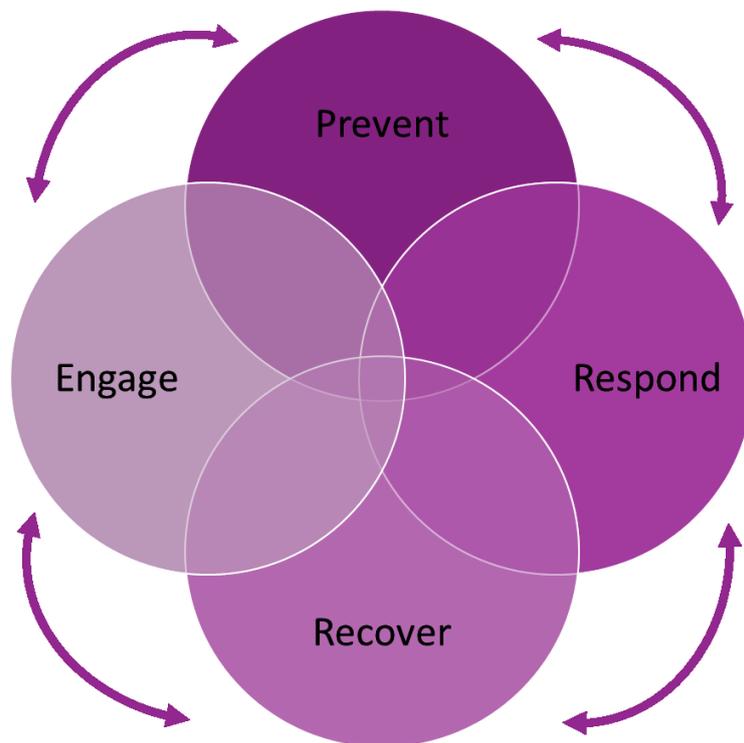


Luton Council

Local Outbreak Control Plan

Protecting Luton's Health



Prepared by Luton Council Public Health team

Version 8: 30 June 2020

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Luton Council: Protecting Luton's Health Outbreak Plan-on-a-page

Purpose:

To prevent and manage transmission and outbreaks of COVID-19 within the borough, as part of the national Test and Trace Service.

Governance:

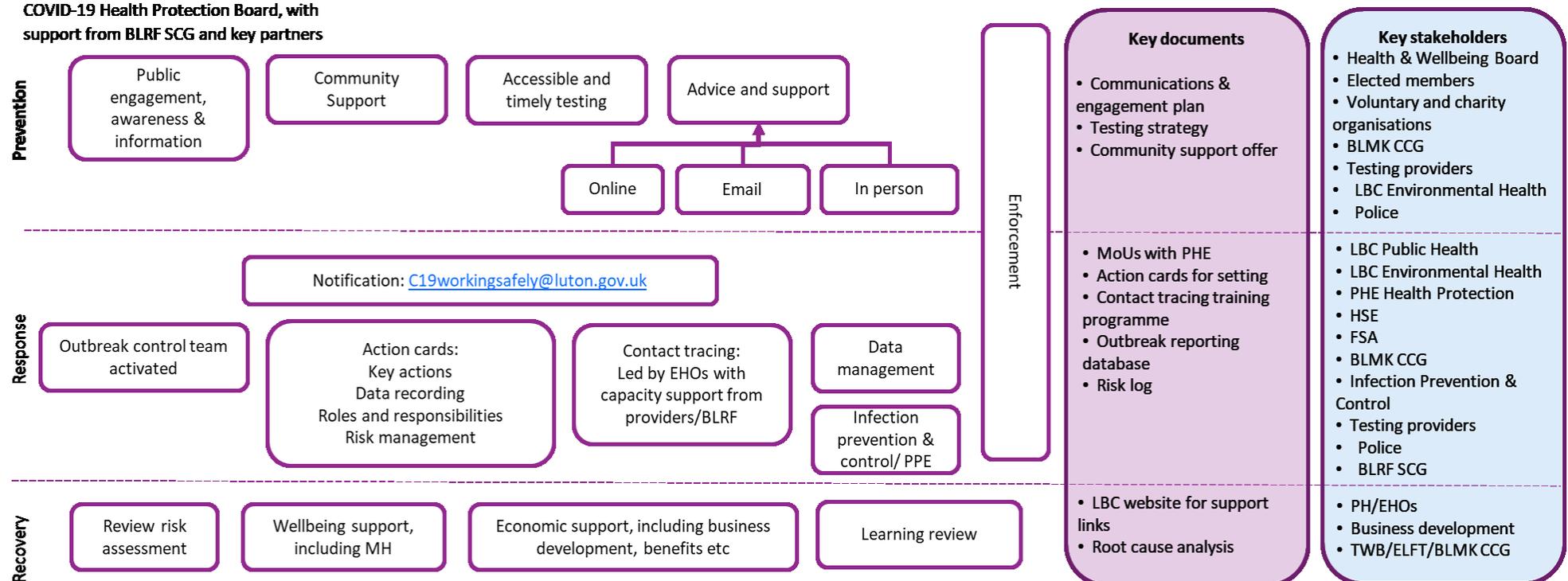
The plan will be overseen by the Health & Wellbeing Board; operationally led by the Chief Executive and delivered by the COVID-19 Health Protection Board, with support from BLRF SCG and key partners

Principles:

- Based on the needs of the community
- Focused on prevention, with response and recovery as exceptional activity
- Delivered with the trust and consent of the community, through engagement
- Engages with the whole system – Luton-wide and across wider partners
- Managed within available resource and building on expertise and local knowledge

Objectives:

- Prevention of the transmission of COVID-19
- Provide support within high-risk settings/communities
- Provide accessible and timely testing
- Management of local outbreaks to reduce risk to life.
- Maximise use of resources
- Engaging with the local communities
- Support economic recovery and reduce inequalities



Luton Council: COVID-19 Local Outbreak Control Plan

Purpose

The purpose of the Local Outbreak Control Plan for Luton is to protect the health and wellbeing of our population by preventing and managing transmission and outbreaks of COVID-19 within the borough.. The plan has been developed and will be delivered in close partnership with our communities and strategic partners as part of the national Test and Trace Service.

Principles

- Based on the needs of the community
- Focused on prevention, with response and recovery as exceptional activity
- Delivered with the trust and consent of the community, through engagement
- Engages with the whole system – Luton-wide and across wider partners
- Managed within available resource and building on expertise and local knowledge

Objectives

- Prevention of the transmission of COVID-19 and reduce the associated impact on wellbeing
- Provide proactive preventative support within high-risk settings/communities through engagement, advice and enforcement
- Provision of accessible and timely testing
- Identification and proactive management of local outbreaks to reduce risk to life.
- Maximise use of resources across partner authorities, agencies, and stakeholders to deliver the plan and share mutual aid
- Engage with the local communities to build trust and support for compliance with public health actions
- Support economic recovery and reduce inequalities through effective community transmission reduction.

Operational Status of the Local Outbreak Control Plan

This plan will remain a live document, reflecting the evolving nature of guidance, expectations and local experience for test and trace functions. The plan sets out key expectations or principles for each area, with operational detail included in an 'action support pack' to support delivery and updating.

Background

Luton has a population of approximately 210,000 people, which is increasing every year. The town is very ethnically diverse, with approximately 55% of the population from black, Asian or ethnic minority heritage. There are long-standing African-Caribbean, Bangladeshi, Indian, Irish and Pakistani communities in Luton. Luton is relatively more deprived than other local authorities in England.

It is standard practice when managing an outbreak of an infectious disease to identify contacts of each case, in order to reduce transmission of the disease and reduce harm to the individual. Contact

tracing is usually completed by the Public Health England Health Protection Teams (HPTs) (as well as Environmental Health Teams for food-based outbreaks or sexual health services in relation to sexually transmitted diseases). Actions taken following routine contact tracing may include: identification of further cases; advising the contact of possible symptoms and how to seek assistance; arranging for testing; prophylactic treatment/vaccination. Luton Council has a strong and established relationship with Public Health England and the NHS, in managing and controlling outbreaks.

