

HEALTH AND WELLBEING BOARD AGENDA



26 June 2020

at 12.30 pm

in the Civic Centre,
Victoria Road, Hartlepool

PLEASE NOTE: this will be a 'remote meeting', a public link to which will be available on the Hartlepool Borough Council website at least 24hrs before the meeting

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Buchan, Thomas, Moore and Ward.
Representatives of NHS Tees Valley Clinical Commissioning Group - Dr Timlin and David Gallagher

Director of Public Health, Hartlepool Borough Council - Dr Pat Riordan

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Vacancy

Other Members:

Chief Executive, Hartlepool Borough Council - Gill Alexander

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council - Denise McGuckin

Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston

Representative of the NHS England - Dr Tim Butler

Representative of Hartlepool Voluntary and Community Sector - Tracy Woodall

Representative of Tees, Esk and Wear Valley NHS Trust - Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust - Deepak Dwarakanath / Julie Gillon

Representative of Cleveland Police - Superintendent Sharon Cooney

Representative of GP Federation - Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – Councillor Hall, Statutory Scrutiny Representative, Hartlepool Borough Council

1. WELCOME FROM THE CHAIR AND MESSAGE OF THANKS

2. ONE MINUTE'S SILENCE IN MEMORY OF THOSE LOST DURING THE PANDEMIC



3. APOLOGIES FOR ABSENCE

4. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

5. MINUTES

5.1 To confirm the minutes of the meeting held on 9 March 2020.

6. ITEMS FOR CONSIDERATION

6.1 Presentation – Local Outbreak Engagement Board - Review of the Terms of Reference and Membership of the Health and Wellbeing Board - Director of Public Health

6.2 Coronavirus Update - Presentation / Joint report of the Director of Public Health, Director of Children's and Joint Commissioning Services and Director of Adult and Community Based Services (*to follow*)

6.3 Coronavirus – Hartlepool Outbreak Control Plan - Director of Public Health (*to follow*)

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – to be confirmed.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

9 March 2020

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan and Thomas

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and David Gallagher

Director of Public Health, Hartlepool Borough Council – Dr Pat Riordan

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

Other Members:

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of Cleveland Police – Superintendent Sharon Cooney

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust – Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Karen Gibson (as substitute for Tracy Woodall)

Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Hall

Also in attendance:-

Lynn Allison, Healthwatch

Hilton Heslop, North Tees and Hartlepool NHS Trust

Michael Houghton, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Alex Sinclair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Officers: Craig Blundred, Deputy Director of Public Health
Catherine Grimwood, Performance and Partnerships Manager
Joan Stevens, Statutory Scrutiny Manager
Denise Wimpenny, Democratic Services Team

Prior to the commencement of the meeting, the Chair welcomed new representatives to the Board and apologised that it had been necessary to change the time of the meeting.

26. Apologies for Absence

Representative of the NHS England – Dr Tim Butler
Representative of GP Federation – Fiona Adamson

27. Declarations of interest by Members

Councillor Thomas – as an employee of Healthwatch.

28. Minutes

The minutes of the meeting held on 2 December 2019 were confirmed, subject to minute 20 being changed to refer to Councillor Thomas as employee of Healthwatch, not employer of Healthwatch.

29. Local Community Wealth Building – Director of Finance and Policy

The report advised the Board that Hartlepool Borough Council had been working with the Centre for Local Economic Strategies (CLES) and the Wharton Trust to explore what a community wealth building strategy could look like in Hartlepool. An Appendix to the report set out the findings from an early exploratory piece of work with a selection of anchor institutions in Hartlepool. Following the production of the report a workshop and a number of briefings had been held with a wider set of institutions to discuss the potential for rolling out a community wealth building approach across Hartlepool. Following these sessions it had been agreed that CLES and the Wharton Trust would be invited to attend the Health and Wellbeing Board to deliver a presentation on Local Community Wealth Building and explore how other partners can get involved in the development of a Hartlepool approach. However, the Board was advised that due to the time of the Board being changed, the representatives of those organisations had been unable to attend the meeting.

Board Members welcomed the proposals and the Chair placed emphasis upon partner organisations being involved in the development of a Hartlepool approach to local community wealth building and encouraged partner organisations to attend a future workshop scheduled for 25th March.

Decision

Board Members noted the report and expressed support of how they can get involved in the development of a Hartlepool approach to Local Community Wealth Building.

30. **“A Health Care System That Works for All Children” – Policy Paper from ADCS** - *Director of Children’s and Joint Commissioning Services*

The report outlined a summary of the policy paper “A health care system that works for all children” which had been produced by the Association of Directors of Children’s Services (ADCS) in November 2019. The paper outlined those areas where the ADCS considered that there was greatest need in the population. Given the high numbers of children facing mental ill health and emotional distress, this had been the main focus of the paper.

The Board was advised that the paper suggested that the NHS Long Term Plan had not placed the needs of children at the heart of health service transformation and in particular integrating services with education and social care. This was considered to be a missed opportunity given that investing in children’s health and wellbeing would reduce the demand on health and social care services in the future. They also stated that modern life was having an impact on children with increased and varied risks (such as knife crime, digital dangers and sexual exploitation). Increased mental health problems among 5-19 year olds are a challenge. It was concluded that the NHS needed to ensure that children were placed at the forefront of future plans and that services should work more closely with education and social care to meet the needs of children.

Board Members were requested to consider the following questions:

- What should the Health and Wellbeing board be prioritising to support this agenda?
- What do the board believe the way forward should be to address the questions raised by this paper?
- What should the role of the Children’s Strategic Partnership be?
- How will the board hold stakeholders to account to ensure changes are made to address these issues?

The Board received a presentation in support of the report.

A member of the public who was in attendance at the meeting addressed the Board and informed Board Members of a number of issues and concerns in relation to autism research. The Chair highlighted that the issues raised did not relate to the agenda item and advised that this issue would be discussed under a separate agenda item later in the meeting.

In response to clarification sought, Members were advised of the challenges around the impact of adverse childhood experiences in terms of life chances and the limited research available to address such issues were highlighted. Board Members considered the questions raised and commented on the need to think more broadly in terms of responding to the needs of young people and the importance of working together to better manage resources

to facilitate investment within psychological wellbeing. A number of views were expressed regarding future priorities which included the need to focus on breastfeeding, obesity and the links to diabetes, the need to support young people before a crisis situation developed, the importance of focussing upon the transition period from children to adulthood as well as the importance of a cross-agency approach to address the needs of young people.

In relation to the role of the Children's Strategic Partnership, the CCG Representative commented that the NHS was currently working on future plans which provided an opportunity for the Partnership to work with the NHS in relation to taking this issue forward. The importance of the commitment required of all Board Members in terms of support for the Children's Strategic Partnership was emphasised.

Decision

- (i) The Board considered the paper and the implementation of partnership based work programmes to address some of the issues in Hartlepool.
- (ii) That the comments of Board Members, as outlined above be noted and actioned as appropriate.

31. Verbal Update - Development of Neurodevelopmental Pathway

Further to minute 7 of the Board meeting held on 1 July 2019, the Board received an update on the development of a neurodevelopmental pathway which would replace the existing ASD pathway. The Board was advised that work was currently underway with multi-agency partners to develop the referral process and detailed partnership discussions had also taken place in relation to resources required to develop the pathway. A trial process had been undertaken, the outcome of which was provided.

In the discussion that followed a number of questions were raised in relation to the information presented. Clarification was provided regarding the support available to families, training provision as well as the number of families who had participated in drop-ins/training sessions.

Comments were raised regarding the importance of there being a better understanding of the definition "early help" and concerns were expressed around the potential impact on local authority resources which were currently operating at maximum capacity. The need for more clarity around what the pathway would provide was emphasised. The Board was advised that in order to test the pathway process, the next steps was to roll out the pathway to 20 schools prior to roll out to all schools. It was noted that a project plan

was currently being developed, further details of which would be reported to a future meeting of the Health and Wellbeing Board.

Board Members and members of the public shared personal family experiences in relation to the needs of children with challenging behaviour and the reliance on specialist organisations for support.

Decision

That the information given and comments of Members be noted.

32. Update following the Health and Wellbeing Board Workshop on 6 November 2019 – Director of Public Health

The report provided the Health and Wellbeing Board with a progress update following the Health and Wellbeing Board Workshop held on the 6th November 2019 and advice was sought on the way forward. Discussions at the workshop had resulted in the identification of a number of proposals for reviewed priorities and two potential options for their delivery going forward. Of the options presented, those present at the workshop had expressed a clear preference for a targeted (place based) approach. Based on this, a further meeting had been held on the 23rd January 2020 with partner organisations from across the membership of the Health and Wellbeing Board. During the course of discussions with partners at the meeting on the 23rd January 2020, there was continued support for a place based approach, with a strategic focus on neighbourhoods where data suggests there is the most significant need. Emphasis was placed upon the importance of achieving clear outcomes in the identified area and it was suggested that rather than starting something completely new, a plan to widen the work currently being undertaken by the Council's Children's Services Department (focusing actions on 85 streets in the Victoria Ward) should be developed. As a starting point for the development of the 'place based' plan, a data gathering exercise had been initiated with all partners, based on the 85 streets identified as part of the Children's Services piece of work. A deadline of 13th February 2020 had been set for the provision of this initial data. The Board was requested to discuss the proposed priorities and make recommendations for the immediate development of a 'place based' plan.

Board Members expressed support for the proposals and commented on the benefits of this approach. The Chair placed emphasis upon the importance of partner organisations providing the necessary data in accordance with prescribed timescales.

Decision

The Board discussed and agreed the proposed priorities and made recommendations for the immediate development of a 'place based' plan and the setting up of a Partnership Group of senior leaders to oversee the implementation of 'Hartlepool 85 Streets'

33. Corporate Strategy 2020-2025 – *North Tees and Hartlepool NHS Foundation Trust*

The report and accompanying presentation set out the recent refresh of the corporate strategy for North Tees and Hartlepool NHS Foundation Trust. The previous corporate strategy for the Trust had been developed during 2016/17. However, it was highlighted that many changes had taken place nationally, regionally and locally during the last three years and the Trust had subsequently refreshed its strategic vision and aims in order to acknowledge the extent of the changes within the healthcare system.

Board Members debated issues arising from the report and presentation and the representative of North Tees and Hartlepool NHS Trust responded to issues raised. Clarification was provided in response to a member of the public's issues and concerns in relation to the quality of the research available around autism and the impact as a result. The Chair referred to the limited resources available and the reliance on a national approach to undertake research of this type. A Member placed emphasis upon the importance of relationships and trust being rebuilt between hospital trusts and the local community and suggested that this be reflected in the workforce strategy.

Decision

The Board expressed support of the Trust's overall vision for the next five years.

34. NHS Five Year Operational Plan 2019/20 – 2023/24 – South Integrated Care Partnership – *Head of Planning and Assurance, Tees Valley CCGs*

The Board was requested to note the report and accompanying presentation with regard to the contents of the Southern Integrated Care Partnership (ICP) level submissions made as part of the wider Integrated Care System (ICS) level submission in relation to the NHS Long Term Plan. The submissions had been made in Nov-19 in line with National timescales. The Board was advised that in the response to the NHS Long Term Plan there was a requirement to develop system (ICS) plans for delivery through to 2023/24, as set out in the report. As a South ICP and one of four ICP's within the ICS it was a requirement to work with partner organisations within the ICP to complete an ICP level submission for the 3 areas above.

Decision

The Board noted the contents of the Southern ICP level submissions made as part of the wider ICS level submission in relation to the NHS Long Term Plan.

35. SEND (Special Educational Needs and Disabilities) Improvement Plan Progress and Send Strategy - *Director of Children's and Joint Commissioning Services and Stockton-on-Tees Clinical Commissioning Group*

Board Members were advised that the improvement plan had been updated and had been circulated. The balance scorecard had been updated with Autumn Term data which had also been circulated. In addition an annual report covering March 2019 – March 2020 had been completed and the SEND Strategy, which included the approach to joint commissioning, attached as appendices to the report, had been circulated.

In order to contribute to a continuous improvement journey the SEND Strategic Group had requested an LGA Peer Review. This had been negotiated through the LGA and would take place week beginning 30th March. The peer review would be reviewing how the local area had implemented the SEND reforms across education, health and social care.

The Assistant Director of Joint Commissioning clarified that this was a multi-agency strategy and not a Local Authority strategy which required approval and sign-off of Board Members.

Decision

- (i) The Board noted the progress achieved in implementing the SEND improvement plan.
- (ii) The Board reflected on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.
- (iii) The SEND Annual Report 2019 – 2020 was noted.
- (iv) The SEND Strategy was approved and the Board reflected on ways they can contribute to the strategy's priorities.

36. Better Care Fund Update – *Director of Adult and Community Based Services*

The report provided the background to the Better Care Fund reporting arrangements and summarised the national conditions and performance measures. Performance reports were submitted to NHS England on a quarterly basis. The Quarter 3 return covering the period October-December 2019 had been submitted in late January 2020 and had confirmed that all national conditions continued to be achieved. An analysis of performance data had also been provided which was summarised in the report.

Decision

The Board retrospectively approved the Hartlepool Better Care Fund Q3 return and noted the current position in relation to performance which is extremely positive, with all four key indicators on target to be achieved at the year end.

37. Pharmaceutical Needs Assessment (PNA) 2018 – Supplementary Statements – *Director of Public Health*

The report sought ratification of Supplementary Statements issued since publication of the Pharmaceutical Needs Assessment 2018. The Health and Wellbeing Board (HWB) had published its Pharmaceutical Needs Assessment in March 2018 and on the 5 March 2018 had approved the continued delegation of authority to the Director of Public Health (in conjunction with the Chair of the HWB) to approve specific functions set out in the report, as required. In accordance with the agreed process for the periodic ratification of Supplementary Statements, the Board was advised that five Statements had been issued since publication of the PNA in March 2018. A copy of the Statements was appended to the report.

Decision

The Board noted and ratified the Supplementary Statements issued since publication of the PNA 2018.

38. Pharmaceutical Needs Assessment Review - *Director of Public Health*

The report updated the Board on responsibilities and actions related to the Pharmaceutical Needs Assessment (PNA) for Hartlepool. The Board had published its second PNA on the 23rd March 2018, in accordance with statutory requirements. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”), as amended, set out the legislative basis for the updating of PNA’s, including the duty of Health and Wellbeing Boards (HWB’s) to ‘publish a statement of its revised assessment within 3 years of its previous publication of a PNA. It was therefore recommended that the Board now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NHS England), a Statement of Intent reporting this needs to been published on the Hartlepool Borough Council website as set out in the report. A provisional plan for this substantial re-assessment was also detailed in the report.

Decision

- i) The Board acknowledged the content of the report including the outline plan and timetable towards the review of the PNA of the Hartlepool HWB, commencing immediately.
- ii) The Board delegated authority to the current/or acting Director of Public Health (DPH), in conjunction with the Chair of the HWB, for approval of the draft PNA 2021 for release to formal 60 day consultation.
- iii) The Board approved the continued delegation of authority to the current, or acting, Director of Public Health (DPH), in conjunction with the Chair of the HWB, for elements of the maintenance and use of the PNA, and for the DPH to approve, as required:
 - Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need);
 - Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA; and
 - Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g., annually) as required.
- iv) In accordance with the NHS Pharmaceutical Services regulations, now that the HWB is in the course of making its revised assessment for 2021, the HWB will monitor any changes to availability for pharmaceutical services in its area in the intervening period. The HWB will publish a Supplementary Statement on any changes (to availability) where (if) it is satisfied that immediate modification of its pharmaceutical Needs Assessment (2018) is essential in order to prevent significant detriment to the provision of pharmaceutical services in the town.
- v) Agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Hartlepool PNA be received as required at future HWB meetings.

39. Verbal Update - Coronavirus – *Director of Public Health*

The Board received a verbal update on the outbreak of coronavirus. The country was currently in the containment phase and current advice should be maintained in terms of frequent handwashing etc. It was anticipated that the country would rapidly move to the delay phase to mitigate the impact on an overstretched NHS, details of which were provided. A number of recommendations were being worked through which may include social distancing, voluntary isolation of whole households should there be a positive case within the family, postponement of mass gatherings and advice was expected around the use of public transport and school closures. It was not envisaged that school and college closures would be considered in the first phase of the delay phase as this was not considered as effective as social distancing and self isolation. It was anticipated that the epidemic would be around for at least five months, with the late spring being the period of intensity and that cases may reduce then reappear in the autumn/early winter.

In response to clarification sought, the Board was advised of the arrangements in the event of coronavirus symptoms.

Meeting concluded at 4.05 p.m.

CHAIR

HEALTH AND WELLBEING BOARD

26th June 2020



Report of: Joint report of the Director of Public Health, Director of Children's and Joint Commissioning Services and Director of Adult and Community Based Services

Subject: CORONAVIRUS UPDATE

1. PURPOSE OF REPORT

- 1.1 To provide the Board with data on the progress of the disease in Hartlepool and priorities for moving forward.

2. BACKGROUND

- 2.1 On 11th March 2020, the World Health Organisation declared that COVID-19 was a global pandemic. On 23rd March 2020 the UK government announced a lockdown restricting the movements and gathering of people nationwide as a measure intended to restrict the circulation of the virus and attempt to protect the NHS from a huge surge in cases overwhelming hospitals. This report considers the data and reviews the progress of the disease in Hartlepool from the first cases being identified to the current position. It will also consider the priorities for moving forward.

3. PROGRESSION OF THE DISEASE

- 3.1 Hartlepool started to see identified cases in the system in the week commencing 22nd March. The first two cases were identified here.

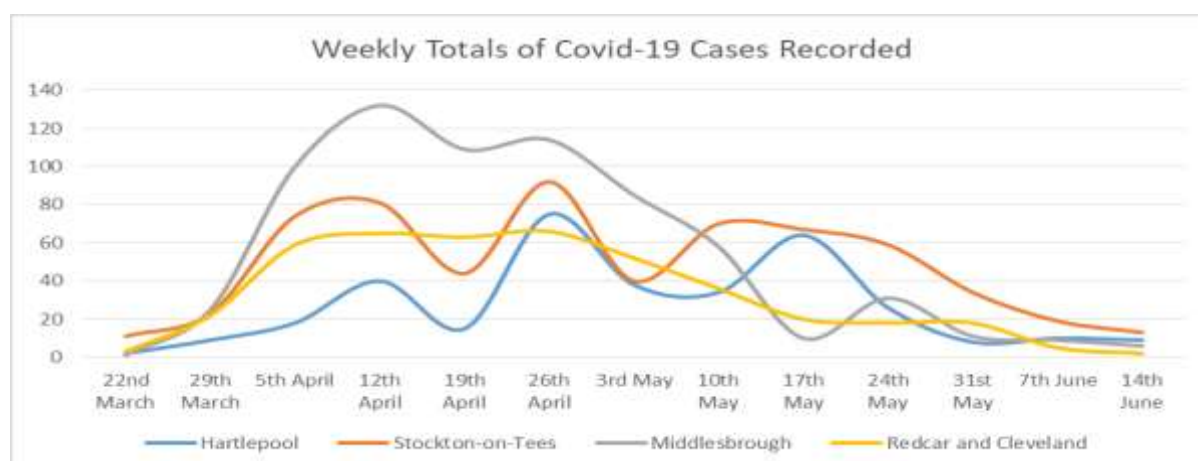


Figure One: Weekly totals of COVID-19 cases recorded.

- 3.2 Figure one shows a comparison of the total cases recorded by week across the local authorities in the Tees area. This shows that there was a peak in cases recorded the weeks commencing 26th April and 17th May in Hartlepool. The recorded cases have been declining since the second peak and cases have experienced a slight rise in the last seven days but not to a large degree.

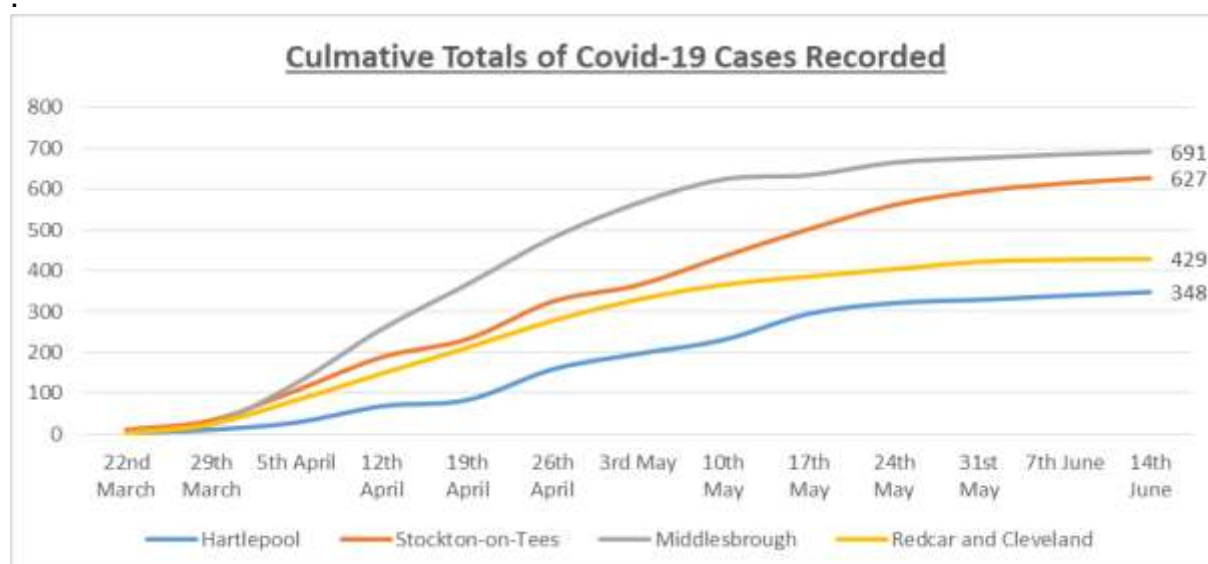


Figure Two: Cumulative Totals of COVID-19 cases recorded

- 3.3 Figure Two shows the cumulative totals for the numbers of cases recorded across Tees. This shows that Hartlepool has had the lowest absolute numbers of cases across Tees. It also shows that the recorded rate is starting to slow down and level off. It is important to note this as it currently isn't indicating a decline in the number of cases which suggests that we still need to exercise caution and maintain the mitigation measures.

| Table One: Hartlepool COVID-19 rate per 100,000 population | | | | | | | | | | |
|--|------------|------------|------------|---------|----------|----------|----------|----------|----------|-----------|
| | 12th April | 19th April | 26th April | 3rd May | 10th May | 17th May | 24th May | 31st May | 7th June | 14th June |
| Rate per 100,000 | 74 | 90 | 171 | 211 | 248 | 316 | 344 | 353 | 364 | 372 |
| National Rank (Out of 150) | 119 | 128 | 94 | 79 | 70 | 42 | 39 | 35 | 33 | 31 |
| Source: ONS Data 07/06/20 | | | | | | | | | | |

- 3.4 Table One shows the rate per 100,000 population for Hartlepool. This indicates that we originally were ranked 119 out of 150 local authorities week commencing 12th April. This has subsequently worsened and we are now have the 31st highest rate.

Deaths

- 3.5 Figure Three shows the number of COVID-19 related deaths recorded in Hartlepool by week.

