Bradford District COVID-19
Local Outbreak Management Plan

City of Bradford Metropolitan District Council
July 2020 (updated September 2021)

Version Control

Version	Author	Change	Date
1.0	KI	Final draft	25062020
1.0	DC	Added in updated Education SOP	25062020
1.1	KI	Changes following SOP exercise	29062020
1.1	KI	Changes following feedback from the leader and peer reviewer	29062020
2.0	KI	Adding page numbers, removed phone numbers	30602020
2.1	LS	Addition of workplace flow chart and page number amendment	07072020
2.2	LS	Change of information in the workplace flow chart	08072020
3.0	KI CT	Changes made following exercise and consultation	29072020
3.1	LS	Update: Flowchart for Primary Care (GP) Outbreaks – Version 19. Amendment of spelling error page 3 to Childcare.	14092020
4.0	LS	Removal of pages 39 – 55 and replaced with information with links re: Education and Childcare settings. Page numbers & contents page updated.	16092020
5.0	KI	Updated to reflect new project management arrangements, current testing options, data and workforce development. Added in home testing and LFT plans	05112020
5.1	ME	Updated section 6 and 8 to reflect the addition of local contact tracing	21122020
6	CT	Added in updated JWA for underserved population groups (previously described as vulnerable groups) and vulnerable population groups in residential settings as these have been updated by PHE in partnership with WY local authorities	1812020
6.1	KI	Updated to recognise government decision to reduce isolation period from 14 days to 10 days effective 14th December	15122020
7	ML CT	Updates to bring LOMP into alignment with Test & Trace's new expectations, drawing out best practice, removing mention of Tiers and updating to reflect current pandemic response (inequalities, testing, variants of concern, vaccine roll out etc.). All outbreak management cards (appendixed) were updated to be brought into line with most recent changes. Title of document changed from Outbreak Control Plan to Local Outbreak Management Plan.	03032021
8	ML CT	Updates to reflect move out of lockdown and towards 'Living with COVID' approach.	23072021
8.1	ML CT	Changes made to bring document into alignment with publication of updated CONTAIN framework	18082021
8.2	ML	Changes made in preparation for Winter 2021/2	29092021

Contents

Appendices

Glossary

Abbreviation	Meaning
ADPH	Association of Directors of Public Health
BAME	Black Asian and Minority Ethnic
CBMDC	City of Bradford Metropolitan District Council
CCG	Clinical Commissioning Bradford
DBS	Disclosure and Barring Service
DPH	Director of Public Health
EPRR	Emergency Preparedness Resilience and Response
HPT	Health Protection Team
IPC	Infection and Prevention Control
IMT	Incident Control Team
JBC	Joint Biosecurity Centre
JWA	Joint Working Agreement
LA	Local Authority
LRF	Local Resilience Forum
LSOA	Lower Super Output Area
MTU	Mobile Testing Unit
PH	Public Health
PHE	Public Health England
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
UKHSA	UK Health Security Agency (formerly known as PHE)
UTLA	Upper Tier Local Authority
VCSE	Voluntary Community and Social Enterprise
VoC	Variants of Concern

1 Introduction

This updated plan sets out the framework for Bradford District to respond to the next phase of the COVID-19 pandemic. It is an iterative plan and will be developed and refined in line with national policy as well as local, national and – in the instance of emerging Variants of Interest (VOIs) or Variants of Concern (VOCs) – international circumstances. It is based on the tried and tested practice of preventing and containing outbreaks in individual settings (like workplaces and care homes) and is enhanced through collaboration with a broad range of partners to increase the capacity, communications and governance that underpins effective local outbreak control.

In July 2021, the Department of Health and Social Care requested that Local Outbreak Management Plans be updated to reflect the strides made to contain COVID-19 in the community this year and the move out of lockdown that occurred on 19 July 2021 – a move that is intended to be irreversible. The onus is now on supporting residents and the institutions that support the health and wellbeing of our community to learn to live safely with COVID-19 and to respond effectively if outbreaks escalate, transmission endures or new VOCs emerge. 'Building back for better' must now balance staying vigilant against COVID-19 while also planning how to mitigate the health inequalities and negative socio-economic impacts of the pandemic – particularly those experienced by our most vulnerable groups.

The objectives of this (September 2021) update are outlined below:

- Ensure that updated, fit-for-purpose local outbreak management plans are in place and that they are capable of supporting the local move out of lockdown (e.g. managing large-scale events, festivals, gatherings etc.)
- Ensure plans reflect the approach to the core aspects of end-to-end COVID-19 response including surveillance, community testing, contact tracing, support for self-isolation and outbreak management – including enhanced contact tracing where necessary, in partnership with PHE HPTs.
- Ensure plans incorporate the following developments:
    - Responding to VOCs
    - Enduring/ stubbornly high transmission
    - Enhanced contact tracing, in partnership with HPT
    - The ongoing role of non-pharmaceutical interventions (NPIs) to prevent cases and reduce transmission
    - The ongoing roll-out of the COVID-19 vaccination programme and local plans and actions to tackle disparities in uptake
    - New activities that enable 'living with COVID' (ongoing COVID-security)
- Ensure roles, responsibilities and governance on each aspect of the outbreak response is clear.
- Ensure Local Outbreak Management Plans reflect cross-cutting considerations, such as socio-economic and health inequalities.
- Provide ongoing quality assurance and justification of the need for financial support from the COVID Outbreak Management Fund (COMF) and self-isolation funding.

For the sake of transparency and ongoing accountability to our public, the Bradford District COVID-19 Local Outbreak Management Plan will be made publicly-available.

2 Aim and objectives

Aim
Prevent and manage the spread of COVID-19 in Bradford District to mitigate mortality, morbidity and other forms of harm.

Objectives

- A proactive and preventative approach is taken to address COVID-19
- Partners are engaged to ensure infection prevention and control measures are fully understood and adhered to
- Testing is made accessible to all residents in Bradford District - both those with and without symptoms of COVID-19
- There is effective surveillance of the COVID-19 pandemic in Bradford District, enabling early identification of new and/or concerning variants or patterns of transmission and outbreaks
- Robust complex case management and outbreak management processes are in place with clear, pre-agreed roles and responsibilities
- Reduce the health impacts and inequalities that the pandemic has exacerbated across Bradford District
- Support the effective and equitable distribution of vaccines, encouraging take-up amongst under-represented groups
- Ensuring appropriate and proportionate governance to implement public health measures with community engagement as relevant.

3 Background and Context

According to the WHO Coronavirus (COVID-19) Dashboard, as of 20 September 2021, there have been a total of 228,394,572 million confirmed cases of COVID-19 and over 4.5 million deaths associated. These figures are likely to be significantly lower than actual numbers due to international disparities in reporting capabilities and levels of political transparency. According to estimates made on this same date, these total figures are close to 7.5 million cases and 160,000 deaths nationally. As of 20 September 2021, a total of 76,580 COVID-19 cases have been confirmed in Bradford. The district passed the sad milestone of 1,000 deaths due to COVID-19 on 27 January; since then, a further 416 suspected and confirmed deaths due to COVID-19 have been recorded through the local registration service.

Multi-national research to understand the epidemiology of COVID-19 is underway and information about its symptoms and impact are emerging as we learn more this novel disease. The most commonly reported symptoms include fever, a new continuous cough and loss of or change in sense of smell or taste; however, real-time tracking of the disease via the ZOE COVID Symptom Study App suggests issues such as diarrhoea, nausea, headache and sore throat may also be common – particularly amongst those infected with newer variants of COVID-19. Complications

associated with this disease go far beyond the remit of a typical respiratory illness: cardiovascular distress, sepsis, stroke and widespread organ damage can be seen alongside pneumonia and acute respiratory distress syndrome in severe cases, for example. The median time from exposure to onset of initial symptoms is five days, though this incubation period has been seen to range from two to fourteen days with newer variants returning positive tests and generating symptoms more quickly than as seen previously.

The discovery of therapeutics capable of supporting those hospitalised with COVID-19 in addition to the parallel approval and roll-out of COVID-19 vaccinations have considerably improved the outlook of the COVID-19 pandemic nationally and globally. In the UK, these factors have enabled central government to justify taking the country out of lockdown as of 19 July 2021. Although this final step out of lockdown was delayed by a fortnight, this decision is in keeping with the Spring 2021 Roadmap – a four-step, data-driven exit strategy out of COVID-19 restrictions that is elaborated upon further below. However, even in the context of improved treatments and widespread inoculation, local outbreak management must remain centre stage as we look to learn to 'Live with COVID' going forwards. At its core, the control of an infectious disease focuses on disrupting its spread from person to person at the local level.

The dominance of the Delta Variant (B.1.617.2) also warrants vigilance and continuous research; it is clear that this mutation – first identified within India – causes worse clinical outcomes than previous strains of the disease and is significantly more transmissible (estimates for the latter have settled at around 60% increased transmissibility). Due to its dominant status, it is important to note that (unless otherwise specified) when this document refers to COVID-19, it is referring to the Delta variant.

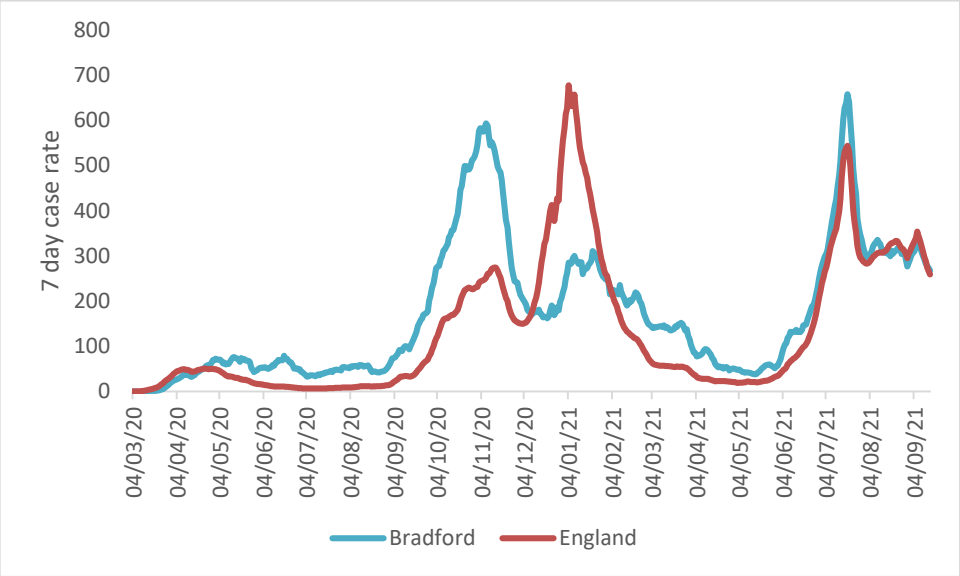
This Local Outbreak Management Plan describes how the City of Bradford Metropolitan District Council has combined local health protection expertise and capabilities with a wider multi-agency response to manage COVID-19 at the scale needed to reduce its spread in the community and associated morbidity and mortality amongst residents. The protocols described below enable local health and care services to counter ongoing transmission of COVID-19, manage outbreaks within a wide range of settings and population groups and support residents and local organisations to adjust to life post-Lockdown; all measures included are robust, effective, timely and responsive and outline clear roles and responsibilities for all those involved.

4 The Local Impact of COVID-19

Bradford District is a large metropolitan area with a population of over half a million people. The District has a youthful population structure and contains a rich mixture of ethnic groups and cultures. The District is one of the most deprived local authorities (LAs) in England and ranks 21st out of 317 local authorities/ districts. Deprivation varies greatly across the District, with wards generally around central Bradford and central Keighley appearing in the 10% most deprived wards in the country.

The Joint Biosecurity Centre identified Bradford District as an area of stubborn COVID-19 transmission as transmission rates have been elevated throughout the entire pandemic; rates here have superseded the national level, even in summer months. A visual of this is provided in Figure 1 below.

Figure 1: New COVID-19 cases by specimen date, rolling rate



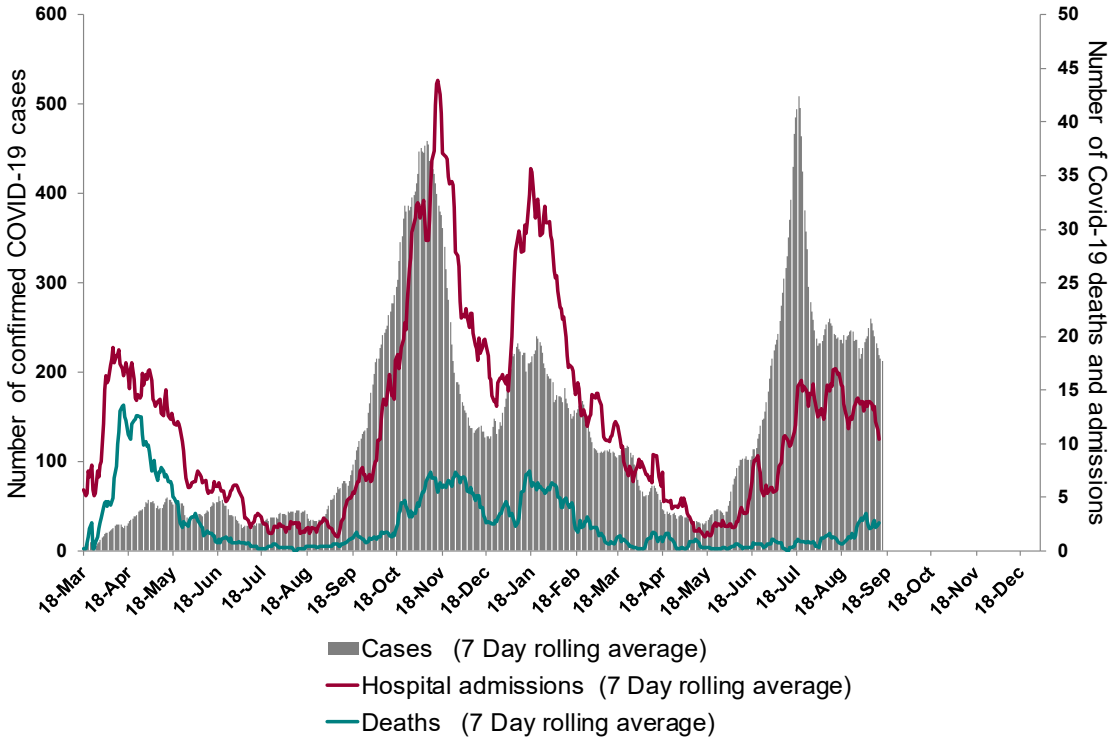
Data source: UK Coronavirus Dashboard. Extracted- 22/07/2021

Even after extensive local investigation by the Joint Biosecurity Centre earlier this year, no single cause has been identified to explain the enduring transmission that has characterised the pandemic within Bradford. It therefore follows that there will be no silver bullet to resolve the issue and COVID may continue to persist locally even when it has abated in other regions. It was deemed likely that an aggregation of the following local characteristics is responsible for this ongoing trend:

- Deprivation (including unmet financial need)
- Employment and occupation types
- Demographics and household composition (intergenerational households)
- Local attitudes and behaviours
- Local outbreak response

That said, it is important to note that the increases in cases, hospital admissions and deaths seen in recent months (visualised in Figure 2 below) is attributed to the arrival of the Delta Variant in Bradford. This variant is now dominant and more transmissible than previous mutations. At present, the worst clinical outcomes are seen amongst cases who are unvaccinated, come from deprived areas, have pre-existing medical conditions or present a mixture of these risk-factors.

Figure 2: Seven-day rolling average of COVID-19 confirmed cases, hospital admissions and registered deaths in Bradford District



Data source: Coronavirus (COVID-19) cases CBMDC Registration Service. Extracted- 21/09/21

Throughout the entire pandemic, the highest absolute numbers of deaths in Bradford have been in areas where vulnerable populations - in terms of deprivation, age or pre-existing medical conditions – are disproportionately represented. Figure 3 shows crude mortality rates by ward (i.e. not adjusted for differences in the age of the population between areas); here, mortality has been highest in areas with greater levels of deprivation (including City and Keighley central) and in areas with older populations (including Ilkley and Bingley).

