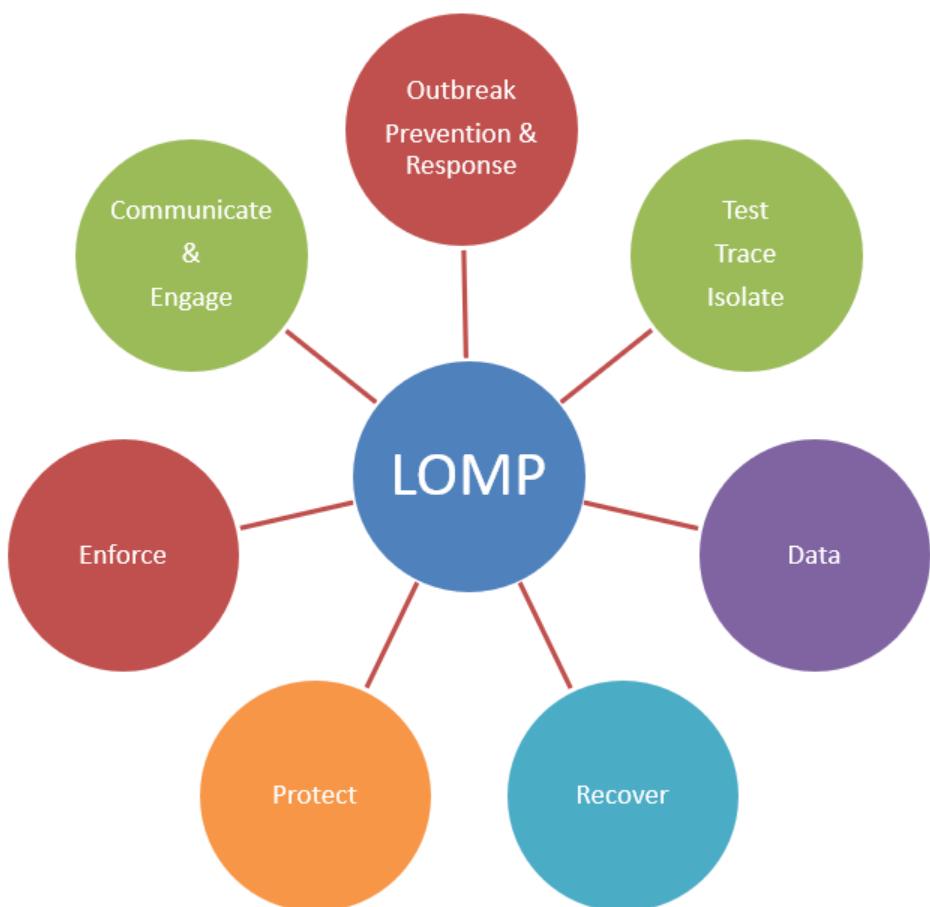


Bristol Local Covid-19

Outbreak Management Plan

Revised

March 2021



Contents

Contents.....	2
Forward.....	4
1. Introduction	5
1.1 The National Context	5
1.2 The South West Regional Context	6
1.3 The Local Outbreak Management Plan.....	6
1.4. Working in partnership and across geographical boundaries	7
2. Governance for Local Outbreak Management	8
2.1 Overview	8
2.2 Bristol Local Covid-19 Engagement Board.....	9
2.3 Bristol City Leaders.....	9
2.4 Bristol Outbreak Management Group	9
2.5 Bristol Covid-19 Health Protection Committee	9
2.6 Covid Recovery and Opening Up group	9
2.7 Bristol Multi Agency Coordinating Group	10
2.8 Bristol City Council Gold Group.....	10
3. Driven by Intelligent Data	11
3.1 Maintaining effective data systems	11
3.2 Identifying Neighbourhood Clusters.....	11
3.3 Working with the Joint Bio Security Centre.....	11
3.4 Research and Analysis.....	12
4. Testing, Tracing and Isolating	13
4.1 Test, Trace and Isolate	13
4.2 Testing.....	13
4.3 Contact tracing.....	15
4.4 Support to isolate.....	15
5. Outbreak Prevention and Response Plans.....	17
5.1 Overview	17
5.2 Care settings.....	18
5.3 Schools and Further Education	18
5.4 Universities	19
5.5 Workplaces	19
5.6 Events.....	20

5.7 Variants of Concern.....	20
6. Protecting and supporting vulnerable people	21
6.1 Race Equality and Covid.....	21
6.2 Disability and Covid.....	21
6.3 Homelessness.....	22
6.4 Prisons and the Criminal Justice System	22
6.5 Children.....	22
7. Enforcement	23
8. Communication and Engagement.....	24
8.1 Engagement	24
8.2 Communication.....	24
9. Recovery: Living with Covid-19	27
9.1 Vaccination.....	27
10. Resources	28
Appendix 1: Covid-19 Local Engagement Board	29
Appendix 2: Bristol Outbreak Management Group	29
Appendix 3: Bristol Covid-19 Health Protection Advisory Board.....	29
Appendix 4: Bristol Multi Agency Coordinating Group.....	29
Appendix 5: Bristol Testing Strategy	29
References	29

Forward

In this revised plan, we set out the steps that we will continue to take to anticipate, prevent and respond to outbreaks of Covid-19 in our city, working within the framework of the Winter Plan and the new Road Map to Recovery.