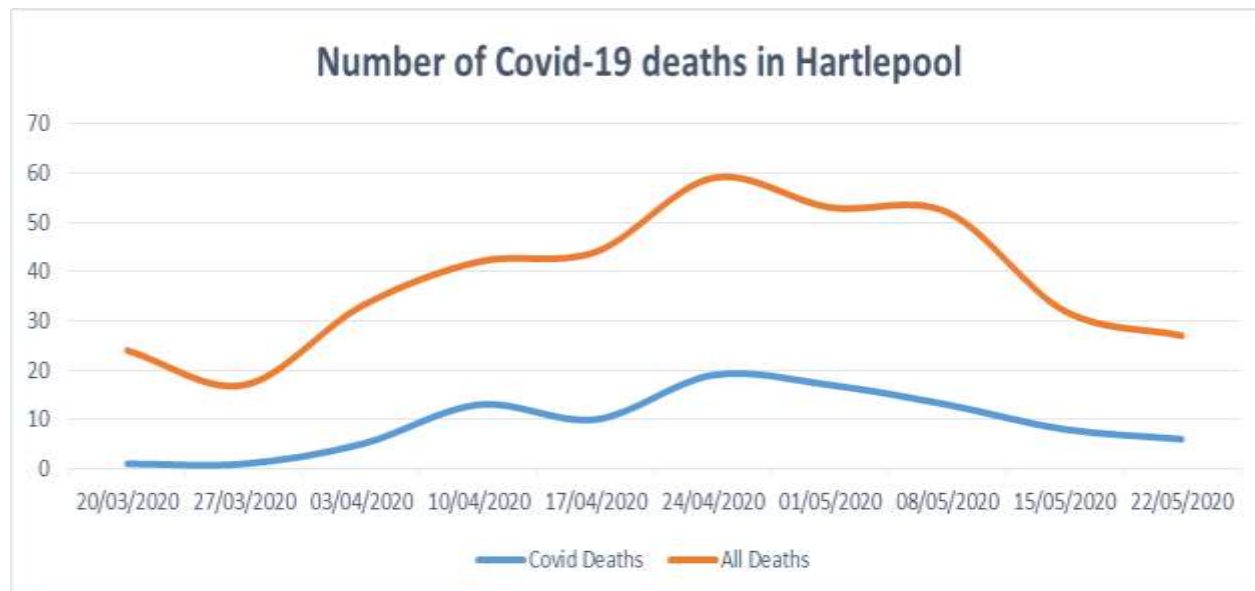


Figure Three: Number of COVID-19 deaths in Hartlepool

- 3.6 This data shows a peak in the number of deaths around the week commencing the 24th April 2020 and a decline in the number of deaths since then.
- 3.7 Figure Four show the death rate for COVID-19 per 100,000 population.

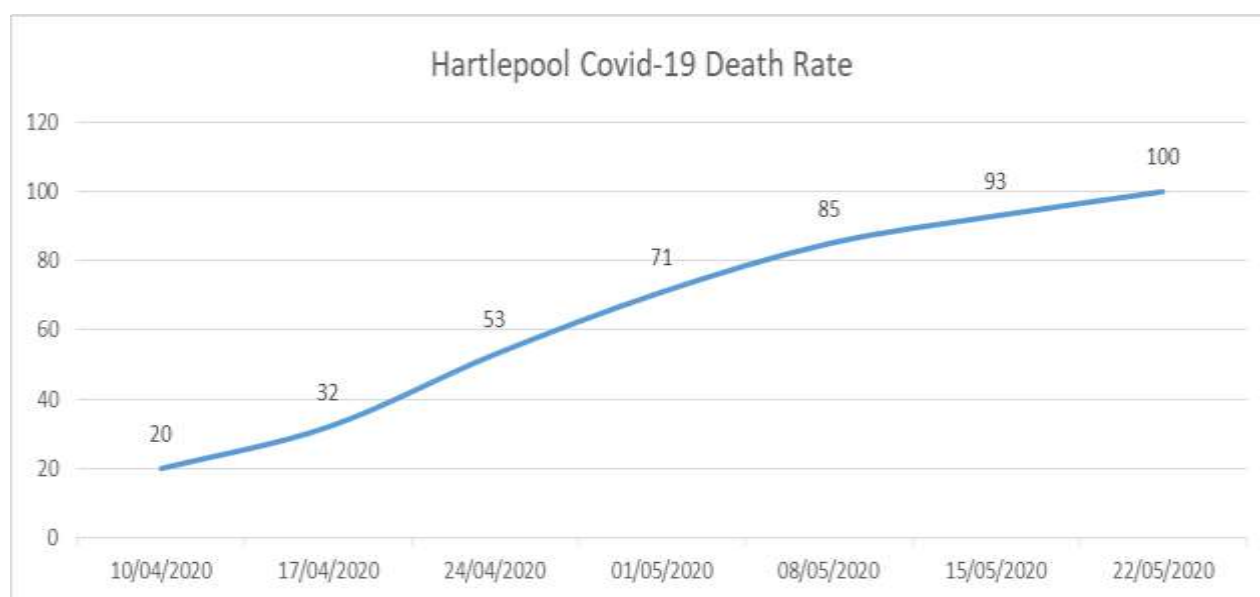


Figure Four: Hartlepool COVID-19 death rate per 100,000 population

- 3.8 This shows that the rate in April was around 20 per 100,000 and the latest data shows it to be at 100 per 100,000. This is the second highest rate in Teesside and Hartlepool is in the highest 15% in the country.

Care homes

3.9 Figure Five shows the number of cases reported across care settings.

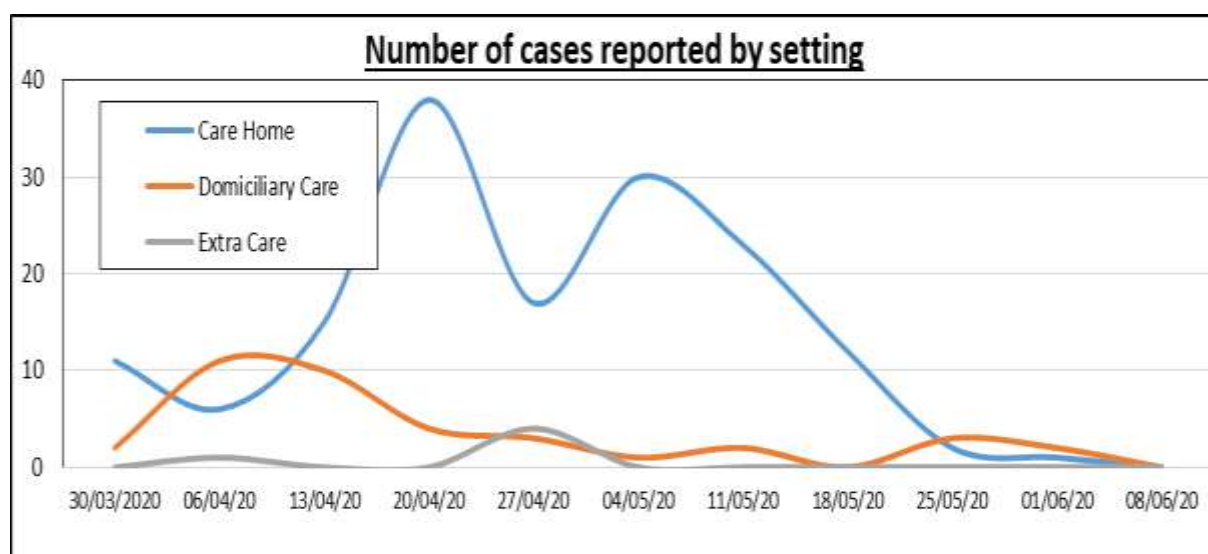


Figure Five: Number of cases reported across care settings. Source: HBC Communication with care providers

3.10 This shows that the highest numbers of cases are reported in care homes with a peak around the week commencing 20th April.

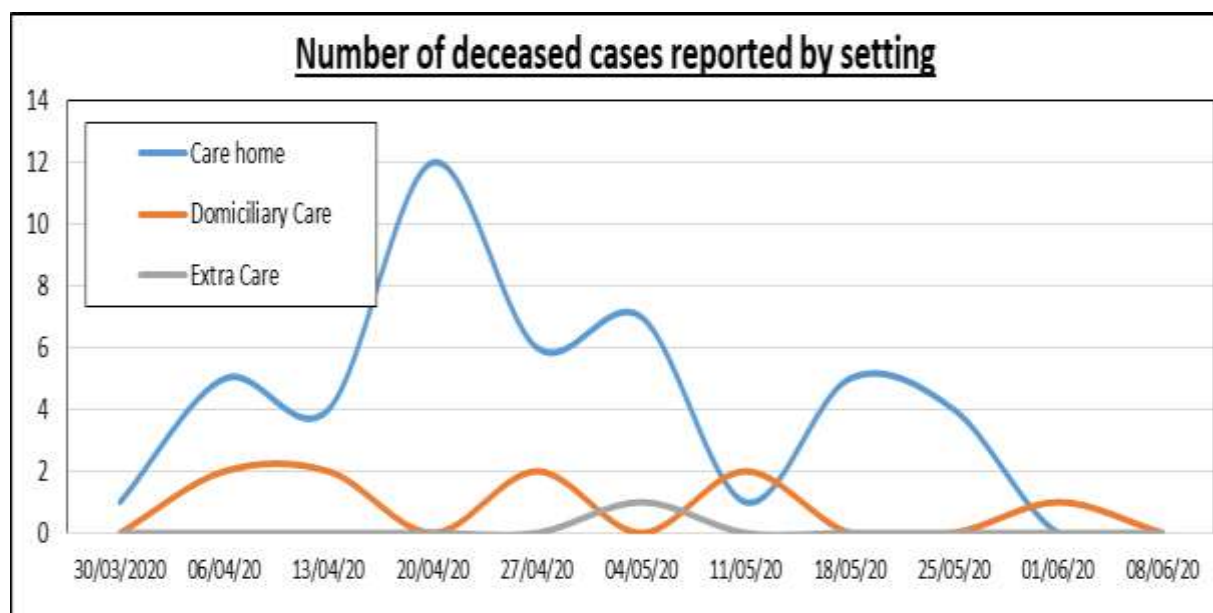


Figure Six: Number of deaths by setting. Source: HBC Communication with care providers

3.11 Figure six shows that, as would be expected given the higher number of cases, that the highest number of deaths reported in a care setting occurred in care homes. As can be seen from this figure, the deaths peaked in April and are now declining.

National Comparison

- 3.12 It is useful to consider the national picture Figure seven shows the comparison of national cases against Hartlepool cases. This shows that the rate of cases per 100,000 grew more slowly in Hartlepool than the national rate. It has now passed that rate and is remaining higher than the national rate.

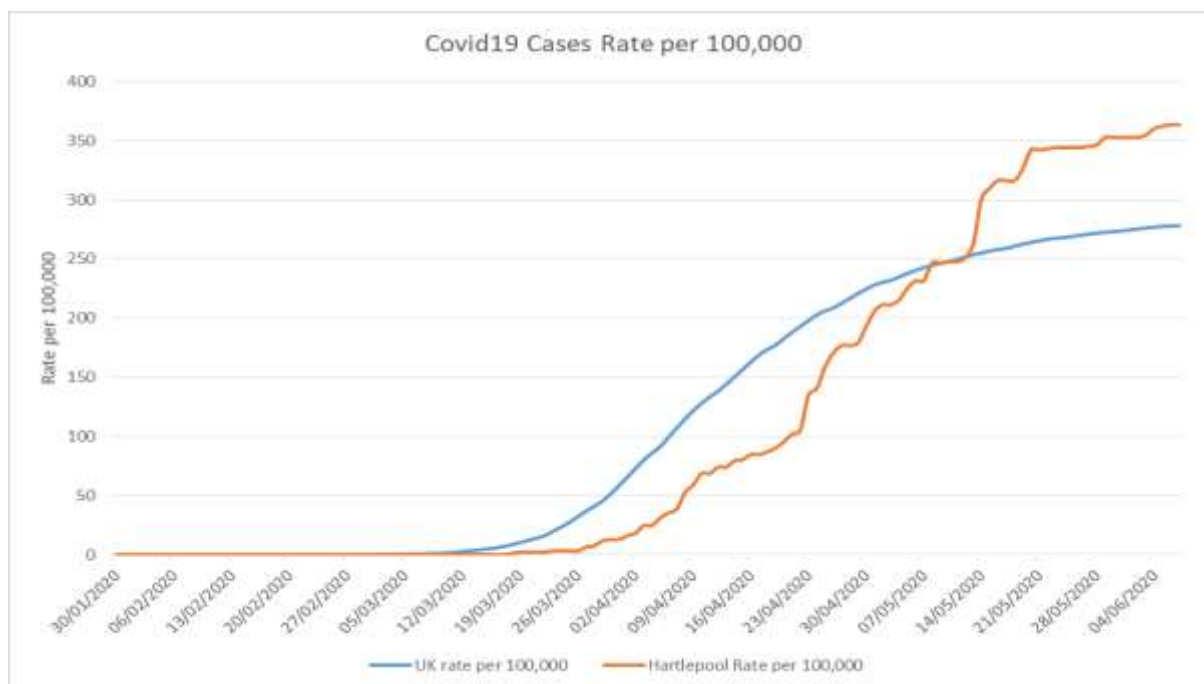


Figure Seven: Rate of COVID-19 cases per 100,000

- 3.13 Figure eight shows the death rate per 100,000 for Hartlepool and the UK. Again we see Hartlepool tracking behind the UK rate until April where it goes above the UK rate and remains there.

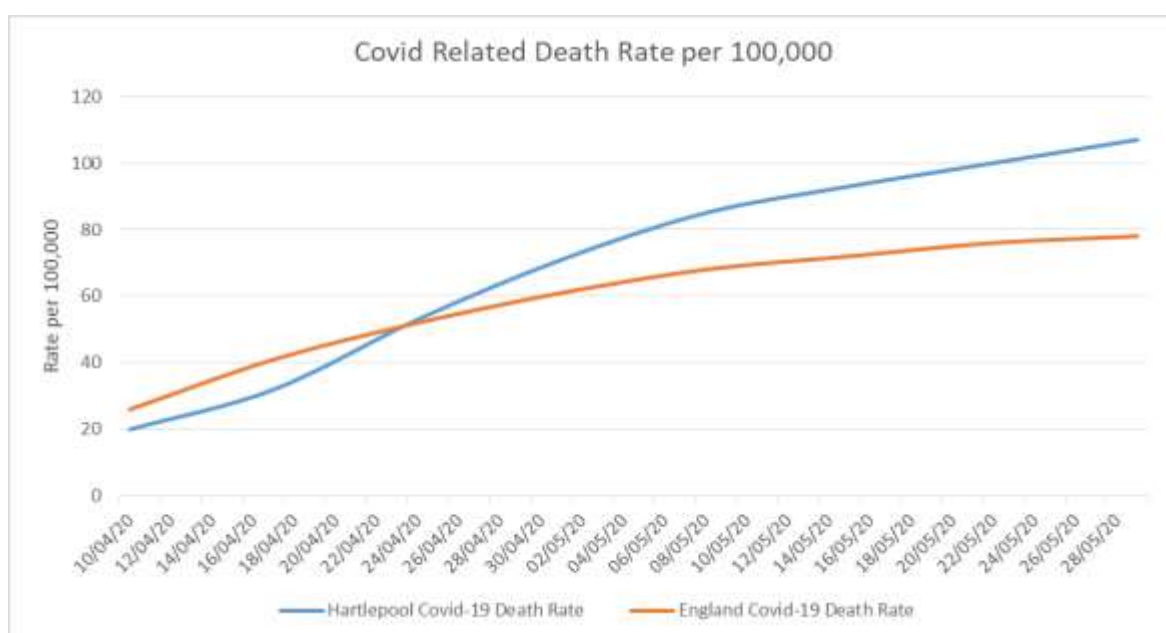


Figure Eight: COVID-19 related deaths per 100,000

- 3.14 By way of an additional update, a copy of the report recently presented to Council on the Hartlepool Covid-19 response is also attached at **Appendix 1** for information.

4. CURRENT PRIORITIES

- 4.1 Ensuring the safety of Hartlepool residents as we ease lockdown is a priority for us and as well as promoting the distancing and hygiene measures, we are putting into place a range of systems aimed at stopping outbreaks becoming widespread.
- 4.2 The data outlined above is clear is that the disease has progressed at a slightly slower rate through Hartlepool. However whilst there are some encouraging signs in the data, showing that the incidence rate and death rates are coming down, we are still at a dangerous place. The R number regionally is still close to 1 and could easily rise above that if the mitigation measures are eased too quickly. We therefore still need to be alert to any potential increases in both rates and the need to mitigate against these.
- 4.3 We are currently in the process of developing outbreak control plans in order to ensure that any outbreaks in more complex settings (schools / care homes / workplaces / communities) are identified and mitigating actions put into place.
- 4.4 This is linked to the track and trace service and we will be working closely with our partner organisations to develop this capability across Hartlepool.

5. RECOMMENDATIONS

- 5.1 That the report be noted.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To provide the Board with data on the progress of the pandemic in Hartlepool and priorities for moving forward.

7. BACKGROUND PAPERS

None.

8. CONTACT OFFICER

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The COVID-19 Pandemic in Hartlepool - Report of the First Phase Response



Introduction

On March 11th 2020, the World Health Organisation declared that COVID-19, a Coronavirus, was a Global Pandemic. On March 20th 2020, the Cleveland Local Resilience Forum (LRF), which the Council is part of, declared a Major Incident under the Civil Contingencies Act 2004. Under the Act, the Council is designated as a Category 1 Responder as detailed in the Council's Major Incident Plan.

In accordance with the Major Incident Plan, a strategic and tactical command structure has been established to manage the response phase comprising a strategic co-ordinating group (SCG) and nine tactical workstreams:

- Schools and vulnerable children
- Care Homes and support for vulnerable adults
- Business support
- Hardship and homelessness
- Workforce and organisational impact
- Neighbourhoods and communities
- Excess deaths and bereavement management
- Resources and financial impact
- Communications

On March 23rd 2020, the Prime Minister announced the UK lockdown, limiting people's movements, which included working from home where possible.

This had a significant impact on Council services, with an immediate suspension of some frontline operations, a reduction in the service model for others and a change in operating procedures for all services.

Impact of the virus and our response

The pandemic has had a profound impact on the daily lives of people. Coronavirus represents a deadly threat to the health of our nation and community. It has been necessary to introduce at speed significant restrictions on movement and association and economic activity. We have seen the closure of businesses and the loss of jobs and the lockdown has had a far reaching impact on daily and commonplace activities that until now we have all taken for granted.

While the economic and social impacts of the pandemic are significant, the principal impacts are on the health and well-being of those it directly and indirectly affects.

In Hartlepool, as of 28th May, we have seen 323 confirmed cases in hospital, care homes and the community. Tragically 94 people have lost their lives as a result of the virus in a very short space of time. Until May 12 Hartlepool had one of the lowest infection rates in the North East. However by May 22nd the Hartlepool rate had increased significantly over a short space of time to 342 per 100,000 – higher than 75% of the local authorities in England. This rapid increase was one of the highest in the whole of England. Although there have been signs that this rapid phase has decreased in recent days it is clear that the situation is fragile. Hartlepool's infection rate, within the context that the COVID-19 R rate for the North East (.80) being double that of London (.4), suggests that we have not reached our peak in Hartlepool and there can be no room for complacency.

Each death is a tragedy. Those who have lost loved ones have done so in the most dreadful of circumstances. Our condolences go out to all those who have lost their lives, and to their families and loved ones.

Emergency Response Phase

Local Government, the NHS and social care providers have been central to the national and local emergency response. The Council has worked closely and tirelessly with the NHS and a range of other partners to mitigate the effects of the pandemic and put in place guidance for residents and businesses to protect them from further harm. It has been inspiring to see how Council staff, our partners and our community have come together to stop the spread of the virus, protect the vulnerable and keep our community running.

Sustaining the delivery of critical services

In the week in which WHO declared a Global pandemic, the Council undertook a major review of our business continuity plans to identify those services that are critical to our emergency response and to keeping our communities running. We revised our operating procedures to ensure they complied with NHS and Public Health England guidance and we put the necessary IT arrangements in place to ensure as many staff as possible could work from home. This resulted in some services being stopped or reduced, some staff being re-deployed into critical areas and all services making adjustments to the way they operate. By the end of the first week of lockdown we had enabled 40% of our workforce to work from home, introduced social distancing measures in all offices, and provided safe operating procedures for frontline services from safeguarding and home care services to kerb-side collections. We had also begun a proactive communication and messaging campaign to keep our residents, staff and members informed about service changes and to encourage people to comply with the regulations.

Supporting the most vulnerable

Hartlepool Support Hub

In addition to maintaining business critical services we also worked quickly to set up new services and arrangements to ensure we could support the most vulnerable in the Borough and those at the greatest risk from the COVID-19 crisis. We acted swiftly to commission additional provision to ensure rough sleepers and the homeless could be accommodated and off the streets, we developed integrated discharge arrangements operating from 8am – 8pm seven days a week and provided support and advice to social care providers.





In the space of a few days we created the Hartlepool Support Hub and helpline for those who are ‘shielding’ or self-isolating and in need of food, medicine, other supplies and emotional support. Based at Community Hub Central and with a warehousing point at Mill House Leisure Centre, the Support Hub is staffed by people from across the Council whose usual day jobs are very different from the vital work they’re currently doing. Staff working in the Support Hub include librarians, instructors from Carlton Adventure and leisure centres, reception staff from Mill House Leisure Centre, legal assistants and Youth Services staff to name but a few. Staff have very quickly adapted to their new roles and are happy to do whatever is needed to help people through the crisis.

We were the only Council regionally to leaflet every household at the start of the crisis to raise awareness about the role of the Hub. This has proved invaluable in making sure as many people as possible know who to contact for help. By May 28th, we were in contact with 7,825 residents, had provided 1,830 food parcels and delivered 1,407 prescriptions and 2,142 hot meals as well as putting people in touch with befrienders and other services that can offer support.



People who have been supported by the Hub have been incredibly appreciative of the support they’ve received. This is just a small sample of the comments received:

- “Knowing that support was there has helped me so much and made me so happy! So thank you!”
- “I’ve got my delivery, thank you so very much, you have no idea what you’ve done for me, you are life savers, thank you, thank you, thank you.”
- “We can’t thank you all enough for your fantastic service and help to us, especially the phone call which came at a time when I was feeling really low. We are new to the area... we cannot believe the help that we have received.”
- “Your help has been amazing, I cannot thank you enough! And thank you for the continuing help also, it’s so refreshing to have some help, thank you! The work you guys are doing is amazing!”

Role of the voluntary, community and local business sector

The COVID-19 crisis has demonstrated beyond doubt that Hartlepool has a big heart. The goodwill of the people of the Borough who want to support our most vulnerable residents has been phenomenal. The Council, through the Support Hub, has played an important role in harnessing this good will and has worked with a range of different voluntary and community organisations and local businesses to ensure people can access the support they need, including the provision of food, hot meals and neighbourly support. By the end of the first month the Council had over 150

volunteers who were signed up with DBS and identity checks and worked with Hartlepower to launch the Hartleneighbour scheme to support people who are socially isolating and those experiencing loneliness. We are immensely grateful to the community and voluntary sector and some of our businesses who have stepped in to help deal with the social impact of the crisis including Hartlepool Carers, Poolie Time Exchange, Hartlepool Foodbank, St Aidan's, Hartlepool Mecca Bingo, Social Prescribers, Hartlepool United Football Club, Hartlepool College of Further Education, Harbour and Hartlepool's Dementia Friends.



While the majority of the Council's Preventative & Community Based Services have been unable to operate, work has continued to encourage participation in activity, through sessions streamed on social media. Mill House Leisure Centre has become the logistics hub co-ordinating delivery of PPE and hot meals and many staff have been redeployed from their usual roles to support the essential work of the Support Hub.

