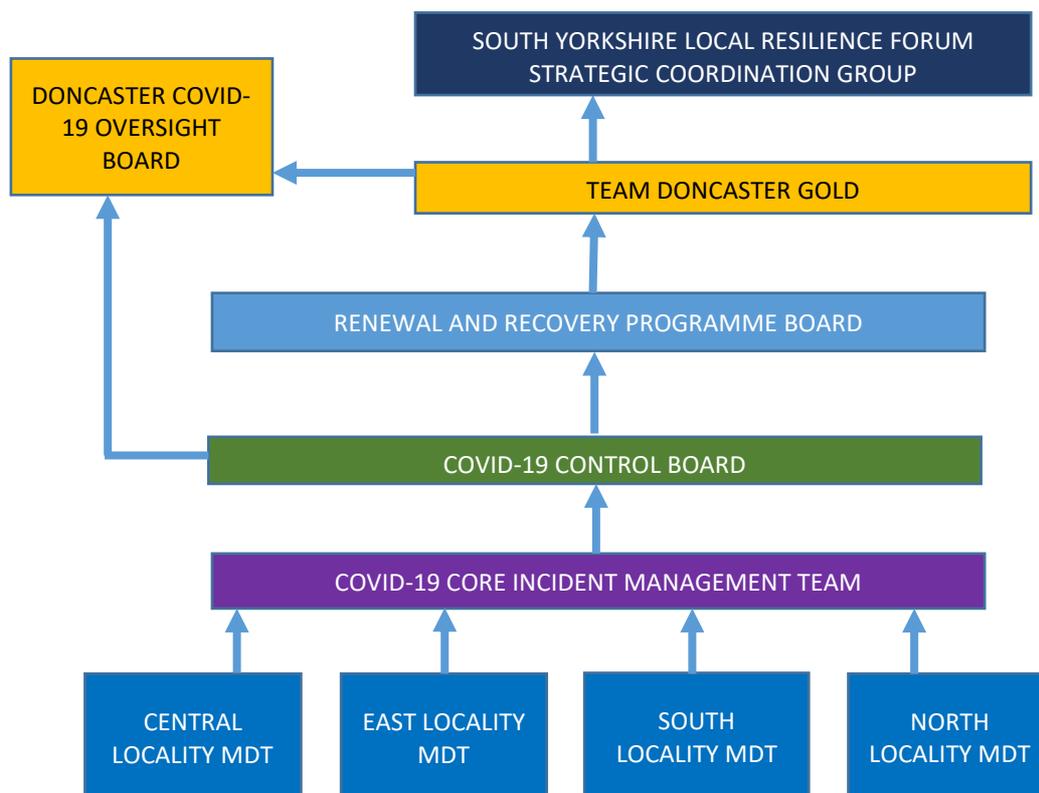
### Outbreak Control Plan, structures, and governance

#### **Latest Outbreak Control Plan:**

Version 5 of the COVID Outbreak Control Plan and associated planning and response framework for high-risk settings/people/places was updated in September 2020. The summary (public) version has been uploaded onto the [Council's Coronavirus webpage](#).

#### **Governance structure:**

The current governance and reporting structure for the local COVID response is summarised below:



Plans are underway with the Council leadership team to formalise the response and governance arrangements for escalation to widespread community transmission. Information is included in section 8 of the plan, which outlines one option of the extension of the current COVID control board membership to include broader representation such as the management of excess deaths. Membership may also include additional senior representation from high-risk areas. This continues to be developed and will be adapted to the evolving situation and subsequent needs.

Coordination at all levels is multi-agency with representatives from across Team Doncaster. Doncaster Clinical Commissioning Group represents both the COVID health cell and the health system on the Incident Management Team, COVID control board and the Doncaster COVID-19 Oversight Board. Public Health England also feed directly into both the Incident Management Team and COVID control board, enhancing a coordinated approach to managing incidents, clusters and outbreaks.