Figure 3: Crude Mortality Rate per 100,000 where cause of death was COVID-19 (diagnosis included on any part of death certificate) - data accurate as of April 2021

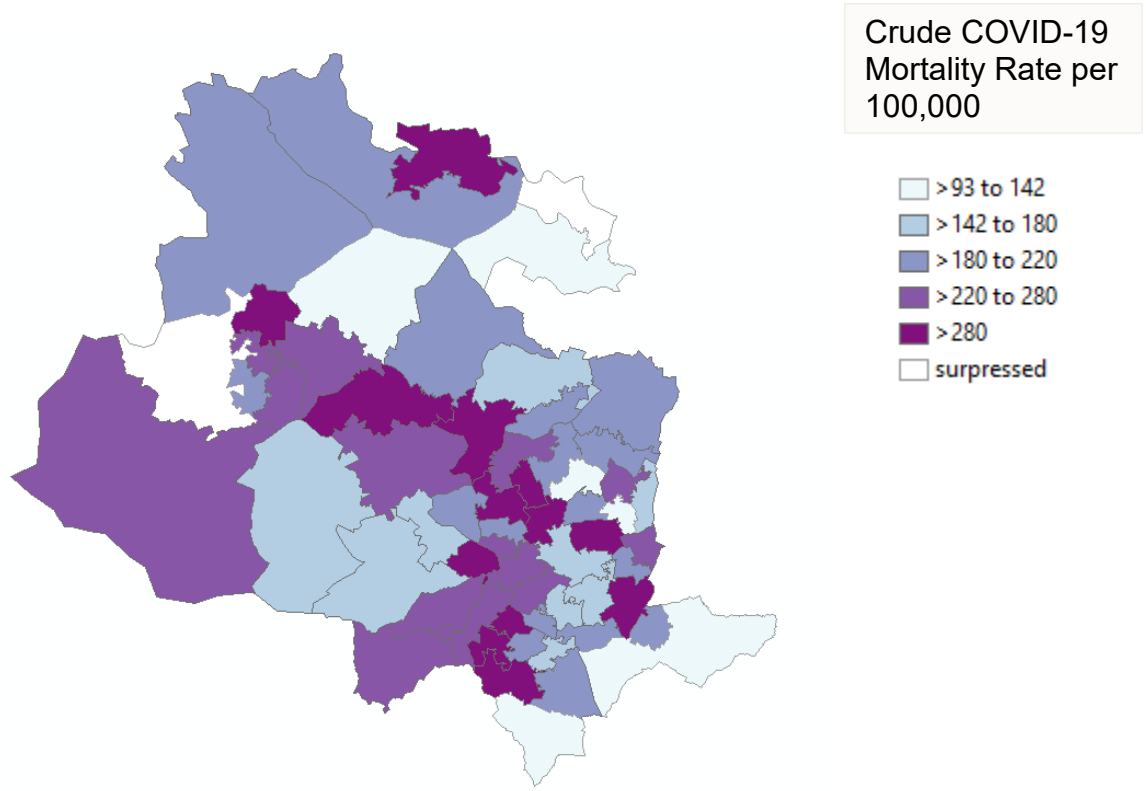


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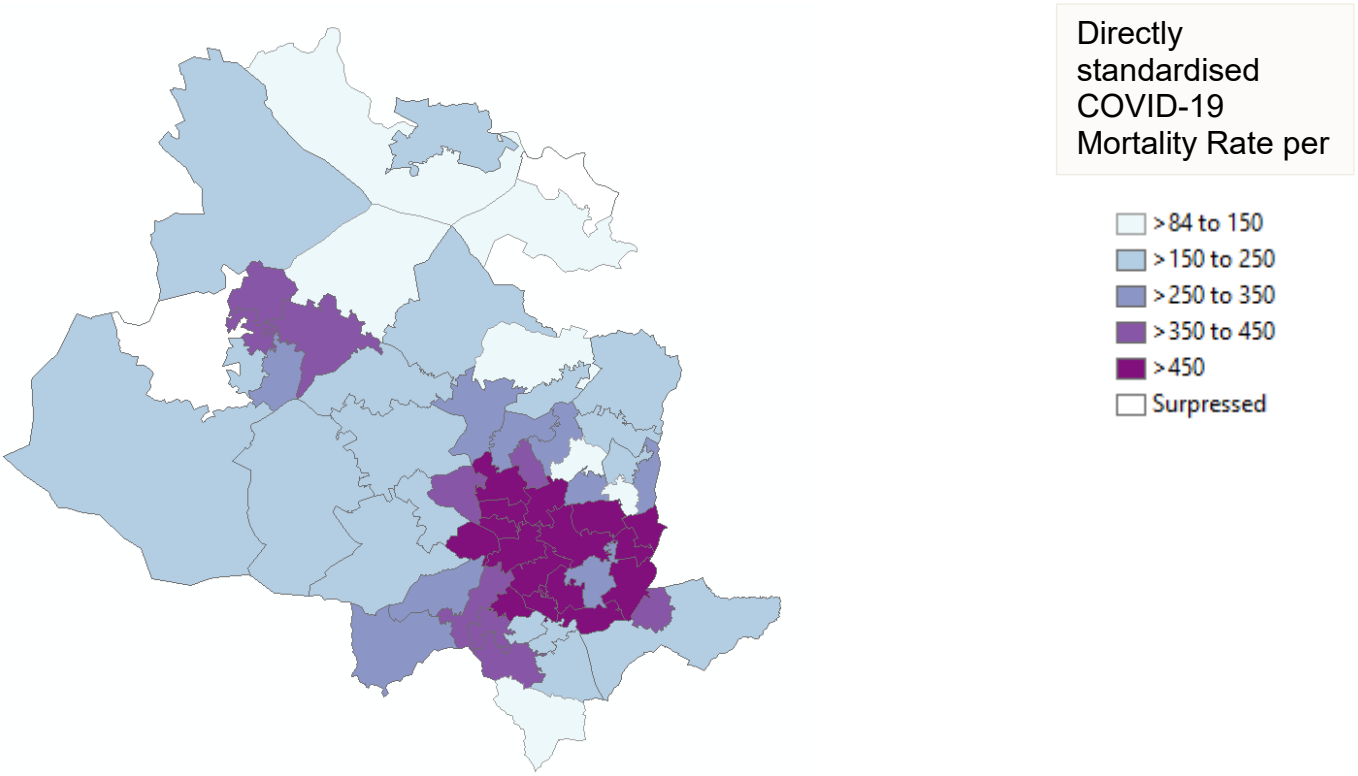
Figure 4 takes differences in underlying age structures of the population into account, showing an even clearer picture of highest mortality being based in central areas of Bradford city where deprivation is highest.

Figure 4: Directly Standardised Mortality Rate per 100,000 population where cause of death was COVID-19 (diagnosis included on any part of the death certificate) - data accurate as of April 2021



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Reducing health inequalities is another primary ambition of this Local Outbreak Management Plan; understanding how and why some communities are more affected by COVID-19 than others is crucial for informing disease prevention, management and recovery at the individual and community level. Therefore, this Local Outbreak Management Plan clearly specifies where extra lengths are taken to identify and either mitigate or reduce the impact of COVID-19 on these vulnerable groups and to support their socio-economic recovery from the disproportionate disruption it has caused to their lives.

However, despite their well-established excess clinical risk, initial analysis shows that those hailing from the most deprived areas have also had the lowest vaccination rates so far. This has led to an uneven distribution of vaccine coverage across Bradford District as a whole, best depicted in Figures 5 and 6 as well as Table 1 below. This is of major concern given that the continued momentum of the vaccine programme is integral to the continued safety of residents in a post-lockdown Bradford and for maintaining resilience to variants of COVID-19.

Figure 5: Proportion of population vaccinated with dose 1 – All eligible adults age 18 and over Data source: National Immunisation Management System. All data are provisional - data extract: 28/09/2021

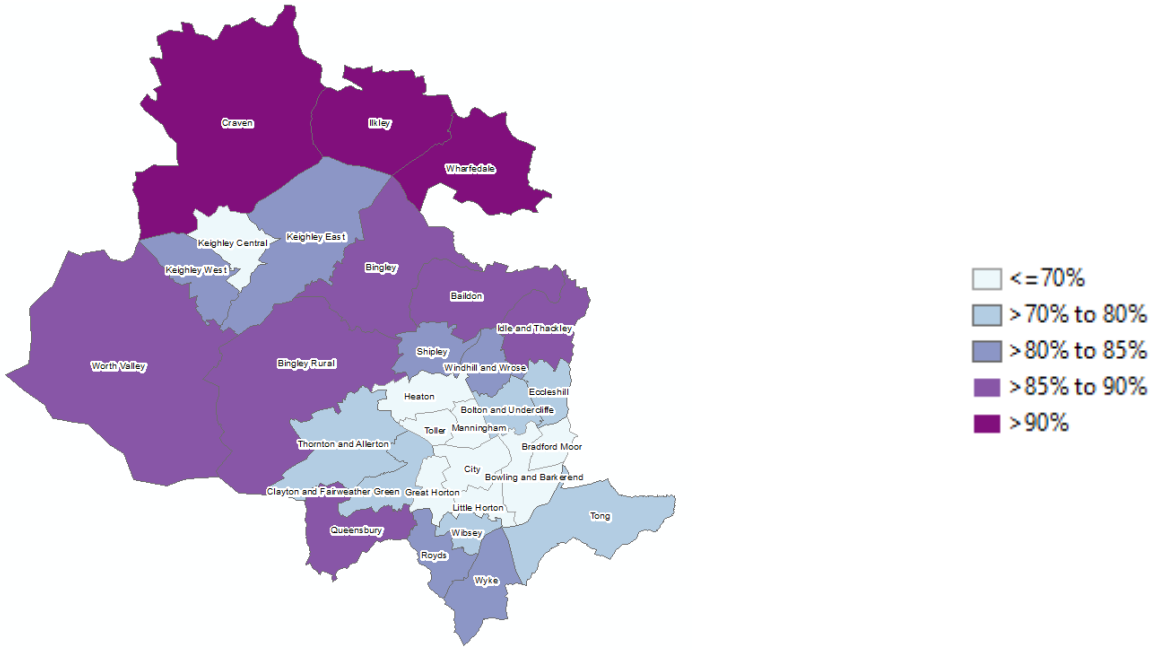

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Figure 6: Proportion of population vaccinated with dose 2 – All eligible adults age 18 and over Data source: National Immunisation Management System. All data are provisional - data extracted: 28/09/2021

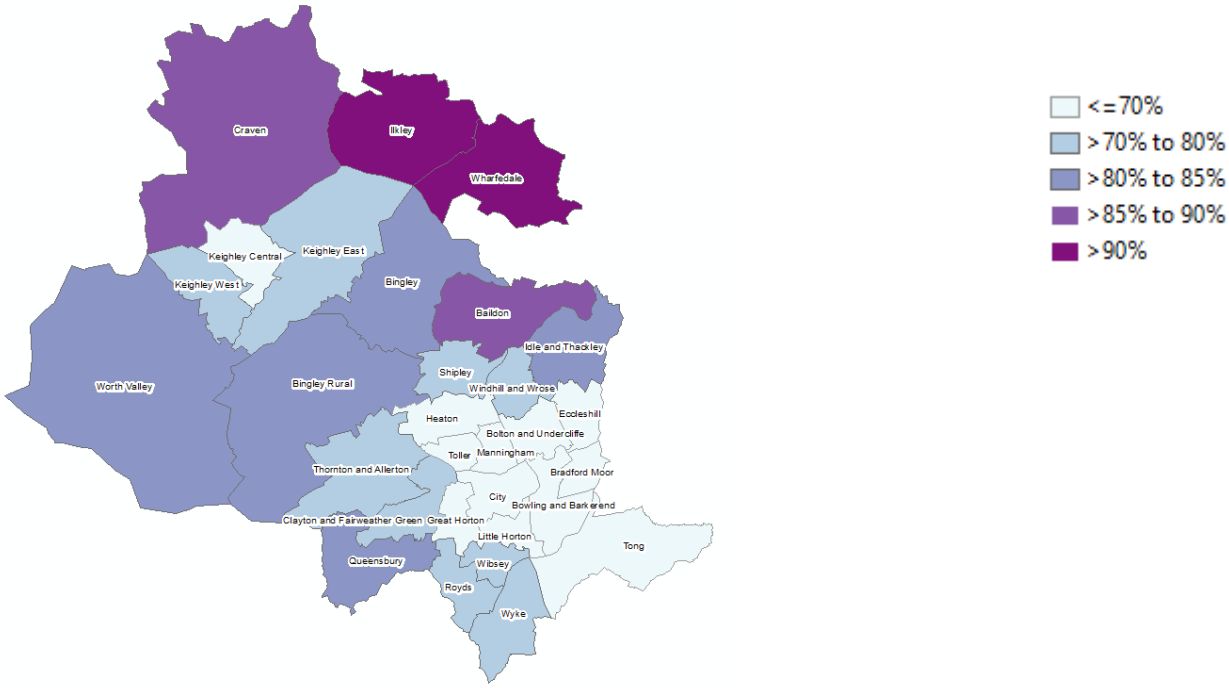

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Table 1: RAG table of vaccine uptake rates (Dose 1) by cohort - data extracted 28/09/2021

Ward	16-17	18-29	30-39	40-49	50-54	55-59	60-64	65-69	70+	Carers - DWP	Carers - LA	Clinically Extremely Vulnerable	COVID19 at risk	NHS and social care Worker	18 +
Baildon	68%	77%	80%	89%	92%	94%	94%	96%	97%	87%	100%	97%	91%	95%	89.8%
Bingley	70%	75%	77%	87%	92%	92%	94%	95%	96%	88%	93%	96%	91%	95%	87.9%
Bingley Rural	59%	74%	80%	86%	90%	93%	95%	95%	98%	83%	91%	95%	91%	95%	88.4%
Bolton and Undercliffe	33%	56%	65%	77%	82%	88%	91%	91%	94%	72%	86%	90%	83%	87%	75.2%
Bowling and Barkerend	26%	45%	56%	67%	75%	81%	84%	85%	91%	67%	80%	85%	77%	81%	63.5%
Bradford Moor	25%	45%	56%	70%	76%	79%	83%	88%	88%	69%	71%	85%	77%	72%	62.7%
City	19%	38%	39%	51%	65%	70%	74%	80%	85%	66%	75%	83%	70%	77%	47.3%
Clayton and Fairweather Green	35%	58%	66%	76%	87%	87%	92%	91%	95%	71%	77%	91%	83%	88%	77.1%
Craven	65%	81%	83%	89%	92%	95%	96%	97%	98%	86%	95%	98%	94%	95%	91.3%
Eccleshill	33%	56%	65%	77%	85%	88%	91%	93%	94%	75%	88%	90%	83%	87%	75.5%
Great Horton	24%	45%	56%	69%	76%	81%	83%	87%	91%	65%	60%	87%	77%	81%	65.4%
Heaton	22%	46%	55%	67%	79%	78%	82%	85%	90%	69%	75%	85%	75%	78%	64.2%
Idle and Thackley	49%	73%	80%	86%	88%	93%	94%	93%	97%	79%	75%	95%	91%	96%	86.8%
Ilkley	78%	84%	84%	89%	93%	95%	96%	96%	97%	96%	95%	98%	94%	96%	92.2%
Keighley Central	27%	47%	59%	70%	77%	78%	83%	88%	89%	73%	84%	85%	77%	84%	66.8%
Keighley East	47%	64%	71%	82%	87%	90%	92%	92%	94%	81%	97%	90%	85%	91%	81.5%
Keighley West	41%	65%	70%	78%	89%	90%	91%	94%	94%	79%	94%	93%	85%	92%	80.5%
Little Horton	23%	40%	52%	65%	70%	76%	77%	82%	85%	69%	74%	83%	73%	78%	58.1%
Manningham	20%	42%	52%	62%	70%	74%	80%	84%	83%	62%	56%	82%	71%	69%	58.0%
Queensbury	54%	75%	79%	86%	91%	93%	95%	95%	96%	79%	88%	93%	90%	94%	86.8%
Royds	40%	65%	72%	81%	87%	91%	93%	95%	95%	82%	84%	93%	85%	90%	81.0%
Shipley	55%	71%	75%	82%	87%	91%	91%	92%	96%	83%	93%	93%	87%	93%	83.2%
Thornton and Allerton	41%	61%	68%	79%	86%	90%	92%	94%	95%	78%	90%	92%	85%	93%	79.4%
Toller	22%	44%	56%	67%	75%	78%	81%	84%	87%	68%	78%	82%	75%	78%	61.7%
Tong	45%	54%	64%	75%	85%	87%	90%	90%	94%	75%	93%	90%	82%	90%	73.8%
Wharfedale	77%	86%	89%	92%	96%	95%	96%	96%	98%	93%	100%	98%	95%	98%	93.3%
Wibsey	40%	58%	69%	79%	86%	92%	92%	93%	96%	76%	94%	92%	86%	90%	78.9%
Windhill and Wrose	42%	67%	72%	82%	91%	91%	93%	94%	96%	82%	94%	93%	87%	91%	82.6%
Worth Valley	62%	77%	80%	87%	91%	93%	94%	93%	96%	90%	93%	96%	91%	94%	88.5%
Wyke	50%	67%	75%	84%	90%	92%	92%	94%	97%	83%	93%	94%	88%	92%	84.6%

<50% uptake 50-75% uptake >75% uptake

Data source: National Immunisation Management System

The vaccine programme initially prioritised those from older aged demographics or those who would be classified as extremely clinically vulnerable. As time has gone on, however, invitations to vaccinate have expanded to begin to incorporate those over the age of 12 years of age. However, encouraging vaccination amongst eligible younger demographics – particularly those under the age of 30 years – has proven difficult at both the local and national level (as seen in Figures 7, 8 and 9); this is especially worrying given the role these younger age groups have been proven to play in both sustaining and exacerbating community transmission levels. Narrowing these deprivation- and age-based disparities will be a major go-forward priority for the Public Health Team at the City of Bradford Metropolitan District Council.

