

# **Bristol Local Outbreak Management Plan**

**30.6.20**

## Contents

Forward.....	4
1. Introduction .....	5
1.1 The National Context .....	5
1.2 Aims and principles .....	6
2. Working in partnership and across geographical boundaries .....	9
2.1 Bristol One City Partnership.....	9
2.2 Bristol Health and Wellbeing Board.....	9
2.3 Avon and Somerset Local Resilience Forum (ASLRF) .....	10
2.4 Healthier Together.....	10
3. Bristol City Council Covid-19 Response and Recovery.....	12
4. Governance for local Outbreak Management .....	17
4.1 Overview .....	17
4.2 Bristol Covid-19 Health Protection Committee .....	18
4.3 Bristol Local Covid-19 Engagement Board.....	18
4.4 Roles and levels of decision making responsibility .....	18
National – Local outbreaks with national implications.....	20
5. Data Integration .....	21
6. Outbreak Prevention and Response Plans.....	22
6.1 Overview .....	22
6.2 Care Homes and Schools.....	23
6.3 High risk places, settings and communities.....	24
7. Protecting and supporting vulnerable people .....	25
8. Testing and Contract tracing.....	26
8.1 Testing.....	26
7.2 Contact tracing.....	26
9. Communication and Engagement Plan.....	28
9.1 Communication.....	28
9.2 Engagement .....	29
10. Resources .....	30
Appendix 1: Terms of Reference: Covid-19 Health Protection Committee .....	31
Appendix 2: Terms of Reference: Bristol Local Engagement Board .....	31
Appendix 3: Bristol Outbreak Plan Template.....	31
Appendix 4: Bristol Outbreak Planning Framework.....	31

Appendix 5: South West Public Health England Outbreak Protocol for Schools ..... 31  
References ..... 32

## Forward

In this plan we set out the action we have already taken, and the steps that we will take, to anticipate, prevent and respond to outbreaks of Covid-19 in our City.

In order to move forward, to keep open our schools, workplaces and economy; we need to continue to behave carefully and responsibly. We also need to be finding the virus through testing; and preventing its spread by containing and isolating.

To do this effectively we need good data but we also need the eyes and ears of individuals and communities. We need the ability to respond quickly and we need the ability to work together to take the necessary action to contain and eliminate any onward transmission.

This plan for Bristol is part of a network of plans in every local authority in England; and it provides the framework for the next phase of living with Coronavirus. It is a work-in-progress that we will keep returning to as and when events develop and evolve.

We owe a huge thanks to everyone who has taken personal action, sometimes at great personal or financial cost, during the period of lockdown. This has saved lives and protected our communities. Of this there is no doubt.

We now need to work together to help get Bristol open again - safely.



Mike Jackson, CEO



Christina Gray, Director of Public Health

30<sup>th</sup> June 2020

## 1. Introduction

### 1.1 The National Context

Covid-19 is a new and invisible threat. It has spread to almost every country in the world. The spread of the virus has been rapid. At its maximum, the number of patients in intensive care in the UK was estimated to be doubling every three-to-four days.

Although great efforts are being made, there is no vaccine and there is little or no population immunity. It is likely that Covid-19 will circulate in the human population long-term, possibly causing periodic epidemics. In the near future, large epidemic waves cannot be prevented without intervention measures.

At the same time the social and economic harms from the response to the virus now pose as great a risk of illness and premature death as the virus itself. Current restrictive measures are causing harm to people's wellbeing, livelihoods and wider health. We must now find a way to adapt to a new reality, one where society can return to normal as far as possible; where children can go to school, families can see one another and livelihoods can be protected, while also continuing to protect against the spread of the disease.

Local Outbreak Management Plans will be the mechanism through which local areas manage these risks using their knowledge of and relationship with their people and place. Every upper Tier (Public Health) Authority is required to have in place a Covid-19 Outbreak Management Plan by the end of June 2020 in order to anticipate, prevent and contain incidents and outbreaks of Covid-19 in local areas. These plans will be in place for the foreseeable future.

Achieving the objectives of containing and breaking the chain of transmission of the virus, and of preventing further social and economic harms will require a coordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and communities, and the general public.

Local government is required to put in place measures to identify and contain outbreaks and protect the public's health. The Director of Public Health working through the Covid-19 Health Protection Board will be responsible for defining these measures and producing the plans and ensuring that through the plans they have the necessary capacity and capability to quickly deploy resources to the most critical areas.

The prevention and management of the transmission of Covid-19 should<sup>1</sup>:

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

Our Local Outbreak Management Plan will provide clarity on how Bristol City Council will work with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks and, as required by government, will be centred around seven core themes:

1. **Care Homes and Schools:** Planning for local outbreaks in care homes and schools defining monitoring arrangements, identifying potential scenarios and planning the required response.
2. **High risk contexts, workplaces and communities:** Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points, such as ports and airports; detained settings and rough sleepers. Defining preventative measures and outbreak management strategies.
3. **Supporting vulnerable local people** to get help to self-isolate and ensuring services meet the needs of diverse communities.
4. **Testing:** Oversight and swift mobilisation of local testing capability. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. To include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations.
5. **Contact tracing** undertaken by Public Health England with the Bristol Public Health Team in complex situations. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid.
6. National, regional and local intelligence to identify and respond swiftly to outbreaks: Integrating national and local data, including developing dashboards and the Joint Bio-Security Centre to inform planning and response.
7. **Governance:** Establish governance structures led by a new Covid-19 Health Protection Board and a new member-led Board to communicate with the general public.