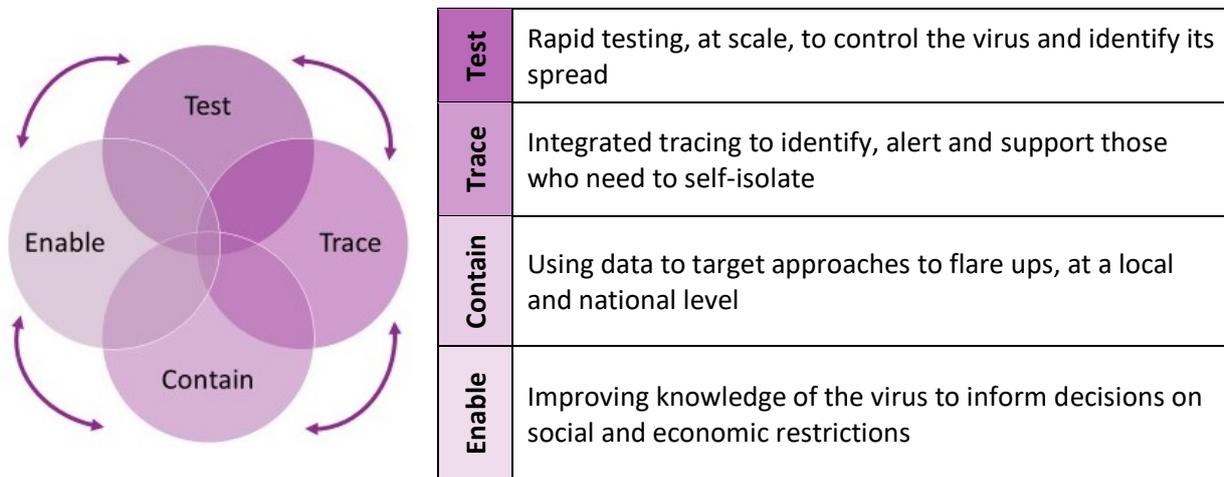
Nationally, contact tracing was completed as normal at the commencement of the Covid-19 pandemic response but was curtailed when community transmission exceeded capacity and lockdown measure were introduced.

The Government introduced a five test approach to assure the safe lifting of lockdown measures:

1. making sure the NHS can cope;
2. a 'sustained and consistent' fall in the daily death rate;
3. rate of infection decreasing to 'manageable levels';
4. ensuring supply of tests and PPE can meet future demand;
5. being confident any adjustments would not risk a second peak that would overwhelm the NHS.

The actions to enable these tests to be achieved are based on the Test, Trace, Contain, Enable (TTCE) approach (see figure 1).

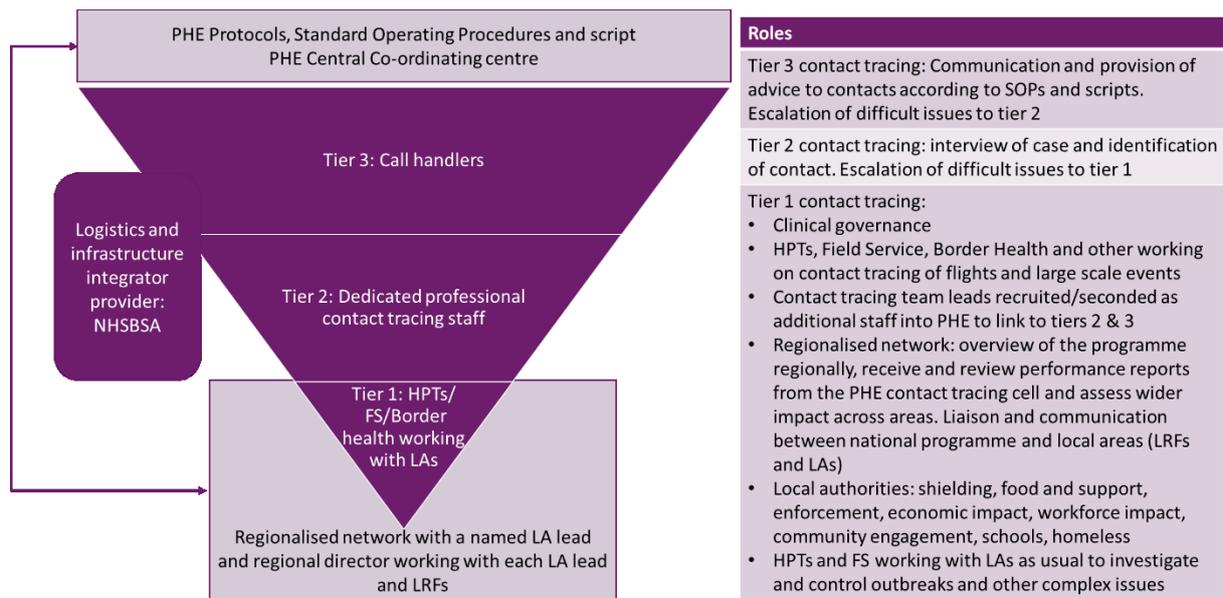
Figure 1: National Test, Trace, Contain, Enable approach



The NHS Test and Trace service has a three tier approach to contact tracing (see Figure 2), which will receive notifications of positive cases automatically and work with cases to identify contacts, using nationally prescribed protocols. Cases linked to high risk settings and complex situations will be escalated to PHE Health Protection Teams and, through locally agreed protocols, to local authorities for management. In general, the process can be summarised as:

- Tiers 2 and 3 of the NHS Test and Trace service will complete contact tracing in all non-high risk settings (i.e. all personal contacts of positive cases);
- The Health Protection Teams in Public Health England will complete initial risk assessments and public health actions for positive cases in high risk settings
- Local authorities will support Health Protection Teams in initial management and provide local management of outbreaks and community support.

Figure 2: National Test & Trace Service operating model



Local authorities have a key role to play in the delivery to the TTCE approach, including:

- LAs are partners in the local resilience fora, who lead on the local system-wide response to pandemic.
- The Director of Public Health has and retains primary responsibility for the health of local communities, including a legal duty under the Health and Social Care Act 2012 to ensure that arrangements to protect the health of the communities that they serve are robust and are implemented;
- Environmental Health Officers are experts in health protection and under the Public Health (Control of Disease) Act 1984 are able to support with enforcement;
- LAs are commissioners and providers of health and social care services, who are both a risk group and an important source of support to people made vulnerable through the process.

Relevant Guidance

Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England’s local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public’s health. These plans should encompass seven key areas (see table 1) and be prepared by the end of June 2020. The Government has announced £300m to support the implementation of the plans.

Table 1: Elements of a local outbreak control plan

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

Note: where these areas are referenced within the plan they are denoted by the use of the roundel.

The Association of Directors of Public Health, who have been instrumental in the design of guidance for local authorities have identified four principles for the design and operationalisation:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

This plan is informed by current national and local guidance and will be reviewed regularly. It aligns to and supports the BLRF infectious respiratory disease plan and the BLRF command and control structure, as well as Luton Council Emergency Plan.

The Luton Council Management of Serious Incidents Procedure sets out the management procedure in response to an event which threatens human health, welfare, the environment or security of the borough. It is this procedure which has enabled the activation of the Serious Incident Management Team (SIMT) due to the seriousness of the impact of Covid-19. The SIMT is chaired by the Chief Executive and includes members of CLMT and officers key to the strategic management of the crisis.

The Luton Council Covid-19 Response & Recovery Framework has been written to assist Luton Council in managing, as far as is practicable, any impacts upon the borough as a result of the novel coronavirus (COVID-19). The purpose of this framework is to detail the council's emergency response and recovery arrangements for COVID-19, including those in conjunction with Bedfordshire Local Resilience Forum.

