HALTON
BOROUGH COUNCIL

Halton Borough Council
COVID-19
Local Outbreak Management Plan

March 2021 (Update)

VER 6

Halton Borough Council

Public Health. Runcorn Town Hall, Heath Road, Runcorn. WA7 5TD.

CONTENTS

SECTION	***TITLE***	***Page***
	Contents	2
	Glossary	3
1.0	**Halton Covid 19 Local Outbreak Management Plan**	4
1.1	Overview	4
1.2	Aim	5
1.3	Objectives of the Plan	6
1.4	Scope	7
1.5	Governance	8
1.6	Key themes for the local response	9
2.0	**Responding to COVID**	11
2.1	Reducing inequalities - High risk settings, communities and locations and Vulnerable and underserved communities.	14
2.2	Surveillance	16
2.3	Community Testing	17
2.4	Contact Tracing	21
2.5	Support for self-isolation	24
2.6	Compliance and Enforcement	26
2.7	Outbreak management (Responding to an outbreak of two or more linked cases)	29
	Framework for responding to COVID-19 Outbreak - Generic	36
3.0	**Supporting local outbreak management**	39
3.1	Resourcing	39
3.2	Communications and Engagement	39
3.3	Data integration and information sharing	41
4.0	**Areas of Development**	42
4.1	Interface with vaccines roll out	42
4.2	Responding to Variants of Concern (VOC)	44
4.3	Action on enduring transmission	50
4.4	Enhanced Contact tracing (in partnership with HPT)	50
4.5	Ongoing role of Non-Pharmaceutical Interventions (NPIs).	52
4.6	Activities to enable 'living with COVID' (COVID secure)	52
5.0	**Conclusions, next steps and review**	58
Appendix A	Key National Guidance	60
Appendix B	Key Contacts	62

Draft

Glossary

Key words and abbreviations

BAU. Business as Usual.

CHAMPS. Cheshire and Mersey Public Health Collaborative**.**

Cases. Individual cases of COVID-19

CIPHA. Central Intelligence for Population Health Action – Cheshire and Merseyside data system.

Cluster. 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case

COVID-19 outbreak. Two or more 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:

- 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

Community spread. Sporadic or linked cases on a limited or extensive basis

JBC.

LA. Local Authority

LAMP. Loop-mediated isothermal amplification saliva test.

LRF. Local Resilience Forum.

OCT. Outbreak Control Team

PHE. Public Health England

PH. Public Health

REACT. Real-time Assessment of Community Transmission. A research study led by Imperial College London and Ipsos MORI which seeks to understand how many people are currently infected or have been infected with the COVID-19 virus.

SOP. Standard Operating Procedure**.**

STAC. A Science and Technical Advice Cell.

Suspected. A cluster/outbreak, with two or more cases of illness with symptoms consistent with COVID-19 infection (as per the COVID-19 case definition).

Testing pillars. There are five pillars to testing, 1 is locally managed NHS swabbing, 2 is commercial testing, 3 is antibody testing, 4 is surveillance testing and 5 is diagnostics.

VOC. Variations of Concern.

VUI. Variants under investigation

1.0 Halton COVID-19 Local Outbreak Management Plan (March 2021)

1.1 Overview

COVID-19 is a rapidly evolving situation; guidance is being developed at a fast pace, and is therefore subject to change with little notice. This plan will be kept under review, and reflect changes to national guidance and other relevant information that will support local outbreak control.

The purpose of the Halton COVID-19 Outbreak Management Plan is to set out how we will respond to current and potential future outbreaks of COVID-19 in the borough and coordinate efforts across all stakeholders to keep residents safe. The primary audience for the plan is local decision makers, advisors, and stakeholders who may be affected by the plan but the plan is also available to the general public.

This plan is a collaborative effort developed locally across the council and with NHS and Voluntary Sector colleagues and describes our interface with various tiers of the national NHS Test and Trace Service, and with the regional services led by the JBC, Public Health England (PHE) (at the time of writing and through its successor organisation from April 2021) and across Cheshire and Merseyside through Cheshire and Merseyside's Health Care Partnership and Cheshire and Merseyside Public Health Network (CHAMPS). It details our governance arrangements with roles and responsibilities for stakeholder engagement.

The plan forms part of a series of documents, toolkits and guides that will articulate in more detail specific activities and processes that will be followed to support the local area. It will build upon the forthcoming new **National Contain Framework** which will set out how national and local partners will work with the public, businesses and other local partners to prevent, contain and manage outbreaks of COVID 19. While there is much we can do locally to prevent and manage outbreaks of COVID, there are many factors that will impact the spread of COVID in Halton that may be beyond our control locally. These factors include national policies on lifting lockdown and social interaction, availability of new treatments or vaccines, and testing technology and the speed of test results from the national programme as well as new variants with the potential for increased transmission.

The overarching aim of this plan is to establish clarity for the local system in terms of outbreak management across three broad areas:

(1) Enduring Transmission
(2) Dominant / 'Business As Usual (BAU)' Variant
(3) Variant of Concern

Draft

A key section of the plan outlines actions that will be taken by the local Public Health team in collaboration with other service areas to prevent outbreaks from occurring, promote uptake of testing and participation in contact tracing, support the vaccination programme and to facilitate the management of outbreaks when they do occur.

The purpose of this document is to set in one place a strategic management plan which will be adaptable and responsive to feedback, new learnings and best practice and enable the local system to manage and respond to Covid 19 outbreaks in the future. We recognise the need to work as a whole system to address COVID 19 so in tandem with the national Roadmap we have developed a comprehensive Halton Roadmap including all services within the Council to support recovery out of lock down and beyond. This sits beside our Local Outbreak Management Plan.

1.2 Aim

This plan aims to ensure that there is an effective and coordinated approach to prevention, early detection and good management of COVID-19 outbreaks across Halton. It builds on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. The plan will support the Local Authority and its partners to develop an understanding of what does and does not work locally. We want to develop a high level of population understanding of and compliance with covid secure measures and ensure that local businesses, employers and community partners are aware of their responsibilities. We want to ensure that there is a well-resourced, reliable 'test, trace and isolate' service and that Halton has a high vaccine uptake especially across population cohorts considered to be most at risk.

The plan acknowledges that Halton sits both within the Liverpool City Region as well as the Cheshire resilience forum area and has close collaboration through public health with teams in cross boundary areas as well as through its connections with Public Health England local office and the CHAMPS Hub, and will at times need to flex to accommodate wider than local issues.

We want to provide the leadership and oversight and ensure that surveillance and data sharing is in place to identify cases early, and also to respond to poor compliance or local threats and make sure there are strong links to enforcement.

We want to mitigate the impact of COVID on inequalities by ensuring equality of access to services, offering support for self-isolation and bespoke communications addressing concerns around testing and vaccinations for hard to reach groups, ethnic minorities and populations with high levels of deprivation. Strong outbreak management will support the local recovery plan to address health and economic impacts and enable Halton to be better prepared in the future.

Draft

1.3 Objectives of the Plan

- To outline the arrangements to protect public health by identifying and managing the source of COVID-19 outbreaks by collaborating with relevant stakeholders and implementing necessary control measures to prevent further spread as well as managing the consequences of the outbreak (consequence management)
- To set out an approach to prevent settings from developing a COVID-19 outbreak
- To outline roles and responsibilities at a local operational level.
- To outline the key tasks / activities involved in responding to COVID-19 outbreaks
- To give key considerations and outline some specific requirements needed for key settings where COVID-19 outbreaks may occur.
- To consider the wider impacts of COVID-19 on local communities including those related to inequalities and vulnerabilities.
- To ensure that arrangements reflect the need to quickly deploy resources to the most critical areas
- To set out the approach to self-isolation.
- To set out the arrangements for community testing
- To set out the local approach to contact tracing, its interface with other organisations at local regional and national level
- To set out the association between testing and outbreak control and management
- To set out the role of vaccination in reducing the likelihood of outbreaks and how vaccination will be offered.
- To set out the situations where additional measures to support compliance and or enforcement are required.

The plan provides the mechanism to assist responders to activate an effective and coordinated multi-agency approach to any outbreaks. This plan is integral to supporting the primary objectives of the NHS Test and Trace service which aims to control and reduce the spread of infection, save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe and protects the health of our local community.

The plan has been developed to ensure clarity related to both strategic and operational roles and responsibilities for each responding organisation in the event of a COVID-19 outbreak. Actions undertaken as part of the outbreak control response aim to prevent a return to lock down in a geographical area or setting, to prevent wider spread and to protect individual health.

Draft

1.4 Scope

This plan provides an overall picture of the outbreak support measures in Halton and is intended to inform and support existing local plans to manage outbreaks in specific settings.

- This plan will be used by the Local Authority in collaboration with its stakeholder partners including the Local Resilience Forum and NHS for the investigation, management and control of community outbreaks of COVID-19 unless another locally agreed COVID-19 plan exists.
- There are already systems in place to deal with outbreaks within **care homes** using the North West Care Home Packs. Community Infection, Prevention and Control Nurse (IPCN) teams support care home staff to manage the outbreaks in line with North West care home resource pack and national guidance. PHE and Local Public Health Teams will be involved in the care home-based outbreak control teams in an advisory capacity where required, particularly if an Outbreak Control Team (OCT) is indicated.
- Outbreaks within **Schools** will be managed according to the Cheshire & Mersey Schools Outbreak pack and in line with PHE North West Schools SOP and national guidance. PHE and Local Public Health Teams will be involved in the schools-based outbreak control teams in an advisory capacity if required, particularly if an OCT is convened.
- The response to outbreaks confined to specific **NHS trust premises**, whether acute or community or mental health trust, will usually be led by the relevant NHS Trust in accordance with their operational plans.
- The great majority of outbreaks are dealt with as part of normal service provision, and may not impact greatly on routine services or require an OCT to be convened.

New guidance published in February 2021 requested Local Authorities to reflect the approach to the core aspects of the end-to-end COVID-19 response.

High risk settings, communities and locations.
Vulnerable and underserved communities.
Surveillance.
Community testing.
Contact tracing.
Support for self-isolation.
Compliance and enforcement.
Outbreak management (Responding to an outbreak of two or more linked cases).

Local plans are also required to review and consider the local arrangements for the provision of support in the following areas:

Draft

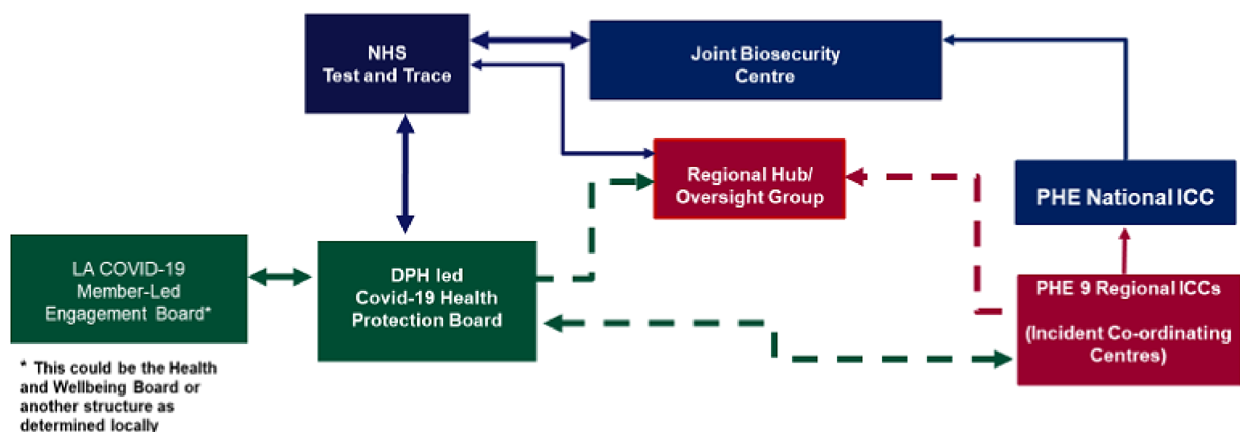
Resourcing.
Communications & engagement.
Data integration and information sharing.

In addition, this local plans will need to address the following developments:

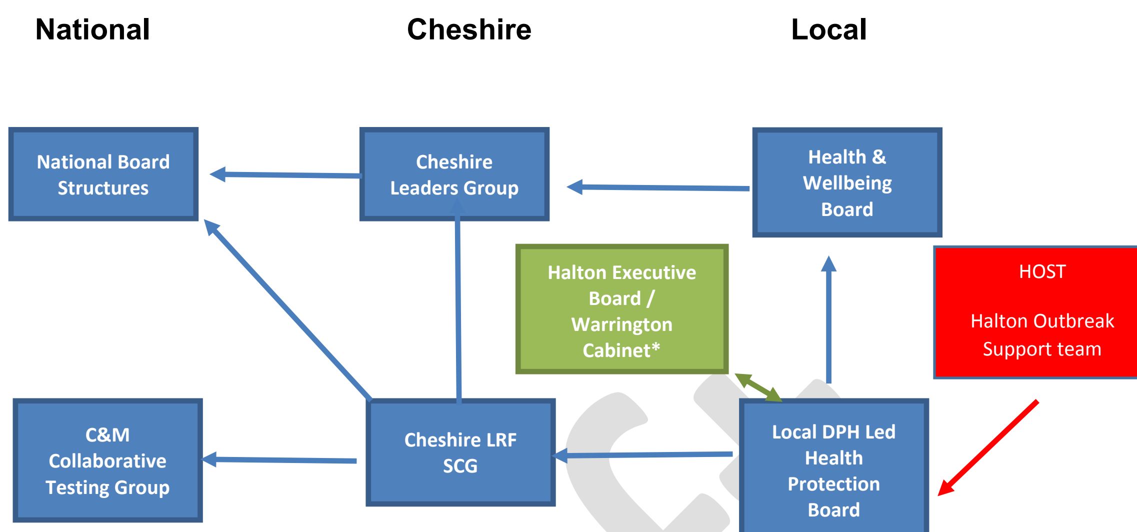
Interface with vaccines roll out.
Responding to Variants of Concern (VOC).
Action on enduring transmission.
Enhanced Contact Tracing, in partnership with HPT.
Ongoing role of Non-Pharmaceutical Interventions (NPIs).
Activities to enable 'living with COVID' (COVID secure).