Adult Social Care

Adult social care services have been maintained throughout the pandemic. The Integrated Discharge Team and intermediate care services have been managing increased demand as they have responded to new national guidance requiring discharges to take place within 2 hours. Teams have been working weekends and extended hours in order to support safe and timely discharges and the success of this approach has been greatly helped by existing integrated arrangements and a partnership approach with health colleagues. The day services at the Centre for Independent Living has continued to operate, with staff supporting a smaller number of people with learning disabilities and complex needs, and people who have not been able to access their usual services are being supported through regular telephone or skype contact by the social care teams. A number of people are also being supported with delivery of hot meals from the Support Hub and additional care and support in their own homes. Work has been undertaken to raise awareness of COVID-19 related scams which may impact particularly on the elderly and those living alone and safeguarding services have been maintained throughout.

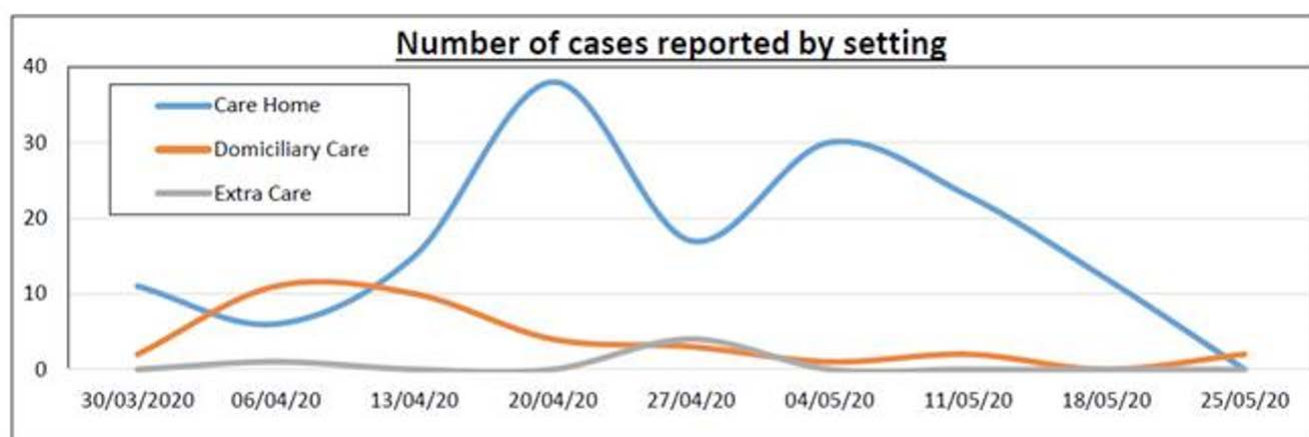
Care Homes

The impact of COVID-19 on care providers, particularly care homes that support older people, has been significant with 50% of care homes in Hartlepool having confirmed cases. Throughout the pandemic the Council has been in daily contact with care providers and a range of support has been in place, including supplies of PPE, advice and guidance and additional funding for care homes for older people. Through this route the Council has had daily updates on suspected and confirmed cases, testing of residents and staff, staffing levels and any other challenges that providers have faced and has been able to respond quickly to requests for additional support. The Council has also worked collaboratively with the CCG, NT&HFT and TEWV FT to support care homes to access testing, additional clinical input and enhanced training on infection prevention and control that is specific to the current circumstances.

At the peak of the pandemic, some care homes had approximately 50% of their staff self-isolating due to being symptomatic or having tested positive and in one week there were 42 cases confirmed and, tragically 12 deaths reported. This was clearly incredibly challenging to manage, but the response from care providers has been really heartening to see, and they have shown huge commitment and compassion throughout the COVID-19 response.



As shown in the graph below, the number of cases in adult social care settings peaked between 20 April 2020 and 4 May 2020 and has reduced steadily since then with no new cases reported in care homes since 25 May 2020. This indicates that the support being provided is having a positive impact and that the sector has managed the outbreaks effectively and minimised further spread.



Care home providers have valued the support they have received from the Council, with feedback as follows:

- “The Council has been extremely supportive throughout this uncertain time. They’ve been available to monitor that our customers and colleagues are safe, offered a caring approach throughout and have delivered PPE (within hours!) which highlights that they take service level need extremely seriously and are on hand to help with any queries. This gives the service confidence that we are, and will continue to be, supported throughout this. Thank you.”
- “We feel that the team has been very supportive in this difficult time. We have received daily telephone calls asking us how we are and if we need support. Valuable PPE has been sourced and delivered to us. We feel that we are not on our own dealing with this pandemic for which we are very grateful.”

Schools and vulnerable children

Throughout the crisis all schools and academies worked collaboratively with the Council to keep all schools open for key workers and vulnerable children and, prior to the roll out of the national voucher system, to ensure that those entitled to free school meals could receive a meal a day. Schools in Hartlepool remained open during the Easter holidays to maintain continuity. In addition teachers have worked tirelessly to provide education online and to maintain contact with pupils and their parents.

Following the Prime Minister's announcement on May 10th that, if the circumstances were right, primary schools would re-open on June 1st, Head teachers have worked with the Council to assess the risks and develop a borough-wide plan for the further and phased re-opening of schools. A joint decision was taken based on the infection rate in Hartlepool and the organisational challenges of ensuring schools could provide a COVID-safe environment in a very short timescale. It was concluded that primary schools and academies in Hartlepool would not open further on June 1st. Work is continuing with schools and academies to review risk assessments and agree plans for the careful and phased re-opening of schools and academies.

Children's social services have re-adjusted working arrangements including introducing remote visits and meetings with vulnerable children and their parents to maintain safeguarding contact with vulnerable children. In addition a borough-wide campaign was undertaken to raise awareness of the children's hub contact details for anyone with a cause for concern about a child. Children's social care services have continued to experience a steady level of demand and seen an increase in the number of children in care as we have ensured that young people have not left care inappropriately at this worrying time. Contingency plans have been put in place to increase the number of foster carers.

Workforce deployment, welfare and protection

The response of our staff and key workers in our partner agencies and commissioned services across the borough has been inspiring.

As at 22 May, 14.6% of our workforce were at home as a result of COVID-19 symptoms or needing to shield or self-isolate because they, or a member of their household, have an underlying health condition. However the vast majority have been able to continue duties from home, with only 2.7% being unable to work. These numbers vary, however, and maintaining essential services as we continue to manage the crisis will be a key challenge.



Staff have had to respond flexibly to change. We mobilised resources to enable 40% of our workforce to work from home by the end of the first week. Many members of staff have had to adjust quickly to working from home and have kept our back office functions operating smoothly. Others have been redeployed into new and different services to maintain frontline delivery including the Support Hub, cemeteries and crematoria, and waste and environmental services. All this has demanded great resilience, commitment and support from the workforce, as well as appropriate training. The assistance of our trade unions in this process has been invaluable.

The welfare of key workers in the Council and in our commissioned social care provision has been a key priority. On this, the inability of the Government to provide adequate supplies of PPE to those that need it compounded the already challenging circumstances key workers were operating under. It became clear in the first stages of the crisis that we could not rely on the national supply that was being co-ordinated through the LRF. We therefore set up our own alternative supply chain and approximately 70% of the supply of PPE to those in need of it has been provided by the Council. At the height of the PPE challenges we were grateful to the secondary schools and colleges in Hartlepool that used their 3D printing capacity to produce visors and to businesses who donated face masks. Maintaining adequate supplies of PPE will be an on-going challenge as we progress through the crisis.

Neighbourhoods and community services

In the early days of the COVID-19 pandemic, Regeneration and Neighbourhoods prioritised all services in line with Government guidance, which meant that services either continued operating as normal, were reduced to emergency responses only, or were temporarily ceased. This prioritisation exercise enabled us to maintain those critical core functions, such as residual and recycling collections, operating the crematorium, delivering key services to schools such as catering and transport, maintaining fleet, planning and business compliance visits. However, in some cases employees were redeployed from their existing teams into those aforementioned service areas, as well as others within the Council, in order to deliver our critical functions, while also supporting our most vulnerable residents during the early days of the crisis.

Service provision, available resources and Government guidance were continually monitored, and gradually we have increased the service offer back to the level of normality that would be expected to see for a front line department such as Regeneration and Neighbourhoods. However the 'new' normal looks very much different, with new operating procedures introduced and staff having to adapt to these new ways of working, as new challenges are identified and continually overcome.

As lockdown restrictions are released, and businesses start to reopen, services are now looking at ways in which we can support businesses through the provision of advice, guidance leaflets, temporary signage, and introduce measures to promote safer green and urban spaces for example by increasing the widths of footpaths, introducing temporary cycle ways and promoting social distancing requirements.

Supporting our Businesses

As in the rest of the country, businesses in Hartlepool have been severely affected by the economic impact of lockdown. Many, including pubs, restaurants and non-food shops have temporarily closed, whilst others such as manufacturing, construction, travel and education sectors have been severely disrupted. Professional services have largely moved to home working, but many are seeing a reduction in demand. It is clear that as the lockdown is released many businesses will struggle to survive given the constraints of social distancing whilst others will see a slow return.

In response to this the Government released a range of fiscal measures to stabilise the situation. Local government has been used as a conduit to pass on funding to eligible businesses in relation to two major schemes: Small Business Grant Fund (SBGF) and Retail, Hospitality and Leisure Grant Fund (RHLG)

The Government defined the eligibility criteria, which included the following key aspects:

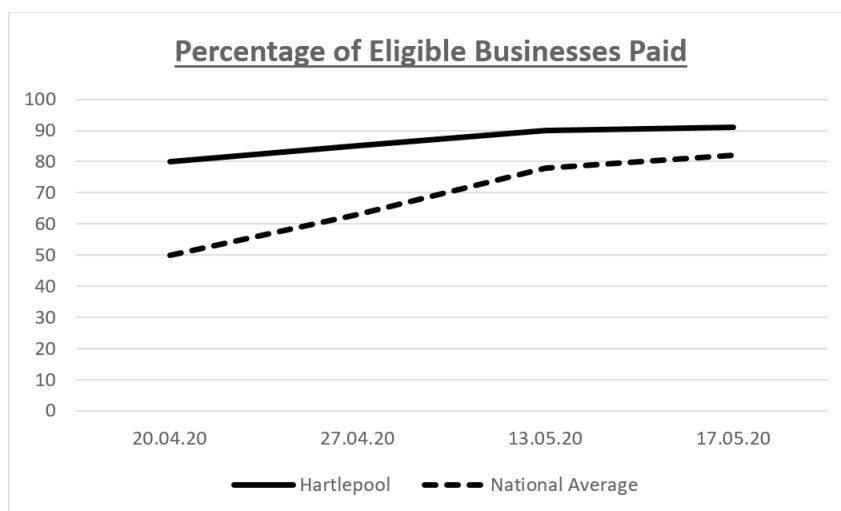
- SBGF – all businesses in receipt of either Small Business Rates Relief or Rural Rates Relief as at 11 March 2020 will be eligible for a grant of £10,000;
- RHLG – eligible business with a rateable value up to and including £15,000 will be eligible for a grant of £10,000; eligible business with a rateable value of over and less than £51,000 will be eligible for a grant of £25,000. Business had to be operating on 11 March. No grant was payable for businesses with a rateable value of £51,000 or over.

The Council acted quickly to pay these grants to Hartlepool businesses and as summarised below the Council's performance has consistently exceeded the national average. This was particularly the case at 20th April when the Council ranked 13th out of 314 Councils and had paid out 80% of eligible grants, compared to an average of 50%.

As at 21st May 2020 the Council had paid 91% of eligible business (1,455) a total of £17.885m.

Following on from the Government funded grant support provided to businesses under the SBGF the RHLGF the Government is now also providing Councils with funding to support a "Discretionary Grant Fund". This new fund is aimed at small businesses and charities – i.e. with less than 50 employees – not eligible for the SBGF or RHLGF.

The new fund is designed to help meet ongoing fixed property-related costs i.e. rent and mortgage payments and to support business which can demonstrate they have suffered a significant fall in income due to the COVID-19 pandemic.



Hartlepool has been allocated £876,500. Councils can pay grant to the value of £25,000, £10,000 or any amount under £10,000. Grant cannot be between £10,000 and £25,000. Given the limited value of available funding the local scheme will set a maximum potential grant of £10,000 – the same value as the other Tees Valley Councils. However the actual maximum grant may be lower depending on the number of businesses which apply for this grant.

To ensure all eligible businesses have the same opportunity to secure this funding the Council will operate an application process. The closing date for applications is 9am, Monday 15th June 2020. Full details of the scheme, including eligibility criteria and the application form have been made available on the Council website and paper copies are available on request.

In addition to passing on grant to businesses as swiftly as possible our Business Support team has been working to provide advice and support to businesses in relation to their eligibility for other support.

Looking ahead the Council will have a critical role in building investor confidence, stabilising and growing key sectors, regenerating our town centre and high streets, and sustaining local wealth creation in order to sustain and create jobs. It will also be more important than ever before to provide high quality place-based learning and skills pathways that enable local people to acquire the necessary skills and qualifications to progress into jobs in the emerging economy.

Hardship support

It is clear that the economic impacts are creating hardship. The borough has the 5th highest jobless rate in the country and significant numbers of people are being furloughed or made unemployed, often for the first time. There is evidence of increasing food poverty across the town and a growing concern about the impact on this year's school leavers and apprentices.

In March the Government announced a £500 million hardship fund to deliver support to Council tax payers in their area. The Government's strong expectation is that Councils will provide all recipients of working age Local Council Tax Support (LCTS) with a further reduction in their annual Council tax bill of £150, and to process these awards as soon as possible from the beginning of the 2020/21 financial year. These arrangements apply to existing eligible LCTS recipients as at 1st April and pro-rata to new eligible recipients during 2020/21. There was no need for LCTS recipients to make a separate claim for a reduction under this scheme, as eligibility has also been approved when the initial LCTS was awarded.

This funding cannot be used to reduce Council Tax bills for households' not in receipt of LCTS and was part of the Government's package of support for working age households in receipt of benefits.

Having allocated grant to reduce the Council tax bill for working age LCTS recipients by £150 (or a higher amount determined by a Council) the remaining grant is to be used to assist those most in need.

The Council has been allocated a cash limited grant of £1.864m. As referred to earlier it is expected that the number of LCTS households will increase during 2020/21 and for planning purposes an increase of 15% is appropriate. The actual increase will be monitored carefully.

An assessment of the level of Council Tax paid by LCTS households indicated that around 65% of households have an annual Council Tax liability of £167.22. Therefore, by setting the reduction at this level, rather than the £150 minimum requirement, the 2020/21 Council Tax liability was removed and the Council avoided the administrative burden of collecting £17.22 from around 5,500 households.

Based on the forecast LCTS caseload increase, this arrangement commits £1.480m of the available funding, leaving a potential uncommitted balance of £384,000 to support other potential initiatives to assist those most in need. These needs are currently being met from other temporary support, or the existing Local Welfare Support budgets, but this position is not expected to be sustainable.

Commitments against the forecast uncommitted funding will need to be carefully assessed as the financial impact of COVID-19 will continue over the remainder of the financial year. In the event that the remaining funding is not all committed over the coming months the Council will be able to increase the reduction of £167.22 for those LCTS households which still have a Council Tax liability. This would support these households and reduce the level of Council Tax arrears at 31st March 2021. At the end of May 2020 Council Tax collection was approximately 1% lower than at the same time last year. Collection levels will continue to be monitored closely throughout the remainder of the year. As set out later in the report the Council faces a significant reduction in Council Tax income as more households become eligible for Local Council Tax Support (LCTS) as a result of a reduction in their income, or redundancy. This will mean households eligible for LCTS support will move from paying 100% Council Tax to 12% - which will reduce budgeted income received by the Council.

Looking ahead it is clear that COVID19 will have an ongoing and sustained impact on levels of unemployment and poverty in the Borough. The Council will need to work with other agencies and the voluntary and community sector to mitigate any such impacts.

Excess deaths and bereavement management

The responsibility for provision of mortuaries rests with local authorities pursuant to section 198 Public Health Act 1936. Where additional mortuary space is required to respond to a public health crisis such as the current COVID-19 emergency, and Cleveland Local Resilience Forum is coordinating the management of the emergency response under the Civil Contingencies Act 2004. The Coronavirus Act 2020 (s.58 and Schedule 28) makes provision in relation to the transportation, storage and disposal of dead bodies. Schedule 28 para 5.(3) provides that being designated enables the local authority to make directions.

Schedule 28 paragraph 8 also refers to a compensation scheme to be made available by the government when a local authority is designated to enable those to whom directions are given to be appropriately compensated. This scheme does not yet appear to have been published.

In March Cleveland LRF were advised to work to modelling data based on reasonable worst case scenario (advice provided by central government). Denise McGuckin, as Chair of the Cleveland LRF, had to identify a strategy for dealing with excess deaths, this resulted in the provision of additional mortuary space at Hartlepool Hospital, this provided additional capacity for 60 bodies, and 16 refrigerated units were sourced, providing capacity for 168 bodies, two units are stored at James Cook Hospital and 14 units are stored in a warehouse at TAMP in Middlesbrough, which together with management, body movement and security is expected to cost of circa £260K Hartlepool's split is based on population, circa £50k. The cost of providing additional mortuary space at Hartlepool Hospital has been funded by the LRF reserve £50K.

Communication and public information

From the outbreak of the Coronavirus crisis we were keen to communicate with as many residents as possible, including those who don't have internet access and/or have low levels of digital literacy.

With this in mind, two communications have been distributed to all households across the borough, the first a leaflet about Hartlepool Support Hub and the second encouraging residents to continue to follow social distancing guidelines and to stay at home as much as possible.



Analytics also show social media has been a successful way to disseminate COVID-19 updates. For example, in the 28 days leading up to Thursday 28th May, our Facebook post reach was 258,931. In the same period, our Tweets received 198,000 impressions.

In the early stages of the pandemic, signage was placed in key locations across Hartlepool reminding residents to stay at home and this has since been replaced by new “why take the risk” signage in parks and public spaces reminding people about the importance of social distancing.

The Council has received a large number of positive online comments for its response to the COVID-19 pandemic, these include:

- “I just wanted to pass on my thanks: whilst it seems the rest of the UK has gone mad, campaigning for relaxed social distancing, throwing garden and VE Day parties and rushing back to schools on 1st June, HBC have really impressed me with their stance on COVID-19.”

- “Today, as the announcement came that we can now see six people at once, despite 374 deaths being announced simultaneously, I received a pamphlet from HBC asking ‘why take the risk?’ and outlining why the advice was not necessarily appropriate for places like Hartlepool. The repetition of this on social media - and the messages to stay away from Seaton - have also been welcome.”
- “I received your ‘why take the risk’ leaflet today. I live with my young son who is 13 years old. I just wanted to thank the people who pulled it together. The leaflet was very informative and helpful. Even my son took the time to read it, in fact, he read it before I did.”
- “Well done HBC on reassuring both staff and students that schools will not open until it is safer to do so. I hope other Councils locally follow your lead.”
- “So proud of HBC to stand up and protect its people – well done!”

It is clear that effective communication and public information will be critical to keeping our community safe as we move forward into the next phase of living with the virus.



Financial impact of COVID-19

The COVID-19 pandemic is having an unprecedented impact on the economy and the financial position of Councils. Whilst, Councils had faced nine years of austerity up to 2019/20 and had received a better than expected Government funding settlement for 2020/21, the financial impact of the pandemic is the single most significant financial challenge for Councils in a generation. Councils cannot manage the financial impact on their own.

As well as managing the impact of the pandemic on the community the Council has had to respond to a range of financial issues at speed to ensure services and people have been protected. The key issues are summarised in the following paragraphs:

Direct COVID-19 Financial Impact

The Government has recognised that Councils will face increased financial pressures in relation to COVID-19 and have provided two tranches of un-ringfenced grant funding of £1.6 billion – total funding of £3.2 billion. Different formulae were used for allocating the two tranches of funding and the Council received £3.404 million for tranche 1 and £2.559 million for tranche 2.

Nationally Councils and the Local Government Association are pushing the case for additional funding as the existing funding provided by the Government will not be sufficient. The value of funding required will depend on how long current additional costs directly related to COVID-19 last and how long it takes for income streams to recover to the pre COVID-19 level.

The financial impact on the Council is being carefully managed and monitored. The Ministry of Housing, Communities and Local Government (MHCLG) required all Councils to submit a financial return on 15th May 2020, based on the forecast financial impact at 31st July 2020. The MHCLG return stated this date “is intended for accounting purposes only and solely to improve consistency in the returns provided and should in no way be interpreted as government policy”.

Our return made it clear that many of the additional costs and income losses will depend on how long additional support is required, for example to care homes, and the significant impact on income – which is a significant financial risk to the Council.

The following table summarises the current forecast financial impact on the Council reported to MHCLG and shows that without additional grant funding the Council faces a shortfall of **£2.906m** up to July 2020. **If additional Government grant is not provided the Council will need to develop an emergency strategy to address this deficit.** This position will be reviewed once MHCLG has responded to the financial returns submitted in May.

Forecast Direct Financial impact of COVID-19 - April to July 2020

| | Four month forecast £'m |
|---|-------------------------|
| <p>COVID-19 Expenditure</p> <p>The Council is incurring increased costs and the most significant areas relate to increased costs of:</p> <ul style="list-style-type: none"> • supporting Care Homes, including PPE and hospital discharge arrangements (£1.428m); • establishing and operating the HUB (£215k) • supporting the homeless (£89k) • increased Looked after Children costs (£82k) | 2.174 |
| <p>Service Income Reduction</p> <p>The lock down and closure of facilities has resulted in a loss of income across a broad range of areas, including:</p> <ul style="list-style-type: none"> • reduced income received from Thirteen Group from the sale of former Council houses as tenants are not buying their property and continuing to rent; • reduction in forecast income from shopping centre; • reduction in income for leisure facilities, Borough Hall and Town Hall; • reduction in school meal income, school transport income and building cleaning income; • reduction in car parking income; • reduction in planning and building control income. | 2.737 |

| | |
|--|----------------|
| <p>2020/21 Cost of increased Local Council Tax Support (LCTS)</p> <p>The economic impact of the pandemic will increase the number of households eligible for LCTS support and the pandemic and the period of eligibility will depend how the economy recovers.</p> <p>provide the context to the economic impact:</p> <ul style="list-style-type: none"> • Office for National Statistics figures for April showed an increase in the claimant count of 856,500, to 2.097m; • 1 in 5 UK workers (i.e. 6.3 million employees) have been furloughed. <p>The number of Hartlepool households eligible for LCTS has already increased by 8%. It is anticipated that eligible households will continue to increase over the next few months as companies make decision in response to the phasing out of the furloughing scheme and resulting redundancy levels.</p> <p>For planning purposes an increase of 20% in LCTS eligible households is forecast. This position will continue to be closely monitored.</p> | 2.000 |
| 2021/22 Costs of increased LCTS support – continuation 10% increase in LCTS eligible households | 1.000 |
| Other Council Tax/Business Rate Income Shortfalls | 0.400 |
| <p>2020/21 savings not achieved and delayed to 2021/22</p> <p>The 2020/21 budget includes planned savings of £2.089m. Of these savings (£0.558m) will be delayed until 2021/22 owing to the impact of COVID-19 and capacity to deliver the necessary services changes.</p> <p>As part of the MHCLG COVID -19 financial returns many Councils have identified significantly higher delayed savings in 2020/21.</p> | 0.558 |
| Sub Total | 8.869 |
| Less Government grant | (5.963) |
| Current Funding Shortfall | 2.906 |

The Council is not alone in identifying a funding shortfall and many Councils are facing even greater shortfalls as their budgets were more reliant on income streams which have been adversely impacted. The following table provides comparative information and shows:

- income reductions, including the impact of an increase in LCTS on Council Tax income, is having the greatest impact on Councils;
- Current forecast funding shortfall as a percentage of grant allocated – which shows all authorities are currently facing significant funding shortfalls;
- Other North East Councils face higher funding shortfalls than Hartlepool. This position partly reflects the fact that larger city based Councils face greater incomes reductions across a range of services e.g. car parking income and regional theatres.

| | Expenditure | Income Reductions | Total | Current funding shortfall as percentage of grant allocated |
|---|--------------------|--------------------------|--------------|---|
| Hartlepool | 31% | 69% | 100% | 48% |
| Average for 9 NE Councils – includes HBC | 39% | 61% | 100% | 129% |
| Range for 9 NE Councils – includes HBC | 17% to 50% | 50% to 83% | 100% | 25% to 350% |

Impact on 2020/21 Budget

The financial costs and income losses of the COVID-19 pandemic are reflected in the previous section. Work is currently progressing to determine if there will be any areas of the budget that may underspend in the current year, for example reductions in energy costs from the temporary closure of buildings. These savings will need to be earmarked to manage additional pay costs, as detailed below.