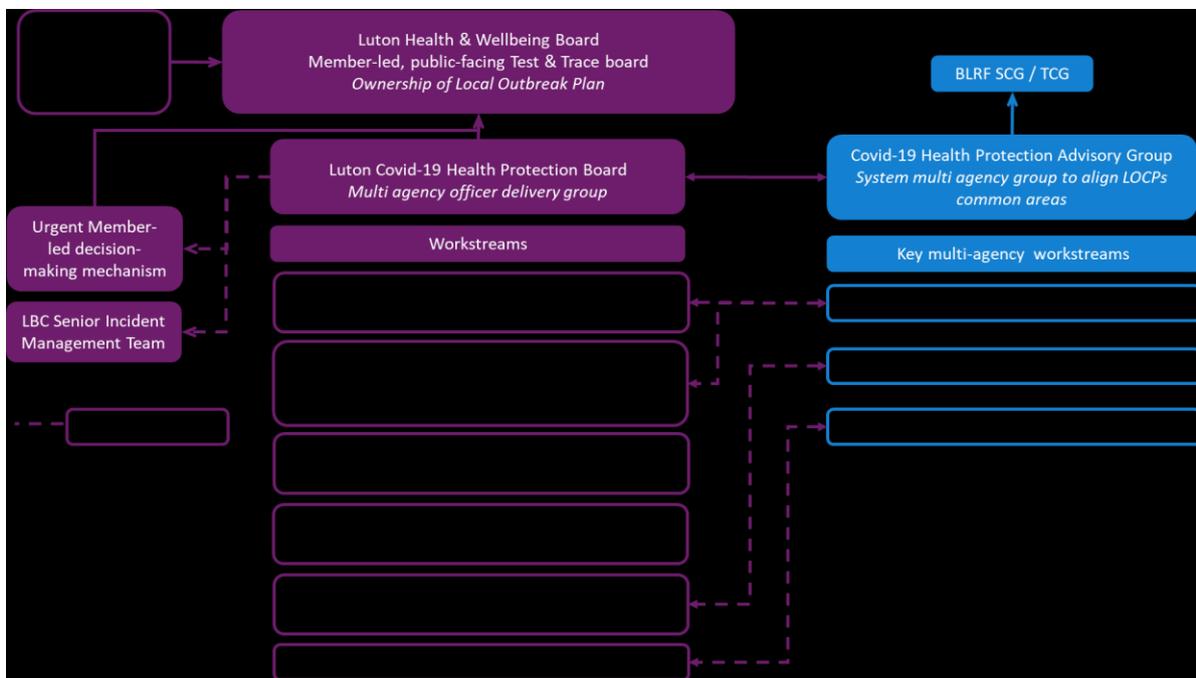
Local Governance Processes

7

The governance of the local outbreak plan operates through the command and control structures of the local resilience forum and local partnership structures (see Figure 3). The Local Outbreak Control Plan is owned by the Luton Health and Wellbeing Board, chaired by the leader of the council and co-chaired by the CCG, with wider membership of councillors and multi-agency partners, including NHS partners and Bedfordshire Police. It is supported in its local delivery by a COVID-19 Health Protection Board. This local work is reported to the Bedfordshire Local Resilience forum through a Joint Health Protection Advisory Group, which is the part of the Strategic and Tactical Co-ordinating Groups (SCG & TCG). The relationships are outlined in Figure 3.

The operational delivery of the plan will be through cells that report to the COVID-19 Health Protection Board, which may change and adapt as the response continues. It is important that these groups are able to work across the local system and in a rapid way to respond to incidents. Work streams will develop clear terms of reference, including the triggers for escalation. The COVID-19 Health Protection Board maintains a risk log and agrees mitigating action with each work stream for implementation.

Figure 3: Luton local outbreak control plan governance arrangements

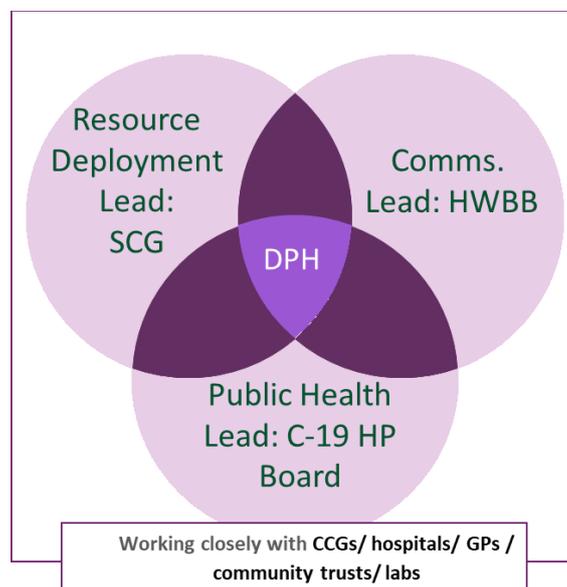


Decisions relating to the operational delivery of the Local Outbreak Control Plan are the remit of the Chief Executive, supported by the Director of Public Health. A rapid decision making cell has been formed, comprising the Chief Executive, Director of Public Health, Leader of the Council and Portfolio holder for Public Health to ensure a collaborative approach to issues requiring an urgent decision, such as the deployment of significant resource, seriousness of incident or scale of impact on the population.

Roles and Responsibilities

The Director of Public Health (DPH) has a critical role at the core of the local responsibilities for TTCE, providing the link between the three keys elements of governance and delivery (see Figure 4). Within Luton, the DPH will provide the link and assurance to SCG and chairs the COVID-19 Health Protection Board. The Leader of the council chairs the Health & Wellbeing Board, and will provide the important link to community engagement and democratic accountability.

Figure 4: Luton local outbreak control plan governance arrangements



The local authority responsibilities for TTCE incorporate operational delivery and fall within existing functions of the Chief Executive and Director of Public Health. Additionally, there is a strong and critical role for elected member leadership for community engagement and oversight of the proposed plans. Key roles and responsibilities within Luton Council will be amended to reflect latest guidance (see Table 2).

The Local Outbreak Control Plan requires significant engagement with key strategic partners and governance structures and these will have a key role in the delivery of the plan (see Table 3). Luton Council fully participates in the Bedfordshire Local Resilience Forum (BLRF) arrangements, with membership at both strategic and tactical co-ordinating groups and, as outlined in Figure 3, the local arrangements will both report into and work collaboratively with the Joint Health Protection Advisory Group, co-chaired by the DPH in Luton.

Luton Council and BLMK CCG have long established close working arrangements, which have already underpinned the response work to date on testing and care home outbreak management. The CCG and key NHS providers are members of the Luton COVID-19 Health Protection Board and work streams, as well as being members of the Health and Wellbeing Board and Joint Health Protection Advisory Group and are therefore fully integrated into the strategic and operational delivery of the plan.

Table 2: Key roles and responsibilities for TTCE within Luton Council

Role	Responsibilities
Leader of the Council	<ul style="list-style-type: none"> • Chair the Health & Wellbeing Board • Participate in rapid decision-making to support outbreak management actions, on behalf of elected members • Engaging and involving communities in the development and delivery of the TTCE requirements
Chief Executive	<ul style="list-style-type: none"> • Operational responsibility for implementation of the local outbreak control plan • Lead rapid decision-making to support outbreak management actions • Ensure that local outbreak control plan is properly resourced • Ensure that the community engagement activity is effective
Director of Public Health	<ul style="list-style-type: none"> • Produce and update the local outbreak control plan and engage partners • Review the daily data on testing and tracing • Manage specific outbreaks through the outbreak management teams including rapid deployment of testing • Provide local intelligence to and from LA and PHE to inform tracing activity • Participate in rapid decision-making to support outbreak management actions • Convenes DPH-Led Covid-19 Health Protection Board • Ensure links to LRF/SCG • Engaging and involving communities in the development and delivery of the TTCE requirements
Elected members	<ul style="list-style-type: none"> • To ensure concerns and issues within the community about TTCE are highlighted to the Director of Public Health • To engage with the community to raise awareness of the importance of TTCE and to build confidence in the process • Lead member for PH will participate in rapid decision-making to support outbreak management actions, on behalf of elected members.
Health & Wellbeing Board	<ul style="list-style-type: none"> • 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
COVID-19 Health Protection Board	<ul style="list-style-type: none"> • Provide infection & outbreak control expertise from Luton Council, NHS and PHE. • Lead development and delivery of local plans (DsPH) & link directly to regional PHE teams • Wider NHS resource mobilisation to support programme delivery (e.g. infection control) • Regional / national escalation where needed • Data management • Risk management