Figure 7: Proportion of population vaccinated with dose 1 – 18-29 years. Data source: National Immunisation Management System. All data are provisional - data extract: 28/09/21

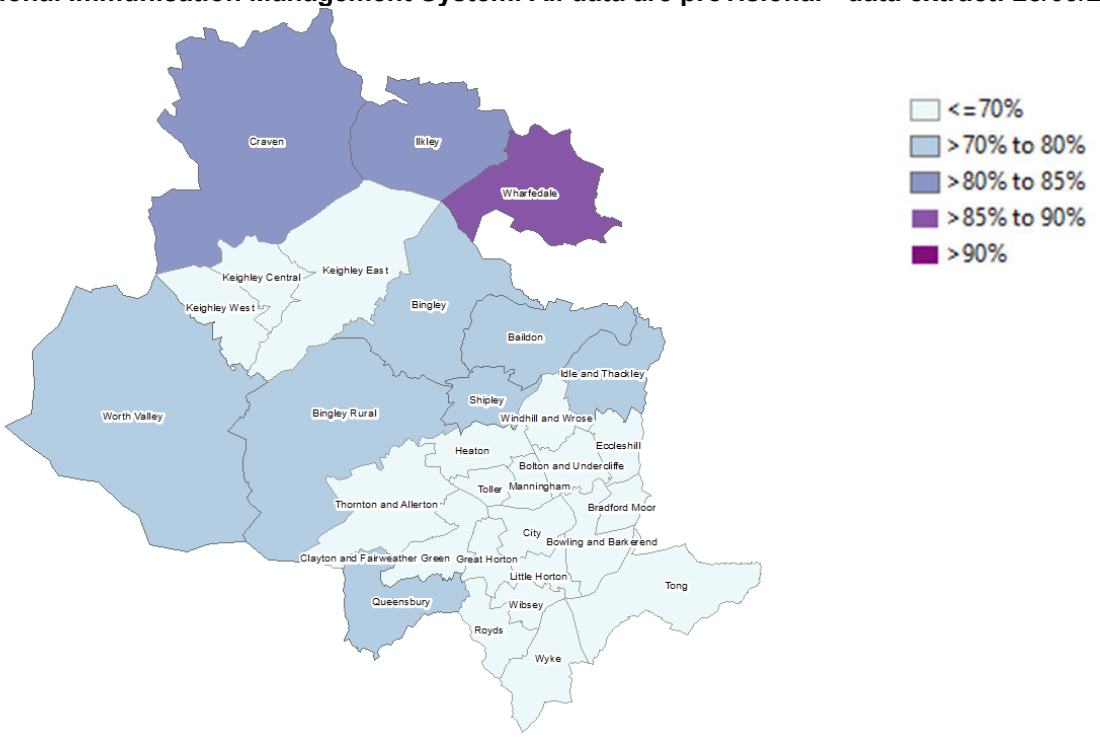

Figure 7: Proportion of population vaccinated with Dose 2– 18-29 years. Data source: National Immunisation Management System. All data are provisional - data extract: 28/09/21

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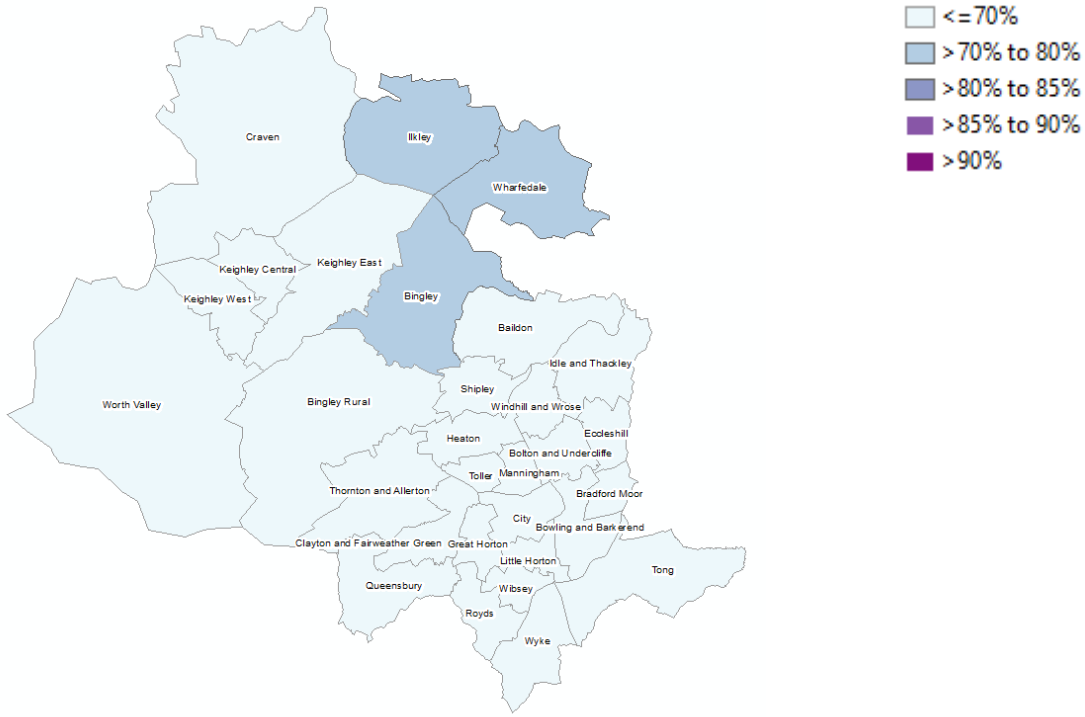
Figure 8: Proportion of population vaccinated with Dose 1 – 16-17 years. Data source: National Immunisation Management System. All data are provisional - data extract: 28/09/2021



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A wide range of work is taking place across the District to support vaccine uptake amongst our most vulnerable communities. While there are some signs that inequalities in uptake by ethnicity and age demographics are reducing, the Council will continue to monitor this situation closely and sanction research to better understand how to intervene effectively where necessarily.

5 Principles

The following principles have guided our approach to developing and delivering the Bradford District COVID-19 Local Outbreak Management Plan. The prevention and management of the transmission of COVID-19 should:

- Be evidence-based
- Be sufficiently resourced
- Be updated to reflect local learning and best practice
- Be guided by robust community engagement to maintain trust and implement Test & Trace with consensus and local ownership
- Be needs-based and aim to address both health and broader social inequalities
- Leverage local strengths, talent, infrastructure and Bradford's well-established public health systems and leadership
- Adopt a whole-systems approach
- Tie in local intelligence to ensure decision-making is as effective and nuanced as possible within both the outbreak management remit and broader public health response to COVID-19; this requires timely access to properly managed and regularly updated local and national datasets.

6 Funding

The government has allocated over £12 billion directly to local authorities since the start of the pandemic, including support to businesses and vulnerable households, compensation for irrecoverable loss of income, and for the public health response.

A further £400 million has been distributed for the Financial Year 2021 to 2022 through the Contain Outbreak Management Fund (COMF). The funding is available to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self-isolation, support to particular groups (for example, rough sleepers), communications and engagement, and compliance and enforcement. It is expected that all funds will be spent by the end of March 2022.

For the 2021 to 2022 financial year, the COMF was allocated using MHCLG's COVID-19 Relative Needs Formula, which is weighted according to population and deprivation, so allows funding to be directed appropriately. The 2021 to 2022 COMF was distributed to both upper tier and lower tier local authorities on a 79% to 21% split, as a single payment, to support their continued public health response.

Bradford received £17.7m during 2020-21 and in agreement with DHSC £3.3m was carried forward into 2021-22. A further £4.78m has been received for 2021-22. 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 COVID-19 Management Group has developed a local outbreak management plan and the funding is being utilised against the following activities:

- A Centralised Hub which targets resource at business and community engagement, staffing levels currently at 150 COVID support workers, plans to extend hours in line with each step of the roadmap to ease lockdown restrictions.
- A local contact tracing service, phone service and door knocking.
- Enhanced communication and marketing (e.g. towards hard-to-reach groups and other localised messaging).
- Delivery of essentials for those in self-isolation.
- Targeted interventions for specific sections of the local community and workplaces.
- Harnessing capacity within local sectors including the voluntary sector and faith organisations.
- Extension/introduction of specialist support specifically within Public Health
- Additional resource for compliance with, and enforcement of, restrictions and guidance
- Targeted support for school/university outbreaks.
- Community-based support for those disproportionately impacted such as the BAME population.
- Providing initial support, as needed, to vulnerable people classed as Clinically Extremely Vulnerable who are following tier 3 guidance.
- Support for wider vulnerable groups including Rough Sleepers and children in care.

Additional funds can also be claimed to support community testing efforts in Bradford (use of LFTs for asymptomatic individuals); the Council's most recent application will recoup funds incurred for establishing agile testing centres, door-to-door provision and community collect sites in culturally relevant settings. Once approved by both stakeholders at the DHSC and PHE, funds associated with periods of enhanced testing can also be reclaimed.

It should be noted that Bradford has anticipated that the COVID response work will continue at least until December 2021 and has employment contracts in place until this date. Funding levels and associated expenditure have been planned accordingly.

7 Governance

The legal responsibility for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- UKHSA under the Health and Social Care Act 2012

- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and PHE to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

In the context of COVID-19, this framework has been considerably modified by the provisions of Central Government legislation and guidance issued under the Coronavirus Act 2020.

At step 4 of the 2021 Spring Roadmap, the vast majority of COVID-19 regulations were removed.

The Government has reviewed the remaining regulations and decided, subject to agreement from Parliament that it is necessary to extend the following regulations until 24 March 2022, at which point they will be reviewed:

- a. The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020, which impose legal requirements to self-isolate on positive cases and unvaccinated close contacts. Self-isolation will remain crucial in breaking chains of transmission throughout autumn and winter.
- b. Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ("No.3 Regulations") , which enable local authorities to respond to serious and imminent public health threats.
- c. The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021, which impose testing and quarantine requirements on arrivals in England, will remain.

The No.3 Regulations give local authorities the power to issue a direction imposing restrictions, requirements or prohibitions in relation to:

- individual premises, except when they form part of essential infrastructure
- events
- public outdoor places

The No.3 Regulations are made under the Public Health (Control of Disease) Act 1984. The main difference between the No.3 Regulations and the parent Act is that a LA may close premises without prior recourse to a Magistrate's Court to enable swift intervention.

The Public Health (Control of Disease Act) 1984 also gives local authorities the ability to make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises, close public spaces, detain a conveyance or movable structure, disinfect or decontaminate premises and/or order that a building, conveyance or structure be destroyed.

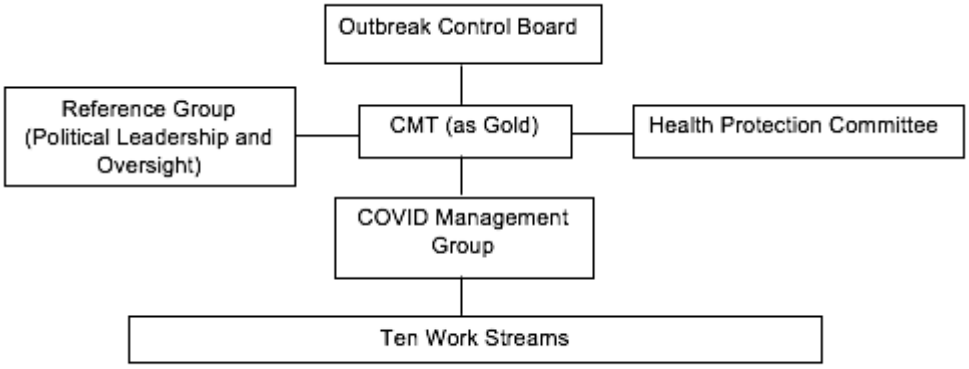
While local arrangements will reflect local systems, clear governance is essential to ensure that each area operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the DPH has a statutory duty for the COVID-19 Local Outbreak Management Plan; supported by wider LA teams as necessary
- the LA chief executive is responsible for the local response, providing strategic leadership and direction, shaping local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and Council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- Councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the Local Resilience Forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment
- the local 'Gold' structure provides resource coordination, and links to COVID-19 Regional Partnership Teams and other key Category 1 responders from the local system
- local authorities have legal powers relating to public health which include the ability to impose restrictions on settings and members of the public.

Local authorities (Public Health and Environmental Health) and PHE continue to share primary responsibility for the delivery and management of public health actions locally. Local health protection partnerships and local memoranda of understanding underpin all responses to outbreaks of communicable disease. In Bradford District this is overseen by the Health Protection Committee (previously titled Health Protection Assurance Group). These arrangements were clarified in the 2013 guidance: Health Protection in Local Government. The work of local health protection partnerships underpins the leadership of the local Director of Public Health, working closely with other professionals and sectors.

The Director of Public Health has and retains primary responsibility for the health of their local communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

The partnership arrangements to deliver Bradford District's Local Outbreak Management Plan were updated in March 2021 and are illustrated below:



The Working Groups which report to the COVID-19 Management Group focus on:

- Data and intelligence
- Engagement, education, encouragement
- Enforcement – note, local enforcement powers have reduced significantly after 19 July 2021 as a result of the end of lockdown
- Testing, including Rapid Testing
- Contact Tracing, including Enhanced Contact Tracing
- Education settings
- Outbreak control
- Vaccination Programme
- Finance and resources
- Communications.

The COVID-19 Management Group will also nurture close partnerships with:

- West Yorkshire Local Resilience Forum
- West Yorkshire and Harrogate Integrated Health and Care Partnership
- NHS England West Yorkshire Test & Trace Programme and
- Yorkshire and Humber PHE team.
- Voluntary and Community Sector.

On 1st October 2021, PHE will cease and its health protection functions will be incorporated into the UK Health Security Agency alongside NHS Test and Trace, the COVID-19 Managed Quarantine Service and the Joint Biosecurity Agency. The UKHSA will be nationally mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases - working with the NHS, local government and other partners to do so. This includes providing surveillance, specialist services (such as diagnostic and reference microbiology), investigation and management of outbreaks of infectious diseases and ensuring effective emergency preparedness, resilience and response for health emergencies. At the local level, UKHSA's health protection teams and field services will continue to work with the Director of Public Health until this date, providing both strategic and operational leadership when developing and implementing outbreak management plans and identifying and mitigating outbreaks.

The Council is also taking a proactive approach to preparing for the replacement of PHE by the UKHSA; the council will support the UKHSA as it leads the UK

government's ongoing response to the COVID-19 pandemic and manages other routine infectious diseases and external health threats in parallel.

8 Overview of Test & Trace

Strategic and regular community engagement is key for containing any virus, particularly in areas where case rates are highest. Contact tracing identifies contacts and close contacts of those who have tested positive for COVID-19; these individuals are at high risk of infection and close contacts must be notified to seek out self-isolation as quickly as possible (unless exempt as of 16 August 2021). A close contact is defined as being positioned less than a metre away – face to face – or spending more than 15 minutes in 2 metre proximity with a confirmed case during their period of infectiousness (two days prior to completing a test).

NHS Test & Trace is a government-funded service run by the National Institute for Health Protection to track the trajectory of COVID-19 in England and to prevent it from spreading further. The service identifies if a person is likely to be positive with COVID-19 (after Lighthouse Laboratories have processed samples taken at Test & Trace testing sites) and informs said person if they are positive or negative for the disease; those who test positive are instructed to self-isolate and to provide NHS Test & Trace with information about their most recent movements and contacts to begin tracing procedures. The widespread adoption of the NHS COVID-19 app helps contact tracers identify those who have come into close proximity with a case who may not be known to the individual.

Contact Tracers are divided into three tiers as follows:

- Tier 3: These are call handlers that have been recruited by external providers under contract with DHSC to provide advice to those contacted under national standard operating procedures and scripts.
- Tier 2: These are dedicated contact tracing staff who have been recruited by NHS providers to interview cases and identify who they may have come into close contact with two days prior to falling ill. These staff members will also handle issues escalated from Tier 3.
- Tier1: PHE HPT will investigate cases that are escalated from Tier 2. This includes cases that come from high-risk settings (care homes, schools, prisons/ places of detention, work places, health care facilities etc.) and when it hasn't been possible to reach contacts. Hard to reach cases are transferred onwards to Local Authorities' Local Test & Trace offering.

This system works in parallel with Public Health England's local health protection teams who oversee outbreak management in non-residential settings alongside local authorities.

Research shows that harder-to-reach individuals are more likely to pick up a call with a local number; this is part of the reason why local contact tracers – with their local numbers - can successfully reach close contacts when the national team cannot. Harder-to-reach individuals are also more likely to respond positively to messages from a local person and can benefit from their knowledge of the local support

services that are available. Local staffers also have access to local databases to trace those whose personal details have been incorrectly recorded e.g. mobile number/address.

Local Test & Trace started in Bradford in mid-August 2020 with a phased introduction; Bradford was one of the first 10 Local Authorities in the country to launch this service. This structure allows National Test & Trace to handover hard-to-reach cases to local handlers to trace utilising local knowledge and data. This local Test & Trace team is primarily comprised of Council workers and recent graduates from the University of Bradford.

As a result of augmenting the national offering with Local Test & Trace, the proportion of all those who have been successfully contacted following a positive COVID-19 test result has typically exceeded 90% - a higher rate than the 80% target set by Public Health England to indicate success. All locally gathered information is fed back into the National Test & Trace database.

The move out of lockdown in parallel with rising cases of COVID-19 amongst school children has resulted in a suspension of contact tracing within school settings by school staff members themselves; national contact tracers will now take on this caseload and cases (or their parents, when the case in question is underage) that cannot be identified will be handed to the local contact tracing team. If local contact tracer calls go unanswered, details are handed to the COVID-Hub team who arrange for an in person visit.

Bradford has recently strengthened this Door-Knocking Service, focusing on those who do not respond to requests for information or who seem unlikely to be complying with self-isolation orders. If a particular case requires more in-depth support or is linked to an outbreak in a non-residential setting, it is escalated to PHE. This door-to-door service also conducts Welfare visits, ensuring that those self-isolating are doing so properly, and that their physical, emotional and financial needs are met during a period that many can find incredibly difficult. However, this wraparound service is only feasible when community spread is relatively slow; the acceleration of community cases seen since the end of Lockdown has meant Council staff are now looking for ways of pivoting this service to remote options without compromising its high-touch and high-quality nature.

9 Support to Isolate

The purpose of the national and local Test & Trace project is to ensure symptomatic people are supported to be tested and, if positive, that they - and their contacts - isolate to ensure that onward chains of COVID-19 transmission are broken. Self-isolation begins 10 days from the onset of their symptoms starting for a symptomatic case, 10 days from the date of testing for an asymptomatic case (provided that a positive Lateral Flow Test result is confirmed by a PCR) and 10 days from potential exposure for a close contact (government guidance reduced the isolation period required from 14 days to 10 days on 14th December 2020). Self-isolation can be very hard to accommodate within one household and can place a real financial burden on those required to stay away from work – most notably those in casual/gig employment or those who work within the grey economy.

The LA has put in place needs-based systems to support those who are self-isolating. This includes a comprehensive 20-page booklet that details all the local services available. Direct support can be accessed by phoning The City of Bradford Metropolitan Council Contact Centre on 01274 431000 or by texting 07790 347389 if the resident in question is hard of hearing. Dedicated wardens and COVID Support workers can arrange essentials such as food, shopping or pick-up and delivery of medications as needed.

A total of £423m will have been made available to support self-isolation payments by the end of the financial year 2021-2022. These schemes are currently funded out to September 2021, and further analysis will be undertaken to ascertain funding requirements for the remainder of the year in line with the 'roadmap' and beyond. This central support for those self-isolating comes in the form of a £500 NHS Test & Trace Support Payment; this can be applied for here. As of 11 March, 2021, it was decided that the threshold salary for receiving this self-isolation support payment would be increased, enabling more residents to qualify. This was actioned 15 March 2021 and has remained in place ever since.

In February 2021, a package of new measures was introduced to strengthen support available for self-isolation. Investment has been made into the contract tracing and COVID Support Worker teams to help people to isolate. Contact tracers now have more information about where to refer Bradford District residents for support and have been provided with scripts which are capable of pulling together bespoke packages of support for residents in need. These individualised packages of support measures have had strongly positive feedback from residents.

The following activities have proven essential for those in self-isolation:

- Supporting provision of items from food banks
- Medication pick-up and delivery via the Fire and Rescue Service
- Shopping for people who are self-isolating via the VCS
- Voluntary sector, Warden and COVID Support Workers support with communications.