It is the purpose of this Local Outbreak Management Plan to describe the arrangements in Halton to support the delivery of an effective local response to Covid 19 based on the areas identified above.

1.5 Governance



Framework for Governance across Cheshire and Halton



In some cases, if there is significant local or media interest or the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or need formal multi-agency co-ordination, a major incident can be declared and the formal input of local resilience partners will be required. Under these circumstances the command and control structures described in the respective LRF plans, or equivalent will be evoked. A Science and Technical Advice Cell (STAC) may need to be convened to advise the SCG and the Gold Commander.

1.6 Key themes for local response

The initial national response outlined seven key themes for local outbreak control plans for covid-19:

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. **High risk places, locations and communities:** Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
3. **Local testing capacity:** Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc.).
4. **Contact tracing in complex settings:** Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).

Draft

5. **Data integration:** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning, including data security, NHS data linkages).
6. **Vulnerable people:** Identifying and supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.
7. **Local Boards:** Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Local Authorities are now in a position to review local plans to ensure that the local approach reflects the core aspects of the end-to-end COVID-19 response and can put in place local systems which are prepared for a move to an endemic environment.

Draft

2.0 RESPONDING TO COVID

Halton has refreshed its Local Outbreak Management Plans on high risk groups and complex settings to focus on how we identify and address inequalities, compliance and enforcement, local governance, resource and capacity management, communications and data and intelligence. The plan also incorporates national and local developments in testing, tracing, containment and engagement. In addition the plan anticipates the changing nature of COVID 19 in terms of the development of new variants of concern (VOCs) and the need for surge capacity and the move from a pandemic to endemic response.

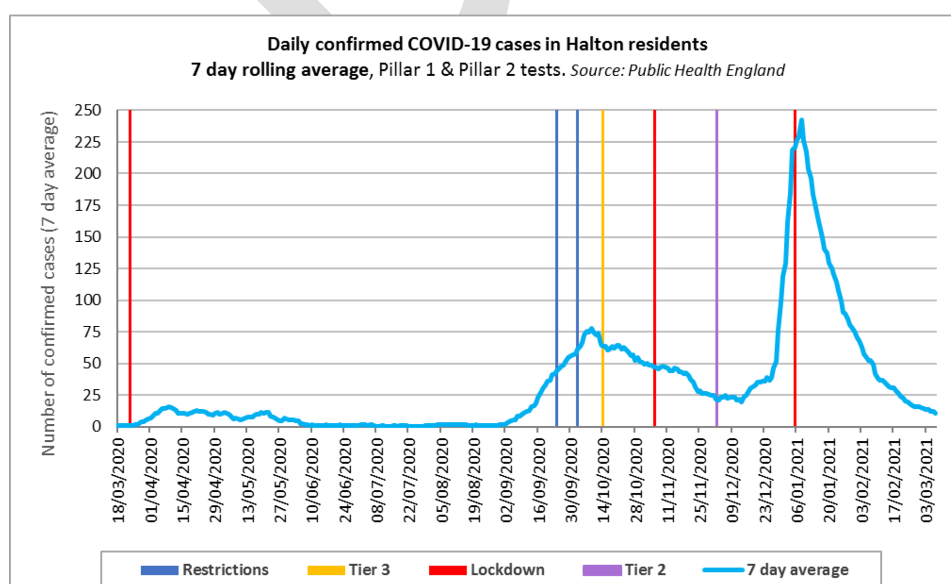
We recognise the need to work as a whole system to address COVID 19 so in tandem with the national Roadmap we have developed a comprehensive Halton Roadmap including all services within the Council to support recovery out of lock down and beyond. This sits beside our Local Outbreak Management Plan.

Halton was part of the recent PHE and Local Authorities Senior Leaders Cheshire & Warrington and Liverpool City Region Workshops for Roadmap and Recovery. The latter considered enduring transmission and frequent outbreaks, 'Business As Usual (BAU) and dealing with the dominant variant and sporadic outbreaks and VOCs. We shared what we can do together as local authorities, standardisation of procedures, joint contact tracing hubs, mutual aid, cross border working, protecting our vulnerable populations and health inequalities as well as supporting and re-opening the economy.

Draft

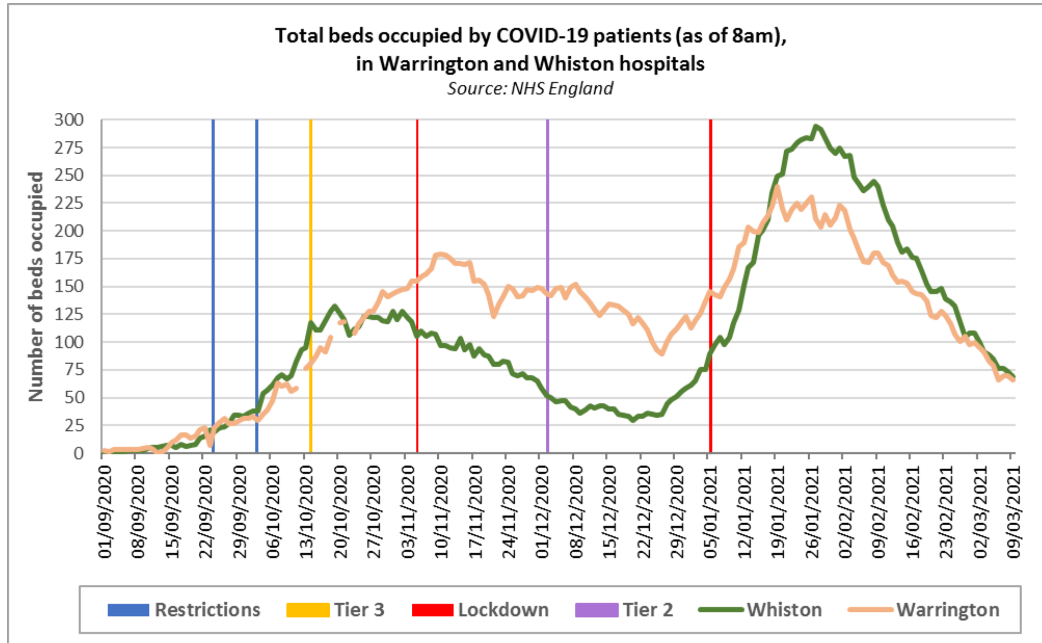
Trend in cases of COVID-19 (to March 2021)

The chart below shows the trend in confirmed COVID-19 cases in Halton residents since March 2020. There has been a reduction in cases since early January.



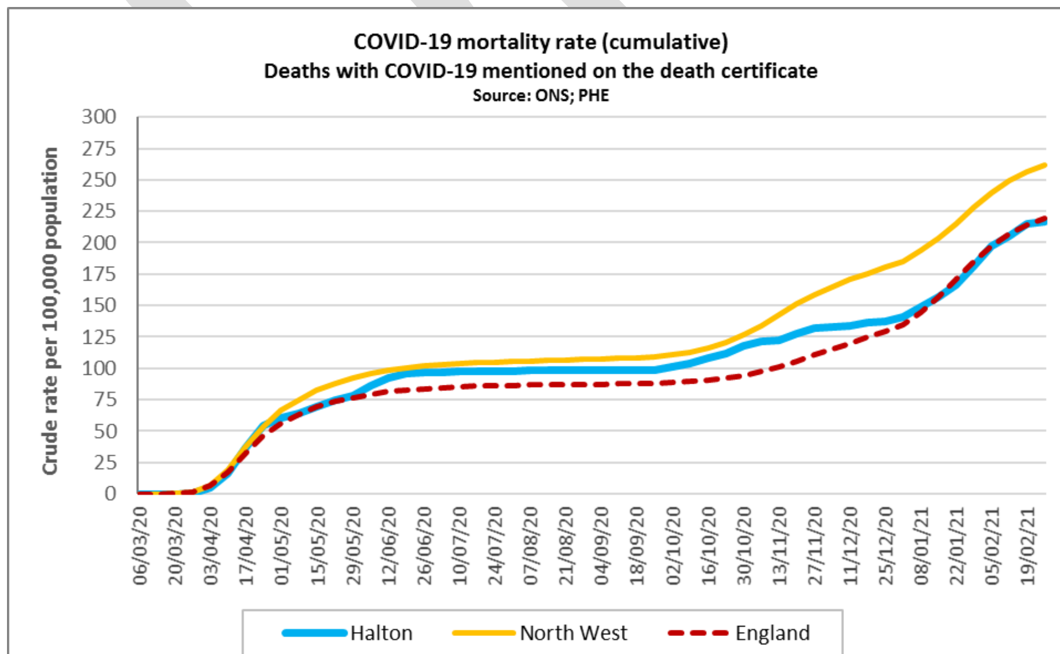
Hospital admissions

The chart below shows trend in beds occupied by COVID-19 patients at Whiston and Warrington hospitals. Both hospitals have seen a decline in beds occupied during February and into early March.



Deaths

The chart below shows the cumulative (total) death rate by week (for deaths that mention COVID-19 on the death certificate). The number of deaths have reduced since mid-February in Halton. The total death rate in Halton for week ending 19th February was lower to the North West and similar to the England average.



Vaccinations

As at 7th March, 93% of Halton residents aged 70 and over had received at least one dose of the COVID-19 vaccine and 24% of residents aged under 70.

Percentage of people vaccinated for COVID-19 with at least 1 dose (cumulative/total)

Residents of Halton

	Date			
Age	**14th Feb**	**21st Feb**	**28th Feb**	**7th March**
Under 70	12.8%	16.6%	21.3%	24.1%
70+	91.7%	92.7%	93.1%	93.3%

Source: NHS England https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

The above information demonstrates a positive trend towards recovery and reflects the hard work of the Council, the NHS, our partners and most importantly local people in following the guidance and advice and doing everything they can to stay safe.

As we enter the next stage of the local response to COVID, we can make a number of assumptions:

The virus is still circulating and we will enter into an endemic phase.

As a Local Authority we will need to ensure that there is a strong local, regional and national infrastructure to support testing and outbreak management, to provide clear guidance and advice and that resources are sufficient to support people to self-isolate when required to do so.

We must be prepared for fluctuations in local rates.

It is unclear how virus transmission will continue in the short and medium term and we need to be ready for this in terms of public trust, confidence and the epidemiological strategies to respond.to fluctuating rates. Surveillance, data sharing and clear communication with partners and the public will be essential. Services need to be flexible, adequately resourced, responsive and able to be stepped up and down to respond to local need.

A key priority must be to suppress the virus as much as possible for the foreseeable future.

We will all be living and working in a COVID-endemic environment and we will need to develop multiple strategies and responses to manage during this time. Focusing upon local inequalities, whether this be social or economic must be a priority and services need to be as accessible as possible. The role of both testing and vaccination are essential as part of

this process and all partners need to ensure that clear and consistent health promotion and protection messages are shared and acted upon to create COVID safe environments.

The virus and its variants are likely to continue to cause outbreaks.

The potential impact of continued circulation of the virus and new emerging variants have the potential to continue to cause local outbreaks. The local and national infrastructure needs to be responsive and continue to monitor the virus, consider the potential need for vaccine renewal and ensure local and national systems are equipped with adequate resources and support to respond.

The following sections reflect the current arrangements in Halton in terms of managing local outbreaks and providing an 'end to end' service for identifying infection, supporting local people and managing outbreaks when they occur. It is based on nearly a years' worth of activity and has had to be flexible and responsive to the ever-changing impact of the virus, constantly evolving national guidance and the availability of sufficient resources to enable it to happen.

2.1 Health Inequalities

High risk settings, communities and locations and Vulnerable and underserved communities.

Below are some examples of the priority groups and settings identified in Halton:

The clinically vulnerable: highest risk are the shielded, followed by those who are eligible for the flu vaccine (over 65s, underlying health conditions), men and those living with social or economic inequalities.	Personal and social circumstances: asylum seekers/hard to reach groups, homeless, gypsies and travellers, substance misusers, victims of domestic abuse and looked after children.
People who may not be able to socially isolate: people in houses of multiple occupation, people with dementia, people with learning difficulties, people with severe mental health problems,	People who have lots of contacts: frontline staff, teachers, drivers, factory workers, retailers
High risk settings: care homes, hostels, children's homes, special schools, hospitals	Geographical hot spots: street, neighbourhood, extended family

These can be distilled this into three categories of complexity:

1. Complex and high-risk settings (such as care homes, special schools, primary care),
2. Complex cohorts (such as those who are rough sleepers, faith communities, asylum seekers),

Draft

3. Complex individuals and households including our defined vulnerable and shielded cohorts and people unable to comply with guidance (such as: Learning Disability; diagnosed Mental Illness; Victims of Domestic Abuse; complex social-economic circumstances).