Table 3: Key roles and responsibilities for TTCE within local system

Role	Responsibilities
BLRF Strategic Co-ordinating Group (SCG)	<p>The SCG is the multi-organisation group that brings together the Strategic Commanders from relevant organisations. Its purpose is to take overall responsibility for the multi-organisation management of an emergency and to establish the overarching policy and strategic framework. This group is sometimes referred to as the Gold Command Group. The SCG will:</p> <ul style="list-style-type: none"> • Determine a clear strategic aim and objectives and review them regularly • Establish a policy framework for the overall management of the event or situation • Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly • Formulate and implement media handling and public communication plans • Direct planning and operations beyond the immediate response in order to facilitate the recovery process.
BLRF Tactical Co-ordinating Group (TCG)	<p>The TCG’s purpose is to ensure that actions by Operational Commanders are coordinated, coherent and integrated to achieve maximum effectiveness and efficiency. The TCG will usually comprise the most suitable representative senior officers of each organisation operating at the scene, and will assume tactical command of the event or situation. The TCG will:</p> <ul style="list-style-type: none"> • agree communication links • decide tactics to deliver the SCG strategy • decide priorities for allocating available resources • plan and coordinate how and when tasks will be done • get more resources if needed • assess significant risks and instruct Operational Commanders accordingly • ensure the health and safety of the public and all staff involved in the emergency
Joint Health Protection Advisory Group	<ul style="list-style-type: none"> • To provide health protection advice to inform the local implementation of TTCE across BLMK, ensuring a coordinated approach across local authorities, NHS organisations, PHE and other stakeholders. • To provide oversight of data flows relevant to TTCE, ensuring efficient use of collective analytical capabilities and provision of analytical products to inform local decision making. • To ensure a coordinated approach to: <ul style="list-style-type: none"> • responding to localised outbreaks, particularly where these impact across boundaries; • deployment of flexible testing capacity in response to need, prioritising requests where necessary, through oversight of the BLMK Community Settings Swabbing Cell;

	<ul style="list-style-type: none"> managing 'hotspots', including advice on local lockdown measures and consideration of wider impacts including across boundaries. To facilitate the coordination of communications activities relevant to TTCE across BLMK. Keep BLRF and TVLRF informed to inform appropriate deployment of system resources. Act in the interests of all BLRF and MK organisations and the general public.
BLMK CCG	<ul style="list-style-type: none"> Key strategic partner Commissioning of acute and community services Commissioning and delivery of testing services Leadership on infection prevention and control Community engagement, advice and information.
Bedfordshire Police	<ul style="list-style-type: none"> Key strategic partner Community engagement, advice and information. Enforcement
Public Health England	<ul style="list-style-type: none"> Key strategic partner Leadership on health protection risk assessment, advice and outbreak control
Health & Safety Executive & Food Standards Agency	<ul style="list-style-type: none"> Outbreak management in relevant settings Enforcement Advice and guidance

Capacity Planning

It is critical that the delivery of the plan is properly resourced and that there is sufficient delivery capacity within the system to support outbreaks of unprecedented scale or simultaneous outbreaks.

In the context of changing infection rates and control measures, it is difficult to anticipate the volume of activity likely to come through to tier 1 (through health protection teams) for local authority management. For the purposes of supporting initial capacity planning, a suggested level of routine activity is modelled. This should be taken under review and adapted to reflect changes in the number of cases or observed operating levels.

Table 3: Capacity planning model

Assumptions	Estimated figures	Projected activity per week
Cases per week	50	-
25% escalated to tier 1	13	-
Clusters of 3 cases	4	Outbreaks per week
3 contacts per case	150	-
5% require support	8	Community support requests

Capacity demands beyond these levels should be escalated by the Outbreak Management cell to the COVID-19 Health Protection Board to alert the initiation of capacity management plans.

Where needed, additional capacity will be identified through:

- ‘mutual aid’ agreements, activated through the Joint Health Protection Advisory Board
- Stand-by contact tracing capacity within local provision, through agreements and training

Investment Plan

The Government has announced £300m to support the local delivery of TTCE, of which Luton has been allocated £ 1,425,693. This resource is to be used to cover costs ‘lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19’. Further guidance is awaited on the details and duration of this funding, which may alter the outline investment plan. Additionally, existing resources from within the council including public health, environmental health, communications, and business intelligence will be released to support the work routinely and to build flexibility into the response.

Table 4: Outline investment plan

Description	2020/21 (£'000)	2021/22 (£'000)	Total (£'000)
Outbreak Management Cell			
• Consultant in Public Health 0.5 fte	50	100	90
• Environmental Health Officer 0.5 fte	20	40	60
• Health Protection Practitioner 1.0 fte	30	50	80
Data management	50	100	150
Communications/Engagement 1.0 fte	30	60	90
Contact tracing	60	120	180
Testing	70	165	235
Community Support	30	60	90
Response funds	130	260	450
Total	470	955	1425

Legal Basis and Enforcement

Luton Council will seek to deliver the actions outlines in this plan in concert with, and with the consent of, the community. Enforcement should be an act of last resort.

Health Protection: Legal and Policy Context

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

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups² to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders’ specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

- In the context of COVID-19 there is also the Coronavirus Act 2020

Additionally, the local authority shares Health & Safety enforcement powers with the HSE, and enforcement action could be taken as appropriate and where necessary.

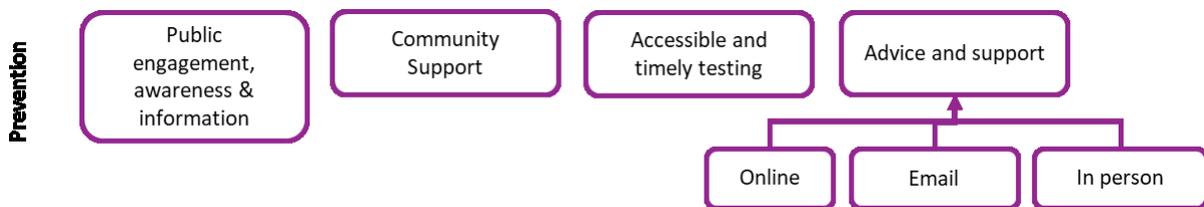
Our statutory partners, Bedfordshire Police, have adopted an Engage, Explain, Encourage, Enforce approach to Covid-19 response in the area. We anticipate that this will continue as part of this overall enforcement if this work.

Outbreak management approach

The outbreak management approach for Luton will take a three-phase approach:

- Prevention
- Response
- Recovery

Prevention



The prevention of outbreaks is the foundation of the public health response and will focus on building trust and willing participation in compliance with any restrictions necessary to reduce transmission of the virus and protect the health and wellbeing of the population.

Communication and Engagement

The success of TTCE relies on the willing participation of the communities to recognise symptoms, get tested, provide contacts details and self-isolate when requested, in addition to following guidance on social distancing and hand hygiene. Enforcement is not effective as a first line measure and is limited as a measure of last resort.

Luton’s communities have been incredibly supportive of lockdown measures and have been critical in the response delivery, particularly in providing care and support to the most vulnerable in the town. They have also advised on areas of need and raised concerns, working collaboratively with statutory agencies to address issues.

A comprehensive communication and engagement strategy has been in place throughout the response, with work across agencies and geographies. Regular public health briefings have been held weekly, providing a general update and more focused work on deaths, funerals and places of worship. These provide good foundations for a community engagement approach to support TTCE.

Established community champions, such as elected members and faith/community group leaders will be instrumental to achieving comprehensive engagement. An action plan has been developed, based on the following aim and core principles outlined below. This plan comprehensively maps the

key communities and risk and community partners, to ensure that communication and engagement activities are relevant and targeted.

Aim	<ul style="list-style-type: none"> To develop trusted and relevant engagement with the requirements of TTCE for the community
Principles	<ul style="list-style-type: none"> INFORM the community of the facts e.g. what are the symptoms, how to get tested, what is contact tracing. This will use various communication channels, including written and verbal communication CONSULT with the community on TTCE plans to ensure they meet community needs INVOLVE the community (via established networks) in building the approach and developing responses to identified needs COLLABORATE in the production of messages targeted at specific communities

Community Support Offer

6

Luton Council established a community support offer early in the pandemic response to support local residents who are vulnerable, either through a clinical condition (such as the NHS identified Extremely Vulnerable People) or who were made vulnerable due to the lockdown restrictions. The council has developed strong community links with local charities and voluntary groups that offer support to people with their social needs, such as food supplies or tackling loneliness. Residents can access this support through the council website [here](#).

For people who need urgent or a higher level of support, requests can be made through the council Covid-19 contact centre (01582 548955) or through an online request form.

This contact and referral service will continue to be provided, in line with demand and supported by clear communication messages, so that residents are aware of the offer available, how to access it and are encouraged/enabled to seek support, where needed.