Support mechanisms are also in place to ensure those shielding either during periods of lockdown or the whole course of the pandemic are provided with due care. These wraparound services are bolstered by Bradford's thriving volunteer and community organisations sector; both national NGOs based and grassroots initiatives all continue to play their part to ensure no Bradford residents are left behind during this difficult time.

Starting from 16 August 2021, those who are double vaccinated will no longer have to self-isolate if they are a contact of a confirmed case of COVID-19. To prevent the widespread absences from school that we have seen in recent months, those who are under-18.5 years will also not be required to self-isolate if identified as a contact of a confirmed case but will instead have to seek out PCR testing. However, these ambitions are subject to ongoing review – particularly during the return to school period in September 2021 and during the high-pressure winter months ahead.

In exceptional circumstances, a limited number of double-vaccinated critical workers may be informed by their employer (following agreement from the relevant government department) that they may be able to leave self-isolation to attend work. This would be a circumstance where there would otherwise be a major detrimental impact on availability, integrity or delivery of essential services - including those services whose integrity, if compromised, could result in significant loss of life or casualties, or where there is an immediate risk to defence or security.

This is a time-limited and targeted intervention to ensure that services critical to the safety and functioning of our society can continue and will only apply to workers who are fully vaccinated (defined as someone who is 14 days' post-final dose). They will otherwise need to continue to self-isolate as directed by NHSTT. It applies to asymptomatic contacts only and not individuals who have tested positive or who have COVID-19 symptoms. Individuals will be subject to conditions to minimise any risk of transmission, including taking a PCR test as soon as possible, followed by daily LFD tests before attending work each day of their self-isolation period.

Finally, travel restrictions have begun to ease as the vaccine programme has gathered speed globally; it is intended that the current 'red', 'amber' and 'green' coding system for international travel will be replaced by a 'red' and 'non-red' system imminently. Double vaccinated travellers returning from non-red list countries (green and amber) will be exempt from self-isolation providing that they return a Day 2 Test. Those who are not vaccinated are still required to self-isolate when returning from these countries for a full 10 days; they must either submit to Day 2 and Day 8 PCR Testing or apply for the Government's Test-To-Release scheme (paying privately for a test on Day 5). Anyone testing positive through this process will be provided with an additional PCR test (at no further cost) to genetically sequence the case and identify new variants that may arise. Those returning from red list countries in the last 10 days are only allowed to enter the UK if they are a British or Irish National or have residence rights in the UK; standard quarantine hotel rules apply, including 2 COVID-19 tests at day 2 and day 8 of self-isolation.

10 Testing Strategy and Local Capabilities

Testing options are divided across four pillars:

Pillar 1 testing
This refers to all swab testing carried out in Public Health England (PHE) laboratories and NHS hospitals for those with a clinical need and for health and care workers.

Pillar 2 testing
This refers to all swab testing that is conducted amongst the wider population, as set out within contemporary government guidance.

Pillar 3 testing
This refers to serology testing to indicate if people have antibodies from having had COVID-19 in the past.

Pillar 4 testing
This refers to all blood and swab testing that is conducted for national surveillance purposes supported by PHE, the ONS and research and academic partners to learn more about the prevalence and spread of the virus and for other testing research purposes (e.g. accuracy of home testing).

More information on these pillars is available in the Government's national testing strategy, accessible here. These four pillars of testing are utilised by Bradford District via a number of different routes and offers for residents:

- The standard route is for a person experiencing symptoms of COVID-19 symptoms to seek PCR testing by phoning 119 or accessing the national online portal www.nhs.uk/coronavirus. Through this route, those concerned will be offered an appointment at walk-in or drive-through testing centre or, if available, a home testing kit.
- Bradford's door-to-door PCR distribution has been particularly useful for managing stubborn transmission rates within the district. However, it is likely that this service will be rolled back in life post-lockdown.
- Mobile testing units for symptomatic residents have also been successfully deployed in Bradford, particularly during periods of elevated transmission.
- Regular asymptomatic testing is a helpful method for ensuring the transition out of lockdown is as smooth as possible; it gives an additional layer of surveillance for the levels of COVID-19 in the community and breaks otherwise-unknown chains of transmission.
- Those who are not experiencing symptoms of COVID-19 are encouraged to test regularly via lateral flow tests; the central government has subsidised the distribution of these via a click and collect model or via direct home deliveries.
- The local Council has also encouraged usage of lateral flow tests by setting up community asymptomatic testing sites (now stood-down), distributing testing kits via door-to-door delivery and by arranging for pop-up asymptomatic testing facilities in areas of high infectivity or within businesses/ sensitive settings that could benefit from the wraparound support.
- Assisted asymptomatic testing has been pursued more recently now that community testing sites have been decommissioned; based within pharmacies, this is a vital resource for those who are unable to administer their own tests e.g. those with learning disabilities/ visually impaired etc.
- The City of Bradford Metropolitan District Council is also looking to establish more community collect sites (for lateral flow tests) in culturally relevant locations e.g. libraries, mosques, universities etc.
- The City of Bradford Metropolitan District Council has successfully planned and deployed enhanced testing programmes in wards most implicated by specific Variants of Concern; between 07/06/21 and 04/07/21, those living, working and going to school in Bradford Moor, City, Clayton & Fairweather Green, Heaton, Little Horton, Manningham, Royds, Thorton & Allerton and Toller were invited to complete a PCR test to better understand the prevalence of the Delta Variant and the key groups that were driving its spread. These efforts were augmented by delivering PCR testing kits directly to schools within these wards; this was in recognition of the disproportionate representation of school-aged children in case numbers at the time. The

deployment documents that underpinned both these programmes have been preserved and will be reactivated if enhanced testing is required in the future.
- Uniquely, both symptomatic and asymptomatic key workers in Bradford have access to PCR testing at Marley Fields Sports Centre in Keighley. Key workers' family members – including children over 5 years of age – are also eligible to use this service.
- Up to date information on where all these Testing Sites are located can be found here.

We are aware some residents in Bradford District may not find these testing options accessible for a variety of reasons. Colleagues leading community engagement are working to understand key barriers and enablers to testing uptake and which populations may require focused support or encouragement to engage with the testing options that are available. Thus far, this work has identified the following key factors that underpin lower engagement with testing: mistrust of health services, mistrust of the Council, mistrust of medical professionals, scepticism over the personal risks associated with COVID (and, in some instance, its existence), mistrust of how data is used (particularly personal data), language and literacy barriers (making complex instructions difficult to understand), issues of digital exclusion, issues of transportation and fearfulness around receiving a diagnosis and being required to self-isolate (something that is prohibitively expensive for many).

The science around testing and its delivery is moving at pace; it may very well be that in future there will be more effective options available to mobilise e.g. point of care testing with high sensitivity and specificity that could give immediate results. As such, our approach to testing will remain flexible and responsive to the best practices – and best offerings – that are available.

11 Bradford District and Craven COVID-19 Vaccination Programme

To date, the MHRA has authorised the following 4 vaccines for emergency use in the UK:

- Pfizer/BioNTech vaccine
- Oxford/AstraZeneca vaccine
- Moderna vaccine
- Janssen vaccine

In all cases listed above (except for the one-dose Janssen candidate) vaccination for COVID-19 requires two doses be given, spread at least 8 weeks apart; while one dose is sufficient to confer some protection from the virus, two doses are optimal. This has proved particularly important amongst those who have contracted the Delta Variant of COVID-19; dependent on vaccine type, one-dose efficacy against symptomatic disease is pegged at around 30-50% whereas two-dose efficacy has been proven to reach around 80-90%.

Those above the age of 16 are invited to seek out all these vaccine types. Those between the ages of 12 and 15 across the UK will also be offered one dose of the Pfizer vaccine to reduce chances of spread within schools over the coming winter months; a second dose will not be offered before the spring term, however, except in

the case of extreme clinical vulnerability (e.g. children with severe neurodisabilities, Down's syndrome, immunosuppression, profound and multiple learning difficulties or chronic heart, lung and liver conditions). Approval was previously given for those between the ages of 12 and 17 to take up the Moderna shot. It must be emphasised that parental consent must be provided for those under the age of 16 years to receive their vaccine.

The success of the UK's Vaccination Programme has inoculated near 84 million people nationally, with over 48,590,000 receiving their first dose and over 44,400,000 receiving their second dose. These figures include over 740,000 people from Bradford District alone, whereby (as of 21 September 2021) 387,427 – or 76.3% of our total population – have received one dose and 354,584 – 69.8% of our total population – have received 2 doses.

Diverse delivery models are being used to maximise vaccine accessibility, acceptance and uptake. The following approaches have been – and are continuing to be – used with great effect in Bradford:

- Hospital Sites
- Community Vaccination Sites
- Primary Care Networks
- Pharmacy sites
- Piloting other approaches to reduce inequality in vaccine uptake e.g. pop-up vaccine sites in workplaces / culturally-relevant locations (football stadiums, mosques, shopping malls etc.)

In Bradford, the COVID-19 Vaccination Programme intends to mitigate inequalities at a local level - as outlined in our COVID-19 Equalities Vaccine Uptake Plan. The collective aim is to improve vaccine uptake across all communities. This approach is underpinned by four enablers. These are:

1. **Conversations and engagement** (to identify issues and barriers)
2. **Removing barriers to access** (by delivery solutions)
3. **Working in partnership** (to deliver solutions)
4. **Data and information** (to measure programme outcomes)

The COVID-19 Equalities Vaccine Uptake Plan describes the specific pieces of work we have delivered – and will continue to deliver - to mitigate inequalities through the COVID-19 Vaccination Programme. Where possible, these pieces of work have been based on evidence of what works best to improve health and reduce health inequalities. The Deliver Plan is owned by the COVID-19 Vaccination Inequalities Group, which directly reports into the Bradford District and Craven COVID-19 Vaccination Programme Steering Group.

Furthermore, trials are underway to build out the local use of the NHS COVID Pass – a digital tool which shows proof of vaccination, a recent negative test, or natural immunity as a means of entry to large-scale gatherings or high-risk settings. The government is currently urging nightclubs and other higher-risk venues with large crowds to make use of the NHS COVID Pass. The government has also announced mandatory vaccine-based certification may be required for nightclubs and other high-risk settings in the future.

The government will provide further detail on how organisations can practically use and implement the NHS COVID Pass shortly, and further events guidance has been published.

Plans are in place to launch the COVID Vaccine Booster programme in September 2021; these booster vaccines have been engineered to provide improved coverage against new variants of the disease. Those included in Phase 1 of the vaccination programme (priority groups 1 through 9) will be offered a booster vaccine no earlier than 6 months after their second dose. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
- adult household contacts of immunosuppressed individuals

As most younger adults will only receive their second COVID-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered at a later time when more information is available.

The JCVI has specified that the Pfizer-BioNTech vaccine is preferable for the booster dose. That said, should this vaccine not be available, a half dose of Moderna has proven similarly effective. Furthermore, those who cannot receive an mRNA vaccine (e.g. due to allergies) may be eligible for a third dose of the AstraZeneca vaccine if they had received it previously.

The government is advising that as many people as possible take up the invitation to receive their winter flu jab this year, especially those receiving booster vaccinations for COVID-19. The ComFluCOV trial indicates that co-administration of influenza and COVID-19 vaccines is generally well tolerated with no reduction in immune response to either vaccine as a result of parallel delivery.

The need for parallel distribution of these vaccines is in acknowledgment of the potential rise of joint outbreaks between the two illnesses. The suppression of winter illness last year due to lockdown combined with the current reductions seen within NHS capacity makes winter flu a particular threat this year; indeed, recent mathematical modelling has already estimated that seasonal influenza rates could be 50% higher this year than those typically seen. As a result, the Council will do its utmost to ensure momentum around vaccine uptake is maintained both this year and into the next; we will continue to generate creative communications campaigns around this issue and commission key community and volunteer sector organisations to improve engagement amongst hardest to reach communities.

The local governance structure of the seasonal influenza vaccine programme is provided below:

12 Moving on from National Lockdown

The success of the national vaccination programme enabled discussions around how to safely exit from lockdown in an irreversible way. On 22 February 2021, the Prime Minister presented the Government's roadmap that guided this process. This was a four step, data-driven strategy that loosened public restrictions gradually and according to four key conditions: 1) the vaccine continued to be successfully deployed 2) vaccines were seen to reduce hospital admissions and deaths 3) infection rates remained stable with no indication that NHS capacity may be at risk 4) novel Variants of Concern were contained or were not seen to pose a major risk to the public or the success of the vaccination programme. There was a minimum of 5 weeks between each step; indeed, in recognition of continued uncertainty around the Delta variant, a two-week delay was called before the final step out of lockdown – removing all COVID-19 restrictions – was actioned. Further details about each of the four steps and the incremental loosening of restrictions each entailed can be found here.

While lockdown may have come to an end, as a Council we will continue to monitor the local impact of re-opening and will leverage our COVID-Hub to support the safety of residents, local institutions and local businesses as they carefully loosen restrictions. For example, the Council will meet all the national and local priority areas outlined in the Autumn and Winter Plan – a document that has replaced guidance outlined in both the Spring 2021 Roadmap and the Summer 2021 COVID Response Guidance - and our local intelligence-gathering systems will enable us to detect and respond to any emerging threats or novel variants effectively and in a timely manner.

Our strong working relationships with PHE (relationships that may need to be reinforced or re-established as PHE transitions into UKHSA later this year) and the resources that have earned us our reputation as a 'research city' will underpin this work and will facilitate timely sequencing of potential new variants where necessary. Furthermore, our ongoing engagement with local community champions and

community volunteer organisations will also ensure that we are made aware of the ways in which the removal of restrictions impact locals – especially vulnerable groups - at the grass-root level.

That said, ultimately the key to making our exit from lockdown an ongoing success will be guaranteeing that the national vaccine programme maintains its momentum and doing our part to make sure vaccine coverage is as universal as possible. Our data-driven approach to improving vaccine uptake and access within our community will give our district the best chance of making life post-lockdown as smooth and secure as possible.

Our continued vigilance against novel COVID VOCs will also prove essential for maintaining the efficacy of currently-licensed vaccines and, in turn, for ensuring we do not return to another period of national lockdown. If an outbreak of a VUI or VOC occurs within a local area, HPTs and local authorities will establish an incident management team and work with their local community and partners to investigate cases and outbreaks. The response may include additional testing, tracing and self-isolation support, as well as national and local communications.

It is vital that local authorities work with their communities to raise awareness of the risk from variants and to seek their cooperation with the response using targeted, culturally sensitive communications and engagement campaigns, to drive greater compliance with the response.

Where local authorities are notified of cases or outbreaks of a VOC that necessitates a response then fast-track procedures exist to deploy national assets. Requests for support, to assist with investigations, can be made from:

- Rapid Investigation Teams, staffed by skilled health protection professionals
- the Surge Rapid Response Team (SRRT), a multidisciplinary team, trained and equipped to be rapidly deployed in line with the National COVID-19 Response Centre (NCRC) response framework
- the Cabinet Office Field Team

Mobile Testing Units can also be deployed in support of local areas aiming to better understand the presence and prevalence of VOI/VOCs.

As set out in the Autumn and Winter Plan, the government will maintain contingency plans for re-imposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant. Such measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS, however. At this time, however, 'Plan A' of the Autumn and Winter Plan prioritises the following:

- Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- Supporting the NHS and social care: managing pressures and recovering services.

- Advising people on how to protect themselves and others: clear guidance and communications.
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

Finally, in the event of stubbornly high COVID-19 transmission rates in the future, the Council will look to leverage the dedicated menu of support central government has made available. This includes:

- access to test capacity and communication support for hyper-local targeted testing (surge testing, usually via LFDs at key locations within the LA)
- support to plan and maintain public health workforce capacity for COVID-19 response
- capacity to support workplaces and businesses to be COVID-secure post step 4
- national COVID-19 vaccines programme support to an area's local planning and activities, including supporting uptake of vaccination boosters in autumn and extending opening hours and community outreach efforts
- logistical support to help coordinate grassroots campaigns to improve vaccine or testing uptake – e.g. door knocking
- support for DsPH to work with education settings to stand up onsite testing, and discretion to work with secondary schools and colleges on the proportionate temporary reintroduction of face coverings.
- communications support, including national funding to enhance local communications efforts

13 Managing Complex Cases and Outbreaks

Overview:

Local authorities routinely manage outbreaks of diseases in partnership with Public Health England. The strength of these pre-existing relationships means we can depend on each other to share intelligence, skills and capacity when needed; we will depend upon each other now more than ever as we adjust to life post-lockdown, however. The rise in cases that is anticipated following removal of COVID-19 restrictions will require a surge in capacity and skills-sharing – especially when managing complex cases, clusters and outbreaks.

The definition of an outbreak in a COVID-19 scenario is as follows:

'Two or more PCR test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of the two conditions:

- *identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases*
- *when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases'*

The end of an outbreak is declared when there are no test-confirmed cases with illness onset dates in the last 14 days in the setting concerned. A cluster, defined as '*Two or more PCR test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period (in the absence of detailed information about the type of contact between the cases involved)'*, is also officially closed after 14 days of no new test-confirmed cases.

'Non-residential settings' can include health or social care settings, a workplace, a school or a business. A single case may be enough to trigger follow-up investigation in particularly high-risk settings (e.g. healthcare) or when a case is complex (involving homeless, sex worker or otherwise marginalised or vulnerable populations), but these wouldn't be declared as outbreaks or clusters in the first instance.

The LA lead for managing complex cases and outbreaks is the DPH; they are supported by Public Health Consultants who spearhead the health protection, environmental health and infection prevention and control teams. Consultant colleagues may also be asked to manage specific cases or provide additional capacity when needed.

In line with Joint Working Agreements, the DPH will also be supported by the Public Health Council Officers who are responsible for overseeing and managing outbreaks and complex cases of COVID-19 which occur within the District. The multi-disciplinary team includes a 'core' team of Public Health Officers, with additional capacity provided as required by Environmental Health, Infection Prevention and Control as well as the Voluntary and Community Services. The team work closely with the Public Health England Health Protection Team (Yorkshire and Humber) to provide robust outbreak and complex case management. The team also work proactively to prevent the spread of COVID-19 through engagement with partners to ensure infection prevention and control measures are understood and adhered to. If there is a temporary surge or a novel variant is detected locally, the DPH will evaluate the need to flex the whole environmental health and public health team temporarily for support or potentially mobilise additional contact tracers. The City of Bradford Metropolitan Council has a strong track record for applying for and deploying enhanced testing in these instances, for example, whereby additional PCR testing kits are supplied to engage residents who are most likely to be affected by these new epidemiological trends in a concentrated window of testing.