## 1.2 Aims and principles

The overarching aim of this Local Outbreak Management Plan is to:

- prevent the spread of Covid-19
- reduce the rate of infection
- respond rapidly to any rises in infection so that they can be contained promptly and safely

This will be achieved by using good local knowledge, gathering and analysing relevant data, recognising and responding to triggers, testing and tracing, working with our partners and communicating and engaging effectively and meaningfully.

Response to local outbreaks, while led by Directors of Public Health, will be a coordinated effort with Public Health England, local health protection teams, local and national government, NHS, private and community / voluntary sector and the general public.

The South West Association of Directors of Public Health have committed to the following core principles:

**We will work together as a public health system**, building on and utilising the existing close working relationships between the local authority public health teams and PHE. We will ensure we make best use of the capacity and capability of the regional public health workforce.

While recognising local accountability **we will commit to a common language** to describe the local governance arrangements:

- Covid-19 Health Protection Board
- Local Outbreak Management
- Local Outbreak Engagement Board

**We will work to an agreed common set of quality standards** and approaches in the management of local outbreaks, utilising and building upon already agreed approaches and standard operating procedures.

**We will adopt a continuous learning approach** to the planning and response to Covid-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.

**We will ensure that there is an integrated data and surveillance system** which, alongside a robust evidence-base, will enable us to respond effectively to outbreaks.

It is proposed that a **Covid-19 Regional Data and Intelligence Framework** is developed which will enable Directors of Public Health to have access to the necessary information to lead the Covid-19 Health Protection Board.

We will commit to **openness and transparency**, communicating the most up-to-date science, evidence and data to colleagues, wider partners and the public.

We will ensure that within our planning and response to Covid-19 we will plan and take the necessary actions to **protect and reduce the impact of Covid-19 on those most at risk**, including black, Asian and minority ethnic communities, older people and those with underlying health conditions.

We recognise that **Directors of Public Health have a system leadership role** in chairing the Covid-19 Local Health Protection Board.

**We commit to actively engaging with key partners**, including all levels of government and communities and other key stakeholders including the voluntary community sector, to ensure a whole system approach.

We accept that we are currently working in a fast-changing, complex environment. Directors of Public Health will respond dynamically to changing evidence, national guidance, demands and expectations. **We commit to be actioned focused** and commit to working to public health principles.

We will ensure that our Local Outbreak Management Plan includes **a strong focus on prevention and early intervention** to ensure key settings (e.g. care homes and schools) and high-risk locations and communities, to identify and prioritise preventative measures and reduce the risk of outbreaks.

## **2. Working in partnership and across geographical boundaries**

Local authorities in the South West are committed to aligning their Outbreak Management Plans, including arrangements for:

- working with health protection teams
- responding to outbreaks which cover more than one area
- addressing multiple, overlapping geographies including district councils, Local Resilience Forums (LRFs), combined authorities and health systems

Bristol's Outbreak Management Plan will link to the overall national / regional response through working in partnership with our neighbouring authorities via the West of England Combined Authority (WECA) and other regional bodies.

### **2.1 Bristol One City Partnership**

<https://www.bristolonecity.com/>

Bristol's approach to partnership is demonstrated in the One City Approach which brings together public, private, voluntary and third sector partners in a dynamic configuration focussed on a joint purpose. Partners share an aim to make Bristol a fair, healthy and sustainable city. The city's first ever One City Plan was published in January 2019, a first attempt to set out the challenge and bring the city together around its common causes.

The Bristol City Office has been coordinating work to support the city and council's response to the Covid-19 crisis, and to begin work on a recovery strategy. The City Office is working on an integrated, city-wide approach to recovery based on the UN Sustainable Development Goals, and has held a number of workshops and webinars with city partners from across all sectors to ensure our response to Covid-19 is holistic and inclusive.

### **2.2 Bristol Health and Wellbeing Board**

<https://democracy.bristol.gov.uk/mgCommitteeDetails.aspx?ID=213>

<https://www.bristol.gov.uk/policies-plans-strategies/health-and-wellbeing-strategy>

The Health and Wellbeing Board is a statutory board of the council and leads work for Bristol in improving health and reducing health inequality. The Board is also one of the One City thematic boards. Members are drawn from public and voluntary sectors and the Bristol Race Commission. Board members have received regular briefings and contributed to the response. The Health and Wellbeing Board has a strong interest in both the direct impact of the virus on communities and on the wider impacts on population health and widening inequality as a result of the conditions of the virus.

The Health and Wellbeing Board will receive regular reports from Director of Public Health about Local Outbreak Management. The co-chairs will sit on the Covid -19 Engagement

Board and the Board itself will provide a key function in communicating and engaging with local communities and partners.

### **2.3 Avon and Somerset Local Resilience Forum (ASLRF)**

<https://www.gov.uk/guidance/local-resilience-forums-contact-details>

The ASLRF is the strategic multi-agency partnership which convenes under the Civil Contingency Act (2004)<sup>ii</sup> to plan for and respond to major emergencies across the Avon and Somerset area. This includes a single police force and the five unitary or upper tier local authorities of Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Somerset. Somerset has four district councils: Sedgemoor, Mendip, South Somerset and Somerset West & Taunton.

Membership and duties are set out in legislation. Organisations which collaborate within the ASLRF include emergency services, health services, HM Coastguard, Military, Environment Agency, voluntary agencies, utility companies, transport providers and local councils. Avon and Somerset LRF is the point of escalation for Directors of Public Health and local authorities if a situation is of severity and scale that, mutual aid or the coordination of strategic partners is required.

