

## **SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands v2**

### **COVENTRY, SOLIHULL AND WARWICKSHIRE**

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

**Date developed 25/05/20**

**Review date 25/06/20**

#### **Overview**

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE West Midlands (WM) Centre as a starting point for each Local Authority (LA) Director of Public Health to add to. We recognise that there will be different capacities across the region and that we will need to develop the arrangements jointly across each area.

This provides a suggested framework for working across PHE WM, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID “outbreak” plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in WM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings. .
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

### **Rationale for the joint SOP**

1. To have a joint collaborative and co-ordinated approach to supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc. in managing COVID19 outbreaks
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of WM care settings by the LA, CCG and PHE Health Protection Team (HPT).
4. To provide consistent advice to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To develop and maintain a surveillance and monitoring system for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs)
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

### **Governance and Key Guiding Principles**

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The health system has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
3. Infection control support for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

### **PHE HPT Role**

#### **1. Risk assessment of Complex Cases and Situations**

- 1.1 On initial notification, the HPT will do the risk assessment
- 1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- 1.3 The HPT will inform the local authority by daily summary by e-mail and by phone if urgent action required.
- 1.4 LA to update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address [wm.2019CoV@phe.gov.uk](mailto:wm.2019CoV@phe.gov.uk)
- 1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and local authority public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities.

#### **2 Swabbing/testing of new outbreaks (notified via all routes)**

- 2.1 Swabbing will be coordinated by PHE in line with current arrangements e.g. A one-off swabbing of residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.

2.2 The results will be provided by the organisation taking the sample. (See appendix 1 for further details)

### 3. Operational Reporting to Local Systems

3.1 A daily summary table listing of situations in each Local Authority area, as recorded by PHE's Health Protection database will be provided to DsPH and their SPOC to aid operational management.

### 4. Operational Enquiries

4.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

- i) Sourcing PPE
- ii) Operational issues relating to staff capacity and other support to business
- iii) Removal of dead bodies
- iv) Care provision

4.2 Enquiries received by the local authority that requires a policy understanding from PHE, will be forwarded to [wm.2019CoV@phe.gov.uk](mailto:wm.2019CoV@phe.gov.uk)

### **Local System Role**

Local authorities have been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue in the next test, trace and isolate phase of epidemic management, working closely with PHE. However, the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established).

Local authority areas have been asked to develop local COVID "outbreak management plans" by the end of June 2020, which focus on the following themes

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. Identification of high- risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. Local Contact Tracing – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.

5. Data and integration – national and local data integration and ability to measure R number locally; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local Boards - Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The plans will capture the themes above under initial suggested headings (may change) of:

- Roles and responsibilities and Governance Arrangements (to include links with LA and NHS response structures, COVID Health Protection boards and Member-led boards)
- Key principles and protocols for response in different settings to include
  - Proactive preventative response
  - Reactive response (including community support for shielding and to support isolation)
  - Enforcement and Detention
- Testing
- Data/Intelligence
- Financial Plan
- Workforce considerations

Local authorities will:

1. Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases
2. Work with PHE to support complex cases and outbreak management (in a range of settings/communities) as highlighted in above SOP, looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
3. Provide a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge)
4. Establish regular proactive meetings with “link” PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints
5. Develop local COVID “outbreak” plans rapidly alongside PHE, ensuring appropriate PHE representation on COVID health protection boards/member-led Boards.

Underpinning this work will be a need to rapidly work jointly with PHE on a workforce plan to ensure capacity in the system for delivery of the above.

**Contact details**

WCC – Single point of access [dphadmin@warwickshire.gov.uk](mailto:dphadmin@warwickshire.gov.uk)

CCC – Single point of access [covid19testing@coventry.gov.uk](mailto:covid19testing@coventry.gov.uk)

SMBC – Single point of access [contacttracing@solihull.gov.uk](mailto:contacttracing@solihull.gov.uk)

Out of hours – via DPHs/Nadia Inglis (Health Protection lead for WCC/CCC) 07980501941

Contact details for PHE are [wm.2019CoV@phe.gov.uk](mailto:wm.2019CoV@phe.gov.uk)

**Contact details for LA**

As above

**Version Control**

Version & Date	Amendments	Authors
V1.0, 14/05/20 V2.0, 25/05/20	Initial Draft Comments on initial draft and suggested local response	West Midlands Centre West Midlands Centre/LA

## Appendix 1 – Roles by setting

	Setting									
	Care and residential homes (including LD)	Schools, College and Universities	Children's settings, Child care and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification	PHE – positive lab test LA – symptomatic possible cases (local notification)									
Gather information and undertake risk assessment	PHE (initial risk assessment) LA ongoing risk assessments – working with PHE where needed									
Arrange testing	Local Laboratories and via national scheme	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE	Local service TBC	PHE/national testing sites. Wider screening - TBC	Local Arrangements	PHE
Provide advice and recommend control measures	PHE with support from LA for complex situations and groups LA to provide support for those self isolating									
Provision of results	PHE									
IPC follow up	Care Homes – CCG Dom care – LA/CCG	LA	LA	Regulatory Services (TBC)	Regulatory Services (TBC)	NHS E	LA with Districts	LA	CCG	LA with Support from districts (latter TBC)
Access to PPE	LA	LA	LA							

Chair IMT if required	PHE (or LA in certain situations)
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