The Council also faces additional unbudgeted pay costs of £400,000 as the national pay award of 2.75% exceeds the forecast 2% included in the 2020/21 budget. At a national level the Trade Unions have rejected the pay offer and the national employers' organisation have indicated this is a final offer.

The 2020/21 budget will continue to be monitored and managed carefully and further updates will be provided as the year progresses. This will then enable a strategy to be developed if corrective action is needed.

Impact on 2021/22 Budget

Over the last few years the Council's budget had moved back to a more sustainable basis as a result of action taken to implement further budget reductions and an increase in Government funding in 2020/21 – which for planning purposes was anticipated to be recurring income. On this basis a

2021/22 budget deficit of £1.3m was previously forecast.

The Government has recently announced that major planned reforms on the Local Government system (i.e. Fair Funding Review and increases in Business Rates Retention to 75%) will be deferred a further 12 months and will not now be implemented until 2022/23. This removes two significant areas of financial uncertainty. However, the Government has not indicated the level of funding for Councils for 2021/22 or how this will be distributed. For planning purposes it is not anticipated that the Government will make any significant changes to the funding formula and all funding provided in 2020/21 will continue at the same level in 2021/22. Clearly, if this funding is reduced the Council will face a higher budget deficit than currently forecast.

It is also anticipated that 2021/22 will be a single year financial settlement as the Government will not complete a Comprehensive Spending Review during 2020. This makes medium term financial planning extremely challenging.

The pandemic will continue to impact on the economy and the speed of the recovery is uncertain. For planning purposes the following factors are reflected in the update of 2021/22 budget forecasts and will continue to be reviewed as more information becomes available:

- LCTS claimants numbers in 2021/22 will continue to be higher than forecast and this loss of income will either be covered from an increase in Government Grant, or by developing an emergency financial strategy, as detailed in the previous section;
- Additional cost of April 2020 national pay award – it is currently anticipated that the additional cost in 2020/21 will be funded on a one off basis. As this is a recurring costs this will increase the 2021/22 budget deficit by £400,000;
- April 2021 National Pay award – for planning purposes the budget forecast of 2% remains appropriate at this stage as the national position is uncertain;
- Housing Growth – the Council has benefitted from housing growth over the last 5 years and this was previously anticipated to continue. The forecast growth levels for 2020/21 and 2021/22 will not be achieved. For planning purposes it is recommended the cumulative growth forecast for these two years is reduced by 50% - this reduces forecast 2021/22 Council Tax income by £760k;
- Council Tax increase 2021/22 – the current forecast is based on a 2% increase. If this increase is not implemented this will reduce recurring Council Tax income by £860k.

In summary the above factors significantly increase the forecast 2021/22 budget deficit from £1.301m to between **£2.461m to £3.321m**:

Current 2021/22 Forecast Deficit

| | With 2% Council Tax increase £'m | Without 2% Council Tax increase £'m |
|---|----------------------------------|-------------------------------------|
| Forecast Deficit reported February 2020 | 1.301 | 1.301 |
| Recurring impact of April 2020 National Pay Award | 0.400 | 0.400 |

| | | |
|--|--------------|--------------|
| Reduction in forecast Housing Growth | 0.760 | 0.760 |
| Reduction income from Council Tax freeze | 0 | 0.860 |
| Revised Forecast Deficit | 2.461 | 3.321 |

Summary Financial Impact on the Council

The pandemic has had a major impact on the economy and the Government's finance. The financial impact on the Council is still uncertain and will depend on how long recovery takes and funding decisions made by the Government.

The current forecast position is set out below and shows a current 'lowest' forecast shortfall of approximately **£2.5m** and a current 'highest' case of **£6.2m** – the range highlights the critical importance of the Government providing additional funding for COVID-19 costs and income reductions. Deficits of this scale will be a significant financial challenge for the Council and future reports will update these figures and detail proposals for managing the funding shortfall. **After nine years of austerity the challenge of managing this position cannot be under estimated.**

Summary Financial Impact

| | COVID-19 costs and income losses fully funded from Government Grant and 2021/22 Council Tax increase of 2% confirmed £'m | Government COVID-19 grant capped at current level and 2021/22 Council Tax increase of 2% confirmed £'m | Government COVID-19 grant capped at current level and 2021/22 Council Tax frozen £'m |
|--|--|--|--|
| Direct COVID-19 Costs and income losses | 0 | 2.906 | 2.906 |
| 2021/22 Updated Budget Deficit | 2.461 | 2.461 | 3.321 |
| Current Forecast Funding Shortfall | 2.461 | 5.367 | 6.227 |

Planning for the next phase

Managing local outbreaks

We have reached a critical point in the emergency response phase as the lockdown is released. However we are coming to terms with the fact that there will be no swift return to business as usual. We know that society will be different as a result of COVID-19. We have now seen how vulnerable we are to pandemics and we will be dealing with this one until there is a vaccine. Some regions of the UK, including the North East, face a higher likelihood of a second wave.

The Council will have a key role in maintaining social distancing and encouraging COVID-19 safe measures in public spaces, shops and other high risk venues as well as providing ongoing support, assistance and advice to the vulnerable and self-isolating population. This will mean adjusting to a new normal as we move from a pre-vaccine to a post-vaccine society.

In this next phase Councils will have a critical role to play in preventing and controlling local outbreaks in their local areas. There is growing recognition nationally that we will only beat the virus through strong local leadership and collaborative effort across communities. In order to achieve this it will be vital to keep the public on board with our local response. To this effect Councils have been charged with working with Public Health England to produce a local outbreak control plan for their area by the end of June and to set out arrangements for working with partner agencies and local community organisations to prevent outbreaks in high risk areas and to contain any outbreaks that occur. The plan will cover seven themes:

1. Care homes and schools – planning for local outbreaks in care homes and schools
2. High risk places, locations and venues eg shops, places of worship, public open spaces
3. Local testing capacity – identifying ways of mobilising testing capacity swiftly
4. Contact tracing in complex settings
5. Data integration
6. Vulnerable people
7. Governance and local boards.

A multidisciplinary outbreak control team is being established, chaired by the Council's Director of Public Health, to develop the Hartlepool outbreak control plan which will report through the Gold Command SCG arrangements. The Health and Wellbeing Board will have a critical role in overseeing the plan and keeping partners and the community engaged and on board with our approach in Hartlepool. This will require re-setting the purpose and membership of the Health and Wellbeing to ensure it can fulfil this role.

Lessons learnt

As we plan and put new arrangements in place for the next phase it is important to take stock of the lessons learnt so far. The Council has worked well in this crisis and we should be rightly proud of what we have achieved. We have demonstrated a resourcefulness and flexibility in leadership that has seen changes implemented in two weeks that might otherwise have taken two years. In this we have learned about the power of working collaboratively across the Council, with our communities and with our partners.

However a critical tension throughout has been the relationship between a national centralised approach to tackling the crisis and the local response. Local government has largely been excluded from key intelligence and a top down approach has hampered the response. Whether it has been the approach to shielding, testing, the discharge of patients from hospital into care homes, PPE, free

schools meal vouchers or the further re-opening of schools, Councils have been left to pick up the pieces and develop 'work-arounds'.

The local government sector is working through the LGA and with ministers to improve the interface with national government in this next phase. This will be critical if further outbreaks are to be prevented and contained. To do this we will need access to timely and accurate data from the national test, trace and isolate system and clarification about our powers to intervene.

Recovery Planning

As we move forward, we will also have a critical role to play in shaping a local recovery plan. The social and economic impacts of COVID-19 will be profound and far reaching. We are already seeing the hardship this is creating for many of our residents alongside the impact of the virus on the physical and mental health and wellbeing of our residents. Many people will be struggling to cope with and make sense of the way life has changed, many families will be experiencing grief through loss of loved ones in very difficult circumstances. Some businesses will struggle to survive, others will have a slow restart and already struggling high streets will be under further pressure. Despite the best effort of our schools there will be an inevitable impact on the education disadvantage gap and growing pressure on children's services and adult social care. The economy will shrink, many businesses will fold, and unemployment will rise – along with poverty. However, there will also be new emerging sectors that we will need to attract and help grow.

It has never been more important for the Council to provide strong collaborative leadership. This will involve continuing to support the vulnerable, providing ways of enabling people to tell their stories and commemorate what has been lost and developing new ways of tackling the health and education inequality gap. It will also involve the development of an inclusive growth strategy which stimulates local wealth creation, strengthens local supply chains, attracts new investment in growth sectors and provides high quality skills pathways to enable local people to progress into jobs.

We will need to take on this role at a time when local government finances will be under severe pressure as we have to deal with ongoing COVID-19 related costs, loss of income and slow housing growth. Central Government has recognised the pressure and the contribution of local government during the emergency phase. Hartlepool has received an additional £5.563m to meet additional COVID-19 related costs and sustain the social care sector, £1.864m to direct hardship support to those in receipt of Local Council Tax Support and £18,761,500 to support local businesses. The emergency demanded that resources be directed urgently in accordance with Government Guidance and the Civil Contingencies Act 2004. The financial decisions taken under urgency powers to achieve this will be reported to Finance and Policy Committee on 29th June 2020.

Notwithstanding the above, the pressure on local government finance will be significant going forward and social and economic recovery will require significant public intervention. Initial estimates for Hartlepool indicate that we could be facing a £6.2 m shortfall over two years as a result of increased pressures, loss of income and COVID-19 direct costs. Without further additional funding Councils, including Hartlepool, will struggle to sustain services that were already being severely challenged as a result of nine years of austerity.

In addition recent ONS, OBR and Bank of England economic forecasts are predicting that the shock of COVID-19 will precipitate a recession and that towns like Hartlepool will be hard hit. The capital investment programme approved by Council and our inclusion in the Town Deal Fund gives the Council a headstart in stimulating economic recovery, re-animating our visitor and cultural economy, re-purposing our high street and creating the conditions for inclusive growth and local wealth building. However, Hartlepool will require a significant fiscal stimulus beyond these resources if we are to prevent the health, education and economic inequalities in our Borough worsening. It will

be important to work collaboratively with the Tees Valley Combined Authority to attract the fiscal stimulus we will need to build a route of recession.

Planning for recovery will require us to set out our arrangements and make the case for deploying investment into the following workstreams:

1. Outbreak prevention and control
2. Safer green and urban spaces
3. Schools and vulnerable children
4. Care homes and support for vulnerable people
5. Hardship and homelessness
6. Economy and business
7. Workforce and organisational change
8. Physical and mental health
9. Community cohesion and wellbeing
10. Financial impact and resources
11. Communication and engagement

As we move from the response phase into recovery the SCG will be re-purposed and become a Recovery Co-ordination Group (RCG) which will develop actions plans in relation to each of the workstreams.

Recovery consultation and engagement

Taking account of the significant challenges the virus has created it will be important over the next few weeks to undertake a consultation and engagement exercise to reflect on lessons learnt, the emerging issues in the Borough and to help shape a three year recovery plan and budget. Mitigating and recovering from the impact of COVID-19 will require a major collaborative effort involving our partners in the public, business, faith and voluntary and community sectors. Key stakeholders include:

- Elected members
- Our workforce
- Partner agencies including the CCG, NHS and social care providers and TVCA
- Voluntary and community sector providers
- Faith communities
- Business community

We are proposing over June and July to hold ‘Teams’ discussions with key stakeholders to inform our recovery plan and budget as part of the budget setting process for 2021/2022 – 2024/205.

We have now been able to roll out the network and IT capacity to enable Council meetings to be held remotely and it is proposed to re-start meetings of Council with a specific focus on shaping a recovery plan and budget in response to the crisis.

The outcome of this consultation and analysis will inform the budget and planning process of Council over the autumn.

Community engagement – let the story be told

COVID 19 isn't a temporary disruption to our world, it is a turning point in history which will create a different normal for people, communities and the world in which we live. People have experienced separation and loss. We have seen empty streets, business closure, bereavement, anxiety, vulnerability, isolation and crisis. However we have also found kindness, mindfulness, connectivity, community spirit, nature, balance, family, laughter, creativity and perspective.

Moving into a period of reflection and recovery provides an opportunity for us to engage with communities to listen and understand what COVID-19 and 2020 has meant to them.

Helping people tell their stories will be an important way of helping our community make sense of what is happening. As part of our consultation and engagement work the Council will co-ordinate a programme of engagement, interaction and sharing to capture the stories and experiences of individuals, communities, businesses, voluntary organisations and faith communities across the Borough. We will provide an opportunity for people to share stories and reflections through a variety of media, give expression to how they feel and their hopes for the future. The material will be collated to create a social history of how the Borough responded to the virus that can be used in future exhibitions, inform our recovery planning and become part Hartlepool's archive.

Conclusion

As Central Government releases the lockdown it would be easy to think that we are through the worst of the COVID-19 pandemic. However with the high likelihood of further spikes, the profound impact the virus has had on our economy and community alongside the damage that has been sustained by Council finances, it is clear that we are by no means out of the woods. The challenges we face are far reaching and the journey to recovery has only just begun.

Throughout this crisis the Council has demonstrated that 'if we did not exist it would be necessary to invent us'. Our SLT and workforce have responded brilliantly and we have learned a great deal about the power of working collaboratively across the Council, with our communities and with our partners.

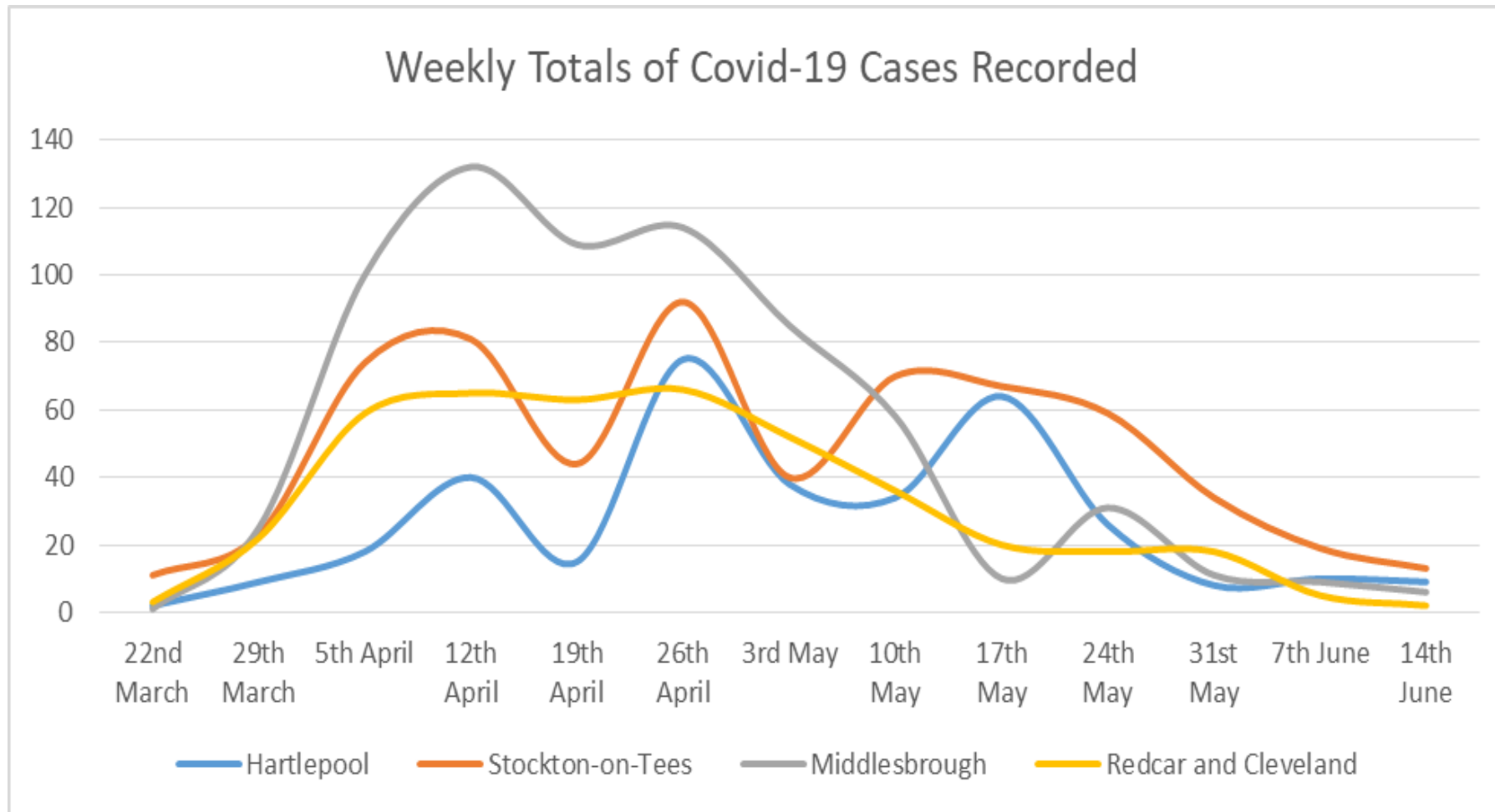
We entered the crisis with strong relationships with our partners and a workforce committed to do whatever it takes. Our thanks go to all who have made such an important contribution – our Council workforce and elected members, our trades unions, our NHS and social care workforce, our school leaders and staff, our NHS partners, our social care providers, the Police and Ambulance service, our care homes, our community and voluntary sector, our faith organisations, our businesses and our children and young people who have decorated the town with rainbows.

It will be important, as the crisis and its consequences unfold, to build on the gains we have made as we provide the civic leadership that is required to create a new normal. This will require shared and collaborative leadership and a sense of mutual accountability for delivering shared goals. Over the next few months the Council will need to shape and approve a three year recovery strategy and budget which keeps momentum, responds to the challenges and takes advantage of the opportunities the crisis has created. This will require new ways of working together that cuts across professional, organisational and political boundaries. Most importantly it will require a shared vision of the kind of future we want to realise for Hartlepool as we emerge from this world-changing pandemic.