Directors of Public Health from the five local authorities within the ASLRF meet regularly with the Assistant Chief Constable Nikki Watson, Chair of ASLRF and Chief Superintendent Ian Wylie to ensure that there are effective close working relationships and good situational awareness.

Arrangements for escalation to ASLRF are as follows:

- Local Resilience Forum Operation link call initiated to convene urgent multi-agency meeting
- Response Plan agreed
- Local authority leadership informed
- Convening of Tactical or Strategic multi-agency coordinating group focused on the specific area, issue or geography
- National escalation if required

### **2.4 Healthier Together**

<https://bnssghealthiertogether.org.uk/>

Healthier Together is Bristol's Local Sustainability and Transformation Partnership. This is an alliance of health and care organisations across Bristol, North Somerset and South Gloucestershire. Partners include the Clinical Commissioning Group, South West Ambulance Service, North Bristol NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust, Avon and Somerset Mental Health Trust, Sirona Health Care and the three

local authorities of Bristol, North Somerset and South Gloucestershire. The Healthier Together Partnership serves a population of nearly 1 million, of which Bristol's population is approximately 54 per cent. The NHS Trusts, Mental Health Trust and Ambulance service all have regional footprints and provide services beyond the local area. The NHS laboratory service is located at North Bristol Trust

Bristol City Council has collaborated closely with Healthier Together and the CCG since the early stages of the pandemic and is a key partner in the health and care emergency system response as is represented at Bronze, Silver and Gold levels.

Key areas of collaboration across the Healthier Together footprint include:

- Care Homes
- PPE & logistics
- Infection Prevention and Control
- Testing - oversight and mobilisation
- Data Integration, modelling and insights
- Outbreak management

GPs and Primary Care are key partners and Director of Public Health will liaise closely with practices through locality forums and GP networks, supported by the Bristol CCG Area Director Dave Jarrett.

### **3. Bristol City Council Covid-19 Response and Recovery**

As Covid-19 restrictions ease, the council has a key role in supporting the return to normal life – as far as is possible – in the city, while protecting against the spread of the disease. Alongside developing this Local Outbreak Management Plan, The council’s Corporate Leadership Board has adopted the following recovery definitions:

**BCC Recovery Mission Statement:** Create a more agile and streamlined local authority that has focused priorities, financial sustainability and greater resilience. Develop and empower others to get things done for the city.

**One City Recovery Mission Statement:** Create a fairer, healthier and sustainable city, one which is people-centred and has a resilient economy that supports inclusive, equitable communities.

An effective recovery strategy will require council – and city-wide - coordination and collaboration. A dedicated Recovery Overview and Coordination Group has therefore been established. The core functions of this group will include:

- Creating a single Recovery Plan, addressing key actions required to transition from response to business as usual
- Collecting information and providing insights to support recovery planning, including but not limited to financial, economic, public health, equalities and public affairs analysis
- Providing oversight of divisional plans and strategies which contribute to the council and the City’s recovery from the impacts of the pandemic.
- Maintaining oversight of a single Recovery risk register, ensuring risks are escalated to CLB appropriately and tactical cells are provided with risk management advice.

The council moved at pace to establish a recovery response to deal with the unprecedented impacts of Covid-19. The findings from an Internal Audit health check have informed the design of the Recovery Overview and Coordination Group. The presence of a dedicated Embedded Assurance representative is designed to support effective governance, so that operating structures are resilient, sustainable and support good decision-making, risk management and communication.

#### **Service Impacts**

The impacts of Covid-19 have been far reaching and the implementation of national guidance, the Coronavirus Act 2020 as well as the guidance accompanying the easing of lockdown measures will all have a significant impact on service areas.

## **Finance**

At the time of writing, the council has received two tranches of central government funding support, totalling £26.4m. An additional £5m in Hardship Funding has been used to extend the existing Council Tax Reduction Scheme and bolster the council's ability to provide emergency grants through its Local Crisis Prevention Fund. The current indication is that the response cost for the council will be £34.5m. The council is also projecting income losses of £78.3m. Joining up with our local and national partners, the council will continue to work proactively with Government to seek additional funding support to close the gap.

## **Business support**

At the time of writing, the council has approved over 6,500 applications with a value of over £83m in grants to support businesses in Bristol. The council has been working in collaboration with other local authorities in the West of England to determine criteria and process to award further grants to support small businesses. Central government has taken further steps to help businesses re-open and has published Covid-19 -Secure guidelines for businesses to consider as part of their risk assessments. The council has commissioned a business resilience programme to support businesses so that they can re-open quickly when allowed to do so. Central government has allocated funding of £415,785 to the council to help prepare for the safe reopening of high streets and other retail spaces.

At the time of writing, Public Protection Team officers have made 950 visits to businesses, providing information and posters to help them become 'Covid-19 Secure'. The council is also mailing circa 18,000 businesses to promote this guidance.

The council is also working with a wide range of city partners through the One City approach to provide consistent advice and support to organisations as they move to 're-open' workplaces and non-essential retail sites from June.

## **Homelessness**

At the time of writing, the council is housing 268 rough sleepers and has a capacity of 298 rooms within hotels and with public health, the NHS and homeless services has delivered Covid Protect and Covid Care responses, which have included the management of a number of complex Covid-19 positive cases. The pandemic has accelerated our long-term ambitions to end rough sleeping in the city and to provide affordable move-on accommodation in Bristol. Our move-on programme is focused on both addressing the lack of longer term accommodation for people experiencing homelessness, as well as ensuring co-ordinated person centred support. We continue to encourage landlords to work with the council's Private Rental Team to offer 'move on' tenancies. The council continues to work with registered providers, institutional investors, housing developers and other city partners to explore a range of measures to help secure the additional homes required. Officers remain in regular contact with Ministry for Housing, Communities and Local Government.