The system reports regularly into the South Yorkshire LRF Strategic Coordination Group and its established sub-groups. Established links with neighbouring authorities continue and a process for informing of cross-border incidents/outbreaks or cases of interest through single points of contact.

## **Recent epidemiology and outbreaks**

A data cell has been working across the Team Doncaster partnership to review, analyse and interpret available data. This includes, amongst other areas:

- Doncaster and Bassetlaw Teaching Hospitals NHS FT Infections/Deaths/Recoveries
- Doncaster Children's Services Trust Children's Data
- NHS 111 Calls
- Primary Care Coronavirus Hub (CCHUB) Data
- Community Infections
- Infections in Institutions: Care homes, Prisons, Children's Homes, education settings etc.
- Registrar Deaths
- Delayed Transfers of Care (DToC)
- Single Point of Access & Adult Social Care Discharges
- NHSE + Imperial Modelling

Daily surveillance and epidemiology meetings are undertaken which cover data and intelligence to give a solid understanding of the local picture including:

- PHE reports (7 day rates, exceedance report, red report)
- Rates – PHE published rate and local intelligence
- Demographics (e.g. cases & 7 day rate by age, gender, ethnicity analysis)
- Tests – positivity rate, who is accessing testing (deprivation, ethnicity, age), where people are accessing tests
- Early warning flags
- Clusters – e.g. LSOAs, communities with highest rates, clusters in areas of higher risk etc.

Daily line list review meetings are also undertaken which identifies cases that need further contact or welfare calls, those that need passing to health settings, education, other high risk settings. This includes a review of:

- At risk employers/jobs
- Shielded list
- Self-employed
- Higher age bands
- School age at a school not known about
- At risk activities
- Care settings
- High numbers of contacts
- National system unable to contact.

Daily Incident Management team meetings take place with multi-agency partners to monitor and review data and intelligence on COVID-19 cases, incidents and outbreaks, and to agree and coordinate the activities of the agencies involved to manage the investigation and control of the outbreak. Since established on 12<sup>th</sup> June 2020, the Incident Management Team has reviewed over 400 incidents, clusters and outbreaks.

The approach to data, epidemiology and outbreaks continues to be reviewed and adapted on a regular basis.

## **Current outbreak control strategy**

### ***Prevention and community support***

Each of the 4 Doncaster localities have undertaken a review of their high-risk settings, places and populations and have visibility and prevention plans in place that are adapted as new insight and intelligence emerges. At a locality level, individuals referred into the teams are sign-posted to appropriate support, including in the community and voluntary sector where appropriate. The plans for scaling back up support for those clinically extremely vulnerable and those needing additional support to self-isolate in the cases that they have no support in place e.g. humanitarian support in the event of local lockdown or similar restrictions are currently being developed further. The data referred into localities through IMT and surveillance teams help to inform targeted prevention and outbreak management support. The level and type of data is regularly being reviewed and adapted as more becomes available to local teams.

### ***Communications***

Communications and engagement plans are in place with Team Doncaster partners. A Doncaster COVID-19 communications cell is in place involving the partners.

Communications and engagement activity is focused on local messaging using a range of platforms, including through digital communications. These include areas of focus such as, but not limited to:

- Reinforcing core guidance and advice as it changes
- Delivering the 'Let's do it for Doncaster' campaign to encourage behavioural change regarding physical distancing, hand washing, civic responsibility
- Promotion and advice related to the test and trace programme
- Communications in relation to outbreaks and outbreak management
- Access to services including health, local authority and partners.
- Targeted support and advice to education and early years settings to support consistent messaging and understanding for both settings and parents.
- Targeted engagement and communication with businesses
- Setting specific communication support, including outbreak management e.g. Care homes

### ***Testing Strategy***

A local testing strategy is in place, which is summarised in the outbreak control plan. The IPC and testing cell continues to meet weekly to review processes and challenges. With the ongoing challenges in access to Pillar 2 testing and some delays in results, additional work has been scoped to put in place a local booking system to prioritise key workers such as teaching staff (or symptomatic household members) to access tests through Pillar 1 in circumstances where staff absence poses significant business continuity challenges in the setting. The approach will be continuously reviewed depending on local lab testing and swabbing capacity. Additional work is progressing on scoping sites and arrangements for further mobile testing units or local testing sites as covid cases continue to increase across the borough.