The following is a snapshot of the current numbers of individuals classed as 'vulnerable' in Halton

• Approx. 800 care home residents in 25 homes
• Approx. 800 adults receiving domiciliary care
• Approx. 200 adults in supported living environment
• Approx. 100 homeless in single hostel accommodation
• Approx. 34 children in residential care
• Approx. 600 refugees/asylum seekers
• Approx. 200 children in foster placements
• Approx. 80 children receiving community nursing care

Halton's approach has been, and will continue to be, to monitor these groups and individuals most at risk and to ensure that services are prioritised to meet their needs. Access to testing and vaccination will be focused upon those who are considered to be vulnerable, as well as targeted communications and interventions where needed. Outbreaks will be monitored and clear communication channels will be maintained with service providers and other partners to offer guidance and oversight as well as management of Outbreak Control Teams where required.

Long-standing structural inequalities and deprivation have been exacerbated by the pandemic and highlight the need to increase the drive to tackle these at a national level. There are opportunities to address the real and perceived and Halton will consider a range of approaches to engage our citizens and communities. While the priority remains provision of testing to people who are permitted to leave home for essential reasons and are unable to access asymptomatic testing through other routes, Halton will give particular consideration to those groups previously identified as having low engagement with COVID-19 testing within our community. We will continue our involvement with partner organisations (particularly the voluntary, community and faith sectors) as they give particular consideration to how to reach vulnerable, hard to reach groups and those with protected characteristics.

Halton has been part of the Cheshire and Merseyside "Under The Skin" research which looked at vaccine hesitancy by minority and ethnic groups and made recommendations as

Draft

to how to promote uptake and tailor communications. This work will be considered as part of the ongoing engagement with our local communities.

As part of our ongoing work we will consider the following when ensuring our work has the broadest reach:

- **Access to testing and vaccination: using highly devolved approaches to increase access to testing and vaccination, considering diversity in recruitment of testing administrators to encourage maximal participation from all groups**
- **Communications: considering accessibility, language, and media requirements for example reaching those without internet access.**
- **Encouraging participation: ensuring that any means used to encourage participation in testing, vaccination and support for self-isolation is open and relevant to all groups.**

2.2 Surveillance

Halton will maintain real time surveillance for infections in order to identify geographical 'hotspots' and trends that might indicate community spread. This will include surveillance of cases of COVID-19 as well as temporal and spatial analysis of Incidents.

Surveillance is critically dependent on receiving comprehensive, timely and accurate data from the 'Test' and 'Trace' tools provided by the national services. The Power BI Covid data provides a wide suite of data against which local data can be compared and triangulated with. To augment this, the Council will continue to carry out local contact tracing, focusing on those areas with the highest incidence of COVID-19 in order to maximise opportunities to identify potential sources of infection and settings and other contacts who may have been exposed.

We will continue to engage in intelligence sharing across the sub region and nationally. An example of this is the current daily meetings with the Cheshire and Merseyside Hub to discuss cases of concern. Epidemiology review meeting which are currently weekly with PHE currently are also essential in understanding the trajectory and impact of the pandemic.

Cheshire and Mersey have developed the CIPHA (Combined Intelligence for Population Health Action) data lake which gives us timely access to COVID 19 data on infections, outbreaks, geographic locations, common exposure areas and vaccinations and allows us to be responsive and agile. This plays into our local intelligence teams and the Cheshire and Merseyside Intelligence Cells. It has also allowed us to jointly identify areas of concern, such as workplaces, and make recommendations to the national team. The

Draft

introduction of CIPHA as a data management and reporting system has also enabled cross boundary analysis of data and has become an essential tool in overseeing the path of the pandemic both locally and regionally.

Where community spread is identified, this will be discussed with PHE (or its new successor organisation), through the LRF, with the COVID-19 member-led local outbreak control board and with the affected community to determine an appropriate response. The response may range from enhanced communications to promote hygiene and social distancing to additional restrictions to activities. A local escalation framework and Standard Operating Procedure (SOP) has been developed to guide when these might be introduced.

We will consider the outcomes of the pilot **Waste Water** test schemes. These consider the level of Virus fragments in local water supplies which are not active (low risk) but are indicative of variants and viral load in a particular area. This is a useful method as waste water is not reliant on people coming forward to be tested, and can be deployed in areas such as sewer networks outside specific buildings (like hospitals or student halls) or neighbourhoods and can use test site auto samplers. Whilst the pilot is still in its initial stages, early indications suggest there is moderate correlation with local testing and strong correlation to the REACT survey activity. At present the test scheme does not cover the Halton area but we are aware of this and its potential benefits.

To date, the local team has had little interaction with the data generated by the **NHS App** and this is an area for future development.

We will:

- **Continue to support the development of CIPHA and other local, regional and national data systems.**
- **Explore the potential of the Waste Water test scheme and the intelligence it can provide.**
- **Engage with regional and national partners to ensure surveillance remains a priority.**

2.3 Community testing

The effective suppression of COVID-19 transmission will continue to be vital to manage the virus even as vaccines are rolled out in the UK and globally, including for those who cannot be vaccinated.

Halton has a comprehensive Asymptomatic Testing Programme which was developed as part of the Liverpool City Region SMART Pilot. It is outlined below. This is very flexible and can be stood up or down depending on need. It is particularly responsive to the

Draft

requirements of Hard to Reach Groups or people and areas of high prevalence. Halton is also an early adopter of Home Testing for the local population. We anticipate this will expand.

Halton has currently established two fixed community testing sites as well as establishing targeted interventions for key workers which are pre-bookable. These are targeted at frontline Council staff, Emergency Services, Health and Social Care staff, Early Years and Education and staff working at the vaccination centres. Halton has developed a flexible approach to the provision of community testing and an example of the availability is illustrated below. We will maintain a responsive and flexible approach.

Pop up community LFT Testing

Pop up LFT sites to commence Monday 1st March.
***TBC potential start 8th March (awaiting site confirmation)

Day	Town	Venue	Time
Monday	Runcorn	Beechwood Community Centre	10am – 3pm
	Widnes	St Ambrose, Warrington Road, Widnes	10am -3pm
Tuesday	Runcorn	Norton Priory	1pm – 6pm
	Widnes	Upton Community Centre	10am -3pm
Wednesday	Runcorn	Old Town Library***	10am -3pm
	Widnes	Widnes Travelling Community	1pm – 6pm
Thursday	Runcorn	Daresbury Hotel***	10am -3pm
	Widnes	St Marys Church West Bank ***	10am -3pm
Friday	Runcorn	Daresbury Sci Tech	10am -3pm
	Widnes	Moon Meadow*** Widnes	10am -3pm
Saturday	Runcorn	Runcorn Shopping City***	10am -3pm
	Widnes	Widnes Market ***	10am -3pm

www.halton.gov.uk

Symptomatic Testing

PCR testing is a highly accurate (specific & sensitive) testing method for SARS-CoV-2. A swab of the nose and throat is most effective when taken within the first 3 days of symptoms. It requires laboratory testing, which can take 24-72 hours for the result to be available (compared with up to 2 hours for LFT).

PCR testing allows identification of new variants of concern (VOC) and vaccine-resistant strains. PCR has been used as a confirmatory test after a positive LFT. Those with a positive test should self-isolate along with close contacts for 10 days after symptoms started.

Current PCR Testing Provision in Halton

PCR Testing is provided externally to the Local Authority offer and is at the jurisdiction of the National system. Regional and local sites, mobile testing and home testing allow people who develop symptoms to quickly get a test and find out whether they need to continue to self-isolate.

Regular weekly PCR testing is available for staff who are working with vulnerable groups, such as health and social care staff and for care home residents.

Covid 19 PCR Testing for people with symptoms

- 3 sites for the public: Brindley Car Park, Heath Business Park, Widnes Police station/Magistrates area.
- MTU - Morrison's Car Park. Will move depending where we need it.
- Regular weekly PCR testing for all Care Home staff and domicillary care workers. Also provided for outbreaks.
- Care Home residents tested every 28 days.
- Regular testing of frontline workers, hospital staff and positive patients.
- Supported living and hospice testing.
- Children in Care weekly. Particularly for moving children.

Subject to continued national provision, guidance and resource availability, future actions for PCR testing will focus on:

- Maintaining high levels of PCR testing to prevent transmission of COVID as restrictions ease and to identify any new VOC.
- More emphasis on PCR if case rates increase/VOC and winter planning
- Ensuring PCR capacity can respond to increased case rates and meet surge capacity/new VOC
- Establishing a dual-approach to testing as model changes to increased home testing (Community Collect and 'Testing for access') without compromising symptomatic capacity
- Reinforcing messaging of getting tested if you have symptoms, reporting results and isolating even if you've been vaccinated
- Improving accessibility of PCR testing tailored to our local population e.g. non-car ownership higher in Halton
- Maintain and develop targeted PCR testing of hard to reach groups – e.g. asylum seekers, travelers, etc.

- Integrated approach as more of population is vaccinated to ensure clarity of pathway and communications

Effective testing is crucial to preventing onward transmission of COVID-19. It remains a key tool to investigating and managing outbreaks and will need to be delivered long-term. Halton is committed to ensuring that testing is accessible to all residents, supporting and enabling them to obtain a COVID-19 test quickly, minimising lives lost as well as the social and economic impact of the pandemic. Halton's testing plan will be flexible in its ability to respond accordingly to changes in demand, new methods of testing and reviewed as per the latest evidence. Prioritisation of testing capacity will continue to be implemented as agreed by Cheshire & Merseyside's testing prioritisation framework with increased emphasis on establishing regular testing as a habit amongst the population in line with National priorities. We will also monitor the use of new and emerging technolgoies, such as LAMP to enhance the local testing offer.

- **Key priorities**

- **Monitor and optimise testing capacity and sustainability as demand from other services previously on hold increases through the recovery phase**
- **Ensure the system can appropriately respond should demand exceed capacity e.g. new VOC, increase in cases, winter planning.**
- **Optimising testing access for Halton's residents by addressing barriers such as practical, financial, knowledge and trust**
- **Ensuring equality and equity through targeted support for vulnerable groups and high risk complex settings to access testing**
- **Integration of data across Cheshire & Merseyside to coordinate and target COVID-19 testing**
- **Surveillance – to develop a greater understanding of numbers accessing testing, their demographics and location to identify and support vulnerable groups to access testing.**
- **Support transition to recovery phase BAU through home testing and other new testing models e.g. Community Collect, 'Testing for access' e.g. theatres**
- **Clear communication on testing guidance especially as number vaccinated increases with continued emphasis on testing as prevention. To provide testing as the community goes back to business as usual, in community hospitality, entertainment and sports venues.**
- **Moving to a community collect model, and encouraging regular testing.**
- **Using testing appropriately as vaccination roll out widens, and understanding of the impact of vaccination improves.**

2.4 Contact Tracing

Contact tracing is one of the ways we protect the public from infectious diseases. If a person tests positive for COVID-19, we speak to them in order to identify anyone who has had close contact during the time they were considered to be infectious and then attempt to find these people as soon as possible. Once we have made contact we can then give them the advice they need to self-isolate and protect others. If they are in groups considered to be a higher risk, we make sure that we follow up with them to see how they are. If they become unwell we are then able to assess them quickly and take appropriate action. Presently contact tracing is carried out both by the national NHS Test and Trace Service and by the local Public Health Team.

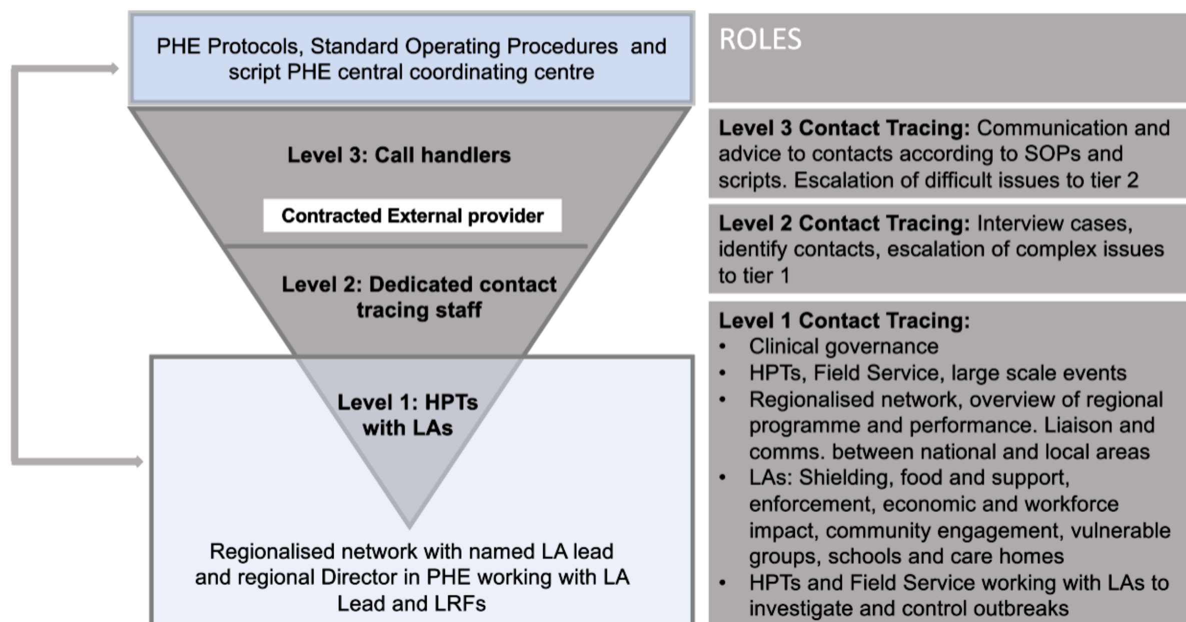
The NHS Test and Trace Service will input and host information on both LFT and PCR (lab-confirmed) cases and contacts onto the national data system (CTAS) which is an invitation only system that is accessed through two routes: automatically by cases and contacts through text message or email invitation or by the phone-based contact tracing team.