Accessible and Timely Testing

3

Testing is an important element in the delivery of local outbreak management. Oversight of population testing is held by SCG, with some testing capacity at the discretion of the Director of Public Health. Additional testing capacity to meet the needs of outbreak management will be overseen by the Joint Health Protection Advisory Group (JPHAG), working closely with NHS commissioners to deliver flexible and timely testing capacity.

Testing to support outbreak management will be based on four key principles:

- Commission services across BLMK;
- Direct people to standard pillar 2 community testing wherever possible, to engage with the national NHS Test and Trace service;
- Use mobile testing services where it is expedient to do so, for example due to numbers or ability/capacity to comply with testing
- By exception, to support vulnerable people who are unable to self-administer or have complex needs.

Testing capacity will be requested through the JPHAG and should be stood up within 24 hours.

Advice and Support

Luton Council website (luton.gov.uk) contains up-to-date and relevant local information for individuals and settings such as businesses, schools or places of worship. There are a number of routes for seeking additional advice:

- Individuals can seek additional support through the Covid-19 contact centre (01582 548955) or through the online request form. This service does not accept notification of cases.
- Education settings, including early years and schools, can seek additional support through the School Nursing Service 0333 405 0090 or the public health team at Luton Council. Notifications or concerns regarding suspected or confirmed cases can be raised through this route.
- Public settings (e.g. businesses, places of worship) can contact C19workingsafely@luton.gov.uk where they will receive additional support and guidance relevant to the setting. Notifications or concerns regarding suspected or confirmed cases can be raised through this route. This service may refer enquiries to the environmental health team for a site visit.

Additionally, the Environmental Health Team will proactively visit high risk settings as part of programmed visits, to offer support and advice with completion of risk assessments and mitigating measures.

Response



Outbreak control team

The Outbreak Management Workstream meets weekly to review data, current incidents and co-ordinate reporting. When a complex situations or outbreaks in a high risk setting is notified, an outbreak control team will be activated (see figure 5). This team will lead or support the incident management process, depending on setting and level of risk. Where the incident is deemed high risk, it is likely that the PHE health protection team would lead; outbreaks within a healthcare setting would be led by the relevant NHS lead. The outbreak control team will co-ordinate all local actions relating to the incident and call/attend incident management teams, as appropriate.

The membership of the outbreak control team will vary depending on the nature and complexity of incident and will usually comprise:

- Consultant in Public Health
- Environmental Health Lead
- Health Protection Practitioner
- Public Health England Health Protection lead
- NHS lead
- Relevant regulatory body, such as HSE or FSA
- Representative from the setting

- Communications lead
- Microbiologist, as necessary
- Loggist

The Action Support Pack contains the action cards to be used by the outbreak control team.

Contact Tracing



Local contact-tracing will be launched in a number of phases, allowing for changes in process as the national contact-tracing system comes online and scales up its activity. The overall aims of contact-tracing will be to:

1. Reduce the spread of Covid-19 in Luton through prompt identification of close contacts of individuals with Covid-19, risk assessment of those contacts, and provision of advice on self-isolation and testing.
2. Provide appropriate self-isolation, self-monitoring, and infection-prevention advice to contacts of individuals with Covid-19.
3. Conduct contact-tracing activities relating to potential clusters and outbreaks of COVID-19 in schools, large employers, and community settings.
4. Complement, not replace the national test and trace system.
5. Inform the response of Luton Covid-19 Health Protection Board through timely data-sharing and follow-up

It is anticipated that demand for contact tracing will come through two routes:

- Management of clusters or outbreaks in high risk settings, escalated through tier 1 of the national Test and Trace service
- Complex contact tracing better completed at a local level, escalated through tier 1 of the national Test and Trace service

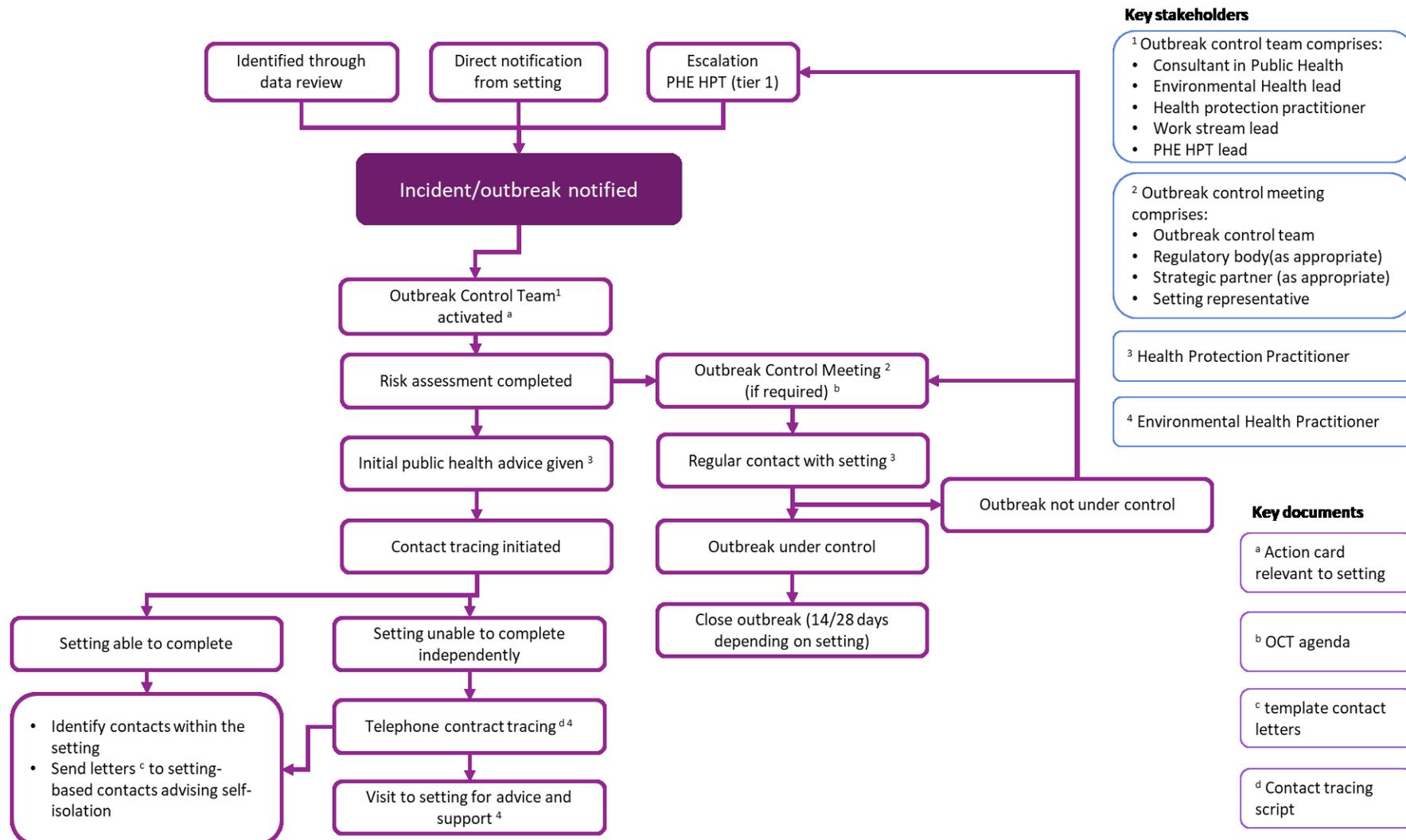
There is a potential third source, if local authorities are asked to support the Border Force in quarantine management. Whilst this is not currently a requirement, plans developed will support extension, if required.

A standard operating procedure for contact tracing has been developed. In Luton, contact tracing will be led by the Environmental Health Team at Luton Borough Council (see figure 5). The team have expertise in contact tracing, education and enforcement. Contact tracing that can be completed by telephone will be undertaken by Specialist Operations Enforcement Officers, with professional supervision and community contacts provided by the Food & Safety Officers. The process will be overseen by an Outbreak Management Cell, consisting of a Consultant in Public Health, Environmental Health Team lead and public health practitioner.

Call-based contact tracers will follow a pre-agreed script, in line with national practice. All referrals, contact details and interactions will be recorded on a council-based database that will hold the data securely and support the production of outbreaks reports for sharing with the Covid-19 Health Protection Board and PHE HPTs.