### **Adult Social Care / Care Homes**

Adult social care services continue to operate safely and meet all our statutory duties under the Care Act (2014). We have not needed to implement Care Act easements under the Coronavirus Act. The council continues to review the ongoing impact of the latest central Government guidance on adult social care services, including a review of the closure of day services which remain temporarily closed. We are maintaining contact with the most vulnerable people and their carers and ensuring their needs are being met. Officers are working with partners across the BNSSG to support hospital discharge pathways, using a 'discharge to assess' approach to get people home from hospital quickly, and to make sure they get the support needed to recover.

In partnership with system colleagues, the council is working on an action plan for supporting care homes in Bristol and is continuing to coordinate the response to the Government's Care Home Support Package to support care providers and keep people in care homes safe, including the allocation of the new adult social care infection control fund. The Council's Directors of Public Health (DPH) and Adult Social Services (DASS) are overseeing joint work including the temporary restructure of commissioning and contracting teams to collect and review intelligence from and about care homes, and to support the care sector. As part of this work, officers are developing of a joint action plan for Covid-19 testing.

We continue to ensure that care providers and Direct Payment recipients have access to the required PPE and it has been agreed that the Council will be able to source a stock of PPE for providers which they can purchase. The ASC commissioning team formed a PPE sub-group that has, since the beginning of April, delivered 120,000 PPE items to care homes, fulfilling all requests received. The Council is also part of a cross-BNSSG mutual aid system to support NHS and social care providers in need of PPE and continue to champion an approach with system partners to help provide a stable supply to the sector by purchasing larger quantities of PPE.

### **Domestic Violence and Abuse**

Though the police levels of reporting have remained broadly static there has been a significant rise in calls our domestic abuse service providers. The Keeping Bristol Safe Partnership Domestic Abuse Response group meets weekly and reports to the Community Safety Cell. Six additional Safe House spaces have been temporarily acquired and the housing team has been successfully working to free up further spaces in safe houses by providing direct offers to families so that they can move into more permanent accommodation. The local campaign 'Are You Ok?' has been launched.

## Schools

Following a series of guidance documents from central Government, school leaders have started to undertake comprehensive risk assessments, to understand what can be achieved in each school or setting ahead of phased re-opening of schools. The council believes this is not a binary issue where the national announcement will be correct for every school or every child. We accept that there are some schools in which the safety guidelines can be met. We equally accept that many will not be able to achieve that, and we support schools in their decision making. A model risk assessment and equalities impact assessment (EQIA) has been circulated to all schools to help with preparation for returning. Local authority-maintained schools will also submit an EQIA return to confirm this has been completed, and visits from our Health and Safety team will operate through June to review school plans.

## Public Health

The Director of Public Health has a statutory role within any health emergency, working within the command structures of the response, and subsequent recovery. In a crisis such as this, the local authority public health team operates as part of the national public health system, drawing on tried and tested systems. Bristol Public Health shifted gear in February separating business as usual responsibilities from Covid-19 response and moved swiftly to seven day working.

Public Health responsibilities fall into the following functions:

- **Assurance, advice and communication of risk:** to the local authority and to the public
- **Response:** working with Public Health England in identification and management of local incidents and outbreaks
- **Prevention:** identifying and working closely with sectors at greater risk and taking anticipatory public health action
- **Data :** undertaking the analysis and interpretation of data and intelligence
- **Evidence:** Understanding and communicating emerging scientific and behavioural evidence
- **Public Health Services:** Maintaining the quality and safety of essential public health services such as sexual health, health visiting and drugs and alcohol
- **Public Health Programmes:** Maintaining a focus on public health issues which reduce life expectancy and cause poor health such as health equity and reducing inequality; and on issues such as population mental health, tobacco control, healthy eating and activity.

Working closely with the civil protection team, the communications team, Public Health England and the NHS, the Director of Public Health provides technical advice and support across the council and to city partners. In the 8 week period mid-May to mid-June the team responded to 138 complex queries, attended 98 outbreak management meetings and handled over 5000 emails. Queries have been related to care homes, personal protective

equipment, testing, infection, prevention and control, homelessness, testing for educational settings and healthcare settings-including the outbreak at Weston General hospital.

The next phase of the pandemic for public health will be focused on the delivery of this Local Outbreak Management Plan while at the same time ensuring that core public health programmes and services are res-established and the wider harms to life and health are minimised.

## 4. Governance for local Outbreak Management

### 4.1 Overview

The Director of Public Health with the Chief Executive of the Council is responsible for the development and implementation of the Local Outbreak Management Plan which forms part of the response to the national emergency.

The Bristol Director of Public Health and Chief Executive will work closely with the Mayor and Cabinet Member for Public Health in the development and delivery of the Local Outbreak Management Plan. A public-facing multi agency and cross party Covid-19 Engagement Board will be led by the Mayor and Cabinet Member for Public Health.

A Covid-19 Health Protection Committee will be chaired by the Director of Public Health.