CTAS receives details of all positive cases of COVID-19 via NHS Digital. Cases will be categorised into automatic follow-up (have provided email details/can use web-based tool) or phone follow-up. Cases following the automated pathway upload details of contacts into CTAS which are then followed up either automatically or by phone.

NHS Test and Trace is a National Service, and the role of the local authority is to support that service using our detailed knowledge of local communities and settings. The Local Authority has established the **Halton Outbreak Support Team (HOST)** team to support local people and a primary role for the authority is to offer support to vulnerable residents who have been asked to self-isolate, and also additional support to help with the management of complex sites and situations (for example schools and care homes). This is not a new role for the local authority, and Public Health teams routinely work with the Health Protection Team in PHE to support additional actions around outbreaks of other infectious disease within these settings.

Currently, the national system is broken down into the following levels:

Draft



Currently Tier 1 of the contact tracing service is subcategorised into:

• **Tier 1a** – this is the national co-ordinating function and will lead on quality assurance, data science, guidelines and protocols and clinical governance.
• **Tier 1b** - Health Protection Teams (HPT) and PHE Field Service Teams (FST) who will manage complex outbreaks and situations in conjunction with local authority Public Health support.

For Cheshire and Merseyside, Directors of public Health have invested in the provision of the Cheshire and Mersey Contact Tracing and Outbreak Support Hub (**HUB)** to coordinate much of the action required at Level 1. The HUB is a partnership between the nine Local Authorities, PHE and CHAMPS and provides additional contract tracing and outbreak management and we would like to maintain its essential role as we move into an endemic situation. We developed this Hub jointly with PHE and it brings together Public Health Consultants, call handlers, environmental health officers etc. and links into and supports our local Halton Contact Tracing and Outbreak Hub. Given the development of VOCs and the move towards Zero Hours Contact Tracing and Enhanced Contact Tracing we see resource for this Hub as crucial for surge capacity.

Each Local Authority area has also developed its own bespoke local offer in terms of additional contract tracing and consequence management.

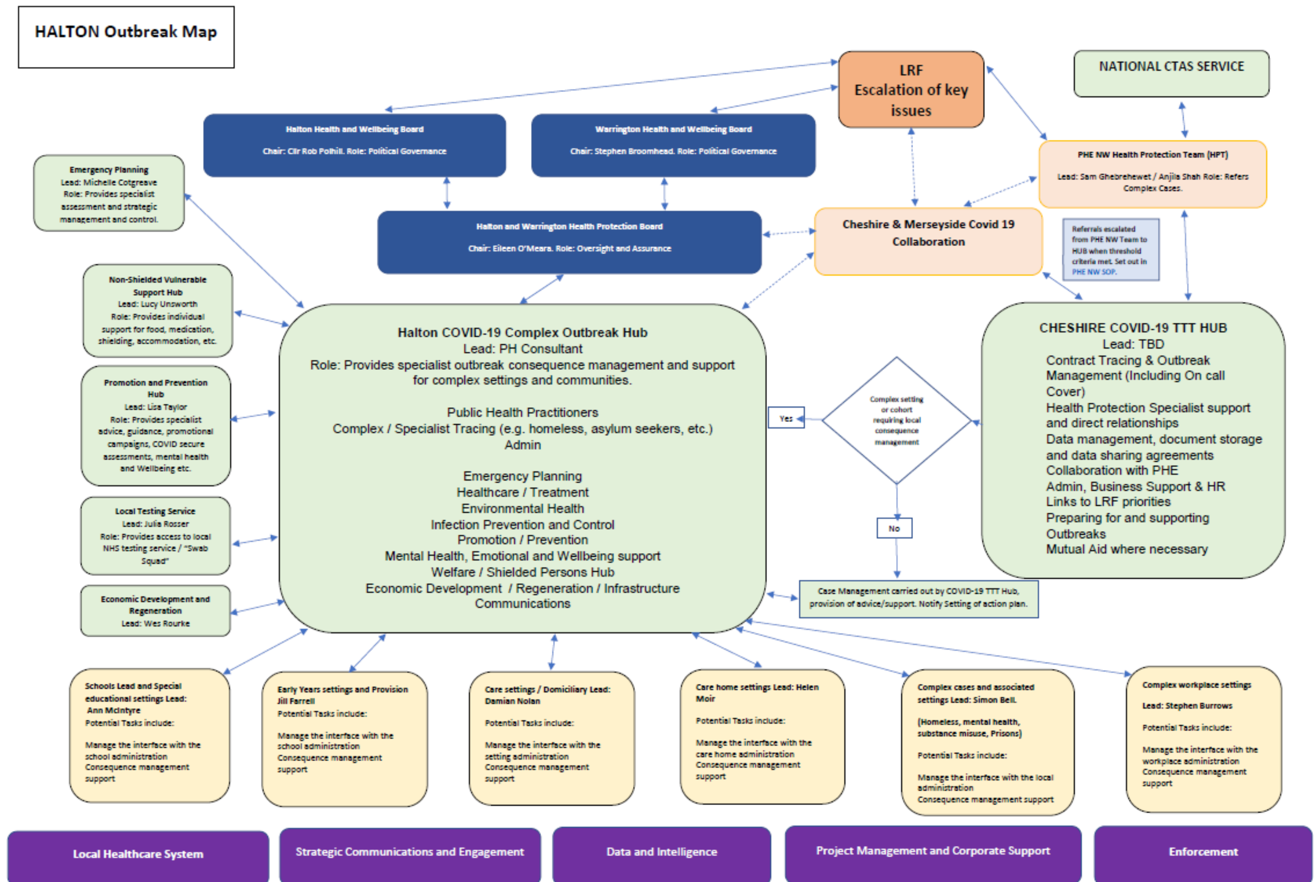
In Halton, since the early days of the pandemic, the **HOST (Halton Outbreak Support Team)** has provided an outbreak monitoring and response service. The team aims to contact all positive cases to explore isolation, identify additional contacts and any support

Draft

needs, and has been instrumental in work around contacting those “Lost to Follow Up” through the National T&T service and those harder to reach individuals and communities.

Utilising the national CTAS data system, the team also provides welfare calls, home visits, text messaging and posted letters to ensure local people are supported and have access to the information they need, whilst reinforcing core health protection messages and prevention advice.

The Local structure is demonstrated below:



Operationally, there has been some disconnect between the National T&T system, regional PHE and local teams, with timely information for local areas not always clear or specific as to who will / should be dealing with specific issues. The balance between national and regional is now working more efficiently however improvements can still be made. Communication with Local Authorities is required as to what is expected on a local level, which will enable local authorities to plan and adapt their local contact tracing model and consider their own resources.

The regional Cheshire and Merseyside HUB has been vital in pulling together local areas, sharing best practice and reducing the burden on local teams and we are keen that

resources are continued to be made available to support this function, as well as ensuring core local teams can continue to serve in this essential function.

As we enter the next stage of the pandemic, there needs to be a clear conversation with Local Authorities as to what the future structure will look like and what will be managed by PHE and the national and regional systems. If there is an expectation that local areas commence detailed **enhanced contact tracing** there will need to be sufficient resource and training opportunities made available for local teams to pick this up. There will also need to be clarity on how local systems can better integrate case management systems with the national data systems.

2.5 Support for self-isolation

It has been recognised that some individuals may need additional support in order to complete the ten day period of self-isolation. We are aware from various studies that there is limited compliance with the requirement to self-isolate for 10 days as required for positive cases or contacts of positive cases. Self-isolation is a critical element of reducing the spread of Covid-19 including any new variants and makes a significant contribution to keeping our family, friends and community safe, enabling us all to return to normal life as soon as possible.

In Halton, the HOST (Halton Outbreak Support Team) encourages individuals that it contacts to share any problems they might have with self-isolating for the required time, where there are additional support needs identified appropriate signposting or direct support has been arranged.

It is currently a legal requirement to self-isolate following a positive test. Individuals who fail to do so may be fined. The NHS T&T team will identify people who need additional support and pass their contact information to the Local Authority and the local HOST team will also ask all cases if they require additional support.

The **Halton/DHSC motivational text pilot** is ongoing with evaluation in-built to understand the impact of localised messages to people who test positive, and a campaign has been developed locally to inform local people about the support available to self-isolate and what their obligations are. Information is available through a variety of mediums (online, print, etc.) and the role of the Councils contact centre has been essential in providing information and effective support to local people. Halton has also invested in the development of a local programme - **"Halton - 10 days, 10 ways" – Self Isolation support.**

Draft

Self-Isolation Plan
10 days, 10 ways

The objectives of the campaign are:

1. Encourage full compliance with self-isolation for those identified as positive cases or contacts of positive cases
2. Ensure anyone needing to self-isolate is aware of the full range of support that is available to them
3. Encourage people to plan for self-isolation and have necessary contingency arrangements in place

The Key messages are:

- If you have been told to self-isolate by NHS Test and Trace or a public health official because you have tested positive for Covid-19 or you are identified as a contact of someone with Covid-19, you are required by law to stay at home for 10 days. Failing to do this could result in a fine of up to £10,000.
- There is lots of support available for anyone needing to self-isolate including help with money such as the £500 self-isolation grant, arranging volunteers to help with shopping or dog walking and to take over caring responsibilities if needed. Please check our 10 days, 10 ways self-isolation guide at www.halton.gov.uk/selfisolation or call us on 0303 333 4300.
- Self-isolating is much easier if you have a simple plan in place – what to do if you can't get out to buy food, get medicines, go to work or to care for someone else. Having a few basic supplies, important information ready and discussing with family, friends or neighbours all helps in the event that you have to self-isolate due to Covid-19.

Draft

If local residents are identified as **clinically extremely vulnerable**, they are advised to reduce social contact as much as possible to minimise the risk of infection and to limit all contacts, particularly with people that they do not live with. Those defined, on medical grounds, as clinically extremely vulnerable to coronavirus are people with specific serious health conditions. Access to food, medication and advice on wider support including pet care is provided on a dedicated self-isolation support webpage – www.halton.gov.uk/selfisolation

2.6 Compliance and enforcement

The overall approach to compliance and enforcement will continue to be to **Engage, Explain, Encourage** and then **Enforce** compliance with control measures.

The intention is to work with individual people, settings as well as wider communities to implement whatever control measures are required. The expectation is that the majority will be compliant with public health advice. Occasionally it may be necessary to enforce control measures in relation to an individual setting, self-isolation and testing of a person, or wider restrictions in a community.

Under the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 the Council has powers to close premises, public outdoor places and prevent specific events, without having to make representations to a magistrate. The expectation is that these powers are used with discretion, and only to be used having had regard to any advice given by the Director of Public Health. Further enforcement is provided in partnership with the local **Police** force.

Enforcement in relation to individual settings

Care settings - Through the Care Quality Commission.

Schools - Via the Secretary of State and/or Ofsted.

Businesses – The council has a range of enforcement powers to ensure workplaces and venues are Covid secure. Existing powers under the Health and Safety at work act can be used to ensure businesses implement adequate measures to control the spread of corona virus. This responsibility is shared with the Health and Safety Executive (HSE). In general the addition of specific powers in relation to corona virus have been provided to the Council under legislation implemented by the Public Health (control of diseases) Act 1984. These powers mainly relate to enforcement of business restrictions (e.g. Fixed Penalty and Prohibition notices) – however there is also a general power to issue directions in any circumstances where there is considered to be an imminent risk to public health.

In relation to businesses **the Environmental Health** team will initially provide advice and support to help businesses comply with COVID-19 control measures. Where this is insufficient then a process is in place for referral to the Council to consider use of enforcement powers.

Draft

If a direction notice is issued the Council must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every seven days.

To ensure consistent application and enforcement of these requirements the council liaises regularly with **Cheshire Police**, the **Health and Safety Executive** and other council's across Cheshire and **the Liverpool City Region**.

Premises which form part of essential national infrastructure are out of scope of the power to issue direction notices. A non-exhaustive list of the types of categories of infrastructure is set out in HM Government guidance.

Enforcement of self-isolation and testing - All reasonable measures should be taken to persuade people to voluntarily comply with requirements for isolation and testing, with checks to ensure they have the capacity to understand what is being asked of them.

If a person is unwilling and/or unable (e.g. because of lack of mental capacity) to comply with requirements for isolation and testing, then arrangements to impose proportionate restrictions are set out in the **Potentially Infectious Persons Schedule 21 (Coronavirus Act 2020)**.

There must be reasonable grounds to suspect that an individual is, or may be, infected or contaminated with COVID-19 and that there is a risk that they will infect or contaminate others. Reasonable grounds would include:

- tested positive for COVID-19
- presenting with symptoms of COVID-19 (regardless of whether the person has been tested)
- is, or has been, in contact with another person with symptoms of COVID-19, regardless of whether that other person has been tested for COVID-19
- has arrived within the last 14 days from an infected area

Wider restrictions

Where there is wider community spread of COVID-19 then the Council may advise restrictions. For example on household gatherings and movement of people into and out of an area. These will need to be negotiated carefully with the community affected as they are likely to be acceptable only if they are perceived as proportionate and practical.

The Council does not have powers to enforce these sort of wider restrictions. Legal restrictions on household gathering and movement of people can only be made by HM Government.