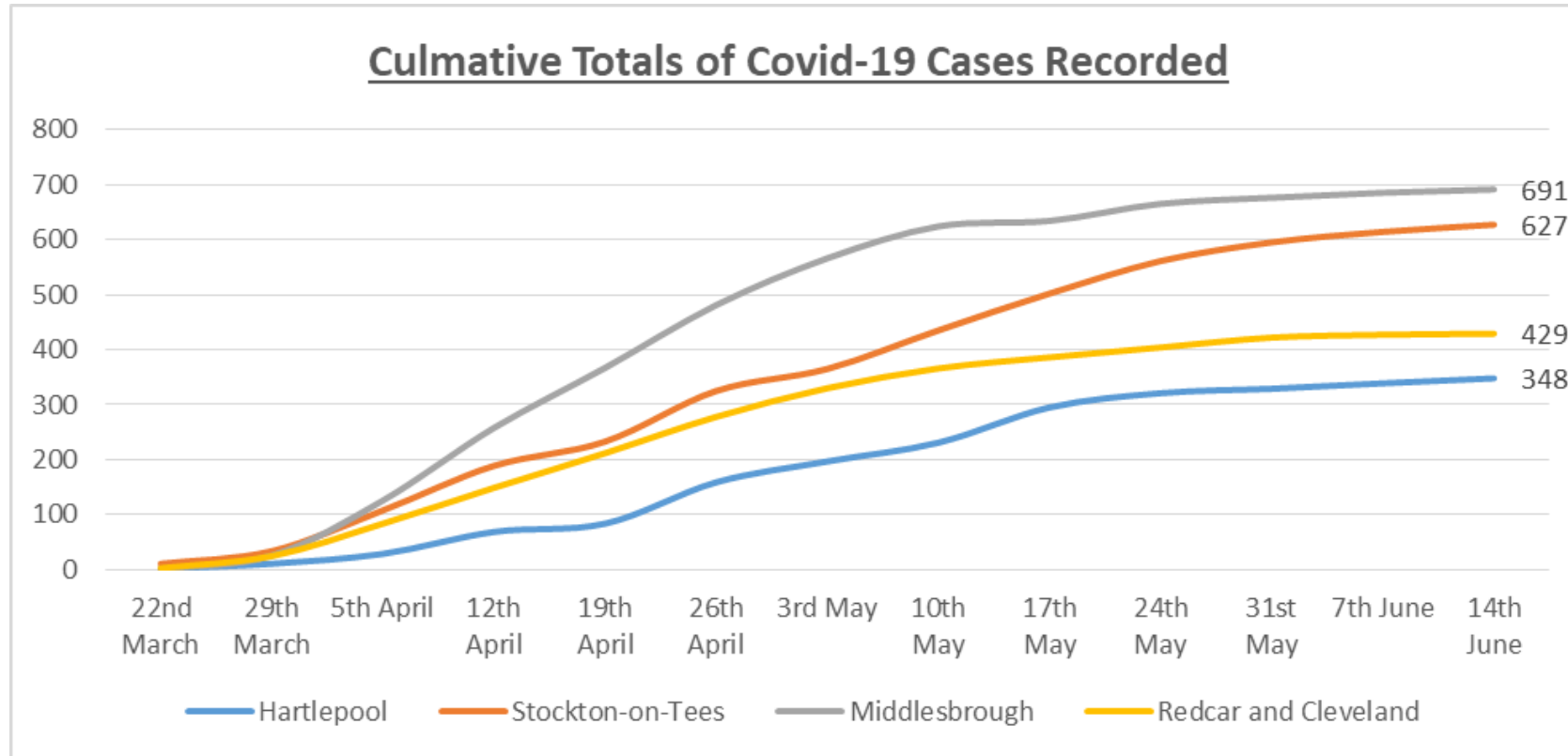
Hartlepool COVID-19 Update

Craig Blundred
Deputy Director of Public Health

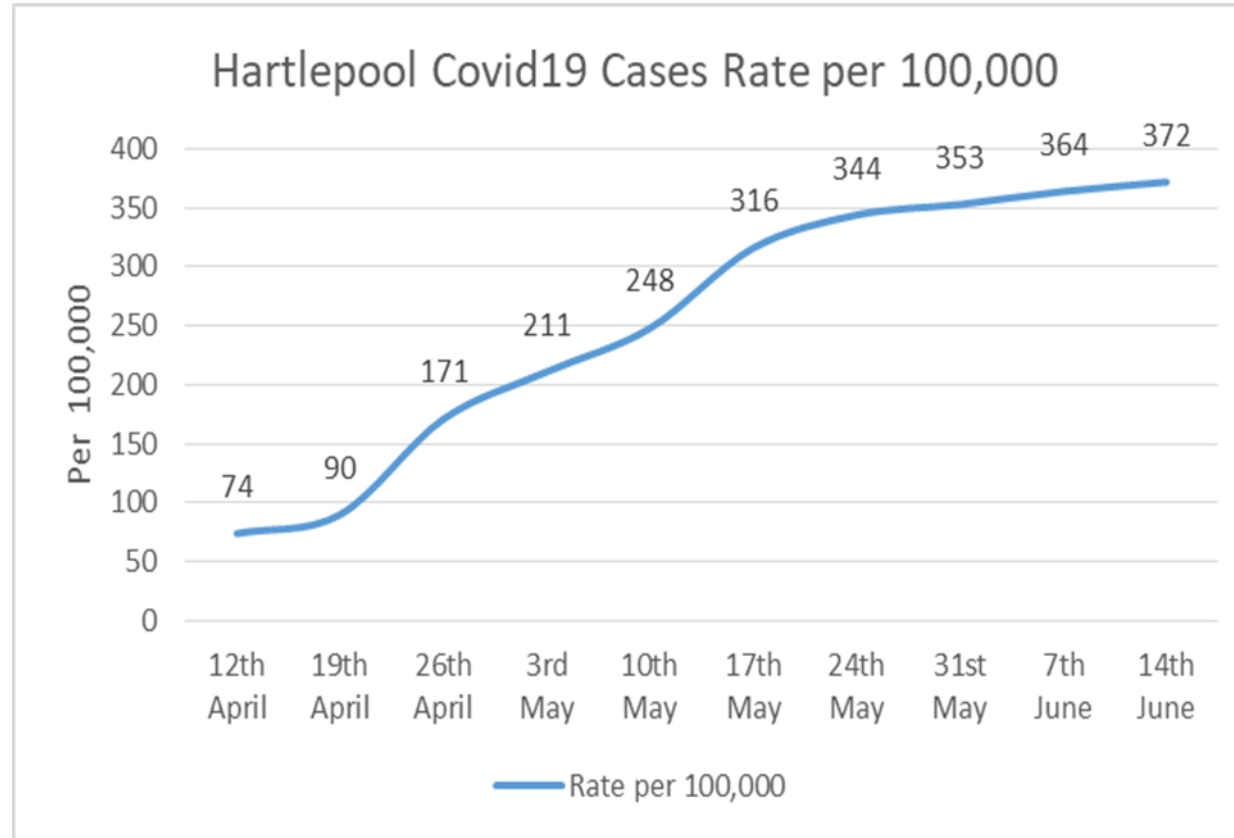
Weekly Totals



Cumulative Totals



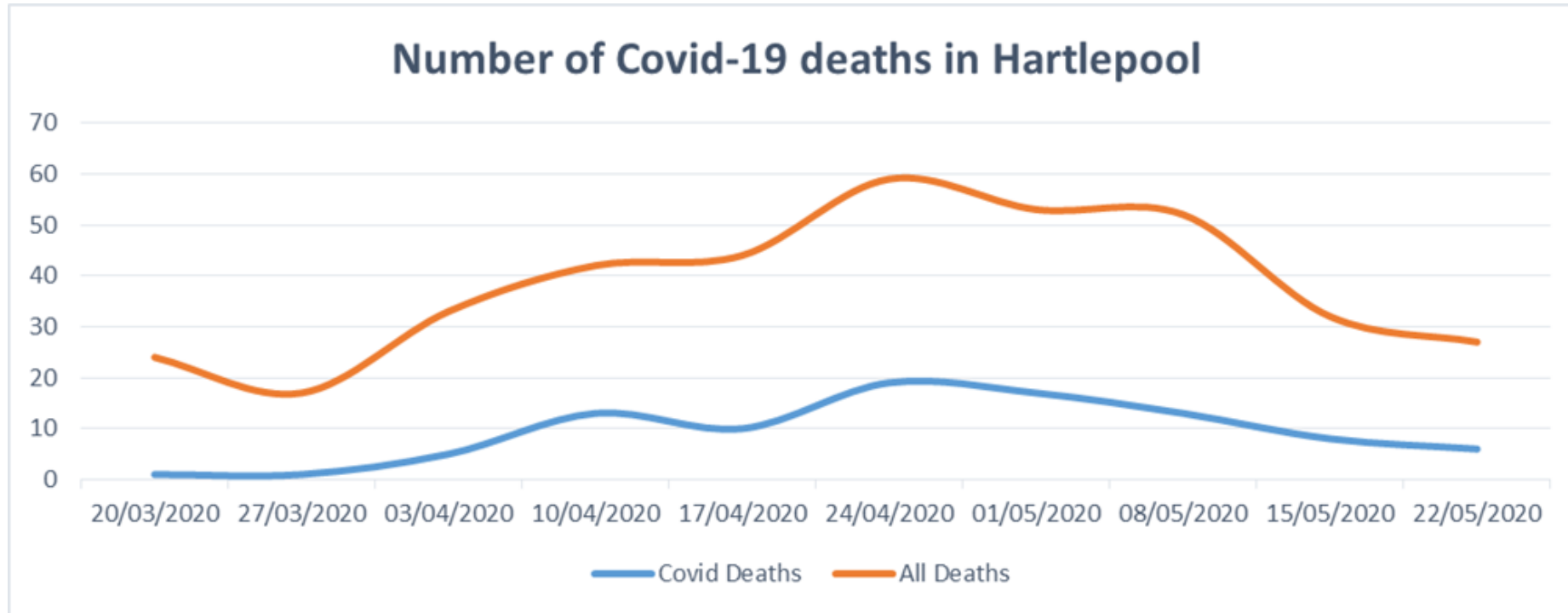
Case rate per 100,000



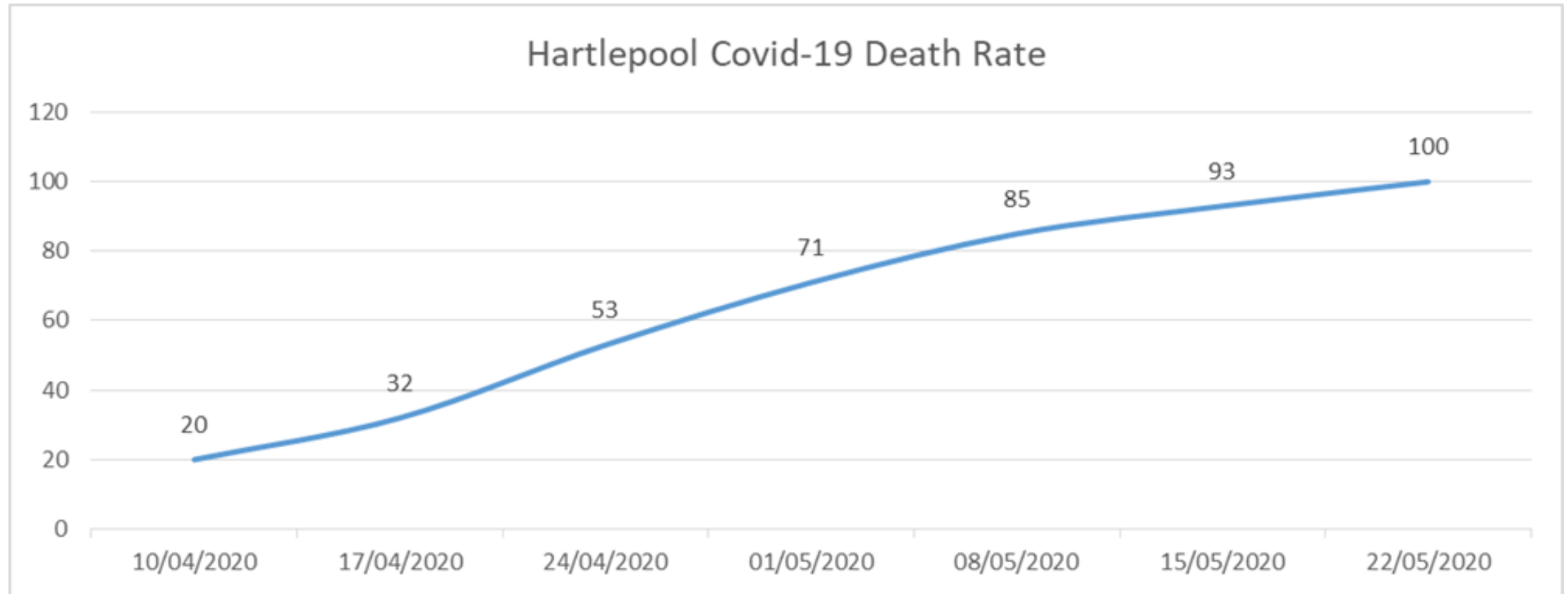
Rate per 100,00 and rank

| Table One: Hartlepool COVID-19 rate per 100,000 population | | | | | | | | | | |
|--|------------|------------|------------|---------|----------|----------|----------|----------|----------|-----------------------|
| | 12th April | 19th April | 26th April | 3rd May | 10th May | 17th May | 24th May | 31st May | 7th June | 14 th June |
| Rate per 100,000 | 74 | 90 | 171 | 211 | 248 | 316 | 344 | 353 | 364 | 372 |
| National Rank (Out of 150) | 119 | 128 | 94 | 79 | 70 | 42 | 39 | 35 | 33 | 31 |
| Source: ONS Data 07/06/20 | | | | | | | | | | |

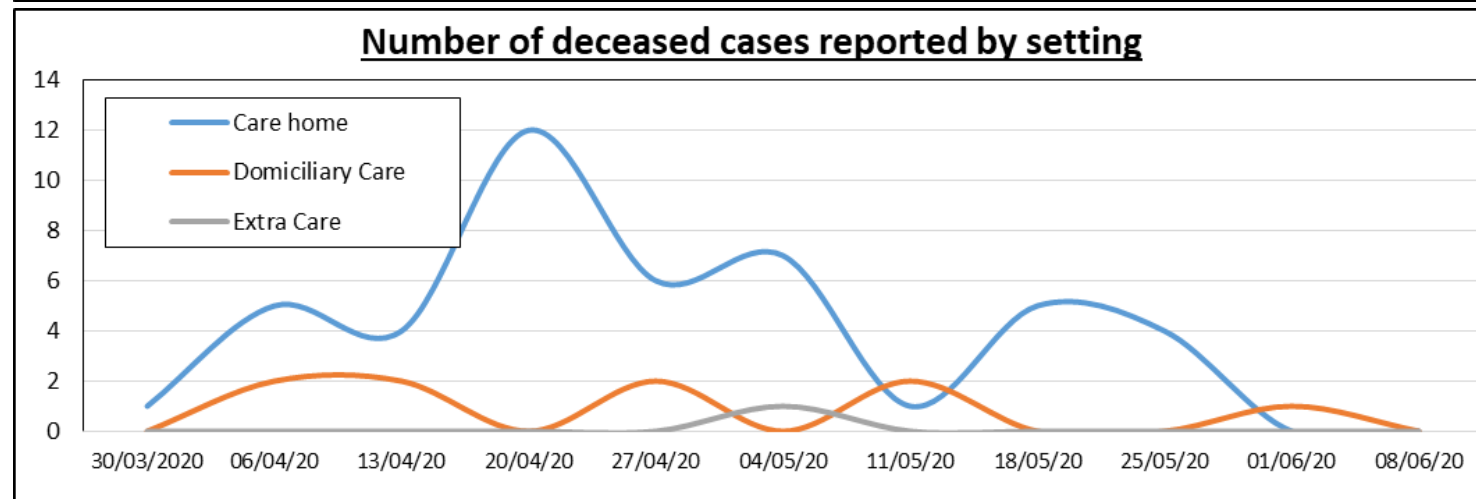
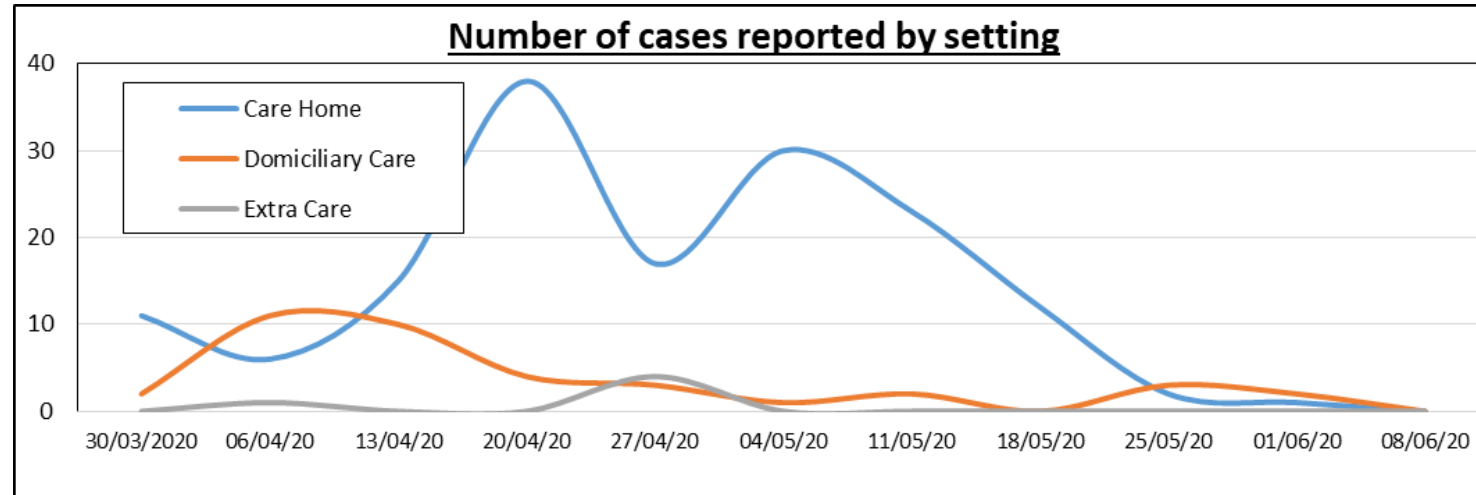
Number of Deaths



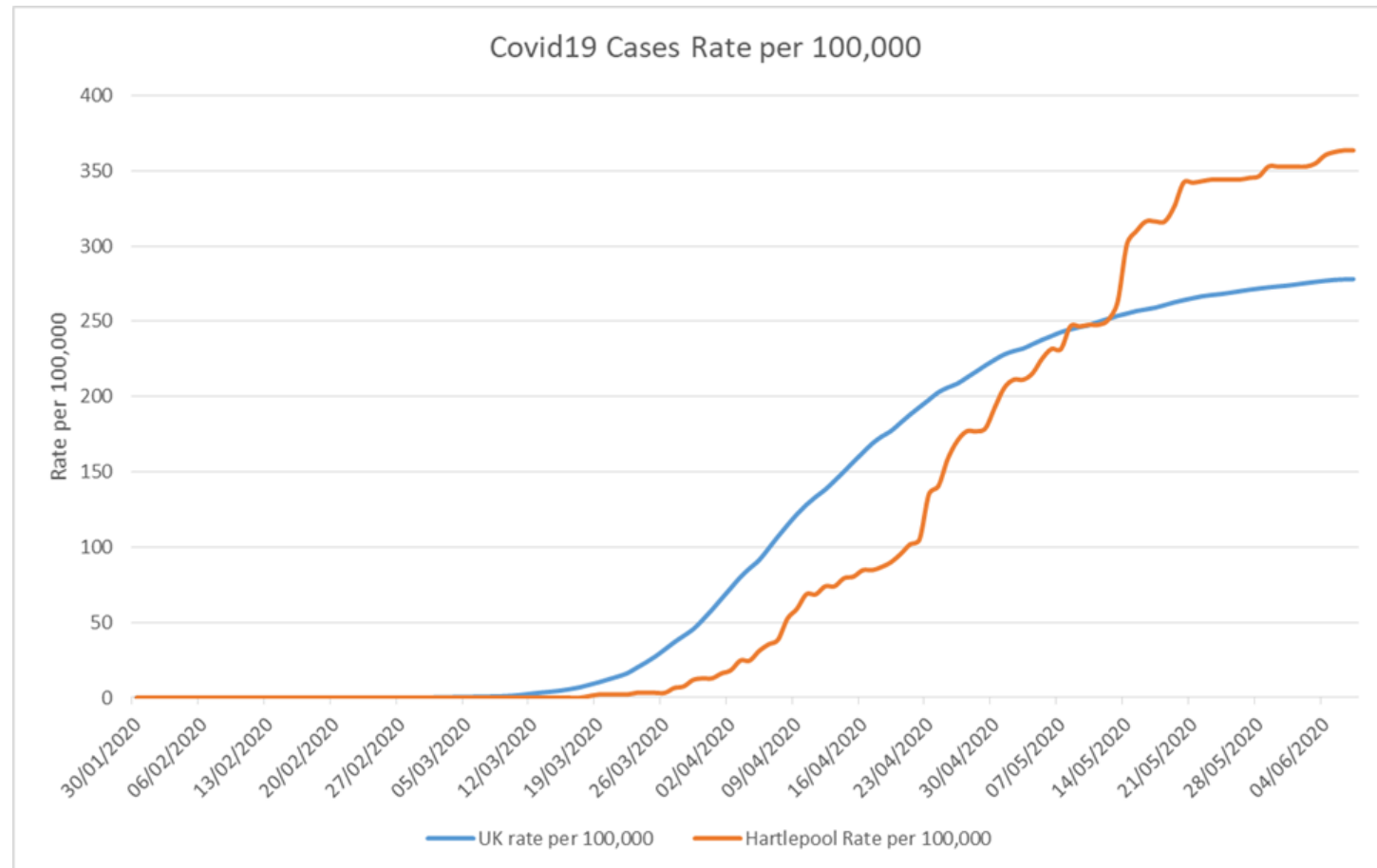
Death Rate



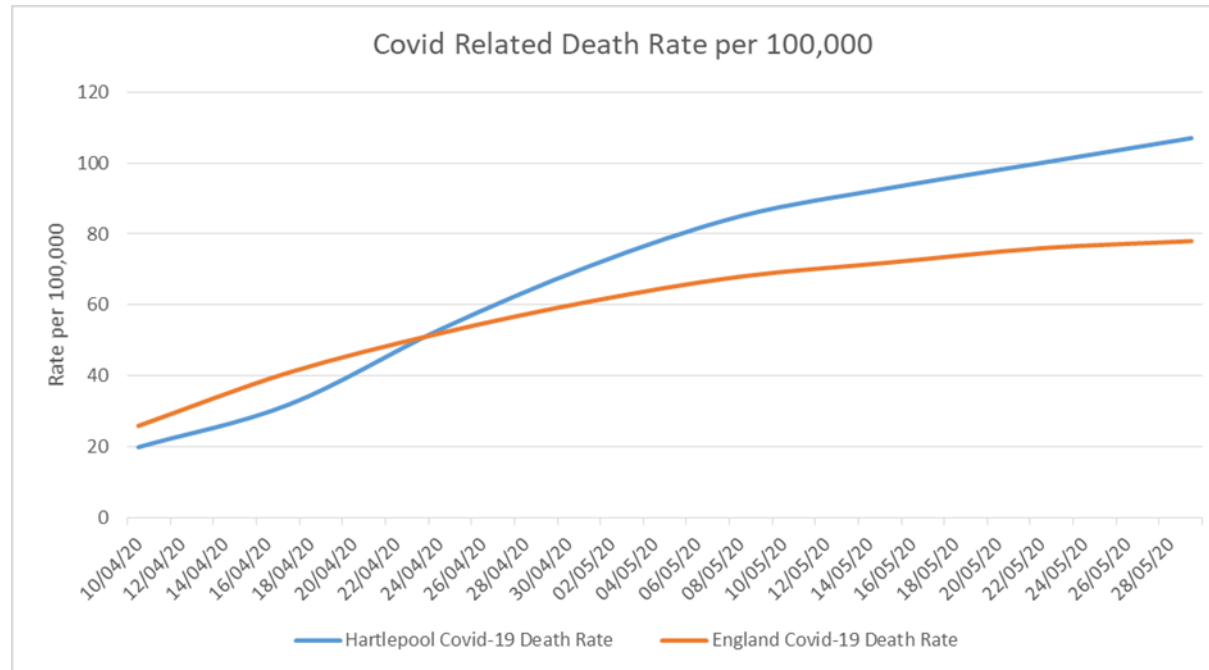
Care Settings



National Comparisons



National Comparisons



HEALTH AND WELLBEING BOARD

26th June 2020



Report of: Director of Public Health

Subject: CORONAVIRUS – HARTLEPOOL OUTBREAK
CONTROL ARRANGEMENTS – COVERING
REPORT

1. PURPOSE OF REPORT

- 1.1 To present to the Board Hartlepool's draft Outbreak Control Plan for discussion and consideration.

2. BACKGROUND

- 2.1 As we move into the next phase of the Coronavirus pandemic the Council and key local partners have a critical role to play in preventing and controlling local outbreaks in line with the Government's Test and Trace service which is a central part of the Covid-19 recovery strategy. The primary objectives of the Test and Trace service will be to control the Covid-19 rate of reproduction (R), reduce the spread of infection and thus save lives.
- 2.2 On the 22 May 2020, the Government requested individual Covid-19 Outbreak Plans be developed by all councils with a deadline for the production of these by end of June 2020. A Good Practice Network (GPN) was established, consisting of 11 representative councils working to develop and share best practices more broadly.
- 2.3 Local planning and response will be an essential part of the Test and Trace service, and local government, NHS and other relevant local organisations will be at the heart of the programme. Building on the foundation of the statutory role of Directors of Public Health and working with Public Health England's local health protection teams, local government will be required to build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. Local Directors of Public Health will be responsible for producing the plan, supported by and in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

2.4 Local plans should be centered on 7 themes:

- **Care homes and schools** - Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- **High risk work places, communities and locations** - Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- **Mobile testing units and local testing approaches** - Deploy local testing capacity optimally
- **Contact tracing in complex situations** - Deliver contact tracing for complex settings and cohorts
- **Data integration** - Access to the right local data to enable the other 6 themes and prevent outbreaks
- **Vulnerable people** - Support vulnerable people and ensure services meet the needs of diverse communities
- **Local Boards** (including communication and engagement) - Take local actions to contain outbreaks and communicate with the general public

3. PROPOSALS

3.1 The draft Hartlepool Outbreak Control Plan is attached at **Appendix 1** to this document. The key components of an Outbreak Control Plan are as follows:

- A document, easily understood and shared to provide assurance in preventing and managing outbreaks:
 - Practical and in simple language with clear objectives;
 - Likely to have a web based version for easy access and sharing;
 - Primary audience include local decision makers, advisors and stakeholders most likely to be affected by the plan. It should be accessible to the general public to build confidence and trust.
- Content developed to enable day to day working and rapid escalation of actions if / when required:
 - Detailed governance arrangements with clear roles and responsibilities;
 - Mapped interfaces with key stakeholders and flow of information day to day and in case of outbreak;
 - Trigger points for escalation outlined;
 - Key processes to be followed proactively day to day (e.g. infection control) and in case of outbreak;
 - Develop or plug into existing plans for high risk locations / vulnerable people;
 - Summary of risks associated with each theme, and suggested mitigations;
 - Proactive and reactive communications and engagement plans including pre-prepared / example materials, and usage of data to tailor messaging to clusters.

- Supported by key tools:
 - Templates e.g. SITREP, readiness, tracing data to receive;
 - Checklists and other proformas;
 - National assurance and support framework.

3.2 To support the delivery of the requirements of the Outbreak Control Plan, the local area is required to put in place a Local Outbreak Control Board which will:

- Provide public-facing delivery oversight of NHS Test and Trace locally
- Provide regular and timely communications to the public
- Act as liaison to Ministers as needed

The Board will ensure there is effective communication and oversight of the implementation of the test, trace and contain stage for Hartlepool.