Where additional capacity is required to support a number of outbreaks or an outbreak of significant size, the Outbreak Capacity Management plan will be activated. This will source pre-agreed support from provider organisations operating in Luton with relevant skills and 'mutual aid' arrangements with neighbouring local authorities.

Figure 5: Outbreak Management flow diagram



Localised Lockdown

Localised lockdowns refer to the management of an increase in cases relating to a geographical area, rather than linked to setting(s). Such a lockdown would require clear, timely evidence against agreed trigger guidelines. Activities to improve data reporting systems are underway, as well as improvements in nationally derived datasets, which will underpin the delivery of localised lockdown.

Currently, activities will focus on strong outbreak management and reinforcement of the key messages of personal responsibilities of symptom awareness, getting tested, self-isolation, social distancing and hand hygiene. Outbreak prevention and management activities will focus on building positive, trusting relationships to support public health actions by consent, not enforcement.

The decision on geographical lockdown will rest with the Chief Executive, in conjunction with the Leader of the Council, Portfolio Holder for Public Health and the Director of Public Health and supported by clear evidence of the need, extent and likely duration.

There is not a single power that can enable a localised lockdown, rather a range of powers between key strategic partners would need to be activated. These are outlined in the Action Support Pack.

Data Management

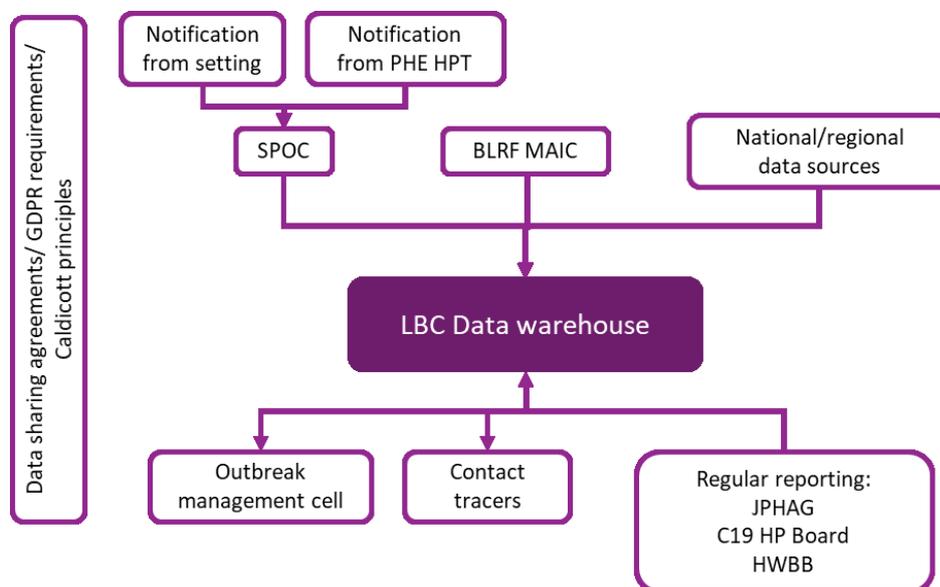
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Data management to support local TTCE responsibilities has two main strands:

- prediction to support control, through the identification of trends/hotspots
- maintaining good outbreak management practice through data capture and reporting.

Data is integrated from a range of sources, including local notifications and national datasets. They are processed centrally and used to provide intelligence to predict and manage outbreaks and provide regular reporting to the COVID-19 reporting structures (figure 6).

Figure 6: Data integration and flows



Information management

Luton Council Business Intelligence Team will maintain a dashboard, updated daily, reviewing trends and highlighting issues of note which will be reviewed by the Director of Public Health and the Outbreak Management Cell, initiating action as appropriate. Reports will be provided to the COVID-19 Health Protection Board regularly.

Through the MAIC, system-wide information will be maintained and reviewed. Actions across a wider geographical area will be proposed at the Joint Health Protection Advisory Group.

Outbreak management information management

Where outbreaks or contact tracing falls within the remit of the council, all actions and contacts with individuals/organisations associated with the incident will be recorded on a local database. This will support management of the incident, providing regular reports and ensure compliance with GDPR and Caldicott Principles.

Data sharing

Partner agencies will adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.(CCA)

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, Local Authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Infection Prevention & Control and Personal Protective Equipment

Infection Prevention and Control is an important element in outbreak management. This expertise is provided by BLMK CCG, both proactively in supporting organisations in prevention and reactively in response to outbreaks. Within current resources, this expertise is focused on supporting health and care settings and providing advice at a strategic level. As the outbreak control response at a local level develops, capacity to offer sufficient support will be kept under constant review.

Every health and care setting is required to have an infection prevention and control policy and procedures. These should be compliant with national guidance and be updated accordingly. In addition, settings must have in place business continuity plans and a covid-19 lead.

When an outbreak occurs each health and care setting our first action is to review the national guidance, and follow the processes outlined in these. This should be done in collaboration with strategic partners including public health who will lead on the IMT.

Social distancing (including working from home, maintaining 2m distance, cohorting staff), cleaning and hand hygiene remain the most effective means of reducing transmission of COVID-19. The government advises that additional PPE beyond what you usually wear is not beneficial and that workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks. A face covering is not PPE, as it can be homemade and doesn't meet professional standards. Face coverings may offer a small benefit to protect others from transmission from the wearer where social distancing cannot be guaranteed and where properly used. They are required to be worn on public transport.

Providers of services are expected to risk assess the need for PPE within their functional delivery and provide PPE, where it is deemed necessary. Luton Council retains a small emergency stock of PPE which is coordinated centrally for release to emergency situations where alternative stock isn't immediately available. This could include care settings or schools where usual supply routes have not functioned for any reason and there is an urgent PPE requirement. This will be managed following risk assessment on a case-by-case basis. Provision will not be made for settings outside of direct care of vulnerable people.

Nationally published government guidance on use of PPE in different settings and cleaning and infection control measures must be followed. For clinical settings, first responders and immigration enforcement officers, you should refer to the advice at:

- [Coronavirus \(COVID-19\): personal protective equipment \(PPE\) plan](#)
- [Coronavirus \(COVID-19\): cleaning in non-healthcare settings](#)

Cross-border issues

It is inevitable that there will be outbreaks/incidents where the setting is located in one local authority area, with cases or contacts in different one(s).

In such situations the overall management responsibilities will reside with the relevant HPT and lead local authority where the setting is located. Other local authorities should:

- a) be informed of any associated cases or contacts
- b) invited to participate in any IMT
- c) take responsibility for local actions, when and if appropriate.

Specific Local Arrangements for High Risk Settings

Care Settings

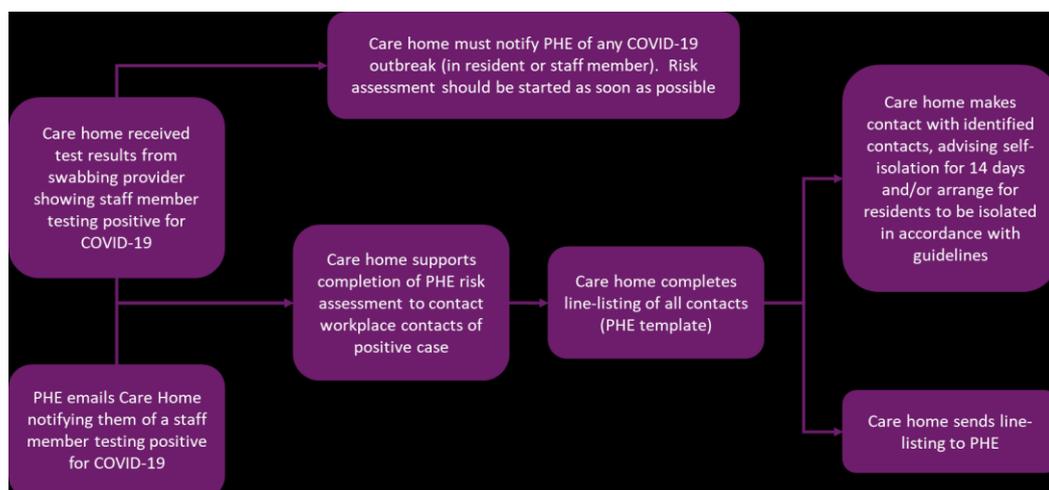
1

The focus of activity has been around ensuring the wellbeing of residents of care homes, given the greater vulnerabilities. The learning from this approach will be extended to all residential and day care settings.