The public health administration team manage the Single Point of Contact (SPOC) outbreak control inbox, to ensure the Council is immediately aware of any Tier 1 testing requests. In addition, through robust communications and engagement efforts, we ensure partners are aware of SPOC emails (HPTBradford@bradford.gov.uk; LCTSPOC@bradford.gov.uk) and encourage partners to report any concerns about cases or outbreaks they may hear about through their networks.

Response Cadence:

Context-specific outbreak management cards are included in Appendix 1-8 of this document.

Upon notification of a complex case or outbreak via the SPOC, a Consultant in Public Health will be informed. It is important to note, however, that since 19 July 2021, the enforcement powers of Consultants in Public Health or members of the LA Environmental Health Team have been significantly reduced; decisions to close certain venues must be made by more formal agencies including PHE and HSE and enforcement directives can only be issued once a public health professional has formally requested it and made the case for why it is absolutely necessary. However, for now we have moved out of lockdown, for the most part Council public health and environmental health expertise is reserved for guiding locals on how to continue to stay safe during this transition period and making recommendations on how to curb further cases.

If the situation is deemed especially high-risk, the Director of Public Health will be informed. In turn they will notify the Chief Executive of the Council, the Council Leader and the Council Portfolio Holder for Healthy People and Places, who will then inform relevant ward Councillors and the wider Commutations team. There is a mutual agreement that DsPH across Yorkshire and Humber will share information about outbreaks that have potential to cross local authority boundaries.

Details of the case, cluster or outbreak and case management will be recorded on the CBMDC database.

A risk assessment will be undertaken directly by a Consultant in Communicable Disease from PHE and the DPH or an appropriate nominee within the LA (typically an environmental health team member). The risk assessment will be recorded in an information sharing document developed by PHE (see Appendix 9). A joint decision will be taken as to what action is required to manage the case or outbreak, and who will undertake this.

Should issues require a multi-agency response, an Incident Management Team (IMT will be convened by a public health consultant – either a consultant in communicable disease control (CCDC) at PHE, or the director of public health/consultant in public health from CBMDC. Criteria for standing up an IMT can be found in the relevant PHE Joint Working Agreements (JWAs); dedicated JWAs for primary care settings, education and childcare settings, domiciliary care, vulnerable populations in non-residential settings, vulnerable populations in residential settings, Care Homes and workplaces are hosted the Local Outbreak Management Plan webpage.

The IMT will be chaired by a consultant in communicable disease control (PHE) or consultant in public health or DPH (CBMDC). Membership of the IMT will vary according to the nature or circumstances of the outbreak and the incident level.

The multiagency IMT will:

- Confirm and assess any outbreak
- Recommend appropriate outbreak control measures to minimise viral transmission while mitigating social risks caused by control measures

- Mobilise the people and resources required to optimise outbreak control recommendations – if requested
- Monitor the impact of all interventions to refine or escalate outbreak response where necessary
- Confirm the end of an outbreak.

Responsibility for managing outbreaks is shared by all organisations who are members of the IMT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion. As mentioned, LA enforcement powers have been rolled back in light of the recent move from lockdown; public health and environmental health team members are now focused providing guidance or recommendations for those that seek it and offering it pro-actively to those who do not but might benefit.

Outbreaks confined to NHS Trust premises, whether acute, community or mental health, will usually be led by the relevant trust in accordance with their operational plans and with the advice and input of a local Consultant in Communicable Disease Control (CCDC). The local CCG and DPH should also be informed. This includes by extension any outbreaks in primary care settings.

If the outbreak crosses HPT or LA boundaries there will need to be close liaison with neighbouring HPTs and LAs and a decision made as to who will lead the investigation. The PHE Centre Director or HPT Directors together with the respective DsPH should make this decision as soon as possible. The lead area will most likely be where the outbreak is first identified, or the majority of cases reside. Where the outbreak crosses LA boundaries the relevant DsPH will need to establish and maintain good communication with the neighbouring authority.

It is essential that effective communication is established between all members of the IMT, partners, the public and the media and maintained throughout the outbreak. A communications lead should be part of the management of an outbreak from the outset and a strategy developed for informing the public and key stakeholders should be discussed and agreed at the IMT. Communications teams of organisations involved should be in contact with each other to ensure that messages are consistent. Use of communication through the media may be a valuable part of the control strategy of an outbreak and the IMT should consider the risks and benefits of proactive versus reactive media engagement in any outbreak.

The Chair should ensure that minutes are taken at all IMT meetings and circulated to participating agencies as soon as possible afterwards. All key decisions should be recorded - the minute-taker is accountable to the Chair for this. It is recommended that administrative support be provided to the IMT as standard.

The IMT will decide when the outbreak is over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and when there is no longer a risk to the public health that requires further investigation or management of control measures by an IMT; the number of cases has declined, or the probable source has been identified and withdrawn.

For large outbreaks where there is significant learning, at the conclusion of the outbreak the IMT will prepare a written report. Final outbreak reports are primarily for dissemination to a distribution list agreed by IMT members and should be completed within 4 weeks of the formal closure of the outbreak.

Lessons identified and recommendations from the outbreak report and constructive debrief process should be disseminated as widely as possible to partner agencies and key stakeholders. These should be reviewed by the Local Outbreak Control Board within 3 months of the formal closure of the outbreak. Learning should be reviewed against local plans and plans updated in light of this where required.

Should the outbreak require a wider response than an IMT, additional partners will be alerted/co-opted through the Local Resilience Forum (LRF)

14 Data

A paper written by the ADPH and partners, *Guiding Principles for Effective Management of COVID-19 at a Local Level*, sets out standards for data-led outbreak control. The paper suggests that a good local outbreak control plan will be able to receive, share process data to and from a range of sources in a timely way to deliver all outbreak management functions including contact tracing. A good plan will show integration of data from all sources to enable a) contact tracing, b) infection mapping and surveillance and c) epidemiological analysis to enable responsive decision-making based on the ongoing monitoring and evaluation of the effectiveness and impact of local public health response. As well as outbreak control, timely and granular data on COVID infections/hospitalisation/deaths, COVID risk factors, COVID vaccines and other NPIs (support payments, mental health support) are also essential for strategic planning, response and recovery from COVID-19 at the individual and community level.

Bradford has an exceptional track-record for leveraging local data to drive evidence-based and real-time epidemiological decision-making. We leverage our research capabilities, in the form of longitudinal research initiatives such as Born in Bradford and our academic institutions, to understand the barriers and enablers that exist for local residents to stay safe and well during this pandemic. A clear example of this success is the recent work undertaken by Sheffield Hallam University in collaboration with the Council's public heath team: the project applied behavioural science approaches to better understand vaccine hesitancy amongst our young people of Pakistani heritage. The project identified barriers and enablers to vaccine uptake through workshops with stakeholders and the target community; four messages were then co-created to address the identified barriers. In order to test the messages with young people, three Young COVID ambassadors were trained to become community researchers following which they undertook 73 interviews with their peers exploring attitudes and beliefs about the vaccine and opinions of the four messages created to promote uptake if the vaccine. The feedback from these interviews was then used to refine the four messages and inform dissemination plans for communications about the COVID 19 vaccine. Based on the findings, a number of recommendations were made including:

- Messages should be framed positively and focus on the key motivations for young people (protecting family and friends) and getting life going again (avoiding restrictions e.g. self-isolation, travel constraints and further lockdowns)
- Challenge myths about vaccination using an evidence-based technique.
- Avoid stigma and blame by having messages for different groups of young people in Bradford that includes those of Pakistani heritage but does not focus exclusively on them
- Provide links to or signpost additional evidence-based accurate information about the vaccination to promote making an informed choice, rather than being directed or coerced into vaccination
- Include logos in messages for established trusted medical/scientific organisations, ideally the NHS.

15 Engagement

Improving engagement with residents and partners is essential for maintaining residents' commitment to curbing infections in the community and their compliance with social restrictions and Test & Trace instructions. To be effective, engagement efforts must secure equitable access to Council resources and support mechanisms for complex and underserved groups. A wide range of trusted local contacts and voluntary infrastructure groups such as Community Action Bradford & District (CABAD), Race Equality Network (REN), local faith networks as well as Ward Officers (to cascade to local contacts) and Young COVID Ambassadors also support sharing information extensively across their contacts (listed – though not exhaustively – in Table 1).

Table 1: List of some organisations and groups undertaking engagement work

HALE	CBMDC Ward Officers
Inspired Neighbourhoods	Bevan House
Carers Resource	PeopleCan
Community Action Bradford And District	Council for Mosques
Girlington Centre	Lotus Project
Thornbury Centre	Sharing Voices
Trident	Roshni Ghar
Royds	Biasan
Bridge Project	Connecting Roma
Healthy Lifestyle Solutions	MESMAC
BDYP	Project 6
Keighley Healthy Living	Staying Put
Ilkley Community Network	Leeds Gate
CNet	Grange Interlink Community Centre
Volunteer Centre Bradford	Race Equality Network
BEAP Community Partnership	Young Ambassadors
Karmand Community Centre	Sangat Community Centre

We aim to work with our community partners to develop accessible health messages that will ensure residents have the best chance of accessing the information they need to take effective action to stay safe. These messages must be culturally appropriate and easily understood for all Bradford's diverse population groups – especially those relating to Test & Trace services or vaccine efficacy and safety.

There are three strands to delivering the engagement work:

- Social media campaigns using Community Action, Engaging People, Healthwatch and the new COVID-19 young people's initiative
- Small grants to VCSEs to support work carried out by Community Champions or other staff and/or volunteers within these organisations.
- Micro-grants for small organisations to do specific outreach activity, investing in a network of small organisations to work with our most marginalised communities (e.g. Roma, asylum seekers, people with learning difficulties, sex workers etc.) and to enable key documents/ resources to be translated into languages that are relevant for all our residents.

Insight gathered through engagement will be shared at the COVID-19 Management Group meeting and will inform all other areas of work.

£472,921 has been awarded to Bradford Council, Stronger Communities to scale up work currently taking place by Equality Together and Race Equality Network across the district on COVID-19 messaging, test and trace and sharing reliable information on vaccinations. The bid builds on the work of Stronger Communities, the *Bradford For Everyone programme*, Equality Together, CABAD and Race Equality Network. It is aimed at increasing communication and reach of ethnic minority groups, migrants, diaspora (where relevant) individuals who may have little or no English and communities with learning and other disabilities. The project was fully mobilised on 1 April 2021 and is anticipated to run up to 30 September 2021 inclusive.

In its 13 weeks of activities to date, the project has achieved the following milestones:

- 245 champions have been recruited to date out of a target of 300 by the programme's close. Community Champions have been recruited from minority and disability groups via existing groups and our commissioned 49 grass root organisations. REN have funded 38 BAME/CEE organisations (including the 4 faith organisations Bradford Hindu Council, Gurdwara Singh Saba [covering all 6 Gurdwaras], the Synagogue and St John's Church) across Bradford and district. Equality Together have funded 11 disability organisations/groups across the district with Bradford Talking Media focussing on creating communications in accessible format.
- Out of these 245 champions, there are 49 'lead' champions who are responsible for recruiting further champions and are the bridge between community and the project. Support is provided to our Champions via our lead champions to develop and run support groups for residents, make phone calls, provide reassurance, webinars and information sessions, attendance at surgeries etc. whatever is best suited for the needs of that community. Examples include; the Bradford Study Support Group who are working with

young people, refugees and asylum seekers created an Instagram account called Covid-19 Chatterbox to tackle rumours and conspiracies. Another example is a NAFS working with the Spanish community in Keighley, where they ran a Covid-19 workshop to address concerns and appease fears.

- Covid Helpline hours have been extended from February 2021 to build capacity via the recruitment of additional volunteers to manage phone lines and develop a database to monitor performance. Over 1,596 calls have been received so far. The types of calls began with requests of information on self-isolation, symptoms, Test and Trace, financial support. It has in recent weeks become more focused on vaccination, and far more broad, including questions about travel restrictions. We are also embarking on a project through which Helpline staff will assist GPs with vaccine uptake, these calls will be made from GP surgeries and therefore better monitored.
- 144 community champions have been fully trained. Training includes; Anti-Rumour and Critical Thinking focusing on misinformation and rumours, test and trace and vaccinations. From June, there will be optional training on mental health and social isolation, Champions will be rewarded by our *Citizen Coin* scheme.
- A dedicated twitter channel has been launched to promote this programme's work - @ChampionsCovid.
- Learning from Area Coordinators, VCS, Public Health and CCG partners, officers have mapped existing provision in place with the support of Neighbourhood Teams.
- As a result of these combined efforts, we estimate that around 5,512 residents (all with protected characteristics) have been reached and engaged.

As such, this programme has already delivered many of its founding objectives:

1. Map existing provision in place with the support of Neighbourhood Teams and learning from our Area Coordinators.
2. Provide support to residents/staff to attend training sessions. Training will include; Anti-Rumour and Critical Thinking focusing on misinformation and rumours, test and trace and vaccinations.
3. Provide support via our commissioned partners to develop and run support groups for residents – either face to face or via WhatsApp groups in their local communities.
4. Build on Vaccination messaging - by extending the scope of work by commissioned partners, engaging residents via various methods such as door to door knocking and warm up activities.
5. Extend the COVID Helpline hours - This will enable us to build capacity for Race Equality Network via the recruitment of additional volunteers to manage phone lines and develop a database to monitor performance.
6. Develop and disseminate key messages and with expediency to those with disabilities and other languages; including where needed; phone calls and visits.

16 Communications

Trusted communication is imperative to the success of reducing the transmission of COVID-19 in Bradford District. It has been agreed that the communications strategy

will be driven by intelligence gathered via community engagement with the aim of keeping a community response and the centre of our focus. We will also use national and local communication materials. In acknowledgement of the high profile of COVID-19 both nationally and locally and the concerns that have already been raised in terms of privacy, trust, capacity, capability and managing public expectations, our core communication principles are:

- Encourage residents to maintain previous tactics of 'hands, face and space', and regular asymptomatic testing or at least to respect the decisions of other residents to do so (e.g. 'Respect my space' campaigns)
- Humanise the Test & Trace/ vaccination process and ensure it is community-driven – illustrate with real examples of people signing up for, using, carrying out and benefitting from testing and engaging with contact tracing fully
- Assemble trusted local figureheads and publicise their co-operation with NHS Test and Trace services via peer-to-peer models of influence – e.g. local celebrities, teachers, religious figures, NHS staff, community champions etc.
- Take a Bottom-up approach – ensure LA messages are local VCS, Bevan Healthcare etc. and PHE supported (leveraging established localised networks, messaging, languages etc.)
- Articulating and bringing to life the benefits of NHS Test and Trace and the vaccine amongst 'regular' residents – identify and publicise people's experiences of NHS Test and Trace/ vaccination as a means of protecting their loved ones alongside figures of COVID-19 discharges/ stats that demonstrate these offerings' ability to reduce hospital admissions and drive return to 'business as usual'
- Supportive of the wider public health messaging
- Bradford as an exemplar – maximise potential of being selected as a pilot site for BAME community and learning lessons
- Demystify contact tracing – harnessing and broadcasting examples of where the process has benefited the people of Bradford, from previous meningitis outbreaks to past instances of widespread food poisoning
- Research-based – leverage existing research projects (e.g. Born in Bradford) to canvas community opinion on their needs and fears; this should be incorporated into communications
- Events-oriented – find opportunities to gather community members safely to drive engagement with NHS Test and Trace and the vaccine programme e.g. Big Vaccine weekend.

Methods for communicating will include: media briefing (local and, where necessary, national outlets), media buying, media training for key spokespeople and ambassadors, mobilising community champions and Councillors, producing video information, organising 'push' events (e.g. Big Vaccine Weekend), developing core content for partners, using social media, equipping teams to equip community influencers with messages, create a web resource to house Test & Trace and Vaccination information, learn from good practice elsewhere, develop a communication calendar and explore the possibility of text messaging where appropriate.

The communications team will need to flex to support the delivery of Test & Trace / the vaccine programme iteratively and will need to promote general COVID-10 infection prevention and control messages and contemporary government policy on an ongoing basis. Communication colleagues will support the delivery of messages via different settings to increase vaccine uptake, help prevent the transmission of COVID-19 and reduce cases and outbreaks across the district.

The focus of the communications work will be reviewed and directed at COVID-19 Management Group meetings.

Appendix 1 – Responding to an Outbreak in Educational Settings

Including: Primary and secondary, early years, day cares, nurseries, after school provision, school transportation, boarding schools, further education, foster homes, SEND etc.

Objective: To identify new cases of COVID-19 early, control the spread of the virus and enable the affected setting to reopen safely.

Resources already available:

The Department for Education (DfE) has published detailed guidance covering the changes for each part of the sector. Local authorities, DsPH and HPTs are responsible for managing localised outbreaks and they play an important role in providing support and advice to education and childcare settings. If there is an outbreak in a setting or if central government agrees the area requires an enhanced response package, a DPH might advise a setting to temporarily reintroduce measures to help break chains of transmission (e.g. mask wearing) – restrictions on attendance will always be the last resort. The DfE has published guidance for education and childcare settings to describe the measures that can be reintroduced and when it is appropriate to do so.

Face-to-face tuition recommenced in Bradford on 8 March 2021. The main strategy to enabling safe return to school at this time was a mass asymptomatic testing effort in the district using Lateral Flow Tests (LFTs) which provide results in 30 minutes. This testing programme was subsidised by the central government with the purpose of detecting additional asymptomatic cases and breaking the transmission chain of COVID-19.

Staff and pupils from secondary schools continue to have access to twice weekly lateral flow testing; staff from primary schools will have access to twice weekly lateral flow testing whereas pupils will not. University students enrolled onto practical courses (who therefore cannot study from home) will also have access to twice-weekly asymptomatic testing to complete in the home.

Educational settings that remain open over the summer holidays will be provided with LFD kits to continue regular testing. Secondary school children will also be asked to complete two on-site tests when returning to class in September and then must continue home testing until the end of the month. University students will be asked to test before travelling to university for the autumn term and to complete two LFD tests at home, on campus or at an Asymptomatic Testing Site (ATS) site on return.