In areas of intervention, HM Government will be able to use their existing powers (under the **Public Health (Control of Disease) Act 1984)** to implement more substantial restrictions with regulations produced and approved by Parliament on a case-by-case basis) which could include:

Draft

- closing businesses and venues in whole sectors (such as food production or non-essential retail), or within a defined geographical areas (such as towns or counties)
- imposing general restrictions on movement of people (including requirements to 'stay at home', or to prevent people staying away from home overnight stays, or restrictions on entering or leaving a defined area)
- imposing restrictions on gatherings - limiting how many people can meet and whether they can travel in and out of an area to do so
- restricting local or national transport systems - closing them entirely, or introducing capacity limits or geographical restrictions
- mandating use of face coverings in a wider range of public places

HM Government also have powers to take action against specific premises, places and events, as well as a power to direct local authorities and to consider whether a local authority direction is unnecessary and should be revoked, including in response to representations from those affected by it.

Plans have been drawn up locally to support the national "reopening of society". However there is still uncertainty as to the timing and content of national regulations and associated guidance. Any announcement on regulations and guidance needs to be made in a timely manner to allow the Council time to work with partner agencies and support businesses in advance of them reopening. This local action needs to be supported by clear and consistent national messages. Additionally there may be cross boundary issues as there are not necessarily consistent regulations, e.g. Wales/England.

There is also a need for an urgent review of large events as they are being planned now, and it unclear how local teams should respond. One example is locally we may advise on the use of PPE, which will need to be ordered now, but may not be required (bringing unreasonable costs to organisers, etc.)

Environmental Health teams have also indicated that they will be very busy in July, should the regulatory inspections all be required as society reopens, alongside other local support and enforcement activity with regards to covid security. The team have requested clarity on the FSA requirements with regards to business as usual with regards to hygiene visits.

In addition, the requirements of the recent White Paper and the potential political and organisational turmoil that will be created with the development of Integrated Care Systems (ICS) will have significant impact locally, as will the creation of the NIHP and the loss of PHE.

Draft

2.7 Outbreak management (Responding to an outbreak of two or more linked cases)

On a sliding scale, there are a range of outbreak scenarios that require appropriate actions:

- **cases** refer to individual cases of COVID-19
- **clusters** refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- **outbreaks** refer to 2 or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- **community spread** refers to sporadic or linked cases on a limited or extensive basis

The generic outbreak control plan described below has all the principles and approaches needed to guide a response to different outbreak scenarios. However, the plan cannot be prescriptive but has flexible elements which can be implemented appropriately by competent and trained public health professionals with support from local stakeholders.

The limitations of a prescriptive or detailed outbreak control plan include omission of key events unknown at the time of writing will fail to address the nuances of a different, unexpected or developing outbreak and thus could lead to an unnecessary focus which could lead to an inappropriate response. Any relevant and comprehensive generic outbreak control plan needs to have sight of surge capacity arrangements at the local and regional level which can be triggered as needed. Plans should dovetail with the PHE and NHS plans as well as other relevant stakeholders in the local and regional strategic partnerships to deal with high volumes of hospitalisation and deaths and other unexpected outcomes.

Regular reviews and testing of the plan will be undertaken, at present the plan has had multiple live tests, as happens with other emergency plans at the local level. Debriefs of unusual situations are undertaken to assess the competency of the plan and to make appropriate changes to the plan.

In the majority of scenarios, local teams will be able to control the outbreak by drawing on their expertise in epidemiology, analysis, good communications and engagement, infection control, enhanced testing and effective local contact tracing.

They may impose restrictions on the specific setting, such as cleansing or temporary closure. In exceptional cases, an outbreak in a setting will require additional support or intervention. NHS Test and Trace Teams will work with local areas to ensure that settings of national significance, for example those which form part of the UK's critical national infrastructure or underpin major supply chains, are identified proactively and managed appropriately.

Draft

The following table summarises the key roles for managing outbreaks within an individual setting, within a local authority area, and which cross regional boundaries.

Level	Decision-maker(s)	Coordination, advice and engagement
Individual setting (for example restaurant, school, factory)	Setting owner – with appropriate support.	
May vary depending if the setting is deemed a setting of national significance.	PHE (local health protection teams) Director of Public Health NHS Test and Trace and PHE setting specific action cards	
Within a local authority area	Decisions may be taken by the chief executive, Director of Public Health or Head of Environmental Health	COVID-19 Health Protection Board (including NHS, faith, community partners, PHE) Local Strategic Co-ordination Group Local Outbreak Control Board or other political oversight bodies
Regional (cross-boundary)	N/A – agreed cross-boundary decisions will be implemented at local authority level	# Local resilience forums (LRFs) Mayoral and combined authorities Integrated care systems Regional health directors (PHE and NHS)

Notification and Activation of the Outbreak Control Plan

Notification

If a setting has two or more confirmed cases, or there is a high reported absence which is suspected to be COVID-19 related, the setting should promptly report to the local public health team.

Where local Public Health teams are made aware of a possible outbreak in the first instance they need to contact local PHE NW team to ensure that the team is aware and to confirm what actions may already have taken place, in order to avoid duplication of effort and to ensure that outbreaks that cross settings are not missed and a local pathway has been established.

There is an expectation that PHE will also inform the LA PH team via the Single Point of Contact (SPOC).

When two or more linked cases are identified, activation will occur, the linked cases may include a person, resident, client or visitor who attends the setting or staff member who work at the setting testing positive for COVID-19. Business settings are contacted by Environmental Health who will ask whether there are comfortable in identifying cases,

Draft

about case numbers and existing covid secure arrangements. They will also request a line list if more cases are involved.

Care or domiciliary care will be supported by the Infection Control Team and Schools by the 0-19 Team.

Contact Tracers are based in the National Test & Trace Service, in Regional PHE teams and in the Cheshire and Merseyside HUB and are expected to do the majority of the contract tracing activity. In the event of a very complex outbreak perhaps involving multiple settings or cross boundary, it will require mutual aid and additional workforce as whilst PHE teams will be involved, Local Authority teams may need to provide additional contact tracing activity or consequence management support.

Either the Public Health England (PHE) Consultant in Communicable Disease (CDC) and Director of Public Health (DPH) / Consultant in Public Health (CPH) will decide if an outbreak control team (OCT) is required, if so the convener would lead on declaring an outbreak and carry out an initial risk assessment (RA). If outbreaks are detected through local information, this function may also be coordinated by the HOST, with the support of PHE.

The great majority of outbreaks will be dealt with as part of normal service and may not require an Outbreak Control Team (OCT) to be convened. Most outbreaks can be managed using existing guidance and standard operating procedures (SOPs). If the initial RA indicates a complex situation requiring an OCT, relevant stakeholders will need to be engaged, additional checklists to support this process are available.

Draft

Roles and Responsibilities

The responsibility for managing outbreaks is shared by all the organisations who are members of the OCT.

Leadership for managing incidents and outbreaks of COVID-19 will be agreed jointly at the first OCT meeting. This may be PHE, the Local Authority or other appropriate agency depending on the situation.

Suggested members of OCT
Usual Members:

Local Authority Director of Public Health (or nominated deputy)
Health Protection Public Health Consultant
Local Authority Environmental Health Practitioner
PHE Consultant in Communicable Disease Control/Consultant in Health Protection or Consultant Epidemiologist
Consultant Microbiologist /Virologist
Communications Manager
Administrative Support

Additional Members: (this is not an exhaustive list)
PHE Consultant Epidemiologist PHE Health Protection Surveillance/Information Officer PHE Data Analyst/Statistician PHE Health Protection Nurse/Practitioner PHE Director (if relevant) PHE Emergency Preparedness Manager NHS England Strategic Commander NHS Community Provider co-ordinator CCG Representative North West Ambulance Service Local Authority or provider service infection prevention and control nurse General Practitioner Consultant Physician Immunisation co-ordinator Pharmaceutical Advisors Legal Adviser (PHE or LA as appropriate)

Others who may be called upon to attend include representatives from:
Health & Safety Executive Care Quality Commission Ofsted Relevant institution e.g. School, University, Business

There is no specific criteria to determine who will lead however where the focus is on infection transmission and control it is more likely that PHE will lead, whilst if the focus is community interest or consequence management the Local Authority is more likely to lead.

When to convene an Outbreak Control Team (OCT)

- Large number of close contacts
- Cluster of cases
- High numbers of vulnerable people as potential contacts within the setting
- Potential impact on service delivery if staff are not in the workplace for 14 days from exposure
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation

When an OCT has been convened they will decide on the response actions required.

Draft

Response arrangements

There are a number of response arrangements and decisions required:

- Contact tracing
- Issuing advice to contacts
- Identifying any consequence management required
- Recording information
- Communication
- Testing
- Advice to non-contacts
- Actions related to complex settings closure
- Additional cleaning requirements
- Stand down / declaring the end of an outbreak

Identifying any consequence management required

Local Authority Public Health teams will be informed if any individual would experience difficulties in keeping to guidance on self-isolation or there are additional challenges where consequence management may be required such as non-compliance with advice on social distancing, breach of environmental health etc.

Local teams will decide if a local multi-disciplinary meeting should be convened to identify key issues and lead the response or rely on use of existing arrangements

Actions related to complex settings closure

Most complex settings do not need to close on public health grounds. Settings will generally only need to close if they have staff shortages due to illness or being identified as contacts.

It is expected that only the immediate floor, room or working team of a confirmed case will need to be asked to stay home.

If there are a number of confirmed cases across different locations within a complex setting then they may be advised to close by the Health Protection Team in consultation with other partners.

There are different legal powers that can be relied on around closure, in the rare occasions where this may be required, the OCT will need to make a decision on which is most appropriate.

Stand down / declaring the end of an Outbreak

It is important that there is continued vigilance for new potential cases as well as adherence to infection prevention and control principles once the outbreak is over to reduce the chance of a further outbreak. The OCT will decide when the outbreak is over and will make a statement to this effect.

Draft

If there has been no OCT convened the outbreak will be declared over by the DPH / CPH / other nominated lead / PHE. The decision to declare the outbreak over should be informed by ongoing risk assessment and considered when:

- there is no longer a risk to the public health
- the number of cases has declined;

The outbreak will usually be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 28 day period.

Management of COVID-19 cases and outbreaks in Halton educational settings

Key personnel

The settings will liaise with the HBC education lead who works closely with the Public Health team and will access support and advice where necessary. The Public Health response is led by the duty consultants, with routine enquiries dealt with by a member of the 0-19s team.

Single cases

Educational settings report all cases in students and staff on a notification form or line list to the public health team. The setting are responsible for identifying contacts and advising isolation with support from the public health team where necessary. Those who were tested at home using a LFD will be asked to obtain a confirmatory PCR test.

Multiple cases

Where an educational setting has notified the Public Health team of more than one case within a 14-day period (a cluster[1]), the information will be reviewed to exclude links between them. Additional cases in bubbles that have already been collapsed may be expected.

The 0-19 team member will contact the school for further information where required. If it is likely that transmission occurred on site, advice will be given or an IMT (Incident Management Team) meeting arranged.

Outbreaks in educational settings

Where information suggests links between cases, we will manage as an outbreak. Note that there is an epidemiological definition of a COVID-19 outbreak, which is unchanged:

Outbreak criteria[1] Two or more 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:

[1] https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings

Draft

- identified direct exposure between at least 2 of the test-confirmed cases in that setting 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

However, PHE NW have continued to revise their operational definitions as criteria for escalation to the local authority public health team[2], though in practice, we will proactively investigate clusters as discussed above.

Criteria for referral[2]
More than 10% of a bubble positive for COVID in the previous 14 days (primary or early years settings)
More than 5 confirmed COVID cases in a single year group in the previous 14 days (secondary settings)
More than 10% (approximately) of all staff been confirmed as positive for COVID in the previous 14 days
Positive COVID cases reported from three or more different bubbles in the previous 14 days
Any admissions to hospital or deaths among staff or students in the previous 14 days

Actions during (potential) outbreak

- Regular contact with school to ensure cases and direct contacts are isolating appropriately.
- Review of social distancing, hygiene, facilities management and other measures and relevant policies.
- If concerns that practices may be contributing to spread, large or escalating outbreak, consider IMT.

Incident management team (IMT) meeting

Chaired by consultant in Public Health or Senior Registrar using set agenda. Invitations to senior manager or head of setting; HBC Education Operational Director; HBC Principal Health and Safety advisor, HBC lead Communications officer, HBC Environmental Health lead.

Discuss and document cases, contacts, settings and control measures.

Escalate to Public Health England North West (through direct referral or invitation to IMT) if large or escalating outbreak, vulnerable students at risk (e.g. special needs), or other concerns such as extensive media interest.