The council and CCG work closely with care homes to support the development of risk assessments and delivery of COVID-19 secure services. A joint management approach with Public Health England to support outbreaks has been agreed and implemented. Care homes are provided with support for infection prevention and control and ensuring access to sufficient supplies of PPE. The advice to care homes is summarised below:

- **Prevention:** Care homes guidance includes an emphasis on preventative measures including increased infection control measures, as well as ensuring shielding and social distancing practices at all times regardless of whether there are any cases within the home.
- **Ongoing care and support:** Measures are in place for ongoing clinical care, support and advice such as alignment with GP Practices and community nursing care via video link/phone where possible. In addition, regular calls are in place for ongoing monitoring of outbreaks and staffing issues.
- **Isolation:** If isolation is needed, a resident's own room can be used. Care homes are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. Ideally the room should be a single bedroom with en-suite facilities. Residents should remain in their bedroom whilst considered infectious and the door should remain closed (if unable to isolate the individual then this should be documented). Cohorting practices should be applied, for residents as well as where staff are allocated to work. Patients should remain in isolation/cohort with transmission-based precautions (including use of PPE equipment aprons, gloves and fluid repellent surgical masks) applied until the resolution of fever and respiratory symptoms.
- **Contact tracing within the care home setting:** Care homes are responsible for work-related contact tracing in the event of a staff member testing positive (figure 7).

Figure 7: Occupational contact tracing in care homes



- Use of PPE: During this period of sustained Covid-19 transmission in England, steps should be taken to minimise the risk of transmission through safe working procedures. Staff should use personal protective equipment (PPE) when providing close personal care in direct contact with residents (regardless of whether residents are symptomatic or not) or within 2 metres of any resident who is coughing. Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.

New PPE must be used for each episode of care. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

PPE supply: Care providers have a number of routes through which they can obtain PPE, if they are unable to obtain it from their usual sources:

1. A national Clipper service is being rolled out which providers can order from directly. this is being rolled out to smaller suppliers initially and closely monitored
2. Care providers can utilise the National Supply Disruption Line: Tel: 0800 915 9964, Email: supplydisruptionservice@nhsbsa.nhs.uk
3. A list of approved providers has been issued nationally (contact Luton Borough Council for this list)
4. If all other options are exhausted, Luton Council can issue PPE stock to cover emergency scenarios for a limited number of days. Contact C19CareSuppliersPPE@luton.gov.uk

School Settings

1

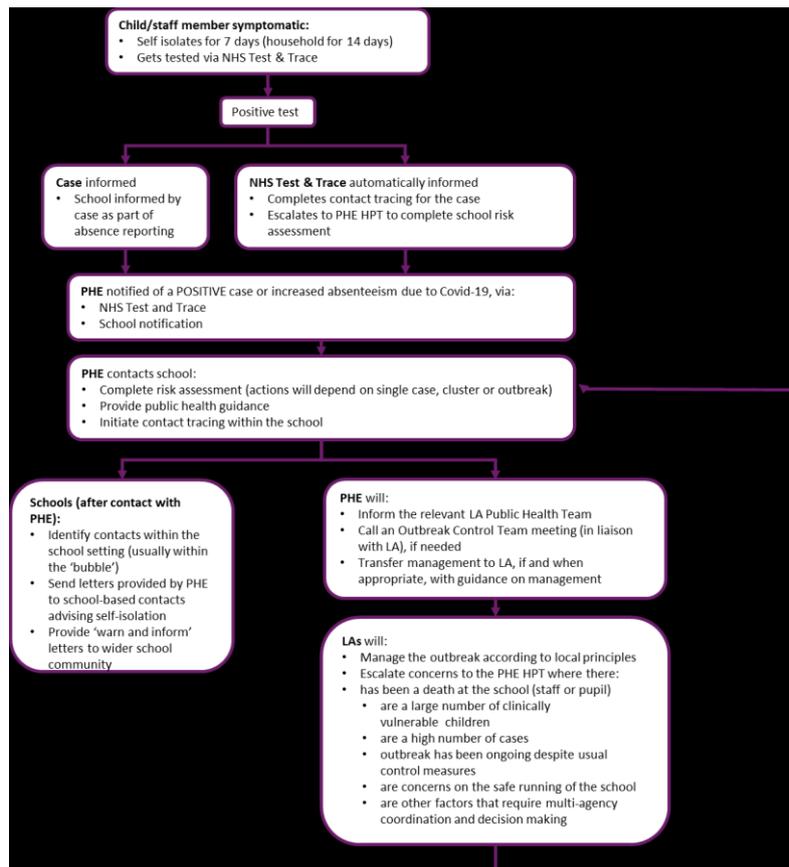
As schools extend their opening from provision from the children of key workers and vulnerable children to bringing back eligible year groups, there is a change in the risk of transmission within the school environment. Many schools have been open for children of key workers throughout the pandemic with no reported outbreaks of Covid-19 in schools in Luton through that period.

The new NHS Test and Trace service will increase access to tests and complete contact tracing linked to the household (such as social or family contacts). A memorandum of understanding has been agreed with Public Health England East of England Health Protection Team (HPT). Figure 8 outlines the testing, notification and management process. It remains important that anyone with symptoms follows the guidance on getting testing and self-isolating for 7 days.

Where there is a positive case who was attending a school setting, the school will work initially with the HPT to complete a risk assessment and identify if there are any contacts in the school environment. The HPT will provide letters providing guidance for the school to use to inform families of what to do next and where to seek further information. Outbreak management may be passed to Luton Council Public Health Team for ongoing support.

To support schools in managing any concerns about people who have symptoms or test positive, a simple one-page guide has been developed which provides schools with a reference on what actions are needed, who to contact and what support will be provided, at each stage of a potential outbreak. It is based on the current arrangements for managing infectious disease outbreaks in schools. The school nursing service can provide initial guidance and support for schools and can be contacted on 0333 405 0087, with the support of Luton Council Public Health Team and corporate Health & Safety.

Figure 8: Outline of the national test and trace process for schools



High Risk Settings

2

Infection will spread where people come into contact with each other, known as ‘settings’. A large number of these contacts will happen in a household setting. However, there will also be infectious contacts in other settings where people gather, perhaps for work, leisure or healthcare. Public Health England with the NHS Test and Trace service have defined a range of settings as being ‘high risk’. A setting is high risk because:

- The people in the setting may be at increased risk of severe infection so the impact of an outbreak would be more serious
- The people in the setting may be key workers so the impact of an outbreak could affect service provision
- It might be hard to know who was at the setting to ensure that everyone who needed to would undertake isolation
- The people at the setting might have problems complying with public health advice (including due to lack of understanding, lack of appropriate facilities or lack of choice)
- There might be a lot of people in the setting, meaning a case there would be in contact with a large number of people
- The impact of the closure of the setting on the community would be significant
- The nature of the setting might mean an outbreak was more likely there

Some high risk settings require specific risk assessments and management and therefore this section will consider healthcare settings and the airport separately from general principles applied to other settings.

General high risk settings:

To address outbreak management in high risk settings we have

- Undertaken a mapping exercise to identify all the settings within our borough that would be defined as 'high risk', with an identified risk owner for each type of setting
- Undertaken preventative work with these settings through the risk owners to provide an 'Information Pack' to settings, which:
 - Gives infection prevention guidance to ensure settings as far as possible are 'COVID-19 Secure' centred on hand hygiene and cleaning, social distancing, avoiding contacts and reducing numbers, including signposting to relevant government guidance
 - Gives education and advice regarding the NHS Test and Trace service, and the potential need for contact tracing
 - Advises the setting on how to prepare for a potential outbreak, who to contact and what to expect
 - Advises the completion of an individualised risk assessment
 - Provides a tool to work through advice and create a site-specific action plan

A memorandum of understanding has been agreed with Public Health England East of England Health Protection Team. Outbreak management may be passed to Luton Council Public Health Team for ongoing support.

Healthcare settings:

The prevention and control of outbreaks in healthcare settings will be overseen by the NHS, with the CCG as the lead partner, working closely with providers and PHE. Luton Council Public Health will support any IMTs, as appropriate. Household contact tracing of positive cases will be overseen by NHS Test & Trace and occupational contact tracing will be undertaken by the provider, with the support of PHE.