All staff and pupils, whether or not they are engaging in twice weekly testing, should still be vigilant with their symptom awareness and social distancing, and self-isolate for 10 days if they develop symptoms of COVID-19 or are identified as a close contact of someone who tests positive. All those who test negative with a LFT still need to consider if they may still be infected and keep all the usual safety measures

i.e., social distancing, face covering, hands cleaning etc. as well as a high degree of symptom awareness. Guidance for those who test positive is outlined below.

As staff are required to conduct the test at home, they can safely dispose of the test items in their normal household waste but should pour any residual buffer solution away first. Even if the test is positive, the test kit can be disposed as normal household waste. As set out in the manufacturer's safety instructions, the buffer solution is not hazardous; however, if accidentally ingested, a medical practitioner should be informed.

The local asymptomatic testing strategy builds upon lessons learned from what has worked well in the past, and several procedures which are already in place to ensure students and staff are effectively – and safely – brought out of lockdown and back into the classroom:

- In partnership with PHE and school leaders, the LA has implemented a tiered response system to prevent and control COVID-19 spread in schools and to support local response to cases and outbreaks.
- PHE has a SOP to support schools to manage clusters and outbreaks
- There is substantial national guidance available on how to prevent and control COVID-19 in schools; this includes guidance on safe return and on how to reduce risks of transmission in classrooms and other shared settings e.g. playgrounds and cafeterias.
- There is a dedicated Department of Education (DfE) coronavirus helpline available for all schools to utilise for additional guidance
- Priority access to PCR confirmatory testing is reserved for key workers (including people who work in schools and education facilities) and those living in their households.
- Bradford University remains a drive-through testing centre and has been a much-used setting for vaccination.
- Bradford University, along with all other universities in England, has also created its own COVID-19 outbreak plan and has its own dedicated COVID SPOC.
- The government has also released guidance on how to facilitate apprenticeships and other early career opportunities during the pandemic; this can be accessed here.
- To support those who need to self-isolate, a new Self-help booklet has been released on the BSO website; this covers everything from mental health, fuel and food poverty to furlough and financial support for families (please have a few physical copies handy in school).

Additional resources required:

- The City of Bradford Metropolitan District Council will need to put a robust waste management process in place to support the central government's intention for widespread asymptomatic testing
- Robust data monitoring and management must be in place to understand where testing (both symptomatic and asymptomatic) uptake is low
- A clear SOP must be created to help support schools that identify positive cases of COVID-19 via lateral flow testing; this will build upon and align with the existing guidance available at the Bradford Schools Online webpage.
- Schools will need support in order to learn how to repurpose COVID isolation rooms, assembly halls or nurse offices to inoculate pupils who are seeking

vaccination. Schools may also require NHS staff members to oversee this process if they do not have dedicated healthcare professionals on-site.

- Plans must be made around how to facilitate return to school this coming September; it looks likely that this will involve PCR testing rather than LFT as in March.

Local outbreak cadence:

Schools are no longer required to identify cases, outbreaks or manage self-isolation amongst students and staff; this is now a shared responsibility of NHS T & T and the relevant PHE HPT. Furthermore, self-isolation is now no longer managed by bubbles.

When a child, young person or staff member develops symptoms compatible with COVID-19, they should be sent home to self-isolate and seek out a PCR test. Those who are identified as close contacts or household contacts and are either double vaccinated, medically exempt from vaccination, are part of a relevant trial or are under the age of 18.5 years are – as of August 16 2021 - no longer required to self-isolate but must seek out a PCR test on what would have been their second day of self-isolation; they are also encouraged to test regularly via LFTs. Those who are living in on-campus accommodation and who are required to self-isolate must not vacate their accommodation until their period of self-isolation has come to an end or they need to seek emergency medical treatment.

Anyone who has previously received a positive COVID-19 PCR test result should not be re-tested within 90 days of that test, unless they develop any new symptoms of COVID-19. If they do develop symptoms they should self-isolate, have a PCR test and continue to self-isolate.

Our current advice is that those who have tested positive for COVID in the last 90 days (LFT or PCR) should not engage in the weekly LFT asymptomatic testing programme until after 90 days from the positive test. This is because they may return a false positive result due to inactivated virus remaining in the body. If they do develop COVID symptoms, they are required to seek PCR testing.

In exceptional situations (e.g. if there is a major school outbreak) more regular staff testing may be required – this would break the 90-day rule just stated.

Please report positive cases of COVID-19, whether LFT or PCR, using the same reporting lines. Positive LFTs should be followed up with a confirmatory PCR to ensure accuracy, however.

Although the LA's public health and environmental health team are on hand to provide guidance and risk assessment support, as of July 19, PHE have been asked to take on more responsibility for outbreak management, particularly in the instance of outbreaks in special schools. Support from the local Council can be sought by contacting the dedicated hotline at 01274 431000 and selecting option 1.

If uncertain how best to respond to new cases, it is also recommended to call the DfE's helpline on 0800 046 8687 and select the option for advice following confirmation of a positive case in a school setting. The line is open Monday to Friday from 8.00am to 6.00pm, and 10.00am to 4.00pm on Saturdays and Sundays. It is DfE's responsibility to escalate these cases to PHE as is necessary. More details about this service can be found here.

An outbreak in an educational setting is suspected if there is either:

- Five or more confirmed cases of COVID-19 among pupils or staff in a setting within 14 days or;
- 10% of confirmed cases of linked COVID-19 cases among the pupil and/or staff body
- An increase in pupil absence rates, in a setting, due to suspected or confirmed cases of COVID-19

In these circumstances, the LA PH team and the PHE HPT will undertake a joint risk assessment and advise the educational setting in question on what steps should be taken next to minimise contagion risk. This process will be based on the school's previous risk assessments; as such, it is crucial schools keep these up to date and include cleaning, waste management and communication protocols to enable LA and PHE HPT's quick understanding.

Depending on the risk assessment outcome and the scale of the outbreak, the PHE HPT and the City of Bradford Metropolitan District Council may decide to stand up an IMT. This IMT will convene to determine what are the best actions to be taken and consider whether the school should need to close or self-isolate certain year groups/ form groups. Full school closures are rarely needed, however, and should only ever be enacted after advice from the PHE HPT, the Council and the Regional Department of Education's REACT team.
Should the outbreak require a wider response than an IMT, additional partners will be alerted/co-opted through the Local Resilience Forum (LRF)

Useful Links:
https://www.gov.uk/guidance/working-safely-during-covid-19
Roadmap Spring 2021
COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)

16.1.1.1 Please see below advice and guidance on COVID-19 from Public Health:

A dedicated JSA can be accessed here.

In addition, all Public Health guidance and documents for schools can be found on Bradford Schools Online: https://bso.bradford.gov.uk/content/public-health-guidance-for-schools

16.1.1.2 Schools and colleges

- ***Action charts for schools - single case / multiple case / outbreak*** ***(to be updated, 14 days to read 10)***
- ***COVID-19 infection protection and control guidance for education and early years*** ***(14th Dec) (word)***
- ***School testing strategy – Secondary schools, special schools and colleges*** ***(22nd Jan 2021)***

- ***Home Testing guidance for Primary and Nursery Schools** (22nd Jan 2021)*
- ***One page poster - what do if you have COVID in your school** (14th Dec) (ppt)*
- ***Letter to parents - single case in school** (14th Dec) (word)*
- ***Letter to parents - contacts in a school** (14th Dec) (word)*
- ***Letter to parents about a school outbreak** (14th Dec) (word)*
- ***Letter on parental responsibility** (14th Dec) (word)*
- ***Questions to assist identifying COVID contacts in schools** (word)*
- ***Educational setting check list for COVD Prevention** (14th Dec) (word)*
- ***Minimum dataset for schools for outbreak investigation V00 02** (14th Dec) (excel)*
- ***Quick guide for parents - when children should attend or self-isolate** (to be updated, 14 days to read 10)*
- ***COVID self-isolation advice leaflet** (pdf)*
- ***COVID self-help support for families***

16.1.1.3 Early Years

- ***Early Years and Childcare Settings** **frequently asked questions** (2nd Feb 2021)*

16.1.1.4 Wellbeing guides

- *Staff Wellbeing Planning Pack*
- *Supporting Staff Wellbeing*
- *Looking after each other*

- Test and Trace support payments for families
- Testing – For staff with pupil facing roles & COVID symptoms book a test via COVID19.stafftesting@bradford.gov.uk (01274 437070 or national test and trace)

Appendix 2 – Responding to an Outbreak in Care-Related Settings

Including:
Care Homes, Nursing Homes, Residential Homes, Extra Care Settings, Supported Living Settings, Domiciliary Care, Disabilities Settings, Learning Disabilities Settings (homes and day care units), Physical Mental Health Settings.

Objective:
Early identification and containment of new cases of COVID-19 to reduce onward transmission and risk of death in these high-risk settings.

Resources already available:

- At this stage, the overwhelming majority of those residing in supported living facilities of any kind have received both doses of their COVID-19 vaccine; that said, it is integral to stay vigilant against outbreaks within this setting, typically brought in by unknowing employees or family members.
- PHE has a robust outbreak management plan for use in care homes and related facilities
- The NHS has offered robust training in infection control for care staff
- To proactively mitigate exposure and outbreaks in high-risk and vulnerable settings (such as the NHS and adult social care) the central government will continue to provide tests in these settings, proportionate to the epidemiology and public health risk.
- Twice weekly LFT testing is available for staff in parallel with weekly PCR testing; care home residents are also able to opt into LFT services in addition to receiving their PCR tests every 28 days. Care homes can register for this via the government digital portal
- If someone tests positive with a PCR test, they should not be tested using PCR or LFD for 90 days.
- Care home outbreaks are to be managed through Pillar 2 testing; Supported Living settings will receive test kits in batches of 10 and Extra Care settings will receive test kits in batches of 40.
- British Geriatrics Society has released a good practice guide for COVID-19: Managing the COVID-19 pandemic in care homes for older people
- The UK Government has offered all care homes a support package; care homes with especially frail residents have access to 'extra-care schemes' support.
- Eligible health and social care providers can order PPE from the dedicated PPE portal
- Care settings currently allocate resources to facilitate virtual visits between residents and their loved ones.
- DPHs determine whether local care homes are able to consider allowing visitors; DPHs should refer to The Capacity Tracker for this, a timely and rich source of transmission data in each locality.
- Each care facility has its own visitation policy in accordance with national guidelines; dynamic risks assessments (following guidance set out here) underpin these policies and must be updated regularly.
- When visits are permitted to go ahead, these should be – wherever possible - limited to a single constant visitor per resident. The Care Provider Alliance has published a sector-led protocol for enabling visiting based on this model.

Visits must also respect the stipulations of the Equality Act (2010) and Human Rights Act (1998).

Additional resources required:

- While it is most likely that vaccination for COVID-19 will be introduced as a condition for employment in the care/ social support sector in the very near future (unless proven to be medically exempt), at this time, employees are able to self-certify a medical exemption in the following circumstances:
  - They are receiving end of life care where vaccination is not in the individual's interests
  - They have learning disabilities or are autistic individuals or possess a combination of impairments which result in the same distress, and find vaccination and testing distressing because of said condition(s) which cannot be rectified through reasonable adjustments such as the provision of an accessible environment
  - They have medical contraindications to the vaccines including severe allergies to all COVID-19 vaccines and their constituents.
  - They have experienced adverse reactions to the first dose (e.g. myocarditis)
  - They are pregnant – this is a time limited exemption that will expire 12 weeks after clinical review
  - They are receiving hospital care or are receiving medications which may interact with the vaccination) – this is a time limited exemption that will expire 12 weeks after clinical review
- These exemptions – both permanent and temporary - are not valid for the purposes of international travel, exclusion from self-isolation policy or attendance at domestic events. They may also be waived dependent on further guidance.
- The projected parallel increases in COVID-19 cases and winter illness will place the NHS under considerable strain; while these vaccine exemptions are in place to offset critical shortages, however, additional staffing solutions may be necessary.

Local outbreak cadence:

- Care facilities are considered a complex setting under the remit of Tier 1 PHE HPT contact tracers. Therefore, in the event of an outbreak, all visitation should be stopped and the PHE HPT should be contacted immediately, either by Tier 1 or by the care setting itself. If an outbreak occurs in a domiciliary care setting, the registered manager is tasked with alerting the Council Infection Prevention and COVID-19 Teams and, if the patient is a recent discharge from hospital, the NHS infection control team before identifying all staff members who have come into close contact with the infected individual.
- The PHE HPT – in conjunction with the LA via the LA SPOC for care home outbreaks – contacts the care facility to provide guidance on setting control measures, provides general advice on contacts and exclusion/isolation, gathers details on the number of contacts and arranges follow-up assessments and ongoing monitoring of the situation as it develops.
- A risk assessment is conducted in the first instance by the provider (guidance is set out here); if the LA/ HPT is content with the risk assessment, then they action its recommendations and monitor compliance with it. PHE HPT typically conduct their own situation assessment to determine whether an outbreak has occurred and to augment infection control measures that are already in place.
- Care homes should also complete the Immediate Infection Control Checklist

- The HPT will then order a batch of tests for rapid testing of the whole care home (residents and staff) on day 1 through the local Pillar 1 testing capacity. This should then be repeated on days 4 through 7 and day 14 for all staff and residents who initially tested negative to reduce the false negative risk.
- PHE HPT will consider the outbreak's spread and severity, current control measures, the wider context and will jointly consider whether an IMT should be stood up with the City of Bradford Metropolitan District Council.
- Should the outbreak require a wider response than an IMT, additional partners will be alerted/co-opted through the Local Resilience Forum (LRF)
- The LA Infection Prevention team will be in regular contact with the care home during the outbreak period to monitor number of cases and provide infection control advice.
- An outbreak is only declared as over after 14 days since the last positive PCR test was returned; re-testing after 14 days from the last suspected case will be provided through Pillar 2 to confirm the outbreak has ended.
- Once the outbreak is confirmed over, if an area is closed to admissions, the criteria for reopening should be:
    1. No new symptomatic cases for an additional period of 14 days
    2. Existing cases must be isolated/cohorted and symptoms amongst these individuals must be resolving
    3. There should be sufficient staff to enable the facility to operate safely; teams are encouraged to work in bubbles to minimise risk of under-staffing.
- While PHE HPT does not routinely follow-up after an outbreak has ended (unless there is a sudden escalation in cases or multiple deaths have occurred), the City of Bradford Metropolitan District Council has its own follow-up protocols to facilitate a care setting's return to normal operations.

Useful Links:

A JSA dedicated to care homes and domiciliary care settings are available on the LOMP homepage.

COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)

Coronavirus (COVID-19): support for care homes

https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes

Providing Home Care

https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care

Adult Social Care Action Plan

https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan

Guidance on Shielding

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Social Distancing

https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Infection Prevention and Control

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

How to work safely in domiciliary care

https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care
Care Act easements
https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities
Hospital Discharge
https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities
Supporting adults with learning disabilities and autistic adults
https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults
Adult social care action plan:
https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan
How to work safely in care homes:
https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

How to work safely in care homes - Putting on personal protective equipment (PPE)
How to work safely in Care Homes - Putting on PPE
How to work safely in care homes -Taking off personal protective equipment (PPE)
How to work safely in Care Homes - Taking off PPE
COVID-19 infection prevention and control:
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
COVID-19: management of staff and exposed patients and residents in health and social care settings:
https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings
COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19) https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19
Guidance on care home visiting - GOV.UK (www.gov.uk)
Guidance on how to safely admit a new care home resident can be found here.
Guidance on how to prevent and react to cases or outbreaks of COVID-19 in a children's care home can be found here.
Roadmap Spring 2021

Appendix 3 – Responding to an Outbreak in Health Settings

Including: General Practices, Hospitals, Mental Health Trusts, Child health services, Acute Trusts, Ambulances, Dentists, Physiotherapists etc.

Objective: Closely monitor the emergence of COVID-19 cases that can be linked to Primary or Secondary Care settings to ensure continuity of care. Keeping health settings safe is essential for the public to feel comfortable seeking help when needed.

Resources already available:

- New government recommendations for England NHS hospital trusts and private hospital providers can be found here.
- A JWA dedicated to managing outbreaks in health settings is available on the LOMP Homepage; this also includes two flowcharts to direct readers through the outbreak management process in these high-sensitivity settings.
- To proactively mitigate exposure and outbreaks in high-risk and vulnerable settings (such as the NHS and adult social care) the central government will continue to provide tests in these settings, proportionate to the epidemiology and public health risk.
- PHE has a dedicated SOP for controlling outbreaks in all healthcare settings and ample government guidance is available online.
- A SPOC is in place for every CCG to enable better communication with the HPT; practices should report to the same CCG SPOC to minimise confusion.
- The CCG works with the DPH to review healthcare aspects of the COVID Outbreak Management Plans.
- CCGs should ensure that all practices are familiar with local arrangements for possible incidents, reporting/escalating mechanisms etc.
- All NHS Trusts have their own outbreak management plans in place.
- SOP for community health services is released and regularly by the NHS
- SOP for GP surgery is released and regularly updated by the NHS and Royal College of General Practitioners and guidance for GPs on how to conduct care safely is provided on their website.
- Updated guidance on how to manage staff and exposed patients or residents in health and social care settings can be found here.
- SOP for Community Pharmacy is released and regularly updated by the NHS.
- A SOP for the safe function of community vaccination centres can be found here.
- SOP for dental practice on urgent dental care and phased transition are released and regularly updated by the NHS.
- Legal guidance for mental health, learning disabilities and specialised commissioned mental health services is released and regularly updated by the NHS.
- Information on how ambulance staff can practice safely is found on their designated page of the NHS website.
- Infection control, PPE, clinical waste and environmental decontamination guidance are available on the designated page of the NHS website; this can help inspire management of used testing kits though lateral flow devices are now to be considered household waste.

- Updated government guidelines on how to support those who lack the mental capacity to provide informed consent for testing or treatment during the pandemic can be found here.