[2] PHE NW COVID-19 Template Resource Pack for Schools - Version 5.0

Draft

Framework for responding to COVID-19 Outbreak - Generic

Action	Response activity	Stakeholders/Setting	Considerations, comments or potential issues
Initial assessment and Investigation	Risk assessment Decision on if outbreak team should be convened/composition Questionnaires / Interviews/ Consent Issue Letters Signpost to relevant guidance Understand local vulnerability and develop local approach to address these Signpost to testing	PHE Hospital IPC team For Acute Trust incidents EHO Compliance and Enforcement - Environmental Health/Public Health Care Homes- Adult social Car Children's Services –School Nurse team Health and Safety, Communications, Representatives from key services linked to high-risk settings (ASC, CSC, Education, Housing), consideration of representation of critical partners (Local CCGs, Health provider trusts, and the Police), Consideration of representation from local VCS and faith groups)	Utilise protocols and scripts Checklists Shielded Hub Out of hours PHE/HUB will conduct the investigation Settings with access to Occupational Health, Health& Safety Lead the investigation will be delivered through them
Access to Testing	Test Sampling Request test at nhs.uk/coronavirus or by calling 119 If case or contacts are Key workers these can be arranged via national key worker self-referral portal Local pathway for testing to be made available as appropriate including home testing	Testing sites Care Homes Schools Workplaces Complex settings	Regional drive-through testing centres Satellite testing centres (STC) Mobile testing units (MTUs) Home testing Swab squads for hard to reach and transient population groups See appendix for definition of key workers

Draft

Control	Advice on infection, prevention & control measures Cleaning Workforce development needs / training Information to support daily reporting of cases Content of daily email agreed Convene OCT/IMT	Care Homes Schools Workplaces Complex settings	Provide advice on Cleaning and PPE if relevant for the setting **COVID-19: cleaning of non-healthcare settings guidance**
Consequence management	Isolation advice and support Advice on Support to maintain isolation for 7-14 days Isolation Mental Health support Medication Food Financial advice- access to information to support employers, employees,	Local authority support for the vulnerable non shielding groups- food and medication Links with voluntary sector Mental Health and Wellbeing Support Accommodation providers Business continuity and risk assessments	**COVID-19: guidance for households with possible coronavirus infection guidance** Guidance for contacts of people with possible or confirmed coronavirus (COVID-19) infection who do not live with the person note that a possible diagnosis could be very frightening esp. to already vulnerable groups

Draft

			May need to arrange for accommodation to enable the period of isolation whilst awaiting test results Advice on how to continue work as usual
Enforcement of control measures	Engage, Explain, Encourage and then Enforce Official Notices Closures	Trading Standards Police LA community safety officers HSE	Understand legal powers available Liaison with police
Data	Collect and store Information on cases and contacts Workforce development needs / training	PHE-HP Zone/ Power BI Covid Data HUB LA Other health partners	Content of daily email agreed Information to support daily reporting of cases - as yet not confirmed what system will be used
Comms / Engagement	Public/ Media Health and other partners		Information for staff and other individuals who work or visits a setting where an outbreak has occurred (no exclusion required) Letter for direct and proximity contacts (10 day exclusion)

3.0 SUPPORTING LOCAL OUTBREAK MANAGEMENT

3.1 Resourcing

Local Authorities have been awarded additional funding to support the Test and Trace service and to mitigate against and manage local outbreaks of COVID-19. This funding will support the development of the action plans and their implementation to reduce the spread of COVID-19 in our boroughs.

Implementing the local outbreak control plan is a council wide effort and this is reflected in how the grant funding will continue to be used to increase capacity to manage potential outbreaks across council directorates, with central coordination and support from the Public Health team.

Currently there is a strong team that has responded to local outbreaks and increases in transmission. In order to respond to VOC or future outbreaks there is a need to ensure adequate resources are continued to be provided and that they are ring fenced and not to the detriment of other services and functions. There is a need for more funding for self-isolation e.g. in the event of a VOC.

There is concern that there will not be the capacity within the local teams for management to deliver on all aspects of the plan, as the impact of the resumption of 'Business as Usual' (BAU) activities and / or the end of temporary contracts will have a considerable effect.

Halton has developed a 'Road Map back to BAU' which considers the whole system and its journey back to recovery. This is further complimented by a wider Cheshire & Merseyside Road map.

There is a risk to the resilience of the local system, however, if sufficient resources are not made available to sustain its work and maintain a focus on ongoing and routine prevention work, outbreak management, and ensuring that surge capacity is built in to all plans should it be needed.

Draft

3.2 Communications & engagement

Prevention is the single most effective method of reducing transmission and outbreaks of COVID-19. There must be stringent attention to social distancing advice, respiratory hygiene and hand washing, appropriate cleaning in line with PHE advice. A nominated lead for COVID-19 should be in place in all settings during the COVID-19 pandemic and all individuals within a setting must know how to make contact with the COVID-19 lead.

Timely, proportionate and accurate communications will be essential to engaging the public in measures to prevent and manage outbreaks, as well as maintaining public

confidence. Halton Borough Council's Communications Team will lead on communications, linking other partners and NHS communications teams where appropriate.

A communication protocol has been developed to support communications activities and we will continue to promote social distancing, good hygiene and the NHS Test and Trace service.

Plans are also in place to provide both broader and targeted communications to manage incidents across the county. This includes messaging via media and social media and working with partners, residents, businesses, MPs, community leaders and influencers to ensure communications is relevant to settings or areas affected by outbreaks.

Targeted communications will be especially important in the event that it becomes apparent that there may be community spread associated with particular high risk places, locations and communities such as workplaces or areas with a high proportion of the population from economically of socially challenged backgrounds. This will require materials to be appropriately translated, and engagement of community leaders and influencers to disseminate key messages.

Our communications team will work with the COVID-19 Outbreak Control Board to ensure strategic and operational communications are aligned. The intention is to provide members with aggregate information about outbreaks in their area, and specific information about those outbreaks which may be particularly sensitive.

Effective communications is a vital part of the response to an outbreak. In most cases it will be the local authority who coordinate communications activities. If an OCT is set up, it will be the communications representative of the organisation leading the response who will lead communications. In circumstances where an issue is of regional importance PHE may lead communications.

The lead will have responsibility for updating the relevant Resilience Forum Communications Cell on the position and actions being taken. While media interest will vary dependent on the scale and nature of the outbreak, in all cases, consideration should be given to who the spokesperson will be for the outbreak. A media protocol has been established outlining where responsibility for responding to media enquiries sits.

A communications toolkit has been developed to support the response. The content of this toolkit has been agreed by the Director of Public Health and relevant Strategic Director. Any variation from the content provided should be agreed by Director of Public Health and Strategic Director in advance of issuing.

Draft

Further advice and guidance on how to maintain COVID-secure workplace/ settings will be distributed and shared and made available through the Council and Government websites.

3.3 Data integration and information sharing

The council, NHS and any other partners involved in the management of incidents will ensure that information is shared in a timely way. There has been significant investment is systems across the LRF, such as CIPHA and the development of a regional Case Management system. There is significant intelligence and data systems that have been established, as well as the flows of information from national systems such as CTAS. It's also known that CTAS is due to change, any such change would benefit local areas by communication with local case management systems.

The COVID-19 Local Outbreak Co-ordinating Team will ensure effective data management including:

- Timely review of surveillance data on infections
- data recording to enable receipt, logging, monitoring and reporting of progress of Incidents, and assurance on effective management
- temporal and spatial analysis of incidents to identify geographical 'hotspots' and trends
- information governance protocols to allow secure and timely sharing of data and information

The Public Health Team will need to keep an accurate and contemporaneous record of information relating to any outbreak reported to them.

Any setting should record all detail required using checklists and templates that will be provided, the setting retains this document. It will enable them to identify patterns of illness and also normal registers for daily visitors/ absence for their setting as required. A daily line list of cases and contacts is required in settings with an ongoing outbreak.

Draft

4.0 AREAS OF DEVELOPMENT

4.1 Interface with vaccines roll out.

The objectives of the COVID-19 immunisation programme is to protect those who are at highest risk from serious illness or death. The Joint Committee of Vaccination and Immunisation (JCVI) have set out a prioritisation for persons at risk. JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19-specific mortality.

Vaccine roll out began in December 2020 with Hospital Hub sites being the first to receive quantities of approved vaccines. The sites and vaccines has and will continue to be expanded as the programme progresses nationally.

Evidence from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Those over the age of 65 years have by far the highest risk, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the COVID-19 pandemic.

The UK Joint Committee for Vaccination and Immunisation (JCVI) have identified a risk based approach to the UK vaccination programme, with those age groups and risk groups being prioritised for the vaccination, and cascading though a list of prioritised groups based on vaccine availability and supply.

The Table below sets out JCVI advice on priority groups for Phase 1 of the COVID-19 vaccination programme.

1	Residents in a care home for older adults and their carers
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals*
5	All those 65 years of age and over
6	All individuals aged 16 years** to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality***
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
*	Clinically extremely vulnerable individuals are described here. This advice on vaccination does not include all pregnant women or those under the age of 16 years (see above)

Draft

**	The Pfizer-BioNTech vaccine is authorised in those aged 16 years and over. The AstraZeneca vaccine is only authorised for use in those aged 18 years of age and over
***	This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill

The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus. There are a number of different approaches adopted locally and nationally. The local key delivery mechanism is through Primary Care Networks (PCNs) though a nationally agreed Enhance Agreement. Halton has 2 PCNs delivery vaccination on behalf of their affiliated GP practices and covered the entire registered population of Halton. The delivery is being undertaken out of 2 key facilities, presently, The DCBL Stadium in Widnes and The Brindley Theatre in Runcorn. The PCNs are also undertaking roving vaccination models to vaccinate at risk settings such as Care homes and residential settings.

The national mass vaccination program is also running alongside local delivery mechanisms to invite and vaccinate eligible persons at designated Mass Vaccination Sites and participating Pharmacy Sites. Currently Halton has 1 designated pharmacy site at Appleton Pharmacy, Widnes. The nearest Mass Vaccination Site is St Helens Rugby Stadium.

Warrington and Halton Hospital is also acting as a key hospital hub and facilitating vaccinations across the area, primarily vaccinating Health and Social Care staff and identified eligible members of the local communities in conjunctions with other local systems.

Phase 2 of the delivery of the vaccination programme has just been identified by the JCVI which will include the vaccination of all UK population above 18 years of age by 31st July 2021

The Table below sets out JCVI advice on priority groups for Phase 2 of the COVID-19 vaccination programme.

10	All those age 40-49 years
11	All those age 30-39 years
12	All those age 18-29 years

There is, as at 8th March, no agreement on the delivery mechanism for phase 2 of the Vaccination programme

To the 8th March, around 44,000 vaccinations have been administered for Halton residents vaccinations had been administered locally, with over 65% of the total eligible persons within Phase 1 of the vaccination programme already vaccinated.

Draft

Based on national targets, it is anticipated that the majority of eligible personas within Phase 1 groups will have been vaccinated by 15th April 2021.

Locally, local delivery programme is overseen through a Halton and Warrington Vaccine Steering Group. The Halton and Warrington Health Protection Board provides oversight of all Pandemic activities and will continue to ensure there is a clear interface between the vaccine programme, outbreak management and the wider resumption of services as lockdown measures reduce.

4.2 Responding to Variants of Concern (VOC).

Identification of novel variants

All viruses naturally mutate over time. Changes can build up in the genetic code of the virus, and these new viral variants can be passed from person to person. Most of the time the changes are so small that they have little impact on the virus and are not a cause for concern, but every so often a virus mutates in a way that benefits it, for example allowing it to spread more quickly. For this reason, very early on in the response to the COVID-19 pandemic, a genome sequencing capability was established in the UK to monitor changes in the genome of the virus over time. If a variant is considered to have concerning epidemiological, immunological or pathogenic properties, i.e. anything that changes the way the virus behaves, it is raised for formal investigation and designated a variant under investigation (VUI). Following risk assessment with the relevant expert committee, they may be designated a variant of concern (VOC).

Scientists around the world have been monitoring these throughout the pandemic. In the UK, we have a comprehensive genomics system which allows us to detect these different mutations, whilst supporting international capacity to identify variants of concern. Currently, the UK has contributed around half of the sequences in the global SARS-COV-2 genome repository (GISAID). The UK developed 'The New Variant Assessment Platform', which is led by PHE working with NHS Test and Trace and academic partners, as well as the World Health Organization's SARS-CoV-2 Global Laboratory Working Group. This has allowed us to detect the emergence of the variant first seen in South East England, which has since become the dominant variant in the UK, and respond to alerts about other variants first seen in South Africa, Brazil and Japan which have been found in the UK. It is likely that many more will be identified in the coming months.

Response to novel variants

In response to the emergence and spread of new SARS-CoV-2 VOC and VUI in different countries and regions, specific precautions and actions are required in

Draft

relation to the management of patients who have recently returned from areas where these VOC or VUI are known or are believed to be circulating, as well as their contacts. Specific precautions are also required for the management of patients with a VOC or VUI identified by genomic sequencing even where there is no travel history.

Guidance for the UK's response is regularly updated and detailed here:

https://www.gov.uk/government/publications/sars-cov-2-voc-investigating-and-managing-individuals-with-a-possible-or-confirmed-case/guidance-for-investigating-and-managing-individuals-with-a-possible-or-confirmed-sars-cov-2-variant-of-concern

The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), advises the government on the threat posed by new and emerging respiratory viruses and on options for their management.

For more information:

https://www.gov.uk/government/groups/new-and-emerging-respiratory-virus-threats-advisory-group

Public Health England (PHE) produces a technical briefing outlining any new information on any novel SARS-CoV-2-variants, which is updated regularly.

For more information:

https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201

Locally we intend to keep monitoring these key sources of information in order to develop an appropriate local response.

The national government and Public Health England (PHE) produce a document detailing the distribution of cases which are variants of concern or under investigation, which is updated regularly.

For more information:

https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-cases-data

Variant of Concern 202012/01 (B.1.1.7)

Draft

The novel SARS-CoV-2 variant **202012/01**, or commonly known as the **UK variant, British variant or Kent variant**, was designated a variant of concern (VOC) on 18th December 2020. The specimen date for the first COVID-19 case with the VOC 202012/01 variant in England was 20th September 2020. The specimen date for the first COVID-19 case with the VOC 202012/01 variant detected within Halton was W/C 10th November 2020.

The VOC 202012/01 (B.1.1.7) has increased transmissibility compared to previously circulating variants and has spread rapidly to become the dominant variant in the UK, accounting for ~97% of sequenced cases. Previous transmissibility assessments are available in NERVTAG papers and PHE technical briefings. At this time, available evidence suggests that VOC 202012/01 (B.1.1.7) has no negative affect on naturally-acquired immunity or vaccine-acquired immunity.