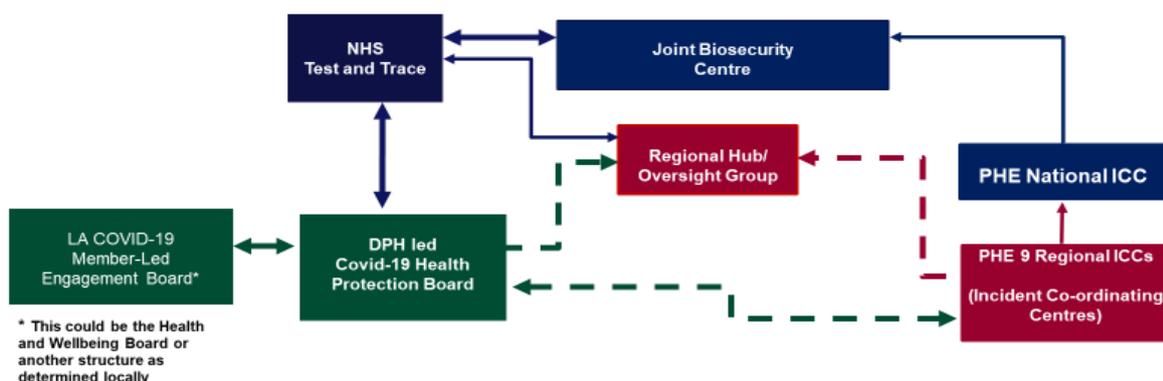
Regional oversight will be provided by the South West Regional Oversight Group which is chaired by the PHE Centre Director. This group has links to the South West Directors of Public Health and chairs of south west Local Resilience Forums.

National oversight will be provided by Ministry of Housing, Communities and Local Government, the NHS Test and Trace Programme and the PHE National Incident Control Centre.

Most intervention and response will be managed at a local level. Where Bristol City Council requires wider assistance, escalation will be managed under emergency response arrangements and will be to Bristol City Council 'Gold', via the Chief Executive, to the Avon and Somerset Local Resilience Forum and from there to government ministers.

The diagram below illustrates the links between the national and local systems.

### Key Organisational Elements



#### **4.2 Bristol Covid-19 Health Protection Committee**

The Bristol Covid-19 Health Protection Committee will meet a minimum of monthly and will be chaired by the Director of Public Health. This is a scientific and technical committee which will provide oversight of the Local Outbreak Plan.

Terms of Reference and membership of the Bristol Covid-19 Health Protection Committee can be found at Appendix 1. Membership is drawn on a range of expertise to provide critical oversight of the plan and local outbreak management.

Accountability for decisions relating to assessment and communication of risk and any subsequent action will rest with the Director of Public Health and the Chief Executive and will be made in consultation with Public Health England and Avon and Somerset Local Resilience Forum.

Day-to-day outbreak management will be undertaken by the Director of Public Health team with Public Health England. Oversight will be provided through the weekly operational Outbreak Management Group Meeting.

#### **4.3 Bristol Local Covid-19 Engagement Board**

The Bristol Local Covid-19 Engagement Board will be chaired by the Mayor and the Cabinet Member for Public Health. The purpose of the board is to ensure city-wide communication and engagement to support local management and response to Covid-19 and to inspire public and community confidence and engagement with the local response<sup>iii</sup>.

The Board will achieve this through visible and diverse leadership and effective, consistent communication through a range of channels and direct engagement with and through diverse community networks.

The Bristol Local Engagement Board will oversee the delivery of the Bristol Covid-19 Communication and Engagement Strategy.

The Bristol Covid-19 Board is committed to ensuring involvement of all parties. Using the One City approach and embedding our activities in existing partnerships will enable us to move at pace, reach a wide audience and identify and fill communication and engagement gaps.

Terms of Reference for the Bristol Covid-19 Engagement Board are attached at Appendix 2.

#### **4.4 Roles and levels of decision making responsibility**

Roles, levels of responsibility and decision making powers sit at multiple levels from individual to national. Outlined below are the broad remits, responsibilities, duties and powers which sit at individual, local authority, sub regional and national level.

Bristol City Council will adopt a consensus-based approach, based on communication and engagement. Decisions will be taken in consultation with key stakeholders, and powers will not be used as a first resort.

### **Individual responsibility**

Every person has role to play; in understanding and adhering to the guidance as it changes and develops and in supporting other to do so.

### **Setting-specific responsibility**

Responsibility for preparing work places, education and other settings to be Covid-secure rests with the setting owner or manager, the South West PHE Health Protection Team, the local authority, unions and the Health and Safety Executive can support with advice about risk assessments and other measures, such as social distancing, regularly clean hands for 20 seconds, cleaning and surfaces, additional testing, engagement with contact tracing and minimising contact.

### **Responsibility for managing and containing outbreaks in settings**

Any reports of confirmed cases (for example by a student, employee or customer) should be communicated by the setting owner to PHE local Health Protection Teams as quickly as possible using agreed pathways. PHE will also contact the setting if they receive information about confirmed cases that are linked to a setting.

An 'outbreak' is defined as two or more confirmed cases linked to a specific setting. Setting-specific outbreaks, for example a workplace or school, will be managed under the South West Public Health Standard Operating Procedures. As part of the Standard Operating Procedure the South West PHE Health Protection Team will inform the Director of Public Health Team and an Outbreak Control Meeting will be arranged. Action to contain and manage the outbreak will include risk assessment, testing and contact tracing.

Local Authorities have the power to close multiple individual premises or events as deemed necessary and proportionate, and to request the implementation of wider sectoral or cross-boundary actions by Ministers when required. Setting owners will need to comply with actions that are agreed at a national, cross-boundary or local level where those actions have been sanctioned under law.

Local Authorities have a range of legal powers under public health, environmental health or health and safety laws which allow them to temporarily close public spaces, businesses and venues for a specific reason and period. Under the Coronavirus Act 2020 Local Authorities may also temporarily close schools or limit schools to set year groups, if these powers are delegated by the Secretary of State for Education.

### **Responsibility for managing and containing outbreaks in communities**

Since everyone lives within a community or neighbourhood, care needs to be taken in assessing whether community transmission has occurred. This is when there is uncontrolled spread of infection within the community.