Additional resources required:

- Funding to support a locally commissioned service for delivery of medicines and lateral flow tests will be required.
- Pharmacy staff may need to be redeployed to enable the vaccine programme's ambitions or to support the return of children to schooling/ employees back to the workplace.
- Mental health funding is required to move Council services online and ensure the mental health of residents remains on parity with their physical wellbeing.
- Community vaccination centres require ongoing Council support.
- Data management services must be built out to understand who is not taking up their invitation to vaccinate and who has not returned for their second dose etc.
- Delivery, data and waste management support is required to facilitate twice-weekly lateral flow testing of NHS staff members.
- More must be done to bolster residents' confidence in re-engaging with NHS services including hospitals, GP surgeries and GUM clinics; many vulnerable individuals and communities have avoided these settings and will need support returning to clinical care, especially if elective surgeries or therapies have been cancelled. A proactive approach – ideally centrally subsidised – will be needed to ensure the NHS can cope with the unprecedented backlog of patients it is currently experiencing, an issue that may come to a head this winter with the parallel pressures of winter sicknesses and COVID-19 cases.

Local outbreak cadence:

- Outbreaks within healthcare settings are the primary responsibility of the setting itself, Public Health England and the DHSC in which the Local Council plays a supporting role where necessary.
- The LA Environmental Health team is not responsible for responding to outbreaks in these settings unless called for IMT purposes – this includes local GP settings and dentist practices.
- There should be a clear notification process if staff are going for testing.
- If a member of staff is symptomatic at work, they must immediately go home to self-isolate and seek testing. If they develop symptoms at home, they must not go into work.
- NHS T&T notifies the CCG, PHE HPT and the Council of any positive cases they detect amongst NHS staff; alternatively, the healthcare provider makes contact directly.
- If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a care setting, PHE HPT – in collaboration with The City of Bradford Metropolitan Council Infection Prevention Team - will consider the severity and scope of the outbreak, current control measures in place, the wider context they have occurred within (e.g. which ward/ setting has been implicated) and will determine whether an IMT needs to be set up.
- As discussed, there are clear outbreak response plans in place for all these settings – these must be followed closely and updated regularly to incorporate best practice from previous outbreaks.
- Continuity of care is absolutely essential; even in the case of a severe outbreak, hospitals and other flagships of care in the community must not be shut down to public access unless absolutely necessary.

• Any adverse incidents that occur at a community vaccination centre must be reported to the National Vaccination Operations Centre or the Vaccine Service Desk for observation. The NVOC can be contacted at england.covidvaccs@nhs.net if escalation is required.
Useful Links: • Management of staff and exposed patients/residents in health and social care settings • COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk) • RCGP's website. • Primary Care COVID19 guidance • SOP for GP surgery • SOP for community health services • SOP for urgent dental care & phased transition for dental services • Legal guidance for mental health, learning disabilities and specialised commissioned mental health services • Roadmap Spring 2021

Appendix 4 – Responding to an Outbreak in Other Workplace Settings

Including: Manufacturing, food delivery, power plants, armed forces, leisure centres, sports clubs, pools, salons, faith/religious settings, retailers/ shops etc.

Objective: To identify and contain cases of COVID-19 in workplaces to protect employees, visitors and customers and facilitate the gradual restarting of the local economy.

Resources already available:

- A dedicated JWA on the LOMP homepage.
- Employers should follow available guidelines on preventing the spread of COVID-19 in the workplace.
- Those unable to work from home during periods of national lockdown must adhere to guidelines on how to work safely at the workplace. This can be accessed here.
- A variety of financial support options are available for businesses; these are detailed here.
- PHE's Consumer Workplace Action Cards provide excellent information on how to manage outbreaks in a variety of workplaces; they emphasise when is the correct moment to involve the PHE HPT.
- The national provision of LFTs for most workplaces ended 31 July 2021; businesses should now encourage employees to order kits to their homes or via click-and-collect from local pharmacies to continue testing regularly.
- The City of Bradford Metropolitan Council has been supporting local businesses to incorporate the NHS T&T App and QR code within their premises.
- The City of Bradford Metropolitan Council has also implemented a range of social distancing-enabling signs and bollards in addition to street markings and temporary barriers to ensure our high streets are ready to reopen safely when the time comes.
- Although it is no longer a legal duty for venues to ask customers to check in, they are strongly encouraged to do so and local authorities can promote the continuation of venue alerts. If multiple cases are associated with a venue using Test and Trace QR codes, those who have checked in will be notified of the need to self-isolate via the app without naming the venue in which exposure occurred. Those who do not scan in via the NHS COVID-19 app are still required to provide contact information, however. Those notified are asked to seek out testing but are only required to self-isolate if they test positive for COVID-19 after doing so.

Additional resources required:

- Waste management support for asymptomatic testing.
- Data management support to understand which businesses are struggling to maintain testing engagement / vaccine uptake amongst their employees.
- Additional resources will be required to monitor non-compliant businesses as the local economy reopens (as per the government roadmap/ Summer 2021 plans)
- The Council will share best practice in outbreak management and prevention on an ongoing basis – even now the roadmap has come to an end. The Council will also share ample resources – including signage and other forms of communications – to

ensure workers stay vigilant against COVID-19 in the workplace and are supported to wear a face covering should they wish to.

- Pop-up vaccine clinics and mobile testing units have been deployed in large workplaces to great success – it is possible this work may need to be scaled up in the near future.
- Trials are underway to build out the local use of the NHS COVID Pass –a digital tool which shows proof of vaccination, a recent negative test, or natural immunity as a means of entry to large-scale gatherings or high-risks setting. The government is currently urging nightclubs and other higher-risk venues with large crowds to make use of the NHS COVID Pass. The government has announced mandatory vaccine-based certification may be required for nightclubs and other high-risk settings in the future.
- The government will provide further detail on how organisations can practically use and implement the NHS COVID Pass shortly, and further events guidance has been published.

Local outbreak cadence:

It is important to note that since Step 4 of the Spring Roadmap, many of the measures that were in place for workplaces have moved from legal requirements to advice and guidance. With fewer regulations to enforce against and with some of the enforcement powers for local authorities also removed, the Council will now carry out less enforcement work within local workplaces and will instead prioritise sharing best practice amongst these settings and offering ongoing guidance and support as needed. This will include improving workplace knowledge of infection prevention and control, ensuring spaces are well ventilated, and ensuring relevant regulations and guidance are fully understood.

That said, if a COVID-19 outbreak is suspected in a workplace setting, the workplace will immediately inform PHE HPT of this and – if the PHE HPT in question deems it necessary - the local Council SPOC to provide additional guidance.

- Symptomatic individuals should access testing in line with current advice. Advice and information provided through contact tracing should be followed by all symptomatic individuals and their contacts. Testing and tracing procedures must be actioned immediately.
- PHE HPT will undertake a dynamic risk assessment (utilising past risk assessments completed by the employers themselves), conduct a rapid investigation and advise on the best course of action. Environmental Health officers from the local Council can also be called upon to check the comprehensiveness of existing risk assessments and the strength of COVID controls on site and where the case was working.
- The following policies must be visibly encouraged or enforced on-site before, during and after an outbreak:
  - Ensure social distancing arrangements are in place throughout the workplace including at rest breaks and travelling to and from work
  - Promote handwashing on a regular basis among staff
  - Promote awareness of COVID-19 symptoms among staff and ensure fitness to work policy is implemented
  - Wear face coverings as appropriate/ in line with national guidance

- Engage with staff and union representative to promote safe working arrangements
- Ensure staff who have symptoms are excluded from work, tested using the NHS Test and Trace service (https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/) and any contacts followed up
- Clear working relationships between Occupational Health department (if available), health and safety representative and human resource departments.
- Ensure environmental cleaning to reduce risk of contamination especially where there is potential for large numbers of people passing through or using facilities whether staff, service users or visitors – see COVID-19: cleaning of non-healthcare settings

- Risk stratification considerations here include:

1. Size of business (e.g. larger no. of employees at higher risk)
2. Function of business (e.g. food production – meat/dairy or working in high risk settings – e.g. 121 client contact physical touching involved)
3. Environment (e.g. difficult to ventilate / social distance / handwashing etc.)
4. Percentage of employees where English is not a first language (e.g. higher percentage – higher risk - communication difficulties)
5. Percentage of migrant workers (e.g. higher percentage – higher risk - cultural differences- understanding 'norms')
6. Percentage of employees who live in temporary accommodation / hostels / B&B / Houses of Multiple Occupation
7. Employees working in 'at risk' occupations

- Depending on the risk assessment outcome and the scale of the outbreak, an IMT may need to be stood up. The IMT will then lead the public health response to the outbreak and manage appropriate interventions.
- Should the outbreak require a wider response than an IMT, additional partners will be alerted/co-opted through the Local Resilience Forum (LRF)
- Direction Notices can still be served under Number 3 Regulations though this is managed in conjunction with the Health and Safety Executive (HSE) and their enforcement allocation guidance. Enforcing authorities can issue improvement or prohibition notices where they identify breaches of health and safety measures.

Useful Links:

COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)
Roadmap Spring 2021

HSE has published 'Keeping workplaces safe as coronavirus (COVID-19) restrictions are removed', which provides the latest information on any changes related to working safely during the pandemic, following the easing of coronavirus restrictions. The HSE has also published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace.

Business support: www.gov.uk/coronavirus/business-support including guidance on: Financial support and employer responsibilities.

Working safely during coronavirus: www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 including guidance on: Construction and other outdoor work, factories, plants and warehouses, labs and research facilities, offices and contact centres, other people's homes, restaurants offering takeaway or delivery, shops and branches, vehicles.

Coronavirus: safer transport guidance for operators www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators

Guidance and support for employees during coronavirus: www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19

Businesses to remain closed: https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance List includes exemptions

Health and Safety Executive: Coronavirus: latest information and advice: www.hse.gov.uk/news/coronavirus.htm

Health and Safety Executive: Working safely during the coronavirus outbreak: https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm

The Advisory, Conciliation and Arbitration Service (ACAS): Coronavirus: advice for employers and employees: www.acas.org.uk/coronavirus

NHS test and trace: workplace guidance: Guidance on the NHS test and trace service for employers, businesses and workers.https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance

Appendix 5 – Responding to an Outbreak affecting Transport Arriving via Trains & Borders

Including: All transport that has arrived in Bradford District that originated outside the UK, including freight/lorry drivers, trains and planes.

Objective: To prevent and control the spread of imported cases of COVID-19 from overseas travellers entering into the UK

Resources already available:

- Travel restrictions have begun to ease as the vaccine programme has gathered speed globally; it is intended that the current 'red', 'amber' and 'green' coding system for international travel will be replaced by a 'red' and 'non-red' system imminently. Double vaccinated travellers returning from non-red list countries (green and amber) will be exempt from self-isolation providing that they return a Day 2 Test.
- Those who are not vaccinated are still required to self-isolate when returning from these countries for a full 10 days; they must either submit to Day 2 and Day 8 PCR Testing or apply for the Government's Test-To-Release scheme (paying privately for a test on Day 5). Anyone testing positive through this process will be provided with an additional PCR test (at no further cost) to genetically sequence the case and identify new variants that may arise.
- Those returning from red list countries in the last 10 days are only allowed to enter the UK if they are a British or Irish National or have residence rights in the UK; standard quarantine hotel rules apply, including 2 COVID-19 tests at day 2 and day 8 of self-isolation.
- More information about this process can be found here.
- Transportation workers are still encouraged to test via LFT twice weekly.
- It is no longer necessary for government to instruct people to work from home. As a result, it can be expected that the demands on the transport network will rise. As such, local authorities will support public services to continue to protect workers and others from risks to their health and safety, in particular from COVID-19. The Council will ensure there is ample signage reminding the public to stay vigilant against COVID-19 on public transport.
- The government has released guidance for the owners and operators of beach, countryside and coastal destinations to meet the challenges associated with increased numbers of both national and international visitors (during periods of eased restrictions) and decreased numbers of visitors (during periods of tightened restrictions). This can be accessed here.

Additional resources required:

- Provision of support for food, medical supplies and accommodation for those required to self-isolate for 10 days in relation to an outbreak on a cruise ship or inbound freight facility.
- Driver welfare provisions.
- Staff and food/ medical provision for hotel quarantine for international arrivals.

Local outbreak cadence:

- For international visitors, self-isolation or quarantine in commercial accommodation such as hotels/ hostels/ air BnBs etc. has the potential to result in outbreaks.
- In such circumstances PHE's HPT will conduct a risk assessment to provide advice and guidance on how to respond in such a situation and, in exceptional circumstances, stand up an IMT.
- The owners of such premises are required to conduct regular risk assessments and follow government guidelines regarding safe working and safe hosting. These are available here.
- Outbreaks at borders or inbound freight facilities must be handled with discretion and urgency; any premature disclosure of cases may dissuade others from passing through checkpoints as they are required to by law. PHE HPT will be called once an outbreak has been established to contain cases; if there is any indication that this may not be possible, and a key transport link or hub needs to be temporarily closed, the DfT and Home Office must be informed. The Local Authority Public Health Team may be called in to provide wraparound guidance and support for PHE HPT and the setting itself in particularly sensitive situations (e.g. those involving asylum seekers).

Useful Links:

- COVID-19: Shipping and seaports guidance
- Arrangements for driver welfare and hours of work during the coronavirus outbreak
- Border control
- Declaration form for international travel
- Advice for the freight industry
- Data on health measures at the UK border
- Roadmap Spring 2021
- Guidance for arrivals into the UK
- COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)

Appendix 6 – Responding to an Outbreak affecting Other forms of Transport

Including: Bus, Taxi, Walking & Cycling, Private cars, Car sharing
Objective: To minimise any risks of COVID-19 being contracted through public or personal methods of transportation
Resources already available: • It is no longer compulsory to wear a face covering on all public transport including private hire cars, however, it is still advised. • Some forms of transportation (e.g. TfL) still mandate face coverings, however. • In times of lockdown, public transport should be avoided where possible. • Car sharing between households should still be avoided where possible; guidance on working in/from a car (available here) can be referenced to ensure this is done safely where it is essential. • Those travelling internationally via train (e.g. Eurotunnel) must obey travel requirements and local quarantine rules in their destination country and stay up-to-date with current government quarantine rules upon their return to England.
Additional resources required: • Ensure those working within public transport are able to access twice-weekly lateral flow testing; these can be completed within their own homes. • Additional outreach efforts to encourage those working within public transport to take up their vaccine when invited. • Checks that gig-workers (e.g. Uber drivers/ Deliveroo drivers) are being appropriately supported by their employers; they should not fear for their job security if required to go into self-isolation and should feel safe while at work.
Local outbreak cadence: • If a particular form of public transport can be linked to a community outbreak, PHE HPT and Council staff members may conduct site visits and review COVID-19 Control Measures • It may be necessary to temporarily suspend any form of transport proven to be linked with an outbreak to perform a deep clean.
Useful Links: • Coronavirus (COVID-19): safer travel guidance for passengers • Bus Operator Directory • Private car hire Directory • Travel guidance • Roadmap Spring 2021 • COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)

Appendix 7 – Responding to an Outbreak in Outdoor Settings

Including: Green spaces, playgrounds, pools, funeral grounds, outdoor leisure facilities, outdoor tourist attractions, zoos, public open spaces etc.

Objective: To prevent community transmission of COVID-19 within outdoor settings.

Resources already available:

- PHE released comprehensive guidance for providers of outdoor facilities to enable the safe phased return of sports and recreation nationally.
- Even within periods of lockdown, the public are encouraged to seek out 1 hour of outdoor exercise per day.
- All outdoor facility staff members who are overseeing these settings are required to wear face masks if social distancing is not feasible.
- The Council continues to provide signage and markers to remind the public of preventative health behaviours (mask wearing/ social distancing/ hand washing etc.) and bollards and fencing are in place to dissuade usage of banned settings e.g. outdoor public gym equipment
- Largescale events, gatherings and festivals have been sanctioned to go ahead free from restrictions since 19 July 2021. That said, event organisers are encouraged to promote suitable public health messages (e.g. by posters or loudspeaker) at these events and may wish to utilise central government LFT resources to facilitate safe access.
- Event organisers should look to leverage best practice from the Department for Digital, Culture, Media and Sport, the Department for Business, Energy and Industrial Strategy and the Department of Health and Social Care and their joint Events Research Programme (ERP). A series of pilot events have been hosted since sprint 2021 to ascertain which settings pose the greatest risk to the public when hosting largescale events/festivities and which are safer by comparison.
- Although it is no longer a legal duty for venues to ask customers to check in to venues via the NHS Test and Trace app, they are strongly encouraged to do so and local authorities can promote the continuation of venue alerts. If multiple cases are associated with a venue using Test and Trace QR codes, those who have checked in will be notified of the need to self-isolate via the app without naming the venue in which exposure occurred. Those who do not scan in via the NHS COVID-19 app are still required to provide contact information, however. Those notified are asked to seek out testing but are only required to self-isolate if they test positive for COVID-19 after doing so.

Additional resources required:

- Patrol staff/ COVID marshals may need to be hired in the initial re-opening of these settings for group sport activities to ensure the COVID-security of the first step of the government's roadmap out of lockdown. This would take significant Council resource.
- Those working within funeral homes are at elevated risk of contracting COVID-19 and should be able to access lateral flow testing resources; concerted effort must be placed into ensuring funeral home owners know of their and their staff members elevated risk and how to mitigate it – something the Council should take an active role in ensuring.

- Formal guidance on how to operate large-scale pilot events/ gatherings/ festivals etc.
- Trials are underway to build out the local use of the NHS COVID Pass –a digital tool which shows proof of vaccination, a recent negative test, or natural immunity as a means of entry to large-scale gatherings or high-risks setting. The government is currently urging nightclubs and other higher-risk venues with large crowds to make use of the NHS COVID Pass The government has announced mandatory vaccine-based certification may be required for nightclubs and other high-risk settings in the future.
- The government will provide further detail on how organisations can practically use and implement the NHS COVID Pass shortly, and further events guidance has been published.

Local outbreak cadence:

- Anyone who develops symptoms of COVID-19 while utilising public outdoor spaces should alert a staff member and be quarantined appropriately. The public should be informed, contact tracing should begin, and, if deemed necessary/ an imminent threat to the public by a public health professional, the site should be shut down to prevent further spread. If an outbreak is detected in these settings, then PHE HPT should be informed.
- Once identified and reached by NHS Test and Trace, close contacts should go into self-isolation and seek testing if they develop symptoms unless they have been vaccinated or are under the age of 18.5 years, in which case self-isolation is not necessary provided that a day 2 PCR is returned as negative.
- In the case of an outbreak, PHE HPT would conduct a risk assessment to identify and institute improvements to the COVID-security of the location.
- While it is harder to contract COVID-19 in outdoor spaces – reducing the likelihood of an escalating outbreak of concern from occurring in these settings – it is possible an IMT may need to be stood up if a location is consistently linked to novel cases. This IMT would advise whether the location in question should be closed temporarily to conduct a deep clean.