The hierarchy of control measures is:

- early recognition or reporting of cases
- early assessment or triaging of cases
- implementing control measures, including: maintaining separation in space and or time between suspected and confirmed COVID-19 patients
- educating staff, patients and visitors about standard infection control procedures and transmission based precautions.
- prompt implementation of transmission based precautions to limit transmission
- restricting access of visitors to all areas of the healthcare facility to essential visitors only, such as parents of paediatric patients and relatives of those receiving end of life care (note that signage to support these restrictions is critical)
- instructing staff members with symptoms to stay at home and not come to work until symptoms resolve in line with national guidance and timeframes
- planning and implementation of strategies for surge capacity in conjunction with an assessment of the organisations current capabilities with the understanding that business as usual will not be maintained during COVID-19.

All healthcare organisations should have emergency plans for responding to such events and include:

- an assessment of the current workforce, including maintaining consistency in staff allocation, reducing movement of staff and the crossover of care pathways between Planned & Elective care pathways and Urgent and Emergency care pathways; reducing movement between different areas
- facilitating social distancing of 2 metres wherever this is possible in all clinical and non clinical areas as per national guidance
- key areas such as emergency departments, outpatients, triage, reception desks, specialist departments will need to have plans in place to manage/separate patients with suspected or confirmed COVID-19 and those who do not
- visitors must be limited to essential visiting only such as those for end of life and parents of paediatric patients and follow national guidance
- The movement and transport of patients within individual ward areas should be limited to essential purposes only. Staff at the receiving destination must be informed that the patient has possible or confirmed COVID-19.
- If transfer from a primary care facility or community setting to hospital is required, the ambulance service should be informed of the infectious status of the patient. Staff of the receiving ward/department should be notified in advance of any transfer and must be informed that the patient has possible or confirmed COVID 19
- Patient transfers from one healthcare facility to another may be undertaken for essential specialist care. If transfer is essential, the ambulance service and receiving hospital must be advised in advance of the infectious status of the patient.
- Patient transfer from one healthcare facility may be undertaken if medically necessary for specialist care arising out of complications or concurrent medical events (for example, cardiac angioplasty and renal dialysis). If transfer is essential, the ambulance service and receiving hospital must be advised in advance of the infectious status of the patient.
- environmental decontamination is a key component of managing an outbreak and must be performed following national guidance that also indicates the instructed timeframes
- cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE and skills required
- waste management must follow national guidance related to COVID-19
- appropriate PPE must be worn at all times and in all settings and follow the current national guidance. All organisations must ensure that their available PPE reflect any new and emerging guidance.
- Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work.
- Patient care equipment should be single-use items if possible. Any essential reusable equipment must be decontaminated following national guidance
- All PPE must be appropriate for the healthcare setting and follow the most recent national guidance.
- Staff should be trained on donning and doffing PPE.
- Staff should know what PPE they should wear for each setting and context staff should have access to the PPE that protects them for the appropriate setting and context.
- A higher risk acute inpatient care area is defined as a clinical environment where aerosol generated procedures are regularly performed. PPE must be appropriate for this clinical area and the procedures performed and adhere to national guidance.

Higher risk acute care areas include:

- intensive care and high dependency care units (ICU or HDU)
- emergency department resuscitation areas
- wards or clinical areas where aerosol generated procedures are regularly performed (such as wards with NIV or CPAP)
- operating theatres, where aerosol generated procedures are performed
- endoscopy units, where bronchoscopy, upper gastrointestinal or nasoendoscopy are performed

London-Luton Airport:

The airport have continued to operate throughout the pandemic response. As non-essential travel restrictions are lifted, a risk assessment has been completed and the following measures are in place:

- Queues reconfigured to allow for social distancing
- Stickers on floors to indicate separation
- Perspex screens at check in desks, immigration desks etc
- Separation measures in bathrooms, seating areas, around baggage reclaim belts
- Posters displayed around the site, both PHE, DfT and our own info on distancing, handwashing, stay at home etc
- Hand sanitiser units deployed all around the site
- Temperature checks for staff who must work on site
- Temperature check trials for passengers
- Office staff working from home
- Revised cleaning regimen for all terminal areas
- Border Force collecting quarantine info for all inbound passengers
- Mask vending machines
- “Mask only” areas in spaces where separation is difficult to achieve
- Perspex screens at all customer interface points
- Security tray automatic sterilisation

Outbreaks will be considered under two different protocols, with one for travellers/flight crews and one for ground-based staff. Public Health England will lead on any outbreaks amongst travellers, in line with national protocols. Outbreaks for staff will be managed jointly in line with any occupational setting, working closely with the airport management to identify and isolate contacts.

High Risk Communities



As the pandemic has progressed, it has become clear that some communities are at greater risk of serious illness or death as a result of COVID-19. For these people, it is important to strengthen preventative public health measures to reduce the risk of transmission, as well as ensuring that there is equity of access to testing and ability to isolate.

High risk communities may include:

- People identified as extremely clinically vulnerable through the NHS shielding programme
- People aged over 70 years of age
- People with learning disabilities
- Homelessness and rough sleepers

Additionally, COVID-19 has exposed the impact of pre-existing health inequalities and the interrelationship with deprivation and other social, economic, cultural and environmental

determinants. This means that people who live in more deprived areas or are from a BAME background may have a differential experience and health outcomes. As part of the delivery of preventative measures delivered through this plan, focused engagement with communities to ensure all relevant public health actions are taken to mitigate these disparities.

Outbreak prevention and management in high risk communities is guided by:

- Mapping the key high risk communities
- Identifying a key link person for each identified community
- Providing a guidance pack, which includes relevant and appropriate communication related to Covid-19, risk profile, risk mitigation strategies, and support avenues available specific to each group
- Operating under a shared Memorandum of Understanding for management with Public Health England.

Additionally, the communication and engagement plan sets out how we will tailor messages and engagement work to ensure that we are able to target vulnerable communities, to ensure that we understand their needs and adapt our provision accordingly.

Recovery



Supporting individuals and settings after an outbreak is an important element in ensuring that people and places recover and the risk of further outbreaks is reduced. The approach in Luton has four elements:

- As part of the outbreak management, the setting will be supported in reviewing their risk assessment and identifying suitable mitigating action or improved monitoring of adherence.
- A learning review will be completed to identify areas for improvement that can be used to inform further preventative work or to improve outbreak management processes. A report will be produced for each outbreak directly managed, identifying contributory factors, examples of good practice and key learning points. For significant outbreaks, a debrief meeting may be organised. Settings will be invited to participate.
- COVID-19 is an infection that may have long-term impacts on affected individuals, either on their physical wellbeing or due to the impact on mental health. Recovery or exposure to serious illness can also provide people with the opportunity to engage in positive health behaviours. Individuals will be signposted to where support for physical and mental health are offered.
- COVID-19 has had significant impact on the financial wellbeing of organisations through lockdown, despite significant support from central government. It is recognised that these impacts may be greater when due to the impact of reduced workforce through self-isolation or local lockdown requirements. Affected settings will be signposted to support from economic development teams.

Key Outbreak Management Definitions

Possible or suspected (symptomatic) case:	Staff member or pupil with a new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)
Confirmed case:	Staff member or pupil with a laboratory test positive for COVID-19/SARS-CoV-2 with or without symptoms
Cluster:	Two or more confirmed cases of COVID-19 among students or staff in a school/college within 14 days who are not in the same cohort/bubble or Increase in rate of absence due to suspected or confirmed cases of COVID-19, in their household
Outbreak:	Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort or 'bubble'* in the school/college within 14 days.
Contacts:	Contacts are those who have: <ul style="list-style-type: none"> • had face-to-face contact of any duration (less than 1 metre away); or • were coughed or sneezed on; or • spent more than 15 minutes within 2 metres of each other; or • travelled in a car or other small vehicle (even on a short journey)
Infectious Period:	From 48 hours prior to symptom onset to 7 days after, or 48hrs prior to test if asymptomatic

Associated documents

- COVID-19 Health Protection Board risk log
- Luton LOCP Action Support Pack (containing SOPs, information packs, terms of reference, action plans etc)
- BLRF infectious respiratory disease plan
- Luton Council COVID-19 Framework
- Luton Council Business Continuity Plans
- Coronavirus Regulations 2020
- Public Health (Communicable Disease Control) Act 1984
- Luton Council COVID-19 Communications and Engagement Plan