Responsibility for assessing this sits with the specialist Health Protection Team at Public Health England, assisted by the Director of Public Health, local authority team, who bring the knowledge of people and place.

### **National – Local outbreaks with national implications**

Where a local outbreak is of national significance joint decision-making arrangements will be established to ensure local authorities have access to the powers they need to contain outbreaks in these circumstances.

This would be escalated through the Local Resilience Forum in the first instance. Examples of this might be: where powers held by the local authority are exceeded and a request for intervention from national government is required; multiple outbreaks that require resource prioritisation by Ministers, for example where an outbreak requires more resources than local decision makers can access through their own systems or mutual aid, including supplies of items such as PPE or resources.

These outbreaks may raise issues of national importance such as the impact on national infrastructure, the national economy or on important sectors such as food or energy production.

## 5. Data Integration

We have identified a number of overarching questions which we need to be able to address through our data and intelligence in order to be confident that we are managing our local outbreaks:

- Are we identifying our local outbreaks early?
- Are we acting quickly to suppress and contain these?
- Are cases rising – are we approaching a wave?
- Looking forward, if and when might we expect future waves or peaks?

Alongside local authorities in the South West, we will commit to openness and transparency, communicating the most up-to-date science, evidence and data, to colleagues, wider partners and the public.

We anticipate that the local authority will both feed into and receive information from the developing National Bio-security Centre.

We will work with Public Health England and other local authorities in the South West to develop an integrated regional data and surveillance system<sup>iv</sup>.

We recognise that it is at local level that we will observe any changes first. We will monitor our local numbers and rates closely, working closely with Public Health England. We also recognise that our eyes and ears are as important as data, and we will be looking, listening and responding to what our communities and partners are telling us.

## 6. Outbreak Prevention and Response Plans

### 6.1 Overview

The Bristol approach to Local Outbreak Management will be informed by data and grounded in communication and engagement. At every level, and in every context, we will endeavour to anticipate, prevent, respond and recover. We will adapt the environment, adapt our behaviours, act swiftly and work together.

The Outbreak Planning Framework (Appendix 3) monitors our progress in developing plans which address the three themes of:

- Care Homes and Schools
- High risk contexts and communities.
- Enabling vulnerable people to self-isolate

The Outbreak Planning Framework will continue to be developed as our local response develops and as action cards and further instruction are received from government. For each identified area there are identified theme leads, responsible for developing the local plan or plans for that area. We will, at all times, ensure that our preventative measures and interventions are viewed through an equalities lens.

The Bristol template to support Outbreak Planning is attached at Appendix 4. The template and the framework support the development of detailed sectoral plans which will be reviewed by the Covid-19 Health Protection Committee.

All plans the agreed Standard Operating Procedures and will set out how in each area, context or community we will:

Take action to **prevent** an outbreak in the first place through:

- Social distancing
- Hygiene measures
- Isolating
- Testing
- Contact Tracing
- Shielding

Identify and **respond** to an emerging outbreak as soon as possible:

- Early identification
- Management
- Testing and tracing
- Closure / containment
- Communication and engagement
- Management of other risks and issues

**Engage** - know who the key people are who need to be included in any outbreak management response and have good relationships in place before any outbreak occurs.

## **6.2 Care Homes and Schools**

### **Care Homes**

Care homes look after some of the most vulnerable individuals in our society and have therefore been significantly impacted by Covid-19. There are 108 CQC-registered care homes in Bristol. These are owned by a variety of organisations, charities and private companies, from small independent companies to large national providers. The majority of care home residents are older people, but 29.5% of care home residents in Bristol are adults of working age (aged 18 – 64) including adults with learning disabilities or mental health issues, physical disabilities, or acquired brain injuries.

Arrangements to identify and respond to outbreaks in Bristol's Care Homes and supported living sectors are well established and follow agreed standard operating procedures. This is undertaken in partnership with the Bristol Public Health team, Public Health England South West Health Protection Team, Adult Social Care and the NHS. Local action is supported by the Care Provider Cell for Bristol, North Somerset and South Gloucestershire as well as the BNSSG Strategic Infection, Prevention and Control Cell.

### **Schools**

There are seven infant schools, seven juniors' schools and 99 Primary Schools in Bristol. There are 21 Secondary Schools, 12 Special Schools and 12 Independent Schools. We have 355 registered childminders, 128 PVI's (Private, voluntary and independent) Early Years providers and 12 maintained nurseries.

Whilst evidence indicates a high degree of confidence that the severity of Covid-19 in children is generally lower than in adults, preventing the spread of Covid-19 is a key priority to protect children, early years and school staff and to minimise community-wide transmission.

Bristol City Council is working closely with school leaders to support schools opening and the Director of Public Health and the Director for Education provide regular information and briefings for schools about the current situation.

The Public Health England South West protocol for Outbreaks in Schools will be followed in event of a possible or confirmed cases being identified.

In June 2020 the Public Health England Consultant in Communicable Disease led a seminar for 130 school leaders participating in a question and answer session.

Public Health England information has been widely circulated (Appendix 5) and Bristol City Council has established a dedicated point of contact for schools to request advice and to report cases to the local authority at the same time as Public Health England is notified. This will enable us to ensure that there is no delay in any risk assessment or local action.

### **6.3 High risk places, settings and communities**

Work is ongoing to identify Bristol's high risk places, settings and communities to ensure that plans for preventing and responding to outbreaks are in place (Appendix 3).