### ***Contact Tracing Arrangements***

Members of the Doncaster Council Public Health team are currently undertaking contact tracing and welfare calls where the index case is either a resident or member of staff in a care home, or wider where additional investigation or 'curiosity' would be beneficial.

A core team of 10 members of staff have been trained and are undertaking contact tracing on a rota basis. A dedicated database system has been set up to monitor cases, contacts and welfare calls and quality assurance is in place. This is currently in the process of being extended to train additional public health staff. This model is also being further developed to factor in support from allied professionals and partners facilitate contact tracing activity, including in settings where an existing relationship and trust with those being contact traced is beneficial (e.g. homeless hostels) and home visits where no contact can be made. This will complement CTAS activity which will be firmed up once the CTAS/local team interface is clarified. Recruitment to further posts in the COVID control core team to coordinate contact tracing activity, alongside additional training is currently underway.

### ***Support and advice arrangements***

A local system is in place for the provision of support and advice. Colleagues from across Team Doncaster and settings can contact a single point of contact email and phone number to access advice or a call back from the public health team. This is currently staffed 7 days a week on a rota basis. Interim arrangements to respond to the current increase in demand and capacity pressures have been deployed, with a flexible approach for increasing capacity during busy periods being further developed.

An effective system is also in place for coordinated, specialist advice and support with the education section is also in place with the education SPOC 'edulog' and public health. This was established and has been adapted and pace as settings opened to provide an efficient, effective and supportive system. Similar effective systems have been established with regulation and enforcement and Business Doncaster teams to provide advice and support to businesses and workplaces across the borough are also in place.

### ***Sector Specific Approaches***

Bespoke planning and response frameworks have been developed for those assessed as complex or of higher risk. These are aligned to the regional Yorkshire and the Humber PHE and Local Authorities Standard Operating Procedures and outline a localised summary of:

- The primary prevention actions for the group, setting or place
- Initial actions to be undertaken in the event of a suspected or confirmed case
- List of proposed MDT members
- Outbreak control measure actions and considerations
- IPC actions and considerations

The Framework covers a range of themes including, but not limited to:

- Care homes
- Homeless and rough sleepers (including commissioned and non-commissioned supported housing)
- Businesses and workplaces
- Public realm (including town centres, high-footfall areas, shop areas etc.)
- Domiciliary Care
- Childcare and Education Settings
- BAME populations
- Roma Communities
- Gypsy and Traveller communities
- Places of Worship
- Areas with high vulnerable or shielding populations
- People who are drug and/or alcohol dependent in residential settings
- Asylum Seeker population

- Supported living
- Day centres
- Children's residential settings.
- Sports and physical activity clubs and settings
- Open spaces
- Health and care settings

The framework continues to be developed and strengthened through the IMT. A review will also take place following the activation of one of frameworks and following any significant changes in guidance.

### **Challenges and risks**

Some of the current challenges are:

- Approach for events and mass gatherings (although work is ongoing with the LRF to develop a shared set of principles)
- Areas with high level of public concern e.g. car boots
- Access to testing and timely turnaround of results
- Staff capacity and fatigue
- Regular, short-notice guidance changes
- Schools and families with large numbers of pupils self-isolating and knock on effects (including staff absence in frontline and other services)
- Organisational fatigue and complacency including ensuring maintenance of agreed lines of communication, escalation processes, partnership working and staff and system resilience
- Lack of compliance to latest guidance (potential and perceived)
- Clarity on enforcement responsibility, capability and routes in some cases and changes to legislation
- Shielding and the potential for re-instatement of support alongside regularly updated shielding lists and their impact on provision and demand across health and social care sector
- Potential concurrent impacts of EU-Exit and supply chains e.g. food, medication
- Availability of monitoring data e.g. ethnicity.
- Concurrent impacts of future incidents e.g. flooding, weather and winter pressures across the whole system
- Challenges and planning risks associated with the number of different models that can differ significantly that are issued from government departments. This can make local modelling more difficult.