3.3 As the Board provides oversight of local arrangements, it will be critical to keep the public on board with our local response. There is growing recognition nationally that we will only beat the virus through strong local leadership and collaborative effort across communities. The Health and Wellbeing Board will have a critical role in keeping partners and the community engaged with the local approach in Hartlepool.

4. RISK IMPLICATIONS

4.1 The local area is required to produce an Outbreak Control Plan by end June 2020. This plan brings together the elements of the local multi-disciplinary health protection response to respond to outbreaks of COVID-19 in key complex areas in Hartlepool. If the plan is not produced, the local area would not be compliant with the requirements of Public Health England. Failure to effectively implement the plan could result in local outbreaks not being managed in the local area and an increase in the rate of reproduction of the virus.

5. FINANCIAL CONSIDERATIONS

5.1 Government funding has been provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.

6. RECOMMENDATIONS

6.1 Health and Wellbeing Board is asked to consider and comment on the draft Outbreak Control Plan for Hartlepool to inform the final version of the Plan to be produced by end of June 2020.

7. REASONS FOR RECOMMENDATIONS

- 7.1 Health and Wellbeing Board is a critical partnership meeting that brings together all local area partners and links to the wider community to ensure that the Outbreak Control Plan is fit for purpose and meets local need.

8. CONTACT OFFICER

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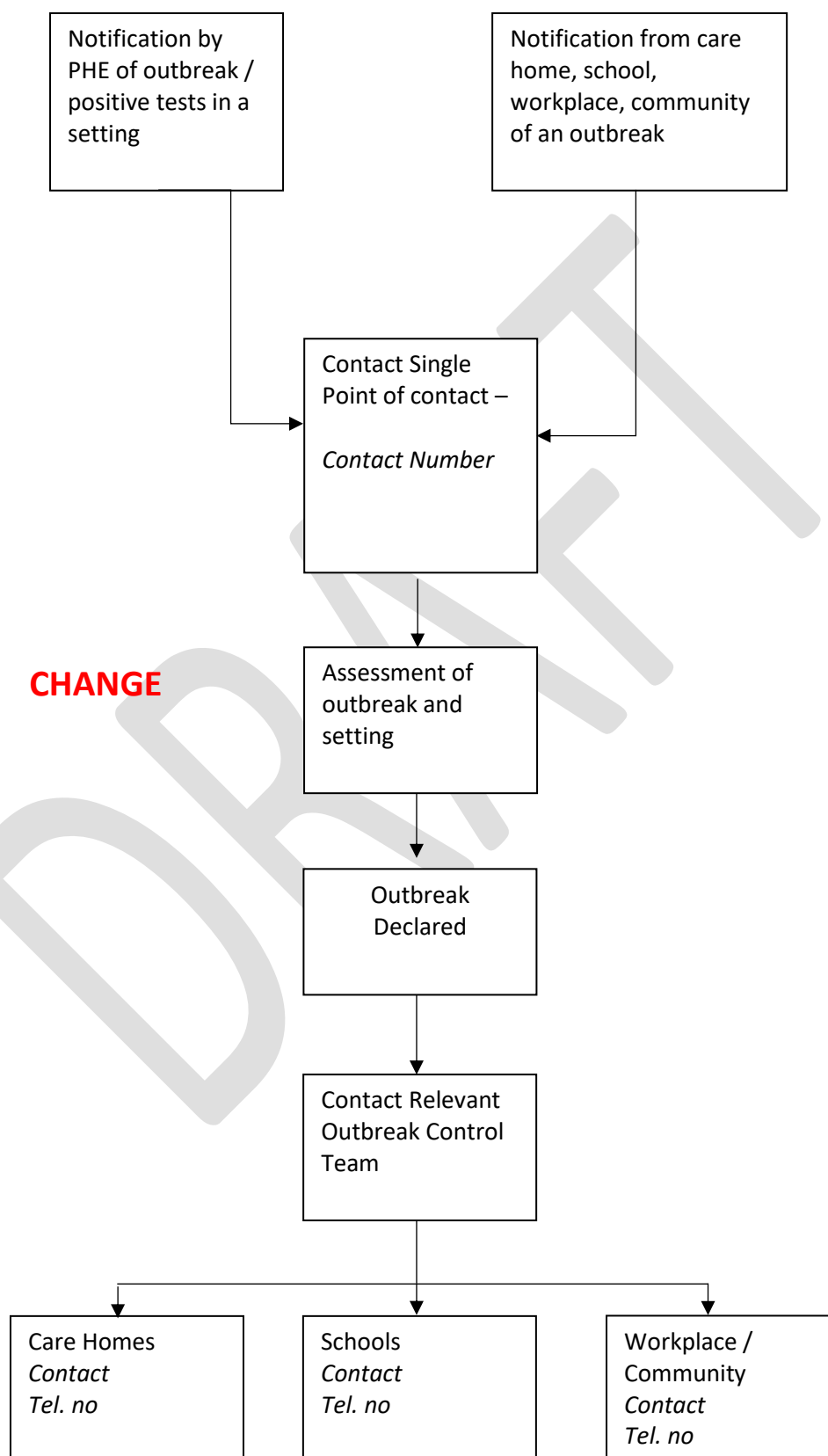
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Hartlepool Outbreak Control Plan

| Version | Date | Updates |
|---------|----------|--------------|
| 1.1 | 19/06/20 | First Draft |
| 1.2. | 25/06/20 | Second Draft |

DRAFT

ACTIVATING THE PLAN



*****DRAFT*** Outbreak Control Plan****1. Introduction**

The Test and Trace service has been launched which is a central part of the government's COVID-19 recovery package.

The primary objectives of the Test and Trace service will be to:

- control the Covid-19 rate of reproduction (R),
- reduce the spread of infection and 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, protects our health and care systems and releases our economy.

This can be done through a coordinated effort involving local and national government, the NHS (CCGs and trusts), businesses and employers, community and voluntary organisations and the public.

Directors of Public Health working with Public Health England's local health protection teams will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. The Director of Public Health is responsible for defining these measures and producing the local plans, working through Covid-19 Health Protection Boards. The Director of Public Health is supported by and works in collaboration with the Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

The Outbreak Control Plans will focus on 7 key areas:

**Local
Outbreak
Control
Plans will
centre on 7
themes**

- 1 Care homes and schools**
Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
- 2 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)
- 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**
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

OFFICIAL: SENSITIVE

3

2. Purpose

The purpose of the plan is to bring together the elements of the local multi-disciplinary health protection response to control outbreaks of COVID-19 in key complex areas in Hartlepool.

Prevention

There are a number of measures that should be taken to prevent the virus being passed on in the local environment. These will depend on the nature of the setting and buildings / vehicles / community settings. These are outlined in Appendix

There are some basic principles that should always be followed:

- Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, remain at home.
- Effective hand washing prevents the spread of the virus. Clean hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered.
- Ensure that all adults and children:
 - frequently wash their hands with soap and water for 20 seconds and dry thoroughly.
 - clean their hands on arrival at school, before and after eating, and after sneezing or coughing
 - are encouraged not to touch their mouth, eyes and nose
- Ensure good hygiene by promoting the 'catch it, bin it, kill it' approach. Use a tissue or elbow to cough or sneeze and use bins for tissue waste.
- Clean frequently touched surfaces often using standard products, such as detergents and bleach
- Minimise contact and mixing by altering work patterns / school timetables etc.

These form the basis of good infection control and should be universally applied along with other specified control measures relevant to your setting outlined in the guidance.

General Cleaning

Cleaning of surfaces people come into contact with should take place throughout the day more regularly than normal. This includes cleaning toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters and any other surfaces likely to be touched regularly. Cleaning following identification of a possible case is covered in the cleaning section later on in this document.

Resources

Additional resources have been provided by the Government for local authorities to support the local area in implementing its Outbreak Control Plan. The local authority will produce a Resource Statement that outlines the anticipated resources required to deliver the plan. It has been identified that the following additional capacity will be required:

Additional specialist capacity to respond to and manage locally the outbreak control process and local cases.

Analyst to provide specialist epidemiological interpretation and reporting

Infection Prevention and Control training and provision to support organisations.

Identifying someone with COVID-19 symptoms

The most important symptoms to look out for are:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

Outbreak Control Team

The outbreak control teams will be stood up to investigate, manage and control outbreaks in the three key areas:

Care homes (including local children's homes)
Schools
Workplace / Community.

The overarching objectives for the groups will be:

- To review the evidence and verify whether an outbreak is occurring.
- To ensure that control measures are implemented to prevent primary and secondary cases.
- To assess the on-going risk to public health
- To agree the actions required and allocate these to an individual / agency along with a timeframe during which the actions should be completed.
- To provide a single, accurate, responsible source of information for the public, media and professionals.
- To declare that the outbreak is over.

3. Activation of the plan

The plan will be activated when an outbreak is either detected through the analysis of local data or when an outbreak is notified by PHE through the test and trace programme. This should identify the conditions required to declare an outbreak – two or more confirmed cases in a particular setting. An outbreak will be confirmed in conjunction with PHE. With lockdown easing it is likely that there will be more cases of COVID-19 identified in the community.

Initial management of the outbreak will be carried out in line with the *NE Health Protection Team and NE Directors of Public Health Joint management of confirmed COVID-19 outbreaks* document (Appendix ***).

1. The HPT will declare an outbreak, when required, in keeping with the national guidance and in the context of local situational awareness.
2. The DPH/LA single point of contact will be informed. It is likely (depending on the setting) that the DPH will already be aware and/or have been informed of the confirmed case.
3. The outbreak will be managed in keeping with the agreed NE multiagency outbreak planⁱ and emerging national guidance on settings in relation to COVID-19.
4. An initial HPT-led OCT will be convened, chaired by the HPT consultant.
5. The HPT-led OCT will collectively agree the control actions to be delivered by the relevant setting/organisation/agency/body and agree criteria for further meetings.
6. External communication and national reporting will be through the HPT-led OCT.
7. If required, the HPT-led OCT will de escalate the outbreak in keeping with guidance **or will escalate the outbreak as below**

Escalation

1. The HPT-led OCT chair and DPH will escalate the incident, in keeping with the LA outbreak plan and JBC guidance.
2. Subsequent LA-led OCT meetings will be chaired by the Local Authority, advised by the HPT, regional JBC officers and other national bodies.
3. External communication and national reporting will be through the LA-led OCT.
4. There are some outbreaks (for example cases in key staff in critical infrastructure) where immediate escalation may be necessary.

The issues that the LA may need to provide support on:

- The need for social or clinical support for individuals who are in isolation
- Support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc)
- Business continuity issues following closure or particular closure of a setting, or high levels of absenteeism
- Issues regarding engagement with advice provided / loss to follow-up
- Media concerns **Review in light of HPT work**

Public Health Measures

When an outbreak is notified either through the Health Protection Team notification or through local intelligence, the DPH will consider:

- Assurance of the situation including risk assessments and ensuring control measures are being implemented.
- The need to hold an outbreak control meeting
- Implementation of agreed actions
- Communications with cases and members of their families, with contacts and with member briefings and media briefings.
- Escalation to the PHE Health Protection Team if necessary.

Working arrangements following escalation of the outbreak

The appropriate outbreak control team will meet as soon as possible after the outbreak has been escalated. The group will meet virtually and will usually comprise of:

Chair: Director of Public Health

Usual members

- Deputy Director of Public Health
- Environmental Health Officer
- Public Health Intelligence
- CCG
- Health and Safety
- Communications
- Administrative support
- Appropriate setting based staff

The meeting should follow a standard agenda outlined in Appendix *****

A case and contact definition should be agreed early on in the process

At each OCT meeting:

- Members will review the implementation of actions agreed at the previous meeting (including investigations and control measures)
- Information updates will be given
- Members will agree the updated risk assessment and any changes to case definition
- Control measures should be documented with clear timescales and responsibility for implementation
- Further actions will be agreed with named individuals and timescales
- The next meeting will be scheduled
- The Chair of the OCT will ensure that notes of the OCT meetings are taken and shared as soon as possible following each meeting, normally within one working day. A list of agreed actions will be included.

The OCT will decide when the outbreak can be considered over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and considered when:

- There is no longer a risk to the public's health that requires the OCT to conduct further investigation or to manage control measures
- The number of cases has declined as a consequence of the measures taken.

The final OCT meeting will be used to identify issues and lessons identified during the investigation of the outbreak, to make recommendations for the future and agree the final OCT report to go to the OCB.

Complex individuals

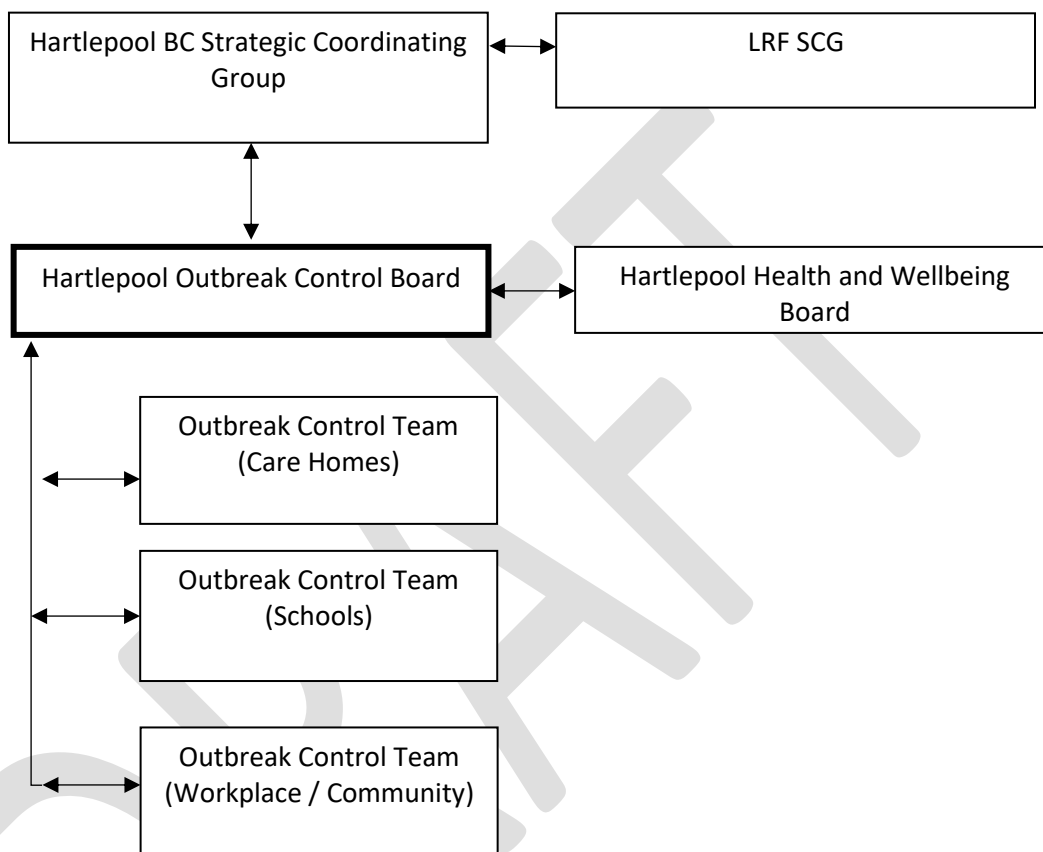
The NHS Test and Trace service may identify individuals that require follow up / self isolation who are deemed to be particularly vulnerable. Where there are particular social needs these will be referred through to the support hub.

Where there are specific clinical needs these will be escalated to the relevant services and a multi-agency discussion will be held to identify if the individual is known to services and how they can be supported. Particular challenges here could be around not self-isolating or not engaging with the contact tracing system.

Clarification is required here where the interface with health sits.

4. Governance

The Outbreak Control Board is responsible to Hartlepool Borough Council's Strategic Coordinating Group chaired by the Chief Executive. The Outbreak Control Board reports to the Hartlepool Outbreak Engagement Board which sits within the framework of the local Health and Wellbeing Board. The outbreak management teams for each area report to the Outbreak Control Board.



5. Communications Plan

A Local Outbreak Control Plan has been developed in Hartlepool to help identify, contain and control the spread of COVID-19. The following Communications Plan is intended to support the wider plan.

This Communications Plan includes:

- A suggested stakeholder, partner and target audience list
- An action plan in relation to NHS Test and Trace and local outbreaks

Stakeholders

| Stakeholders and partners | Target audience |
|---|--|
| <ul style="list-style-type: none"> • Public Health England (PHE) • Hartlepool Borough Council • NHS Tees Valley Clinical Commissioning Group • North Tees and Hartlepool Hospitals NHS Foundation Trust • Tees, Esk and Wear Valleys NHS Foundation Trust • Department of Health and Social Care (DHSC) • NHS England and NHS Improvement • Cleveland Local Resilience Forum • Health and Safety Executive | <ul style="list-style-type: none"> • Hartlepool residents generally • Individual communities (wards) • Elected members • Care providers • Local businesses • Schools and colleges • Students • Early years providers • Voluntary and community sector services • Parish councils • MP |

Communications Plan objectives

A national NHS Test and Trace service is now in place with the intention of:

- Ensuring anyone who develops COVID-19 symptoms can quickly be tested to find out if they have the virus
- Helping trace close recent contacts of anyone who tests positive for coronavirus

One of the objectives of this Communications Plan is to provide information and raise awareness about the new service, in particular explaining residents may be contacted by the NHS Test and Trace service.

The Communications Plan also looks to encourage people to play their part in Test and Trace:

- Encourage those with symptoms to be tested
- Encourage those with symptoms to self-isolate
- Encourage those testing positive to self-isolate
- Encourage those contacted to self-isolate

This plan is also in place to manage communications relating to outbreaks in settings or the community:

- Response to outbreaks
- Respond to enquiries
- Provide information to settings and communities

Communications Action Plan

Test and trace

Public engagement is needed to understand what Test and Trace is; the importance of testing and self-isolation for those who have symptoms; and the importance of self-isolation for those who are contacted by the service.

Key messages

- If you have symptoms you must arrange a test and self-isolate
- If you test positive you must self-isolate
- If you are contacted you should self-isolate
- Support available if you need to self-isolate
- Please share our message on your own channels / with your own contacts
- If you are business – how can you help stop the spread

Content / assets

- NHS Test and Trace social media resources (available via the Public Health England online resource centre)
- Create a series of Hartlepool Borough Council Graphics illustrating the “play your part, protect your friends and family” message
- Work with the Hartlepool Borough Council Economic Regeneration Team to develop business-specific communications outlining support for Hartlepool employers and employees and encourage leaders to positively promote self-isolation – where necessary – to their workforce

Hartlepool outbreaks

In the event of an outbreak in Hartlepool, the setting specific delivery group – e.g. the Schools Outbreak Control Team – will notify PHE if they are not already aware.

Hartlepool Borough Council will work with Public Health England to investigate the outbreak. PHE will lead on any initial communications and Hartlepool Borough Council will pick this work up if the outbreak is escalated to the Local Authority.

Communication requirements will vary depending on the setting – e.g. schools and care homes. In complex settings, Hartlepool Borough Council will work with PHE communications to agree a proactive or reactive response.

Key outbreak messages (which will be regularly reviewed and updated by the Hartlepool Outbreak Control Board)

- Hartlepool Borough Council and PHE investigating suspected outbreak of COVID-19 at [name of place type / name of place]
- We are contacting people who have recently been at [name of place] to provide advice and guidance
- Remind anyone who develops COVID-19 symptoms to self-isolate straight away and arrange a test through NHS Test and Trace service

- Advice for those recently at the location of the outbreak – e.g. self-isolate, arrange test if develop symptoms

Terminology to avoid

| To be avoided | To be used |
|------------------|--|
| Outbreak | A (small) number of cases |
| Outbreak control | Our teams are working to assist (named organisation) |

Reactive communications

When an outbreak is identified in Hartlepool, a holding press statement will be prepared if this is deemed necessary by the Hartlepool Outbreak Control Team. The statement will be drafted using the following outline template.

INSERT NAME HERE, from INSERT TITLE HERE, said: “Today, Public Health England confirmed that (INSERT NUMBER HERE) of people/residents/pupils/staff members at (insert organisation) have been diagnosed with COVID-19.

“These individuals have provided a list of people they have been in recent contact with to the NHS Test and Trace service.

“We would like to take this opportunity to remind residents across Hartlepool that anyone experiencing COVID-19 symptoms should isolate immediately and book a test online (<https://www.nhs.uk/conditions/coronavirus-covid-19/>), or call 119 if you have no internet access.”

Please note, a case specific template statement will be produced for organisations to use on their website as and where necessary, as well as letters to staff and stakeholders.

Useful contacts

Any media enquiries will be dealt with by the Hartlepool Borough Council Communications and Marketing Team.

- **Ed Turner – Communications and Marketing Manager**
ed.turner@hartlepool.gov.uk / 07547375768
- **Julian Heward – Senior Communications and Marketing Officer**
julian.heward@hartlepool.gov.uk / 07947635135
- **Steve Hilton – Senior Communications and Marketing Officer**
steve.hilton@hartlepool.gov.uk / 07587170237

In the case of an outbreak, these contact details will be shared with an organisation.

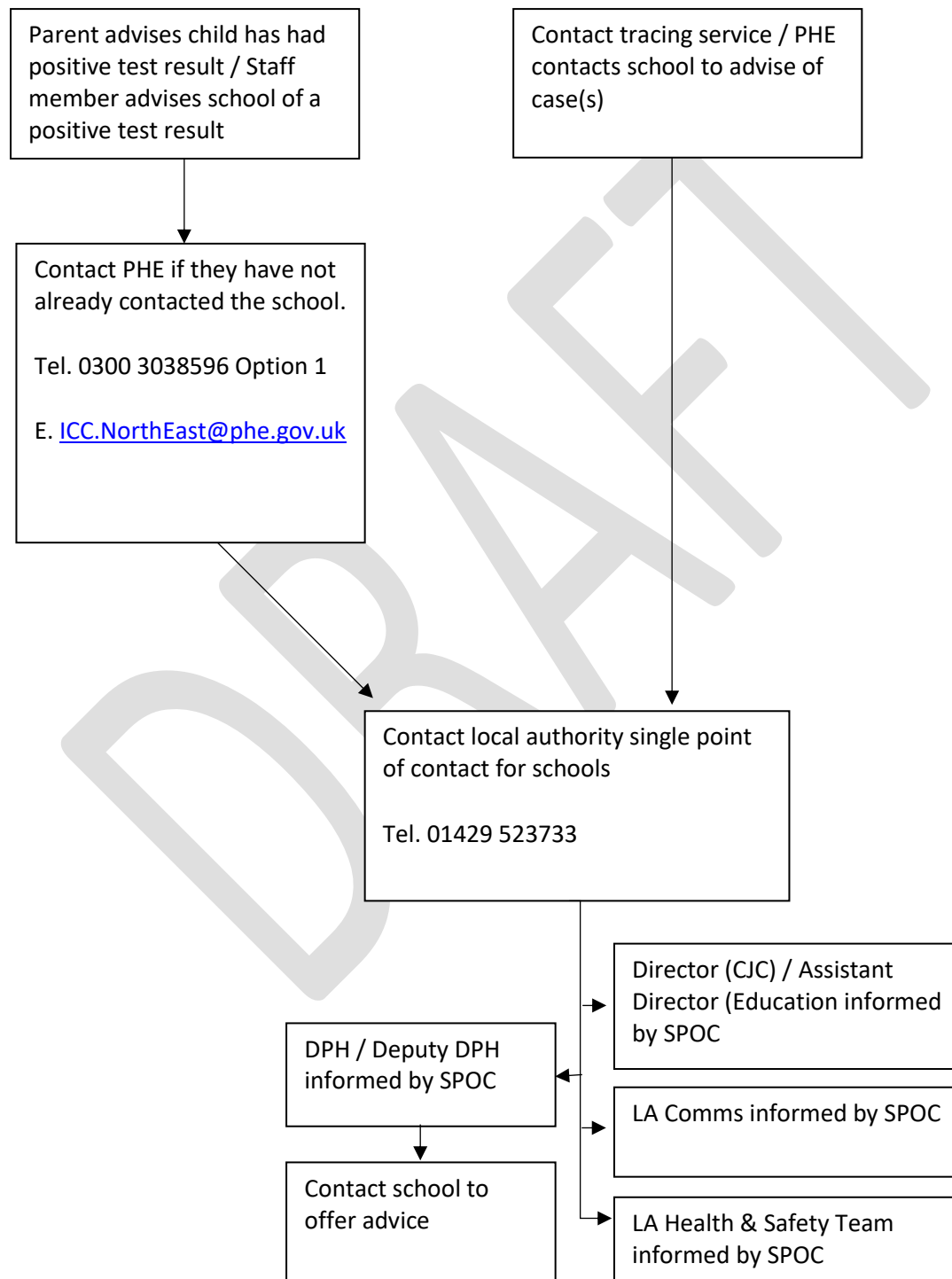
6. Review of the plan

The plan will be reviewed at a time defined by the Outbreak Control Board taking into account the operational implementation and lessons learnt from plan implementation.