High risks settings include settings such as Bristol Prison and Bristol Port; and plans for responding to outbreaks within sectors such as the homeless and rough sleeping community; the Gypsy, Roma and Traveller community and the health and care sector. Community contexts include workplaces, businesses, shops and the transport network where extensive work has been undertaken to support businesses to become 'Covid-secure'. Environmental Health, Regulatory Services and Economic Development colleagues lead this work supported as required by Bristol Public Health.

At a neighbourhood level, of particular concern is the protection of our Bristol Black, Asian and Minority Ethnic Communities who are at higher risk of harm from the virus. A Covid-19 Race Equality Working Group has been established, chaired by Councillor Asher Craig. Following a rapid review of evidence<sup>v</sup> and series of actions has been identified and a programme of work is underway. Communication and engagement with the communities will be an important element of being able to identify and respond to outbreaks within communities and neighbourhoods.

## **7. Protecting and supporting vulnerable people**

Enabling individuals to isolate is an essential part of breaking the chain of transmission. Where individuals are unable to isolate due to their circumstances or vulnerability arrangements will be made to support this. This may include the provision of food or welfare support, accommodation and supervision. We will build on our experience of delivering Covid Care and of supporting some 200 individuals to be accommodated and supported. All homeless providers and drug and alcohol services were trained and have become experienced in infection, prevention and control.

The local authority, the voluntary sector and faith communities have provided support for those shielding as well as developing a network of food provision for children, families and communities.

We also need to minimise the risk of individuals being unable to isolate due to economic circumstances, and we will be working with employers, city leaders, the benefits team, unions and DWP to maximise levels of compliance.

We will continue to develop joint working across sectors including mental health, learning disability, social care, health and housing to build the capacity and expertise that will be required

## **8. Testing and Contract tracing**

### **8.1 Testing**

<https://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes>

Oversight of Testing in the local area is undertaken through the health footprint of Bristol, North Somerset and South Gloucestershire Testing Oversight Group<sup>vi</sup>. The group has representatives from the three local authorities, the CGG and NHS providers. Bristol has a nominating Public Health lead for Testing.

The aims of the Testing Oversight Group are to have a clear understanding of all local testing capacity including NHS testing (Pillar 1), commercial testing (Pillar 2) and Care Home Testing. The Testing Oversight Group needs to develop the capability to be able to access and swiftly mobilise local testing capacity in the event of an outbreak or incident.

A local Consultant in Public Health chairs the Avon Somerset Local Resilience Forum which has oversight of the mobile testing units and attends the regional Testing Oversight Group with MHCLG and the NHS.

To support effective outbreak management we need to ensure that timely testing takes place for those who need it across Bristol and, with Public Health England, to monitor the positive results order to identify and respond to any local outbreaks and clusters with relevant partners.

### **7.2 Contact tracing**

<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

Contact tracing is one element of the wider national Test, Trace and Contain programme, which forms a central part of the national Covid-19 recovery strategy, launched on 28 May 2020. The primary objectives of the Test, Trace and Contain service are to:

- control the Covid-19 rate of reproduction (R)
- reduce the spread of infection
- save lives

The overall aims of Test and Trace and Contain are to help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects health and care systems and releases the economy.

The NHS test and trace service ensures that anyone who develops symptoms of Covid-19 can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents.

The programme helps to trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. The service will allow us to trace the spread of the virus, isolate new infections and will play a vital role in giving us early warning if the virus is increasing again, locally or nationally.

When someone has symptoms of coronavirus they must:

- Isolate: as soon as symptoms are experienced, self-isolation must occur for at least seven days. Other members of the household must self-isolate for 14 days
- Test: a test can be ordered or arranged immediately through the on line portal
- Results: if the test is positive, the remainder of your seven-day self-isolation must be completed. Anyone in the household must also complete self-isolation for 14 days. If the test is negative, self-isolation can be ceased
- Share contacts: if the test is positive, the NHS test and trace service will send instructions for how to share details of people with whom close, recent contact has occurred. This can be done online via a secure website or over the telephone.

When someone is identified as being a close contact with someone who has tested positive for Covid-19 they will be alerted and asked to isolate:

- Alert: people will be alerted by the NHS test and trace service if they have been in close contact with someone who has tested positive. They should then log on to the NHS test and trace website. Under-18s will get a phone call and a parent or guardian will be asked to give permission for the call to continue
- Isolate: people will be told to begin self-isolation for 14 days from their last contact with the person who has tested positive.

There are three tiers of action which support contact tracing: Tier 2 and 3 are national teams who follow up each positive case and the close contacts. Complex situations are escalated to Tier 1.

Tier 1 consists of the regional Public Health England, Health Protection Team working with the local Director of Public Health and their team. Any outbreak response will be managed under standard operation procedures which are in place to support joint health protection activity.

## 9. Communication and Engagement Plan

Effective communication and active engagement is an extremely important part of preventing and managing local outbreaks. This includes the dialogue we have with the public, partners and businesses and alongside deep-rooted engagement with our most at risk communities.

Our approach will be clearly set out in a Communication and Engagement Plan which will be published in July.

### 9.1 Communication

The Local Engagement Board will provide leadership and oversight of communication and engagement as set out in the Covid-19 Communication and Engagement Plan.

Communication has been at the heart of the Bristol response since Emergency Response arrangements were stood up in February 2020. This included a structured Information and Communications Cell which worked to provide a range of communications spanning strategic to operational levels; and forming part of the Local Resilience Forum Warning and Informing Group.