The key risks being monitored by the COVID control board include:

- Direct impacts of COVID on the health service
- Management of outbreaks in high risk settings
- Management of the public realm
- PPE
- Testing and contact tracing (including engagement)
- Welfare of vulnerable people needing to self-isolate
- Infection Prevention Control capacity
- Resourcing of Incident Management Team
- Mass gatherings and events
- 'second wave'

The current threat and risk assessment is attached.

### ***Planned future developments***

Planned future developments include:

- Developing the EQIA and embedding recommendations
- Further development and update of data section in OCP
- Finalising the response structure proposals for a scaled up response
- Finalising the local contact tracing approach (including interface with CTAS)

## **Planning ahead**

### ***Modelling of likely future challenges and planned responses***

Work has been ongoing across the local system to model for likely challenges in line with the latest SAGE Reasonable Worst Case Scenario planning assumptions. This has included system-wide exercises and workshops with the System Resilience Group for winter and covid, scenario based discussion with Council leadership, including concurrent incidents/impacts and also strategic exercises with the SY LRF partners.

Following the initial response phases, a series of learning and review sessions were undertaken with Directorate Leadership Teams to identify good practices and any learning. An evaluation of the Tactical Coordination Group establishment and process was also undertaken with Team Doncaster partners involved in the early response. Recommendations from these are being fed into future plans and work.

An approach to a rolling programme of scenario tests with the Incident Management Team reviewing approaches to managing of incidents, clusters and outbreaks in high-risk settings, such as those identified in the planning and response framework. IMT also holds a 'reflection session' every Friday to review challenges and strengthen the current arrangements to guide future response.

A process has also been established from early on in the pandemic to share new models and planning assumptions across the partnership to support consistent planning and preparedness. Sharing of new models and assumptions across partnerships

### ***Resilience and resource issues***

Recruitment is underway for additional capacity in the covid control team, including for:

- Data, intelligence and insight
- Establishment of core team and localities support
- COVID taskforce to provide surge capacity
- Specialist support including infection prevention and control and swabbing
- Environmental Health Officers.

Additional resilience is also being established through further training for public health staff to be able to scale up capacity to support various aspects of response as it is needed. This approach is reflected across partners. Business Continuity planning and review continues across all organisations.

There are some challenges identified with resource and resilience which continue to be considered and further developed. These include:

- Resilience of staff and psychological/wellbeing support (led by the multi-agency workforce cell). A learning from partners' approach continues to be utilised
- Staff absence through sickness (covid and non-covid) or self-isolation and the subsequent impact on staffing and prioritisation of services

- Availability of experienced staff to recruit and build specialist capacity
- Voluntary and community sector resilience and availability of ongoing support

## **Issues for escalation**

- Approach for events and mass gatherings (although work is ongoing with the LRF to develop a shared set of principles)
- Areas with high level of public concern e.g. car boots
- Access to testing and timely turnaround of results
- Staff capacity and fatigue
- Regular, short-notice guidance changes
- Shielding and the potential for re-instatement of support alongside regularly updated shielding lists and their impact on provision and demand across health and social care sector
- Potential concurrent impacts of EU-Exit and supply chains e.g. food, medication
- Availability of monitoring data e.g. ethnicity.
- Concurrent impacts of future incidents e.g. flooding, weather and winter pressures across the whole system
- Challenges and planning risks associated with the number of different models that can differ significantly that are issued from government departments. This can make local modelling more difficult.

### Key contacts:

- Rupert Suckling, Director of Public Health, Doncaster Council

09/10/20