In order to identify what the current state of the VOC 202012/01 variant is, genomic sequencing is being performed on cases across the UK. A small fraction of VOC 202012/01 cases are identified using whole genome sequencing but this data typically lags test date by approximately 2 weeks, therefore S gene target failure (SGTF) is used as the proxy to indicate whether a case is the VOC 202012/01 variant.

Only samples processed in TaqPath labs can be tested for SGTF. It is important to note that only Whole Genome Sequencing can be used to identify VOC. The SGTF proxy reported here only identifies a single gene mutation, which is likely to be shared by other (current and future) variants. Use of SGTF is therefore considered suitable for surveillance in the short term, but the sensitivity and specificity of SGTF as a proxy is being continuously monitored to assess its usefulness.

As some samples are processed in other labs, the proportion of cases from TaqPath labs with SGTF can only provide an **estimate of the overall proportion.**

HALTON

The specimen date for the first COVID-19 case with the VOC 202012/01 variant detected within Halton was W/C 10th November 2020. Since then, the proportion of cases which are VOC 202012/01 has rapidly increased and from W/C 20th February 2021, the VOC 202012/01 variant accounts for 100% of cases in Halton.

Table 1. Weekly Number of Pillar 2 Cases detected by TaqPath Labs. Specimen Date represents represent rolling 7-day periods with the exception of the most recent week. *This most recent week includes 3 days of data, which are susceptible to reporting delay (most recent week contains data up to 08/03/21).

Draft

Week Commencing W/C	Number SGTF cases	Number non STGF cases
05/12/20	14	101
12/12/20	40	125
19/12/20	62	107
26/12/20	303	266
02/02/21	711	375
09/02/21	734	225
16/01/21	568	85
23/01/21	416	30
30/01/21	263	11
06/02/21	186	1
13/02/21	134	2
20/02/21	64	0
27/02/21	51	0
06/03/21*	12	0
Grand Total	**3558**	**1328**

Figure. Weekly Number and Proportion of Halton Pillar 2 Cases with SGTF among those tested in TaqPath Labs between week commencing 05/12/2020 and

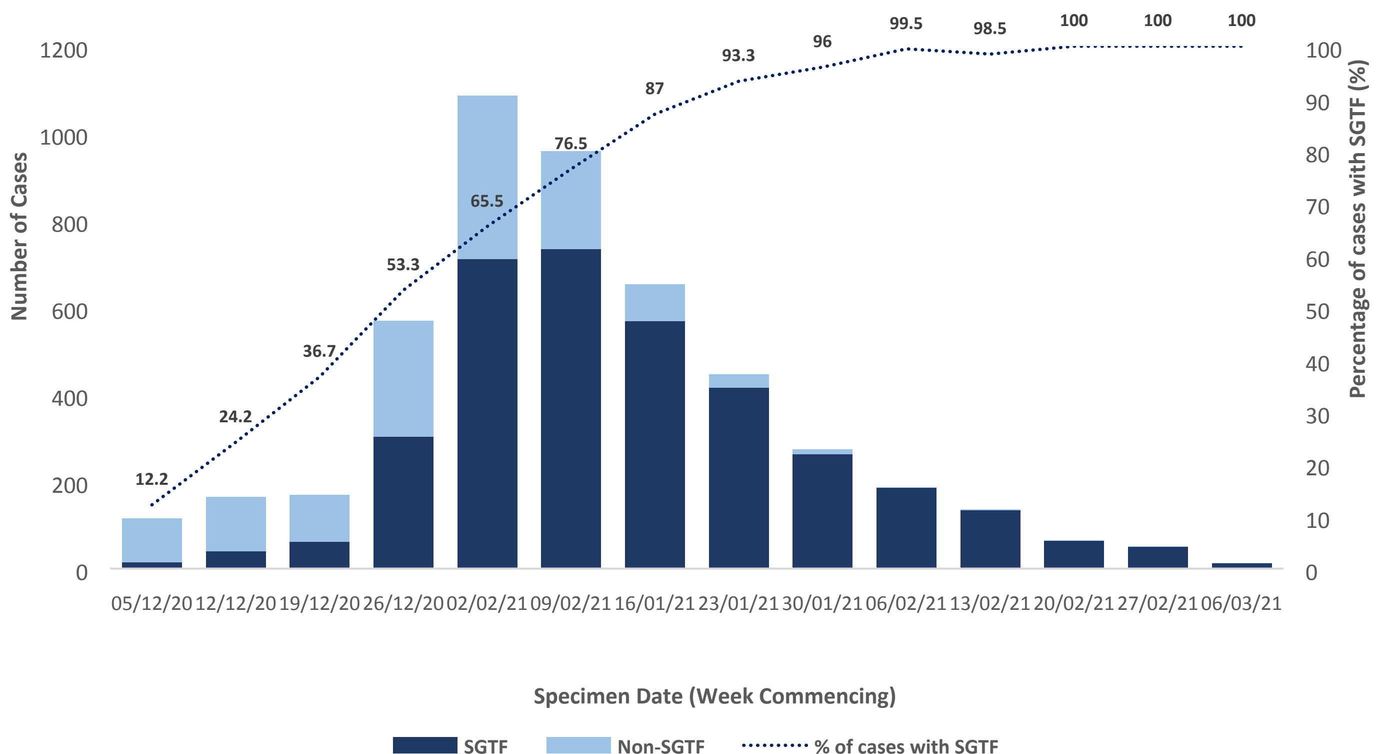
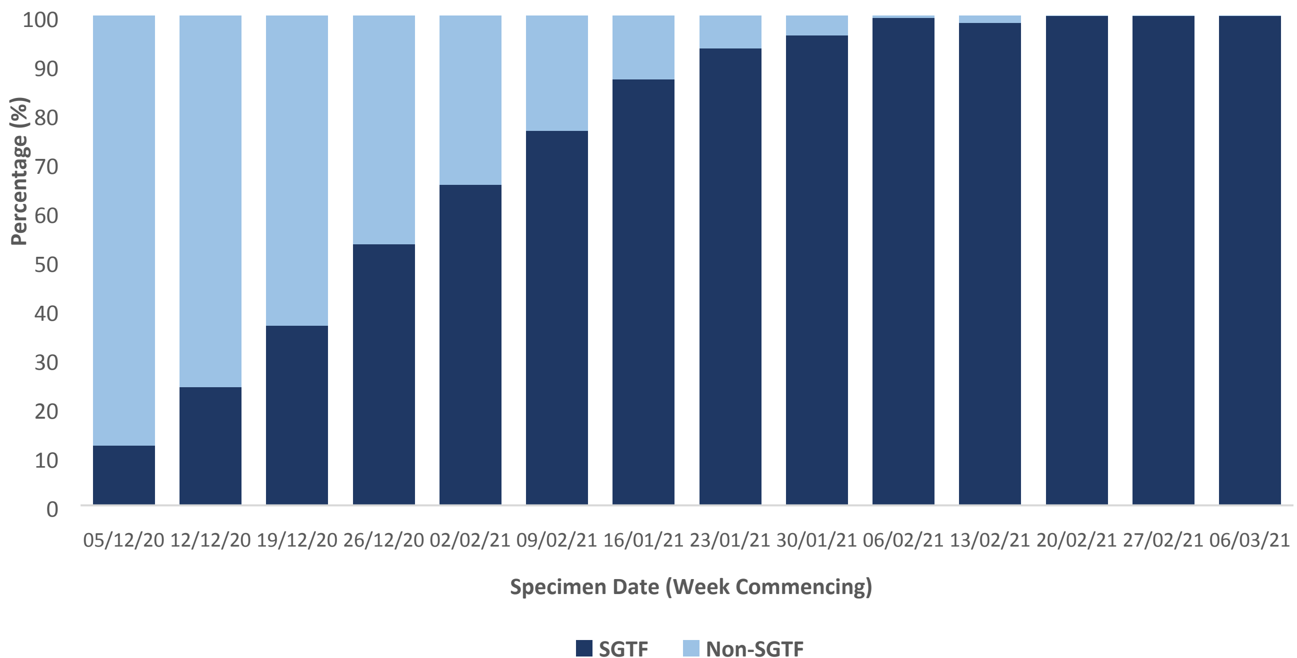


Figure. Proportion of Cases identified with SGTF among those tested in TaqPath Labs between week commencing 05/12/2020 and week commencing 06/03/2021.



National guidance will be followed in relation to the investigation and management of patients who may be infected with a new SARS-CoV-2 VOC or VUI. VOC will be detected through enhanced testing, targeting geographical areas based on intelligence. National discussions are underway for local pharmacies to be involved in the distribution home testing, and this will be deployed for VOC response if available.

Persons at risk include:

- those who have been in or transited through any of the countries listed within the travel ban to the UK and who develop symptoms of COVID-19 within 10 days of departure or transit (or date of sampling for a positive SARS-CoV-2 test if asymptomatic)
- those known to be infected with a VOC or VUI listed in based on sequencing results and regardless of travel history
- contacts of individuals described above

Travel-associated risk alone is sufficient to take action; actions should not be delayed pending sequencing results.

Entry and isolation guidance

Travel measures to protect the UK against new international variants may change over time. The latest information of travel measures is available from the Department for Transport.

Travelers who are permitted to enter the UK from countries listed within the travel ban to the UK are currently required to self-isolate for 10 days on arrival along with their household. Any contacts identified in the UK should also self-isolate for 10 days from the last date of contact after the traveler returns to the UK.

From 15 February 2021, travelers to the UK will be PCR tested for SARS-CoV-2 at Day 2 and Day 8.

General principles relevant to the management of COVID-19 in the context of risk from a new VOC or VUI

Current evidence is that the mechanism of transmission of novel variants is no different to those for SARS-CoV-2 generally. The following principles apply:

- anyone seeking routine or emergency care (whether or not they present with COVID-19 symptoms) should be asked about recent travel to the countries listed in the travel ban and whether they are a contact of a returning traveler from these countries
- all persons at risk in the community should be advised to follow the stay at home guidance if they develop COVID-19 symptoms
- healthcare workers should continue to follow current COVID-19 infection prevention and control (IPC) advice and use the recommended personal protective protection (PPE) for individuals on the high risk pathway
- commonly used PCR assays are expected to be able to detect both VOC and VUI, and should continue to be used for testing patients with possible COVID-19.
- Any person at risk seeking access to non-urgent outpatient, ambulatory or primary care, or elective treatment, should defer their appointment until their 10-day isolation period has ended unless their need is considered urgent (see below).
- Any person at risk who requires urgent care should continue to access emergency NHS services whether for COVD-19 symptoms or for other, non-COVID reasons.
- Information on dates and places of travel, and any contact with possible or confirmed cases of COVID-19 should be recorded. Healthcare staff should ensure systems are in place that enable these cases to be easily flagged and identified.

If a person at risk has a positive test for SARS-CoV-2, discuss further risk assessment and appropriate case-management with the Centre. Hospitals must also contact their local health protection team with the details of these individuals.

North West Contacts

Draft

- Alder Hey Children's Hospitals NHS Foundation Trust (Paediatrics (with Liverpool)) 0151 228 4811: ID consultant on call
- Liverpool University Hospitals NHS Foundation Trust (Adults & Paediatrics (with Alder Hey)) 0151 709 0141: ID consultant on call
- Pennine Acute Hospitals NHS Trust (Adults) 07966 621211: ID SpR on call

Development opportunity:

Home Testing early adopter of national rollout narrative – Halton has applied to be a community collect site, and will develop distribution points across Halton, that will be used to support additional testing if required in response to a VOC.

4.3 Action on enduring transmission.

It is clear that long-standing structural inequalities and deprivation have been exacerbated by the pandemic and highlight the need to increase the drive to tackle these at a national level. There are opportunities to address the real and perceived inequalities (including the North-South divide and minority communities) and those facing social or economic inequality.

An analysis by the Joint Biosecurity Centre (JBC) concluded that "unmet financial needs" meant people in poorer areas were less likely to be able to self-isolate because they could not afford to lose income. The analysis by the JBC concluded that "interconnected factors" such as deprivation, poor housing and work conditions, and delays in the test-and-trace system, were all "likely to be significant contributors" to the high coronavirus rates and enduring transmission in some areas. It found evidence that areas with a higher proportion of workers in public-facing roles, such as health and social care, taxi drivers or supermarket workers, were likely to experience high infection rates.

On a local basis, work is underway to determine the inter-relation between the factors of deprivation such as employment, and household composition and how they impact upon local transmission rates. Financial and welfare support is needed to help people to self-isolate and businesses to continue to implement Coivd-19 safe practices. Regular monitoring and the regular review of actions, supported by local epidemiology of Covid-19 is required for the local area.

4.4 Enhanced Contact tracing (in partnership with HPT).

Work is underway locally to determine the role of the Local Authority in offering enhanced contact tracing to complement the NHS Test and Trace Service. Halton will

Draft

work closely with colleagues within the area to determine whether a local contact tracing partnership model could be implemented to offer enhanced contract tracing.

The use of mobile phone technology has had an important role in contact tracing. The NHS COVID-19 app provides information on local alert status, venue check-ins and contact tracing and its impact will be considered on a local basis.

Working in partnership with neighboring local authorities, additional testing and genomic sequencing will be considered with regards to targeted areas should variants such as the one first identified in South Africa have been found.

Increased testing will be introduced where required and in addition to existing extensive testing. In combination with the current lockdown rules and following Hands. Face. Space advice, it will help to monitor and suppress the spread of the virus. Positive cases will be sequenced for genomic data to help increase our understanding of COVID-19 variants and their spread within these areas.