A regular rhythm has been established, including communication to staff and key stakeholders, local and national media; website presence; blogs, videos and Facebook Live events; face to face and written uptakes for councillors, MPs, city leaders and city partners. The Mayor, Deputy Mayor and Director of Public Health and members of the public health team meet face to face to provide information and to listen to the voluntary sector, the business community, faith communities and the cultural sector. Regular bulletins are published for staff and for wider stakeholders and the public, ranging from daily to weekly updates as required. Channels are many and varied, including the use of a citizen email database drawn from established sources and reaching over 60,000 citizens directly.

This approach gives us a well-rehearsed, scalable structure which can support any future responses to Covid-19 outbreaks.

As a local authority, we have knowledge about the local area (and the wider region) and the complexities of the city. However, in order for our plan to be implemented meaningfully, we must ensure that we have reached out to and engaged with all communities and sectors, especially those who are most vulnerable and at risk. Bristol's 'One City' approach, where sectors and communities to work together and messages can be aligned, will be a very important part of the implementation of our plan.

The key tactics of our communication strategy plan are:

- **Amplify** approved national and regional health advice and government advice
- **Originate** localised, city or community-specific communications; with campaigns and activities planned in their own right to ensure effective messaging, reach and outcomes.
- **Collaborate** with partners to align messages and maximise reach

- **Evaluate, research and plan** longer term campaigns and strategies to mitigate risks and maximise opportunities, with a focus on behavioural insight principles

Existing groups such as the City Leaders group, Health and Wellbeing Board, One City Boards, Commission for Race Equality, Women’s Commission, Keeping Bristol Safe, the Race Equality and Covid-19 Stakeholder Group; local media, community groups and other forums will form part of the #WeAreBristol communication and engagement network, working to keep our communities safe. This network includes of Heads of Communication across public, private, voluntary and community, educational and academic sectors; providing the city with strong reach and the ability to align approaches to external and internal communications at scales from local to city or region-wide.

The Bristol Local Engagement Board will provide leadership and ensure comprehensive engagement with the public. This Board has been established to provide oversight, scrutiny and challenge, and to ensure accurate, up-to-date and meaningful communication and engagement with all stakeholders and residents. Its membership will include political leadership, business representatives, police, public health, faith, Trade Union and VCSE representation.

## **9.2 Engagement**

Engagement will need to be:

- Deep into communities and neighbourhoods
- Mindful of inclusion, access and equality

The efficacy of the Trace, Test and Isolate programme will rely largely on trust and voluntary compliance. It will be hugely important to keep relevant stakeholders closely informed and to give them confidence through building a shared understanding of the programme and its benefits.

We will work closely with the community and voluntary sectors; faith groups and directly with communities to listen and to respond; creating both structured and informal ways to engage with the council. This will include providing prioritised engagement campaigns and interventions for vulnerable or seldom-heard groups, working in concert with partners where appropriate.

We will maintain and develop the current arrangements where individuals and groups can contact the council to feed in questions, ideas and observations at any point. We will also engage partners and various groups with specific interests through our continuing series of One City webinars, which have supported engagement with thousands of stakeholders already.

Local councillors, MPs and community advocates will be important in facilitating effective engagement for Covid-19, as will a range of online channels with direct reach in to communities.

## 10. Resources

The resources required in terms of people and funding to support the delivery of the Local Outbreak Management Plan will need to address both increased workload and responsibilities, and anticipate and plan for surge activity. There could be hidden costs and the need to deploy resources quickly, to secure accommodation or welfare support for example.

It is likely that we will be living with Coronavirus for some time and therefore workforce solutions need to be sustainable in the medium to long term. Planning for 18 months to two years would be wise. A first principle of resourcing must be to utilise or redeploy existing resources and mutual aid where this is possible.

Bristol City Council has received a grant of £3.1 million from central government to support the delivery of the Outbreak Management Plan. These funds must be deployed only for this purpose and accounted for. Excluded from utilisation of the grant would be provision of PPE, unless this was an emergency and any recovery work not directly related to outbreak management. Key areas identified for investment include public health, communication, community engagement, resilience and training.

- We will increase our specialist staff resource for public health, environmental health and resilience to ensure that we can continue to provide 7 day services; and that we have the capacity to be able to respond to multiple outbreaks in an effective and timely manner.
- We will invest in training and knowledge and skill development across a range of workforces to support prevention, response and surge capacity.
- We will invest in communication and engagement to make sure that there is a clear and inclusive dialogue between the council, the public, our business and diverse communities.
- We will develop our community development capacity to make sure that we are working with and listening to, in particular, our most at risk or vulnerable communities.
- We will ensure that sufficient testing is undertaken to support effective local outbreak management.
- We will be mindful that this is a new virus, bringing many unknowns which we cannot easily foresee or plan for.

Resources will be deployed prudently, and in discussion with partners, to mitigate our key risks, and to enable us to identify issues quickly, and respond swiftly and effectively.

*#WeAreBristol*

**Appendix 1: Covid-19 Health Protection Committee Terms of Reference**

**Appendix 2: Bristol Local Engagement Board Terms of Reference**

**Appendix 3: Bristol Outbreak Planning Template**

**Appendix 4: Bristol Outbreak Planning Framework**

**Appendix 5: South West Public Health England Outbreak Protocol for Schools**

## References

---

<sup>i</sup> <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

<sup>ii</sup> <http://www.legislation.gov.uk/ukpga/2004/36/contents>

<sup>iii</sup> Bristol's Covid Communication and Engagement Plan

<sup>iv</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>

<sup>v</sup> Mamluk, L. and Jones, T. The impact of Covid-19 on black, Asian and minority ethnic communities. 20 May 2020. **Available from:** <https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/>

<sup>vi</sup> TOR BNSSG Testing Oversight Group