Schools

Notification

There are two main ways that notification can be made regarding any cases in schools. Either the Health Protection team will receive report(s) of positive tests from the Track and Trace service or the schools will contact the DPH direct. Schools have been provided with guidance to support them with detailed instructions on communication flows.



Health Protection Team notification

1. HPT receives electronic reports twice daily, 10.00 and 16.00.
2. The HPT will contact the confirmed case (or their parent or guardian) and establish the onset date of their illness, the date on which they were tested, and their attendance at school.
3. Cases will also come to light through schools directly contacting the HPT to report confirmed cases among staff or pupils or to report multiple absences or reports of multiple suspected cases.
4. The HPT will contact the school Headteacher and advise that the 'bubble' which the pupil or teacher is allocated should be excluded from school for 14 days following their last contact with the case. Any other pupil or member of staff identified as having had close contact with the confirmed case should be excluded on the same basis:
 - a. A 'bubble' is the term used in the Department for Education guidance for the small number of staff and pupils forming each unit within the school.
 - b. Close contact is defined as any of the following (without PPE):
 - i. Direct face-to-face contact with a confirmed case;
 - ii. Being within 1 metre of a confirmed case for 1 minute or more;
 - iii. Being within 2 metres of a confirmed case for 15 minutes or more.
5. The HPT will provide template text for inclusion in a letter from the school to those/the parents of those who need to be excluded.

HPT reporting to DPH/LA

1. The HPT will inform the DPH of the incident, the initial risk assessment and the advice given to the Headteacher via a report to the agreed single point of contact in the Local Authority.
2. Liaison will be through the HPT ICC email address: ICC.NorthEast@phe.gov.uk
3. The HPT will monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the school, or if the Headteacher is unwilling to comply with advice.

Source: NE Health Protection Team and NE Directors of Public Health. Joint management of confirmed COVID-19 cases in school staff and/or school pupils during Test & Trace

Notification from Schools to DPH

Schools are requested to contact the single point of contact at the local authority if they become aware of a staff member or pupil who has received a positive test. The single point of contact will then forward this information to the appropriate people on the contact list. The DPH will advise the school to contact PHE to inform them of the positive test. PHE will then conduct a risk assessment (as above).

Declaring an outbreak and standing up of outbreak control team

The Health Protection Team and DPH will escalate the incident if:

- Whole school closure is required
- Linked cases are identified in other schools
- Increase in cases across several schools

Further action may be required such as closure of all schools in a given area. The DPH will liaise with the Health Protection team in deciding what process is required to investigate the outbreak and what mitigating actions are required.

If further action and escalation is required the outbreak control team will be convened. This consists of:

Director of Public Health (Chair)
Deputy Director of Public Health
Environmental Health Officer
Director of Children's and Joint Commissioning Service
Assistant Director (Education)
Health Protection team representative
Comms representative
Educational Psychology
Attendance and Inclusions coordinator
Administrator (minutes)

The role of the Outbreak Control Team (OCT) in conjunction with the Health Protection Team, is to:

- Assess the relevant information from PHE and the Track and Trace service
- Identify mitigating actions and advise on preventative measures
- Use local knowledge to support the response
- Engage and support schools in the area to respond to the outbreak
- Prevent the outbreak spreading
- Plan for the recovery in the school

Activities and Control Measures

Members of the OB control team or will liaise with the school to:

- Confirm the outbreak and numbers involved
- Check no contacts have been missed
- Check that there are no new contacts
- Check there are no new cases
- Confirm details of those self-isolating
- Make contact with cases where there are issues with isolation
- Check risk assessments
- Review control measures – are they still in place and effective.

- Agree on the recovery plan for the school

Actions and control measures will be agreed in conjunction with PHE. Suggested mitigation measures for a school outbreak include:

Self-isolation for positive cases and for their bubble.

Self-isolation for 1 or more bubbles in the school

Any other member of staff or pupil who had close contact with case(s) to be told to self-isolate.

School closure

Members of the council's incident control team may be utilised to support contact tracing, tracking and will:

- Contact the workplace / community
- Check no contacts have been missed
- Check that there are no new contacts
- Check there are no new cases
- Confirm details of those self-isolating

Communication

Communication processes will be in place for schools to communicate to staff, pupils and parents.

Letters are included in the guidance pack for schools.

The local authority communications team will be part of the outbreak response in order to deal with media enquiries and to support effective communication.

Intelligence

Intelligence is essential in supporting the outbreak response. The school outbreak may not be happening in isolation and so a clear picture of the incidence of disease in the community and other outbreaks. Intelligence reports available for outbreak control are available at:

Community Support

Outbreak control will rely on people being able to self-isolate. Where people are required to self-isolate for 14 days there may be a requirement to support some of the more vulnerable individuals / families. In this case links to the community support hubs will be crucial in providing this support.

SOP for alerting support hub

Issues around free school meals / food vouchers / holiday hunger programmes

Recovery

Support will need to be given to the school to put in place appropriate recovery processes. These could include guidance on cleaning, mental health support, advice on reopening if closed. The outbreak control team will implement support measures in conjunction with the school.

Care Homes

OUTBREAK CONTROL PLAN – CARE HOMES

(PLEASE NOTE THAT THE MAJORITY OF CARE HOMES HAVE HAD MORE THAN 2 CASES AT ANY ONE TIME SINCE THE BEGINNING OF COVID 19 THEREFORE THEY HAVE BEEN MANAGING OUTBREAKS ALREADY)

A) IDENTIFICATION AND RESPONSE TO AN OUTBREAK

For the purposes of this plan an outbreak is defined as 2 or more cases.

Since the coronavirus outbreak began, the Council has been in regular contact with all commissioned care home providers. The purpose of this contact is for the Council to understand the current issues within the service including occupancy levels and number of vacancies available for use, staffing levels, number of residents showing symptoms, number of residents tested and the outcome of those tests, number of staff tested and the outcome of those tests, number of deaths, availability of PPE, admission criteria and any other challenges that the service is managing. Care home providers have fed back that this supportive and proactive approach has been very valuable.

The information gathered through these calls feeds in to a care home monitoring report which is produced daily with a weekly trend analysis. This data informs a wider daily COVID19 tracker produced in partnership with Public Health colleagues which includes hospital data and summarises the overall position for Hartlepool. This information has allowed the Council to identify sectors within the care market and individual care homes where additional support has been required and enabled resources to be targeted to provide that support.

The Commissioning and Performance Manager (Jacqui Goddard) has oversight of this information. (If on leave this is covered by Head of Strategic Commissioning). If a care home indicated that there were more than 2 cases of COVID 19 the following would take place:

- 1. The link Contracts & Quality Officer for the home would have a discussion with the manager in relation to** (see Appendix A)
 - The current situation re: cases/ deaths
 - Infection Prevention and Control measures in place
 - Further testing of residents and staffing that would be needed – including obtaining Consent or Best Interest Decision on behalf of residents
 - Any requirements re: PPE
 - Clinical support needed
 - Workforce support needed
 - Future intentions re: admissions

- Confirm the home has made contact with PHE, Health Protection Team and the IPC nurse for further advice and guidance

Immediate actions would be discussed and agreed and documented in the commissioning folder (separate document for each provider). This document would be the provider outbreak control plan.

2. The Link Officer would notify the Commissioning and Performance Manager who would notify the outbreak and attach the provider document to the following:

Trevor Smith trevor.smith@hartlepool.gov.uk 01429 523950 07774629427

Danielle Swainston Danielle.swainston@hartlepool.gov.uk 01429 523732 07969280745

Jill Harrison jill.harrison@hartlepool.gov.uk 01429 523911 07789397484

Pat Riordan pat.riordan@hartlepool.gov.uk

Craig Blundred craig.blundred@hartlepool.gov.uk

John Lovatt, Assistant Director, Adult Social Care

Paula Swindale

Paul Whittingham

3. It is expected that the actions that have been put in place between the link officers and managers will be all that is needed at this point however any issues that cannot be managed in this way will be discussed at the Care Homes Support Meeting.

The link Contracts & Quality Officer will monitor the actions and update the Outbreak Control Plan with the home and report back to the Commissioning & Performance Manager if there are any further issues. They will also report when the outbreak has ended.

The Care Homes Support meeting takes place on a weekly basis. This meeting is chaired by the Assistant Director, Joint Commissioning and is attended by Head of Strategic Commissioning (Adults), Commissioning and Performance Manager and Deputy Director of Public Health. CCG rep is sent all information and can dial in if appropriate. In exceptional cases we would arrange a separate meeting as soon as possible to discuss (eg if we need to provide staff support through our Direct Care & Support Team.)

The purpose of this meeting is to:

- Ensure actions within provider outbreak control plan are implemented
- Review situation within all care homes to highlight any pieces of work that need undertaking.
- Keep track of any new government guidance to review and interpret and circulate to care homes as appropriate
- Report to the Outbreak Control Board as required

B) REPORTING

Reports following an outbreak will be provided to the Outbreak Control Board.

C) ACTIONS IN PLACE TO MITIGATE RISK OF AN OUTBREAK

a) Ongoing review

A review was carried out on 29th May on the position of homes to ensure that processes were in place to reduce risk of an outbreak. The information from this review is set out as *Appendix B*. The Care Homes Support Group regular reviews the position to understand what actions/ support is needed for the care homes. The information re: individual homes is below (as at 29th May 2020)

b) Communication

Regular contact is made by the link officers to the care homes and this information is shared on a daily basis. The information gathered includes information on workforce capacity/ PPE/ occupancy/any other concerns.

There are two spreadsheets that are updated and these are attached as *Appendix C and Appendix D*.

The commissioning team also circulate government guidance to the homes and the IPC nurse circulates information direct to the care homes.

Guidance circulated to homes is attached as *Appendix E*

c) Infection Prevention and Control Measures

The council commissions infection prevention control advice, guidance and workforce support through an IPC nurse. The IPC nurse supports all the care homes and all the care homes have accessed this support and also training for their staff.

The IPC nurse also reviews relevant guidance and interprets this for care homes and circulates as appropriate. This is a highly valued service by the care homes. Care Homes directly contact nurse for advice, guidance and support.

d) Testing

TO be Confirmed

<https://www.gov.uk/apply-coronavirus-test-care-home> This is the correct link for the home to request tests for residents. Although they can order tests for staff from here too we have been asking them to use the local testing at North Tees. They do this by completing a Request Form and sending to AdultsCommissioning@hartlepool.gov.uk.

and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890541/Guidance_pack_for_care_home_managers_on_Radox_kits.pdf We haven't circulated this but it's a resource they can use

It is recommended that staff from care homes in the North East who display any symptoms access testing through the NECS single point of contact at <https://nhscovidtestne.onk2.com> rather than the national gov.uk portal. This means that local NHS labs will be used and you will receive faster results. This is still available but the test are not done locally at North Tees so we have requested that homes use the Request Form instead.

e) PPE

Care Homes are asked on their daily call if they have any issues with procuring PPE. The commissioning team do a full stock take of PPE with each home every Wednesday and seek general procurement feedback for PPE during the daily call. If a home is struggling to procure PPE a formal request is made and considered at the PPE meetings. A PPE meeting takes place every Tuesday and Thursday to review requests and organise delivery if appropriate. The PPE meeting takes place at 1.30 so deliveries can be made on the same day.

f) Clinical Support

Collaborative work has been undertaken with North Tees & Hartlepool NHS Foundation Trust, Tees Esk & Wear Valleys NHS Foundation Trust and NHS Tees Valley Clinical Commissioning Group to produce a care home support offer that aims to ensure timely access to clinical advice for care home staff. The document (Appendix D) covers a wide range of services including Community Matrons, Community Pharmacy Services, the Integrated Discharge Team and Intermediate Care and contains up to date contact details

for all services. It also includes current arrangements for testing of care home residents and staff, verification of death, access to Infection Prevention and Control support and guidance and an offer of psychological support for care home staff. There is an emphasis on prevention alongside managing outbreaks of COVID-19 and a commitment to working together to ensure that advice is clear, comprehensive and consistent. *(See Appendix G)*

Appendices:

- A) Outbreak Control Plan Template
- B) Care Home Review Document
- C) Template – Care Homes Update
- D) Template – Cases Update
- E) Guidance circulated to care homes
- F) Testing guidance (need to check)
- G) Care Homes Clinical Support

OUTBREAK CONTROL PLAN - (insert name of care home)

Responsible Person at the Home (insert name)

Date (insert date)

The purpose of this Outbreak Control Plan is to effectively support care home providers to manage outbreaks of 2 or more cases of COVID-19 with their care home.

| |
|---|
| <u>Summary of the current situation</u> <i>including number of cases/deaths</i> |
| <u>Infection Prevention and Control measures in place</u> |
| <u>Testing</u> <i>including what further testing of residents and staffing is required, arrangements for Consent or Best Interest Decisions etc.</i> |
| <u>PPE Stocks</u> |
| <u>Clinical support required</u> |

| <p><u>Workforce support required</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|--------------------|-----------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p><u>Future intentions</u> <i>including revised admission criteria</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Contact with PHE, Health Protection Team and IPC nurse</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;"><u>AGREED ACTIONS</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Action</th> <th style="width: 20%;">Responsible Person</th> <th style="width: 20%;">Timescale</th> <th style="width: 25%;">Update</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Action | Responsible Person | Timescale | Update | | | | | | | | | | | | | | | | | | | | | | | | |
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Workplace / Communities

Initial case handling by NHS Test and Trace

1. Confirmed cases are electronically reported to the NHS Test & Trace service via electronic laboratory reporting.
2. Contact tracing is carried out with the confirmed case (or their parent / guardian) either online or by telephone.
3. An electronic notification is passed to the North East Health Protection Team when:
 - a. Cases have attended work while infectious and are unable/unwilling to identify their work contacts
 - b. High absenteeism is reported in a workplace
4. The NHS Test and Trace service will advise the case to self-isolate until the latest of:
 - a. 7 days after the onset of their symptoms (or 7 days after the test date if they are asymptomatic)
 - b. The time at which all of the following symptoms are no longer present: high temperature; running nose; sneezing; nausea; and/or loss of appetite.
5. The NHS Test and Trace service will also give advice on isolation to household and social contacts of the confirmed case.

Health Protection Team Actions

6. HPT receives electronic reports twice daily, 10:00 and 15:00.
7. The HPT will contact the worker and establish the onset date of their illness, the date on which they were tested, their attendance at work and contact details for their workplace
8. Cases may also come to light through workplaces directly contacting the HPT to report confirmed cases among staff or to report multiple suspected cases. The HPT will provide advice.
9. The HPT will contact the Workplace and disclose (in confidence) the name of the worker and undertake a joint risk assessment to identify close contacts who will require 14 days self-isolation from their last contact with the worker case.
 - a. Close contact is defined as any of the following (without PPE):
 - i. Direct face-to-face contact with a confirmed case;
 - ii. Being within 1 metre of a confirmed case for 1 minute or more;
 - iii. Being within 2 metres of a confirmed case for 15 minutes or more.
 - iv. Travelling in a small vehicle with the confirmed case
10. The HPT will provide template text for inclusion in a letter from the workplace to those who need to be self isolated.

11. The HPT will signpost the Workplace to <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19> for advice on making the workplace COVID secure.
12. The HPT will provide advice to the workplace about escalation criteria and how the situation will be monitored (e.g. further cases linked to premises either reported through workplace or identified through Test & Trace)

HPT reporting to DPH/LA

1. The HPT will inform the DPH of the incident, the initial risk assessment and the advice given to the Workplace via a report to the agreed single point of contact in the Local Authority.
2. Liaison will be through the HPT ICC email address: ICC.NorthEast@phe.gov.uk
3. The HPT will monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the workplace or if the Workplace appears unwilling/unable to comply with advice.

Escalation

1. The HPT and DPH will escalate the incident, in keeping with the Local Authority outbreak plan if:
 - There are increased numbers of cases in a workplace
 - There are linked cases in the community or supply chain
 - Media / political interest
2. Further action may be required such as establishing if the workplace requires further support from their H&S enforcement authority e.g. HSE or local authority.

Source: NE Health Protection Team and NE Directors of Public Health Joint management of confirmed COVID-19 cases in WORKPLACES during Test & Trace DRAFT 12 June 2020



Environmental Health (Commercial Services)

| | | |
|---|------------------|------------------------|
| | | |
| Standard Operating Procedure: Management of COVID-19 Outbreaks in Workplace and Community Settings | | |
| Reference: SOP/EHC/C19 | Issue: 01 | Date: June 2020 |

| | |
|--------------|--|
| Issued by: | Sylvia Pinkney Assistant Director (Regulatory Services) |
| Prepared by: | Jane Kett Environmental Health Manager (Commercial Services) |

| Version | Amendment | Approved By / Action by | Date |
|---------|-------------------------------|--|-----------|
| 01 | New Quality Management System | Jane Kett - review Sylvia Pinkney - approve | June 2020 |

1. PURPOSE

To detail the procedure to be followed for the management of COVID-19 outbreaks in Workplace and Community Settings.

2. SCOPE

This procedure applies to the management of complex COVID-19 outbreaks in Workplace and Community Settings by the outbreak settings team(s).

3. RESPONSIBILITIES

The Assistant Director (Regulatory Services) (AD (RS)) shall be responsible for the approval and use of this procedure.

The Environmental Health Manager (Commercial Services) (EHM) shall be responsible for the relevance and application of the procedure and any subsequent revision and amendments.

All officers involved in the investigation and management of COVID-19 outbreaks in Workplace and Community Settings shall be responsible for acting in accordance with this procedure.

4. DEFINITIONS

| | |
|----------------|--|
| AD (RS) | Assistant Director (Regulatory Services) |
| EHM | Environmental Health Manager (Commercial Services) |
| IO | Investigating Officer |
| DPH | Director of Public Health |
| HPT | Health Protection Team (PHE) |
| ICT | Incident Control Team |
| OCB | Outbreak Control Board (HBC) |
| OCP | Outbreak Control Plan (HBC) |
| PHE | Public Health England |
| SOP | Standard Operating Procedure |
| Test and Trace | NHS Test and Trace Service |

Case:* A person with COVID-19 symptoms and/or tested positive for COVID-19

Contact:* A person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them

*A precise case definition will be agreed by OCT.

Outbreak: Conditions to declare an outbreak are:

- Two or more confirmed cases of COVID-19 in a particular setting; **Or**
- An increase in absence rates, in a setting, due to suspected or confirmed cases of COVID-19.

An outbreak will be confirmed in conjunction with PHE.

5. PROCEDURE

General

- 5.1. This Standard Operating Procedure (SOP) forms part of Hartlepool Borough Council's Outbreak Control Plan (OCP). The OCP puts in place measures to identify and contain outbreaks of novel coronavirus (COVID-19) and will support contact tracing in complex situations. This SOP applies to the investigation, management and control of outbreaks in workplace/community settings.
- 5.2. Notifications of cases will be in accordance with the NE Health Protection Team and NE Directors of Public Health Joint management of confirmed COVID-19 cases in WORKPLACES during Test & Trace procedure (Attachment 7.1).
- 5.3. The single point of contact (SPOC) in Hartlepool Council will be notified of an outbreak or positive tests in a particular setting. The SPOC will operate in accordance with an agreed rota.
- 5.4. Notifications from the NE Health Protection Team (HPT) are received by email in the Test & Trace @ Hartlepool Mailbox.
- 5.5. The Health Protection Team (HPT) will confirm the initial risk assessment and the advice given to the workplace / setting. Following an assessment of the outbreak and setting, an outbreak may be declared and an Outbreak Control Team (OCT) stood up to investigate, manage and control the outbreak. This standard operating procedure applies to members of any team stood up to manage outbreaks in workplaces and community settings.
- 5.6. It is usual policy of Hartlepool Borough Council to investigate all notifications of confirmed or suspected complex outbreaks of COVID-19 in workplaces and community settings. The extent of investigation will be based on the advice and direction of the Outbreak Control Team (OCT), which is overseen by the Outbreak Control Board (OCB).

Outbreak Control Team

- 5.7. The SPOC will notify the DPH and Lead EHO. The appropriate OCT will meet as soon as possible after the outbreak has been notified. The group will meet virtually and will comprise of:

Chair: Director of Public Health

Usual members:

Deputy Director of Public Health

Environmental Health Officer (EHO Lead)

Public Health Intelligence
CCG
Health and Safety
Communications
Administrative support
Appropriate setting based staff

5.8 The overarching terms of reference for the OCT will be:

- To review the evidence and verify whether an outbreak is occurring;
- To ensure that control measures are implemented to prevent primary and secondary cases;
- To assess the on-going risk to public health;
- To agree the actions required and allocate these to an individual / agency along with a timeframe during which the actions should be completed;
- To provide a single, accurate, responsible source of information for the public, media and professionals;
- To declare that the outbreak is over.

The terms of reference should be agreed including any specific setting related terms of reference.

5.9 The meeting should follow a standard Agenda outlined in Attachment XXX
A case and contact definition should be agreed early on in the process.

At each OCT meeting:

- Members will review the implementation of actions agreed at the previous meeting (including investigations and control measures);
- Information updates will be given;
- Members will agree the updated risk assessment and any changes to case definition;
- Control measures should be documented with clear timescales and responsibility for implementation;
- Further actions will be agreed with named individuals and timescales;
- The next meeting will be scheduled;
- The Chair of the OCT will ensure that notes of the OCT meetings are taken and shared as soon as possible following each meeting, normally within one working day. A list of agreed actions will be included.

At the final meeting the OCT will declare the outbreak closed. (Refer to 5.22)

Investigation of the Outbreak by the Incident Control Team (ICT)

5.10 Officers must have regard and comply with the Outbreak Control Plan and any associated procedures.

- 5.11 After receiving a notification the SPOC will inform the DPH and the Lead EHO who will set up an ICT to manage the outbreak in a workplace or community setting. A process flowchart is shown in Att 7.2.

The ICT will usually comprise the following Officers / Agencies, (as considered appropriate):

- A minimum of 2 Public Protection Officers, one of which will be an EHO;
 - HBC Staff from other departments as required;
 - Primary Authority
 - External Agencies e.g. HSE, PHE
- 5.12 Outbreaks will be allocated a unique Reference number ILOG number (will they?), which must be quoted on all correspondence.
- 5.13 An Outbreak Log, (Att 7.3 Incident/Outbreak Log) must be initiated by the Lead EHO and maintained by the IO(s) up to date throughout the outbreak investigation.