Useful Links:

- Working safely during coronavirus
- COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)
- Advice on phased return to elite sport
- Advice for grassroots sports providers
- Coronavirus (COVID-19): safer public places - urban centres and green spaces
- Guidance for managing playgrounds and gyms
- Guidance for people who work in or run outdoor working environments
- Coronavirus – guidance on accessing green spaces safely
- Cleaning in non-healthcare settings
- NHS test and trace: workplace guidance
- Advice on use of multipurpose community facilities
- Roadmap Spring 2021
- Information on the Events Research Programme
- Phase I of Events Research Programme - Results

Appendix 8 – Responding to an Outbreak amongst Vulnerable Groups and Associated Settings

Including:
Including (and not restricted to) Roma communities, prison inmates, Traveller and Gypsy communities, underserved communities, social service users with drug and alcohol dependencies, asylum seekers, sex workers and the homeless often residing in shelters, refuges, caravan parks, hotels, and any other facilities providing temporary accommodation.

Objective:
The objective is to prevent outbreaks from occurring within socially and clinically vulnerable groups and the settings where they are supported.

Resources already available:

- Dedicated JWAs are available on the LOMP homepage.
- Y&H SOP: Public health management of COVID-19 in emergency accommodation for asylum seekers and Afghan refugees.
- A range of partnerships with anchor community organisations to monitor the health and wellbeing of these vulnerable groups and provide a trusted point of contact capable of serving as an intermediary between them and the Council.
- The Council funds a programme called 'Inclusion Health' which offers support to vulnerable groups during the pandemic and the organisations working with them via the Public Health Team; inclusion health issues are discussed at each COVID outbreak team meeting to ensure situations that affect this vulnerable group are responded to in a timely and cross-cutting way.
- Bevan House is also commissioned by the Public Health Team to provide medical services to vulnerable groups; Bevan House has served as a vaccination site and has provided tests to their users both on-site and within their own homes.
- Guidance is available for hostels or day centres accommodating rough sleepers and for domestic abuse shelters ; general advice for accommodation providers should also be followed.
- Those without addresses and NHS numbers are given a proxy while their NHS number is registered; this eliminates another barrier to vaccination.
- The Council has contracted a variety of community volunteer organisations to promote NHS Test and Trace services and the vaccine offer amongst vulnerable groups.
- A diverse approach to vaccination has enabled us to reach as many vulnerable populations as possible – the vaccine bus and pop-up vaccine clinics have both proven very popular here. Protected groups have also appreciated ongoing access to community champions and respected cultural figures to have their questions about vaccination answered and fears assuaged.

Additional resources required:

- Asymptomatic testing sites and the vaccination centres will need to be made more digitally inclusive for vulnerable groups.
- Door to door asymptomatic LFT offering may wish to be considered; door to door asymptomatic PCR should be extended to reduce stubborn transmission levels.

- More resources may be necessary to contact hard-to-reach individuals – especially when inviting them to take up their vaccination or to return for their second or booster dose.
- Enhanced data security to ensure that sensitive information regarding a marginalised individual will not be shared more widely and impact life prospect (e.g. drug abuse impacting housing applications etc.)
- Self-isolation payments should be made more inclusive for those working within the grey economy.

Local outbreak cadence:

- There is a major need to ensure that risk assessments and outbreak management plans are sufficiently robust to control the potential spread of COVID-19 in these sensitive settings – especially emergency accommodation.
- HPT may be notified of cases affecting a vulnerable group or having originated in a sensitive setting through the Test and Trace system or by the setting itself.
- The accommodation in question should make LAs aware of any suspected or confirmed cases of COVID-19 within the staff or resident cohort; a joint risk assessment is created. Straightforward cases are classified as those in it is a single case in a well-managed setting with IPC, PPE, isolation and social distancing still in place and adhered to by all staff and residents. In this instance, the case is likely to comply with exclusion advice and a limited number of staff/ residents would be at risk of meeting the contact definition. A complex case, however, is one that occurs in a less well-managed setting where there are difficulties in maintaining levels of protections and a large number of contacts may result. Linguistic barriers may also present challenges for ensuring all at risk adhere to public health advice.
- Local Authorities and staff working within sensitive residential settings must have systems in in place to ensure the HPT is notified rapidly of confirmed cases. This should be done by calling the acute response centre (ARC) on 0113 386 0300
- HPT will notify LA Single Point of Contact (SPOC) via information sharing process outlined below.
- In specific settings (such as hostels, refuges, traveller site etc.) the provider or named contact for said location must be contacted to discuss existing risk assessments, to identify contacts of cases and to assess the security of control measures currently in place. A phone call from LA partners (Environmental Health, Infection Protection and Control Team) may be helpful to establish how these are being implemented. Checklists and template letters are available upon request from HPT.
- HPT and The City of Bradford Metropolitan Council then discuss the possible cluster/ outbreak and perform a risk assessment based on available information; they agree a date for follow up, including who is best placed to do this. The following information is prioritised:
    - Number of confirmed/ suspected cases, severity, spread, control measures, infection prevention, social distancing, isolation and ease of implementing this
    - Number of close and proximity contacts
    - Vulnerable staff/residents (people who are at increased risk of infection or severe consequences of infection)
    - Any challenges experienced with isolation, social distancing?
    - Any soft intelligence – increased anxiety? Political/ media interest?
- Initial actions will include:

- Advise cases to self -isolate for period of time specified in latest guidance (https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment)
- Provide advice to setting on identifying contacts and isolation of these according to latest guidance
- Provide advice/ send guidance to the setting on IPC and control measures (see appendix 4)
- Ensure relevant guidance is available and being followed (from guidance section above)

- It is likely that local partners will have existing relationships and be better placed to identify / advise cases and contacts.

- HPT/LA will then work together – via the SPOC – to agree upon a joint response and whether an IMT will need to be stood up. Any further investigations required will be scheduled at this point including options/ routes for testing.

Further investigations

If further investigations/swabbing are required (because the outbreak is continuing despite control measures) this process must be guided by the risk assessment and arranged on a case by case basis. This will likely involve a local lead with knowledge of the setting in question (e.g. healthcare provider); this lead will follow up on contact tracing and help to ensure findings of any risk assessments conducted are complied with.

Escalation

If the number of cases continues to increase, the IMT will remain stood up and will consider more stringent measures including temporary closure. Should the outbreak require a wider response than an IMT, additional partners will be alerted/co-opted through the Local Resilience Forum (LRF).

Conclusion of the outbreak

No new confirmed cases with onset dates in the last 14 days in that setting.

- Currently, outbreaks amongst the incarcerated are managed by prisons, HPTs and local teams. Prisons are required to notify confirmed or probable cases of COVID-19 among residents and staff to HPTs, who in turn inform the National Health and Justice Team for national surveillance purposes.
- Following this, a risk assessment is carried out by the HPT, an outcome of which could be to stand up an Outbreak Control Team (OCT). OCTs comprise appropriate representation from key partners, including DsPH and their teams, NHS England, healthcare service providers, prison management, Her Majesty's Prison and Probation Service (HMPPs), Gold Health Liaison and other appropriate expert advisers. The OCT will decide if conditions are such that it is advisable that surge testing is deployed, as outlined by guidance
- There are future settlement plans to have nationally funded asset(s) available to ICTs to deploy, via HMPPS Gold, to support COVID-19 testing in prison estates. In the interim, local authorities work within agreed solutions with appropriate

providers to deploy approved contractors into the prison to facilitate this – national support funding can be agreed on a case-by-case basis.

Useful links:

COVID-19: guidance for domestic abuse safe accommodation provision
COVID-19: cleaning in non-healthcare settings
NHS test and trace: workplace guidance
COVID-19 Advice for Accommodation Providers
Staying alert and safe (social distancing)
COVID-19: guidance for hostel or day centre providers of services for people experiencing rough sleeping
Guidance for those who provide unpaid care to friends or family
https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family
Coronavirus (COVID-19): what to do if you're self-employed and getting less work or no work https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-self-employed-and-getting-less-work-or-no-work
Coronavirus (COVID-19): what to do if you're employed and cannot work
https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work
Coronavirus (COVID-19): what to do if you were employed and have lost your job
https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-you-were-employed-and-have-lost-your-job
Providing free school meals during the coronavirus (COVID-19) outbreak
https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools

People who are seeking asylum

Changes to Asylum & Resettlement policy and practice in response to Covid-19
https://www.refugeeCouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/

People fleeing abuse and violence

Coronavirus (COVID-19): support for victims of domestic abuse
https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse
Domestic abuse and sexual violence guidance for homelessness settings Domestic abuse in homelessness settings COVID19.pdf | 507K

Rough Sleeping/Homelessness

COVID-19: guidance for hostel services for people experiencing homelessness and rough sleeping
https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping
The NHS has produced information on prioritisation within health services during the COVID-19 outbreak which mentions homeless health in section 7. Prioritisation within Health Services - Information
Rough sleeping services have been advised to follow the government's guidance for professionals in advising the general public on the virus
https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

LA Partnerships: Housing people who were rough sleeping and those at risk who have been accommodated due to Covid-19 Rough sleeper accommodation guidance
Emergency Hotel Provision Service Model Riverside Emergency-hotel-provision-service-model-FINAL.pdf | 431K
Shelter: Priority need during the pandemic
https://england.shelter.org.uk/legal/housing_options/covid-19_emergency_measures/homelessness#1
COVID-19 Information for People Experiencing Homelessness/Rough Sleeping Booklet PavementCovidSpecialFinalWEB.pdf | 1271K

Gypsy and Traveler communities

COVID-19: mitigating impacts on Gypsy and Traveller communities
https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities
Traveler sites, unauthorised encampments and boats guidance https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/
COVID-19: mitigating impacts on Gypsy and Traveler communities
https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities

COVID-19: Guidance for supporting people living on Traveller sites, unauthorised encampments and canal boats https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/
Friends Families and Travellers maintains a service directory of Gypsy and Traveller support organisations across the country, who may be able to help you engage with and understand the needs of Gypsies and Travellers in your area: https://www.gypsy-traveller.org/services-directory/

No Recourse to Public Funds Network Coronavirus Information

Entitlements for people with NRPF during the coronavirus pandemic
http://www.nrpfnetwork.org.uk/News/Pages/coronavirus-update-2.aspx
Coronavirus (COVID-19): temporary extension of free school meals eligibility to NRPF groups https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/guidance-for-the-temporary-extension-of-free-school-meals-eligibility-to-nrpf-groups

Migrant support

Coronavirus (COVID-19): get support if you're a migrant living in the UK
https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk

Drugs & Alcohol

Public Health England Guidance
PHE Alcohol drugs and nicotine in emergency accommodation.pdf | 201K
COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol
Homeless Link Harm Reduction Strategies for alcohol dependence Harm reduction strategies for alcohol dependence.pdf | 340K

Letter from the Home Secretary to the Chair of the Advisory Council on the Misuse of Drugs Home Secretary Letter to ACMD around emergency controlled drug legislation change

CQC: Routine inspections suspended in response to coronavirus outbreak
https://www.cqc.org.uk/news/stories/routine-inspections-suspended-response-coronavirus-outbreak
EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers
https://www.emcdda.europa.eu/system/files/publications/12879/emcdda-covid-update-1-25.03.2020v2.pdf

EMCDDA COVID-19 resources page
https://www.emcdda.europa.eu/publications/ad-hoc/covid-19-resources_en
Advice for health and justice healthcare teams on medicines and pharmacy services continuity https://www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/
Pharmaceutical Services Negotiating Committee – Shared-Care service provision for people being treated for substance use during the COVID19 pandemic
https://psnc.org.uk/wp-content/uploads/2020/03/COVID-19-BC-guidance-shared-care-clients-v2-250320.pdf
Loneliness and Social Isolation
https://www.local.gov.uk/loneliness-social-isolation-and-covid-19-practical-advice
Accessing voluntary and community support
Accessing support: the role of the voluntary and community sector during COVID-19
https://www.local.gov.uk/accessing-support-role-voluntary-and-community-sector-during-covid-19
Contact details for all LA Community Hubs is Y&H
https://www.mecclink.co.uk/yorkshire-humber/covid-19-support/
If you can't pay your bills because of coronavirus
https://www.citizensadvice.org.uk/debt-and-money/if-you-cant-pay-your-bills-because-of-coronavirus/
English as a second language
Doctors of the World are really pleased to be able to share with you Coronavirus (COVID-19) advice for patients in 60 languages, which were produced in partnership with the British Red Cross https://www.doctorsoftheworld.org.uk/coronavirus-information/
Migrant Hub translated resource https://migrantinfohub.org.uk/multilingual-resources
Easy Read Advice
Mencap Information about Coronavirus – COVID-19
https://www.mencap.org.uk/advice-and-support/coronavirus-covid-19/what-coronavirus-covid-19
Keep Safe have produced some easy read materials to help explain the government's guidance on coronavirus, including:

- new rules for June
- update for people who are shielding
- how to stay safe
- rules for May to June
- shielding

- face masks.

Digital Inclusion
Good Things Foundation has created a suite of resources to guide people through getting reliable health advice and how video calling their GP can help prevent the virus from spreading https://www.goodthingsfoundation.org/coronavirus-and-digital-inclusion

Homeless Link Resource Download List

- COVID19_HomelessnessTransition_FAQv1_020620.pdf | 386K
- COVID19_HomelessnessTransition_LocalPractice_v2.pdf | 397K
- COVID19 and Homelessness Resource List v9.pdf | 397K
- Engaging with health services during Covid-19_final.pdf | 337K
- Structure of the NHS in England2020.pdf | 228K
- COVID19 and Homelessness FAQs v9 290420.pdf | 616K
- Welfare Support Update May2020.pdf | 261K
- Homelessness and COVID-19 funding opportunities v4 080420.xlsx | 13K
- Activities during lockdown v2.pdf | 320K
- Housing First and Covid-19.pdf | 395K
- Supporting people in COVID19 hotels.pdf | 341K
- COVID19 Supporting people in accommodation.pptx | 783K
- Volunteer Recruitment and Mobilisation_COVID19 v2.pdf | 371K

Hostel/Hotel Resident Distraction Packs

- NHS_Distraction_Pack_Issue_1.pdf | 4784K
- Derventio Activity Booklet to print.pdf | 3986K
- Derventio Distraction Pack Interactive.pdf | 4010K
- Evolve Housing+ Support Wellbeing Handbook for Staying at Home.pdf | 4030K

Substance misuse recovery service and support
Humankind: COVID-19 advice for people who use substances
https://humankindcharity.org.uk/assets/resources/COVID-19/humankind-covid-19-advice-for-people-who-use-substances.pdf
COVID-19 – What AFA members are doing to support families and the sector
https://www.alcoholandfamiliesalliance.org/covid-19.html

Narcotics Anonymous
Support for anyone with an addiction to drugs. Online meetings available using Zoom. Helpline open 10am - midnight every day. Call 0300 999 1212

Alcoholics Anonymous
Support for anyone with an addiction to alcohol. Helpline open 10am - 10pm every day. Call 0800 917 7650. Online meetings are available.

Cocaine Anonymous
Support for anyone struggling with a cocaine problem. Helpline open 10am - 10pm every day. Call 0800 612 0225.Online meetings are available.

Drugfam
Support for families, friends and partners affected by someone else's addiction to drugs or alcohol. Open 9am to 9pm every day. Call 0300 888 3853

Al-Anon

Support for families and friends of people with an alcohol addiction. Helpline available 10am to 10pm every day. Call 0800 0086 811

SMART Recovery

Online meetings available throughout the week. There is also a friends and family meeting.

Adfam

Information and support for families affected by drugs and alcohol. Use their online form to talk about your experiences with others.

Release

Free non-judgmental advice related to drug use and drug laws. Helpline open 11am to 1pm & 2pm – 4pm. Call 0207 324 2989

Drinkaware

Confidential advice about your own or someone else's drinking. Speak to someone online or call Drinkline on 0300 123 1110. Open weekdays 9am – 8pm and weekends 11am – 4pm

FRANK

Advice about drugs. Live chat is open every day 2pm – 6pm Their helpline and text service are open 24/7. Call 0300 123 6600 or text 82111

Re-Solv

Advice if you struggle with solvent abuse or know someone who does. Open Monday – Friday 10am – 4pm. Call 01785 810762, text or WhatsApp 07496959930 or speak to someone online.

Those who are incarcerated:

There is specific national support for preventing and managing outbreaks in specialised settings such as prisons.

Forward planning:

COVID-19 Response: Summer 2021 - GOV.UK (www.gov.uk)
Roadmap Spring 2021

Appendix 9 – Local Authority/ PHE Information Sharing Template (DRAFT)

Setting (Name, Address, Post code): **HP Zone number:**

Summary of Key Information (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment)

Risk Assessment
Number of cases:
Date of onset of first case:
Number of contacts identified:
Total number of staff:
If healthcare premises: number of patients / residents potentially exposed:
If educational premises: number of students potentially exposed:
Number hospitalised:
Number died:
Social distancing arrangements: Good Poor
Confidence in management: High Low
Public facing: Y/N
If Y approx. how many members of the public per day
Level of anxiety: High Low
Media Interest: Y/N

Any other issues considered:

Summary of Risk Assessment:

Follow up arrangements
LA Follow up
HPT / LA Follow up
Need for an IMT

Follow up record

Date	Nº Cases	Nº Contacts	Other issues

Proposed flow of information:

1. HPT receives information about a case(s) in one of the settings that requires further follow up
2. HPT will notify LA SPOC via e-mail and provide initial information and what additional follow up is required by the LA

3. LA uses information sharing template to gather initial information, assess the situation and risk assess
4. If details of contacts are required for follow up these can be completed using the CTAS template (draft to be attached) - these contacts will then be followed up as per process described in Joint Working Agreement
5. Initial information and details of contacts can be returned to PHE by secure e mail
6. Reviewed and further discussion if needed.