Enhanced contact tracing may be used for individuals testing positive with a 'variant of concern'. This is where contact tracers look back across an extended period to determine the route of transmission. People living within targeted areas are strongly encouraged to take a COVID-19 test when offered, whether they are showing symptoms or not. People with symptoms should book a free test online or by phone to get tested at a testing site or have a testing kit sent home. Those without symptoms should visit their local authority website for more information.

The Public Health Evidence and Intelligence team continue to provide week day monitoring of covid data and have access to the common exposures line list and other forms of enhanced data surveillance provided by PHE. The HOST team also have access to soft intelligence from the community obtained through the calls made to positive cases, work done by the Environmental Health team, and feedback from partner organisations, the voluntary sector and direct feedback from the community through local councillors and direct calls and emails received. This provides a detailed set of information that can be compared to test theories and provide additional insight in our local area.

As we enter the next stage of the pandemic, there needs to be a clear conversation with Local Authorities as to what the future structure will look like and what will be managed by PHE and the national and regional systems. If there is an expectation that local areas commence detailed enhanced contact tracing there will need to be sufficient resource and training opportunities made available for local teams to pick this up. There will also need to be clarity on how local systems can better integrate case management systems with the national data systems.

Draft

4.5 Ongoing role of Non-Pharmaceutical Interventions (NPIs).

Non-pharmaceutical interventions (NPIs) are strict actions against novel coronavirus disease (COVID-19) which are implemented to interrupt or reduce transmission. They includes various measures like environmental measures, social and physical distancing measures, travel-related measures, and personal protective measures. These measures are intended to reduce the size of epidemic peaks and buy time to prepare the health system to manage demand. There are two strategies under NPIs, namely suppression and mitigation. Suppression aims to decrease the number of cases up to a level where the reproduction number R reaches 1 and human to human transmission is eliminated, whereas mitigation intends to slow the transmission by reducing R (not less than 1) and helping lessen the health impact due to Covid 19.

Non-pharmacological intervention consists of a lot of measures taken in combination to varying degrees according to their feasibility. Personal protective measures include hand hygiene, respiratory protocol, facemask, etc. while environmental standards include regular surface and object cleaning, use of ultraviolet lights, and increased ventilation. Social distancing measures include contact tracing, isolation of sick individuals, quarantine of exposed individuals, school and measures and closures, avoiding crowding. Travel-related measures include travel advisories, entry and exit screening, international travel restriction, and border closures.

Non- pharmacological interventions are robust solutions to fight this ongoing pandemic. In addition to vaccination, countries should continue to adopt such interventions by evaluating the effectiveness and socioeconomic cost to fasten their recovery.

4.6 Activities to enable 'living with COVID' (COVID secure).

From 8 March, people in England will see restrictions start to lift and the Government's four-step roadmap offer a route back to a more normal life. The success of the vaccination programme is one factor but by no means the whole story. The public have also risen to the challenge of suppressing COVID-19: by obeying the law; staying at home; getting tested when needed; isolating when required, and following the 'hands, face, space' and 'letting fresh air in' guidance.

While we must all remain vigilant - in particular against the threat from new COVID-19 variants - and continue to protect the NHS, the Government has stated that a safe exit from lockdown can now begin. They have articulated that it will take place in four steps; and at each step, there is a plan to lift restrictions across the whole of England at the same time.

The Government has indicated the following roadmap to support activities to enable local communities to emerge from the pandemic.

Draft

STEP 1 8 March 29 March	STEP 2 No earlier than 12 April At least 5 weeks after Step 1

Step 1

EDUCATION

8 MARCH
- Schools and colleges open for all students
- Practical Higher Education courses

SOCIAL CONTACT

8 MARCH
- Exercise and recreation outdoors with household or one other person
- Household only indoors

29 MARCH
- Rule of 6 or two households outdoors
- Household only indoors

BUSINESS & ACTIVITIES

8 MARCH
- Wraparound care, including sport, for all children

29 MARCH
- Organised outdoor sport (children and adults)
- Outdoor sport and leisure facilities
- All outdoor children's activities
- Outdoor parent & child group (up to 15 parents)

TRAVEL

8 MARCH
- Stay at home
- No holidays

29 MARCH
- Minimise travel
- No holidays

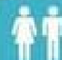
EVENTS

- Funerals (30)
- Weddings and wakes (6)

Step 2

EDUCATION

- As previous step



SOCIAL CONTACT

- Rule of 6 or two households outdoors
- Household only indoors

BUSINESS & ACTIVITIES

- All retail
- Personal care
- Libraries & community centres
- Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- Self-contained accommodation
- All children's activities
- Outdoor hospitality
- Indoor parent & child groups (up to 15 parents)

TRAVEL

- Domestic overnight stays (household only)
- No international holidays

EVENTS

- Funerals (30)
- Weddings, wakes, receptions (15)
- Event pilots

STEP 3
No earlier than 17 May

At least 5 weeks after Step 2

EDUCATION

- As previous step

SOCIAL CONTACT

- Maximum 30 people outdoors
- Rule of 6 or two households indoors (subject to review)

BUSINESS & ACTIVITIES

- Indoor hospitality
- Indoor entertainment and attractions
- Organised indoor sport (adult)
- Remaining accommodation
- Remaining outdoor entertainment (including performances)

TRAVEL

- Domestic overnight stays
- International travel (subject to review)

EVENTS

- Most significant life events (30)
- Indoor events: 1,000 or 50%
- Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%

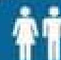
STEP 4
No earlier than 21 June

At least 5 weeks after Step 3

All subject to review

EDUCATION

- As previous step

 SOCIAL CONTACT

- No legal limit

BUSINESS & ACTIVITIES

- Remaining businesses, including nightclubs

TRAVEL

- Domestic overnight stays
- International travel

EVENTS

- No legal limit on life events
- Larger events

In implementing this plan the Government has indicated that it will be guided by data, not dates, so that a surge in infections is avoided and that would put unsustainable pressure on the NHS. For that reason, all the dates in the roadmap are indicative and subject to change. The Government has stated that there will be a minimum of five weeks between each step: four weeks for the scientific data to reflect the changes in restrictions and to be analysed; followed by one week's advance notice of the restrictions that will be eased.

Only when the Government is sure that it is safe to move from one step to the next will the final decision be made. The decision will be based on four tests:

• The vaccine deployment programme continues successfully

• Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated

• Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS

•Any assessment of the risks is not fundamentally changed by new Variants of Concern

The Government will continue to protect the public by ensuring local outbreaks are managed quickly and effectively and that new dangerous variants, both within the UK and at the border are detected and combated.

In terms of the local situation, we can make the following assumptions:

- **The virus is still circulating and we are likely to enter into an Endemic phase.**
- **The key priority must be to suppress the virus as much as possible for the foreseeable future.**
- **It is unclear how virus transmission will continue in the short and medium term and we must be prepared for fluctuations in local rates. We need to be ready for this in terms of public trust, confidence and the epidemiological strategies to respond.**
- **We will all be living and working in a covid-endemic environment and we will need to develop multiple strategies and responses to manage during this time.**
- **Variants and of SARS-CoV-2 will continue to cause outbreaks and will likely require vaccine renewal on at least an annual basis.**

As the country moves through each of these phases in the roadmap, we will support the people of Halton to remember that COVID-19 remains a part of our lives. All residents will have to keep living their lives differently to keep themselves and others

Draft

safe. Halton must carry on with 'hands, face, and space' and comply with the COVID-Secure measures that remain in place. "Meet outdoors where we can and keep letting fresh air in. Get tested when needed. Get vaccinated when offered. If we all continue to play our part, we will be that bit closer to In terms of the local picture, the following future that is more familiar."

As we learn to live with COVID, we must identify the role that individuals, employers and workplaces must play to reduce risk and create a Covid safe environment and the local system needs to be flexible, knowledgeable and well-resourced to enable people to achieve this.

There is also a need to ensure that the local road map can support the recovery of non-COVID services that have been impacted by the pandemic and play a major role in the lives of local people. These include Mental Health Services, Drug and Alcohol Services and other NHS Services as well as wider social care, business and the voluntary and community sector.

In order to support the local community, the following areas will be a priority for enabling Halton to begin to 'live with COVID'.

We will:

1. Support the maximum uptake of vaccine especially in those communities facing the greatest burden of disease and ill health.
2. Focus on Inequalities – mitigate against development of ongoing or enduring exposure for those communities facing social or economic inequality.
3. Ensure 'test and trace' and 'self-isolate' works as part of a whole system approach and is embedded in local structures (where resource permits).
4. Support local people to self-isolate.
5. Promote prevention and ensure every individual has the skills and knowledge to be covid safe.
6. Refresh the local Outbreak Management Plan on a regular basis to ensure the local system meets the needs of the local population and is focused on prevention.
7. Ensure that, with Government support, the local system is agile and responsive to deal with local situations as they arise.
8. Consider the use of new technologies, behavioural and social sciences and other emerging tools to support local people.
9. Ensure that compliance and enforcement are part of a balanced strategy.

We need to look at the impact of COVID on employment, education and wider public services and support local people on their journey out of the pandemic and into a positive and safe future. Responding positively to the impact of the pandemic will only be possible if all partners and the people that we serve work together and play their part in meeting the challenge to tackle COVID together.

Draft

5.0 CONCLUSIONS, NEXT STEPS AND REVIEW

Factors that will demonstrate the success of this plan will be:

- **Transmission of the virus needs to be brought, and kept, as low as possible.**
- **Surveillance of transmission and variant emergence must be optimal.**
- **Test, Trace and Isolate needs to work effectively, with a clear testing strategy**
- **A strategy based on high population availability of Rapid Antigen Testing for Public Health purposes**
- **Vaccines must be effective and delivered equitably with high take up.**
- **Reducing viral transmission to the stage where we can exit lockdown.**
- **A well-articulated, careful, and gradual "opening up"**
- **Ongoing monitoring, modelling, surveillance, and adjustment.**
- **Continuing improvements in and adjustments to vaccine and treatment**
- **Ensuring everyone has the skill set to live and work safely in a Covid-endemic environment**
- **Clear and Consistent Communications**

As we learn to live with COVID, we must identify the role that individuals, employers and workplaces must play to reduce risk and create a Covid safe environment and the local system needs to be flexible, knowledgeable and well-resourced to enable people to achieve this.

On a local level we need to make all of the key aspects easy for local residents – testing, self-isolation with clear, proactive guidance and support available for every setting where we may have an outbreak. At each stage of the covid journey there is a need for the local system to come together and regularly review the following to ensure they are fit for purpose. Throughout the community mobilisation of this Local Outbreak Management plan, we will ensure the following documents, plans and strategies are developed in line with evolving national guidance:

- **Local Contain Plan**
- **Schools / Early Years Strategy**
- **Vaccine Uptake Plan**
- **Testing Plan**
- **Contact Tracing Model**

- **High Risk Settings Plans**

COVID-19 is a rapidly evolving situation; guidance is being developed at a fast pace, therefore subject to change with little notice. This plan will be kept under review, and reflect changes to national guidance and other relevant information that will support local outbreak control. The purpose of the Halton COVID-19 Outbreak Management Plan is to set out how we will respond to current and potential future outbreaks of COVID-19 in the borough and coordinate efforts across all stakeholders to keep residents safe.

Draft

APPENDIX - Key National Guidance

Social distancing guidance

• Stay at home: guidance for households with possible coronavirus (COVID-19) infection: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation

• Guidance on social distancing for everyone in the UK: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

• Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Guidance for contacts

• Guidance for contacts of people with possible or confirmed COVID19: https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

• Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person : https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

Specific guidance for settings / workplaces:

• Guidance to help employers maintain safe workplaces during the COVID-19 epidemic: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

• Guidance for the construction industry and those working outdoors: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work

• Guidance for factories, plants and warehouses: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses

• Guidance for labs and research facilities: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities

• Guidance for offices and contact centres: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres

• Guidance for people working in, delivering to, or visiting other people's homes: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes

Guidance for restaurants offering takeaway or delivery: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery

• Guidance for shops, branches and stores: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches

• Guidance for people who work in or from vehicles: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles

Draft

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

• Guidance for NHS employers about the health, safety and wellbeing of staff: https://www.nhsemployers.org/covid19/health-safety-and-wellbeing

• Guidance for NHS leaders on workforce management: https://www.england.nhs.uk/coronavirus/workforce/

• Guidance for the employers of staff 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-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings

Coronavirus (COVID-19) advice for accommodation providers: https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers

Testing

• NHS: Testing for coronavirus: https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/

Infection Prevention and Control (IPC)

• IPC for healthcare settings: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

• PPE: https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe

• COVID-19: putting on and removing PPE – a guide for care homes (video):

• COVID-19: management of exposed healthcare workers and patients in hospital settings:

• 5 moments for hand hygiene: with how to hand rub and how to hand wash. Posters: https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/

• Catch it. Bin it. Kill it. Poster: https://campaignresources.phe.gov.uk/resources/campaigns/34/resources/2665

Cleaning and waste management

• Safe management of healthcare waste: https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-wasteand-social-care

• COVID-19: cleaning in non-healthcare settings: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

Coronavirus Resource Centre posters

• https://coronavirusresources.phe.gov.uk/

Draft

APPPENDIX - Key contacts

HOST	Public.health@halton.gov.uk	0151 511 5200
Environmental Health	Environmental.Protection@halton.gov.uk	0151 511 5200
0-19 Team	bchft.0-19phcovidsupport@nhs.net	01928 593 056
Infection Control	3boroughs.infectioncontrol@sthelensccg.nhs.uk	01744 457314
Cheshire and Merseyside Hub / PHE North West	cmcthub@phe.gov.uk/ icc.northwest@phe.gov.uk.	Health Protection Team: 0344 225 0562

Draft