Contact With Workplace or Community Setting

- 5.14 Workplaces or community settings that are implicated in outbreaks should be contacted and where appropriate visited as soon as possible, ideally the same working day. The primary aim being to identify any contacts and control any further spread of infection.
- 5.15 If an implicated workplace or community setting is discovered to be outside the Authority's area, the IO must immediately inform the Lead EHO. This information should be referred to the SPOC and PHE informed.
- 5.16 Officers should speak to the workplace or community setting manager to confirm the findings of the HPT risk assessment outcome and gather:
- **Contact details for the workplace or community setting**
 - Establish name and address of business / community setting;
 - Contact details for employer and union or health and safety representative and / or Primary Authority Contact (if appropriate); or
 - Contact details of point of contact at community setting
 - **Information about the workplace / community setting**
 - E.g. what kind of business is it, what sort of work / activities are undertaken, is workplace / community setting publicly accessible etc.

- **Basic epidemiological information**
 - Establish number of workers or attendees;
 - number of confirmed cases ; and
 - number of symptomatic people.
 - Establish if there are any new or missed cases
- **Information about the risk assessment and any control measures in place**
 - Establish if a risk assessment has been put in place. Is it suitable and sufficient?
 - What control measures have been implemented. E.g. Ask about social distancing and infection control measures such as enhanced cleaning.
 - Officers to explore what, if any, additional control measures can be put in place e.g. separating teams or reducing mixing in a workplace setting, use of PPE etc.
 - Officers will signpost the Workplace to:
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19> for advice on making the workplace COVID secure and other relevant central guidance.
- **Advise on self-isolation / testing**
 - Advise anyone that has been in close contact to self isolate;
 - Advise anyone in the setting who is symptomatic, including (but not limited to) contacts of confirmed cases, to seek testing.
 - Officers to facilitate testing and monitor results as necessary;
 - Officers may share a 'warn and inform' letter that the manager can send out to staff in the workplace.
 - The letters can be amended as necessary for community settings.
 - Examples of Standard 'warn and inform' letters are included as Att 7.3 or 7.4.

5.17 A spreadsheet will be generated to record all relevant information from those attending a workplace or community setting, including those who do not have symptoms.

Details will include but are not limited to:

- Name of person;
- Address and contact details;
- List of contacts;
- Onset date of any symptoms (if applicable);
- Onset time (if applicable);
- Date of sample submission and
- Result of sample submitted.

- 5.18 Any other relevant information obtained and any action taken including interventions to contain the spread of infection must be recorded on the Incident Log. This could include details of any enhanced cleaning, self-isolation of contacts, testing of contacts, provision of information / advice etc.
- 5.19 All documentation relating to an outbreak, such as the Incident Log, shall be stored in an outbreak folder on the secure CS folder on the Y drive.
- 5.20 Daily briefings will take place between the Lead EHO and relevant officers involved in the Incident Control Team to determine what has been achieved and what, if any, further information is required. Any decision regarding closure of a setting would be taken by the Outbreak Control Team.
- 5.21 The Lead EHO will present a written summary including any findings or recommendations for further action to the Outbreak Control Team. Minutes of the meeting and any further actions will be agreed and acted upon accordingly.

Conclusion of the Investigation

- 5.22 The OCT will decide when the outbreak can be considered over and will make a statement to this effect. The decision to declare the outbreak over should be informed by on-going risk assessment and considered when:
- There is no longer a risk to the public's health that requires the OCT to conduct further investigation or to managed control measures; and
 - The number of cases has declined.
- 5.23 The final OCT meeting will be used to identify issues and lessons identified during the investigation of the outbreak, to make recommendations for the future and agree the final OCT report to go to the Outbreak Control Board (OCB).

Testing

- 5.24 Any testing will be carried out by the NHS test and trace service and advice will be provided.
- 5.25 If testing is arranged as part of an investigation, the unique reference number must be documented on any associated paperwork.

- 5.26 Results from any tests will be reported by the NHS test and trace service to PHE and the SPOC.
- 5.27 The person submitting the test will be advised of the result by the NHS test and trace service and appropriate advice provided.

People with symptoms / contacts

- 5.28 All cases of COVID-19 will be advised to self-isolate by the Test and Trace service. Anyone with symptoms must remain at home and **must not** attend work or other community settings in accordance with Government guidance. They will be advised to remain self-isolating for:
 - a. 7 days after the onset of their symptoms (or 7 days after the test date if they are asymptomatic)
 - b. The time at which all of the following symptoms are no longer present: high temperature; running nose; sneezing; nausea; and/or loss of appetite.
- 5.29 Contacts will also be advised concerning any requirements for self-isolation / testing.
- 5.30 Once an individual has complied with any required period of self-isolation he or she should no longer be considered a risk and should be allowed to return to work or attend a community based setting.

6 RECORDS

- 6.1 Officers must record relevant information relating to the investigation on the outbreak log and in their PACE note book. A service request record must be created on CIVICA APP and relevant documentation and emails must be attached to the action diary entries.

All documents shall be retained for 6 years.

7 DOCUMENTATION

- Att 7.1 NE Health Protection Team and NE Directors of Public Health Joint management of confirmed COVID-19 cases in WORKPLACES during Test & Trace procedure (DRAFT JUNE)
- Att 7.2 Process flowchart
- Att 7.2 Incident/Outbreak Log

Att 7.3 Warn and Inform Letter to Employer

Att 7.4 Warn and Inform Letter to Staff

North East key points for cases and outbreaks in workplaces during Test & Trace

Based on: "SOP Tier 1 Public health management of a complex single case or outbreak including complex situations in a workplace attended by case(s)." (version 00.03 dated 20/05/2020)

https://extranet.phe.gov.uk/sites/NICC/CTASWG/_layouts/15/start.aspx#/SitePages/Home.aspx

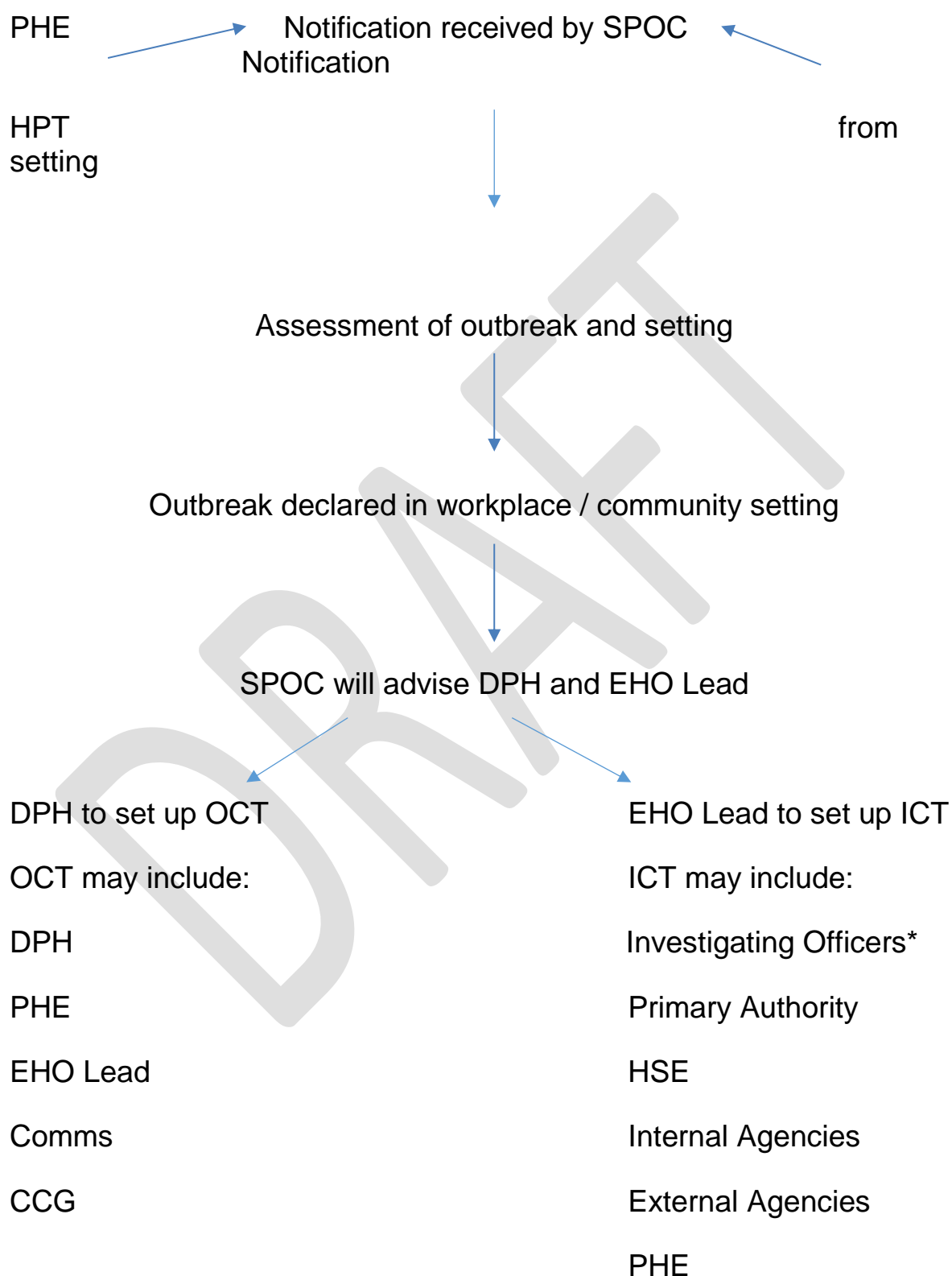
1. Speak to the manager to gather basic information about the workplace (such as what kind of business it is, what sort of work it does, whether it is publicly accessible)
2. Gather basic epidemiological information (including number of symptomatic people, number of confirmed cases, number of workers in the setting)
3. Gather information about control measures which are already in place (such as social distancing and infection control). Explore whether there are further measures that could be put in place (such as separating teams or reducing mixing in a workplace setting). Signpost to relevant guidance where necessary.
4. Advise anyone who has been in contact with the case during the infectious period to self-isolate for 14 days from their last contact.
 - a. The infectious period is:
 - i. For confirmed cases with symptoms, the infectious period is 48hrs pre-onset to 7 days post-onset.
 - ii. For cases without symptoms, the infectious period is 48hrs pre-test to 8 days post-test.
 - b. Contact is:
 - i. Staying overnight in the same household as the confirmed case.
 - ii. Having direct face-to-face contact with the confirmed case.
 - iii. Being less than 1m from the confirmed case for 1 minute or longer.
 - iv. Being less than 2m from the confirmed case for more than 15 mins.
 - v. Travelling in a small vehicle with the confirmed case.
5. Anybody in the setting who is symptomatic, including (but not limited to) contacts of confirmed cases, should be advised to seek testing.
 - a. If the workplace is a 'key worker' site, the usual arrangements for testing key workers apply.
 - b. If the workplace is not a 'key worker' site, symptomatic contacts should access testing via the NHS 111 website or by calling 119.

6. Offer to share a “warn and inform” letter that the workplace manager can send to other staff in the workplace.

Points in the national SOP which we are currently ignoring

| Point | Rationale for not following |
|--|--|
| Contacts of confirmed cases should be related from isolation earlier than 14 days if the confirmed case subsequently tests negative. | The contacts of the confirmed case have been exposed even if the confirmed cases later tests negative, therefore the isolation requirement should still apply. |
| Symptomatic contacts of confirmed cases should be contact traced as “presumptive cases”. | There is no contact tracing service for “presumptive cases”. |

Covid -19 Outbreak Control Plan Workplaces & Communities Flowchart



*There will be a minimum of 2 Investigating Officers (IOs) as part of the ICT.

These IOs will:

- Contact the workplace / community
- Confirm HPT's risk assessment outcome findings
- Check no contacts have been missed
- Check that there are no new contacts
- Check there are no new cases
- Confirm details of those self-isolating
- Refer / Facilitate additional testing if required
- Monitor test results
- Speak to other bodies such as Primary Authority and health and safety / union reps
- Check current risk assessment
- Look at what control measures are in place
- Identify any additional control measures required
- Provide advice
- Complete outbreak questionnaire / checklist
- Input actions on APP
- Recommend additional interventions as necessary – Note: decisions re closure to be taken by OCT
- Feedback to EHO lead
- All information to be provided to EHO Lead who will feed into ICT



ICT to discuss findings & EHO Lead to report back to OCT on investigation and make recommendations



OCT to meet to:

- Review information provided by ICT
- Review testing information
- Review information from PHE & others
- Decide if any further action is required e.g. closure
- Declare outbreak is over
- Close the outbreak

Abbreviations: Public Health England (PHE)

PHE Health Protection Team (HPT)

Outbreak Control Team (OCT)

Incident Control Team (ICT)

Investigating Officer (IO)

Questions

Will there be a unique number (ILog equivalent) given by PHE to each outbreak? This will help link contacts etc to a particular Outbreak.

Are PHE going to produce an outbreak questionnaire / checklist? This would be beneficial to promote consistency during investigation & reporting.

DRAFT

INCIDENT / OUTBREAK LOG

Notification Details:

ILOG no:

| | |
|---|-----------------|
| Date of Notification: | Time: |
| Notified by: | Received by: |
| Confirmed Case: | Date Confirmed: |
| Address: | |
| Post code: | Tel No: |
| Workplace or Community Setting Implicated | |
| Name: | |
| Address: | |
| Post code: | Tel No: |
| Information re Workplace / Community Setting | |
| Type of business / community setting: | |
| Activities undertaken: | |
| Is business / community setting publicly accessible? Y / N | |
| Number of Staff Number of Visitors | |
| Risk Assessment | |
| Has a COVID-19 Risk Assessment been undertaken? Y / N | |
| Is it suitable and sufficient Y / N | |
| Existing control measures (e.g. enhanced cleaning, social distancing etc.): | |
| | |
| | |
| | |
| | |
| Additional controls necessary? Y / N | |
| Details: | |
| | |

Epidemiological Information (Associated with Workplace / Community Setting)

Number of people in the setting :.....

Number of symptomatic people:

Number of confirmed cases:.....

Are there any missed / new contacts? Y* / N

*If Yes, list below and indicate if testing is needed (Continue on new page if required)

Contacts

| Name | Address | Tel No | Testing Needed |
|------|---------|--------|----------------|
| | | | |
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| | | | |

Additional Information / Advice Provided:

| Date/Time | Action | Officer |
|-----------|--------|---------|
| | | |

INCIDENT / OUTBREAK LOG

ILOG No: _____

| Date/Time | Action | Officer |
|-----------|--------|---------|
| | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

Letter template to staff

<insert today's date>.

Dear colleagues

Re: Novel Coronavirus (COVID-19)

Public Health England (PHE) has contacted XXXXXXXXX to inform us that a member of staff has been tested and confirmed as having novel coronavirus (COVID-19) and is currently self isolating at home. We have been working closely with PHE to understand the implications of this for us as an organisation.

The staff member was last in the workplace on XXXXX 2020. PHE has conducted a risk assessment with us, and the advice we have received is for a small number of people to be made aware of their exposure and to stay at home for a period of 14 days. These individuals have been informed.

Others in the workplace are not identified as someone who had close contact with this person based on PHE guidelines, and therefore their risk of catching COVID-19 from this person is very low. They do not need to take any extra precautions.

Please continue to attend work and follow advice from the NHS website -

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

NHS 111 has an online coronavirus service that can tell you if you need medical help and advise you what to do - <https://111.nhs.uk/covid-19>

The guidance we are following is published online here:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Thank you for your understanding at this time. For further information go to

www.gov.uk/coronavirus

Yours sincerely,

Letter template to staff

<insert today's date>.

Dear colleagues

Re: Novel Coronavirus (COVID-19)

Public Health England (PHE) has contacted XXXXXXXX to inform us that a member of staff has been tested and confirmed as having novel coronavirus (COVID-19) and is currently self isolating at home. We have been working closely with PHE to understand the implications of this for us as an organisation.

The staff member was last in work on XXXX 2020. PHE has conducted a risk assessment with us, and the advice we have received is others in the workforce are not identified as someone who had close contact with this person based on PHE guidelines, and therefore their risk of catching COVID-19 from this person is very low. They do not need to take any extra precautions.

Please continue to attend work and follow advice from the NHS website -

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

NHS 111 has an online coronavirus service that can tell you if you need medical help and advise you what to do - <https://111.nhs.uk/covid-19>

The guidance we are following is published online here:

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Thank you for your understanding at this time. For further information go to

www.gov.uk/coronavirus

Yours sincerely,

8 REFERENCES

Outbreak Control Plan

DRAFT

Appendices

Appendix One -

DRAFT - Hartlepool Outbreak Control Board Terms of Reference

| Version | Date | Updates |
|---------|----------|-------------|
| 1.0 | 18/06/20 | First draft |

The launch of the national test and trace system means there is now a system in place to reduce the reproduction (R) number of the disease, reduce the spread of infection and reduce the incidence of disease in the community. Local government has a key role to play in the identification and management of infection. Local government is required to put in place measures to identify and contain outbreaks and protect the public's health.

Purpose

- Put in place measures to identify and contain outbreaks including outbreak management plans for high risk areas.
- To provide technical and professional advice to the Strategic Coordination Group and Local Outbreak Engagement Board
- To lead the development of Local Outbreak Plan and settings based outbreak plans.
- To liaise with PHE and other key partners to ensure an appropriate and robust response to local outbreaks is in place.
- Connect the local plans to the national Joint Biosecurity Centre.
- Support the development of local testing capacity.
- Support contact tracing in complex situations.

Objectives

- To lead the planning of the local outbreak response
- To coordinate the development of the Local Outbreak Management Plan to respond to the key themes that have been identified by the national team
- Receiving information from Outbreak control teams
- Develop a single point of contact and monitor and review operation
- Provide advice and support on media and other queries
- Oversee the development of the settings based outbreak plans as required and ensure the development and review of the overarching Outbreak Management Plan.
- Ensure the development of monitoring systems to provide effective monitoring of implementation and to receive regular reports on outbreak management from outbreak control teams.
- Data monitoring
- Overseeing the use of resources and demand
- Oversee that support to vulnerable groups impacted by the consequences of outbreaks through the existing council services is provided e.g. through the Hub.

Membership

| | |
|---|----------------------------|
| Director of Public Health | Hartlepool Borough Council |
| Director of Children's and Joint Commissioning | Hartlepool Borough Council |
| Director of Adults and Community Based Services | Hartlepool Borough Council |
| Assistant Director Joint Commissioning | Hartlepool Borough Council |
| Deputy Director of Public Health | Hartlepool Borough Council |
| Assistant Director Regulatory Services | Hartlepool Borough Council |
| Assistant Director (Environment and Neighbourhood Services) | Hartlepool Borough Council |
| Assistant Director – Corporate Services | Hartlepool Borough Council |
| Health, Safety and Risk Manager | Hartlepool Borough Council |
| Public Health Intelligence Specialist | Hartlepool Borough Council |
| Communications Manager | Hartlepool Borough Council |
| Director of Nursing and Quality | NHS Tees Valley CCG |
| | TEWV Foundation Trust |
| Statutory Scrutiny Manager | Hartlepool Borough Council |
| | NT&H FT |
| | PHE |

The board also retains the right to co-opt onto the board anyone from organisations relevant to the outbreak control measures. It is recognised that health settings have separate outbreak control plans, however continued liaison is crucial to managing outbreaks. Membership will be reviewed periodically to ensure relevant people are included.

The board structure will follow the structure outlined below:

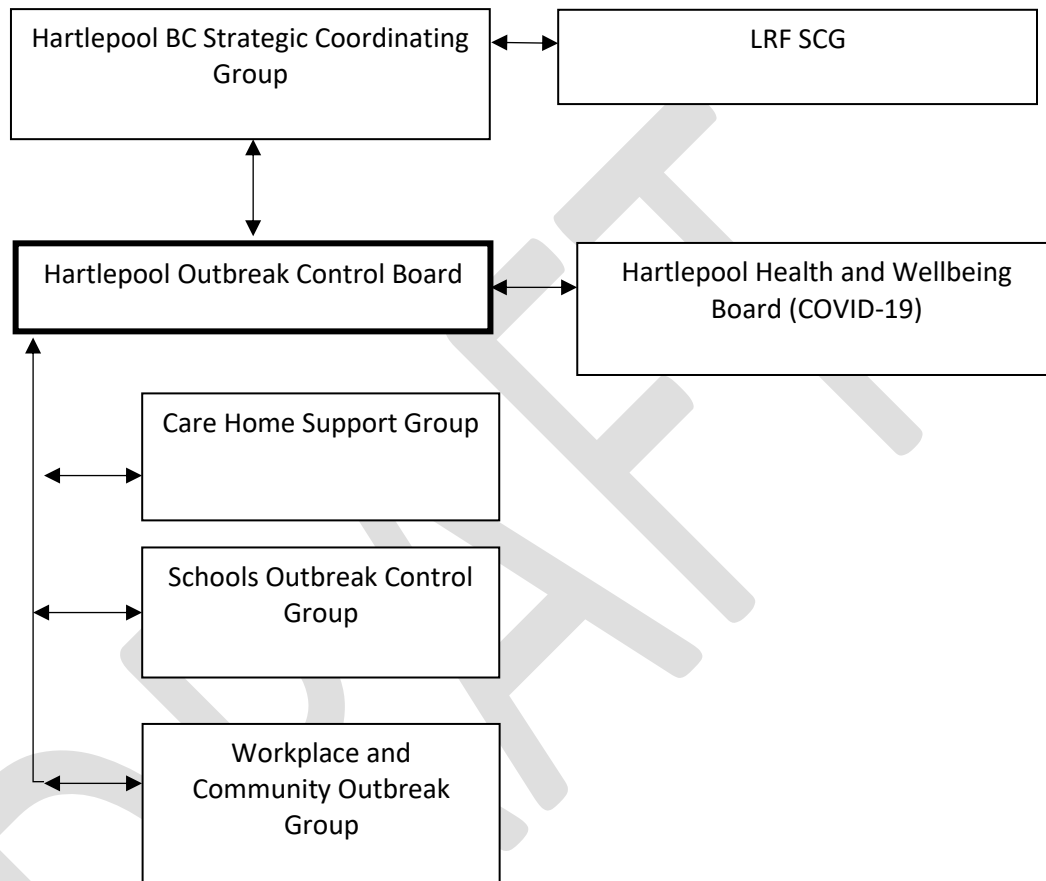
Chair: Independent chair

Deputy Chair: Drawn from the membership (TBC)

The meeting will be quorate when there are **XXX% members (check with Joan re council rules)**.

Governance

The board will meet every week and will meet in between these times if required to consider any issues that are likely to have a serious impact on population health. The board is responsible for the oversight of the settings specific plans and delivery groups and will receive monitoring updates when required. The Outbreak Control Board is responsible to Hartlepool Borough Council's Strategic Coordinating Group. It also provides information to the Hartlepool Outbreak Engagement Board.



Appendix Two – Prevention

Appendix Three - Key documents

This Outbreak Control Plan has drawn on a number of national and regional documents. These are outlined below.

Policy for the Investigation and Control of Community Outbreaks of Infectious Disease in the North East. *North East PHE Centre Health Protection Team*

Communicable Disease Outbreak Management Operational guidance *Public Health England*

Guiding Principles for Effective Management of COVID-19 at a Local Level

DRAFT

Appendix Four - Letters

POLICY FOR THE INVESTIGATION AND CONTROL OF COMMUNITY OUTBREAKS OF INFECTIOUS
DISEASE IN THE NORTH EAST

DRAFT