To move forward, to open our schools, workplaces and economy, we need to continue to behave responsibly and with vigilance and care.

We need to continue to find 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.

We need to be playing our part locally in finding and suppressing new Variants of Concern, working closely with specialist regional Health Protection Teams, the Joint Bio Security Centre and the National Covid-19 Response Centre.

Finally, we need to continue our active support for the roll out of the vaccination programme, making sure that everyone has access when they are eligible, and challenging vaccine myths and hesitancy.

This Local Outbreak Management Plan for Bristol is part of a network of plans in every local authority in England; and it provides the framework for the next phases of living with Coronavirus. The plan was originally published in June 2020; this document is a refreshed version that accounts for developments since the plan's first iteration including our own local experiences of responding to the pandemic.

The plan is a dynamic document 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 various periods of lockdown. This has saved lives and protected our communities. Of this there is no doubt.



Mike Jackson, CEO



Christina Gray, Director of Public Health

March 2021

1. Introduction

1.1 The National Context

Every upper Tier (Public Health) Authority is required to have in place a Covid-19 Outbreak Management Plan which anticipates, prevents and contains incidents and outbreaks of Covid-19 in local areas. The first plans were published in June 2020 and are being refreshed in March 2021 to take account of the most current situation. This report is the refreshed Local Outbreak Management Plan for Bristol. It is informed by the national frameworks for Contain and Test and Trace, which are set out below. It is also informed by local learning, our own intelligence and the experiences of living with Covid-19 for the past year. This new plan, in common with national frameworks and the pandemic is dynamic and will need to adapt to meet circumstances as required.

The national **Covid-19 Contain Framework** set out how government expects and require partners, including local authorities to work with the public to prevent, contain and manage outbreaks. The national Contain Framework has been continually revised to stay relevant to what is a dynamic situation. A new [Contain Framework has been published](#) and can be viewed online.

In November 2020, the government published the **Covid-19 Winter Plan** which set out a programme for suppressing the virus, protecting the NHS and vulnerable people, keeping the economy going and providing a route back to normality. This plan focused on vaccine roll out, the introduction of a national Tier System, new treatments and plans for schools and businesses.

View the [Covid-19 Winter Plan online](#).

In December 2020 the **NHS Test and Trace Business Plan** was published. This set out the strategic intention for the national Test and Trace programme, including how partners, including local authorities will be expected to function within a ‘team of teams’ in the delivery of test and tracing activity. A new National Testing Strategy is expected to be published in the spring of 2021. The [NHS Test and Trace Business Plan](#) can be viewed online.

In February 2021 the Government Published its **Covid-19 Response for Spring 2021**. This plan sets out dates for progressing to unlocking with each stage subject to a series of tests. The decision will be made nationally based on four tests:

- the vaccine deployment programme continues successfully
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- the assessment of the risks is not fundamentally changed by new Variants of Concern

The [Spring 2021 response plan can be viewed online](#).

The Bristol Outbreak Management Plan has taken account of **Guiding Principles for Effective Management of Covid-19** at local level published by Association of Directors of Public Health in June 2020 which recommends that the prevention and management of the transmission of Covid-19 should 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 and be sufficiently resourced. You can view the [Guiding Principles for Effective Management of Covid-19 online](#).

The Bristol Outbreak Management Plan and local recovery work also takes account of **Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the Pandemic** published by the Association of Directors of Public Health in February 2021. You can view [Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the pandemic](#) online.

1.2 The South West Regional Context

Directors of Public Health in the South West work closely with the Regional Director for Public Health; the Regional Director for Health Protection; Public Health England Health Protection Teams and the Department of Health and Social Care Regional Coordinator for Contain.

Regional Covid -19 work is coordinated through the *Regional Covid -19 Response Centre* which in the South West comprises of a *Delivery Board* and a *Test, Trace, Enable and Contain Group* which is supported by local and regional Directors of Public Health, the Department of Health and Social Care, the Department of Housing, Communities and Local Government and the Joint Bio Security Centre.

Local authorities and wider partners meet weekly at the Regional Strategic Coordinating Group, which is chaired by a South West Chief Executive. This group brings together Chairs from all Local Resilience Forums, local authorities, the NHS, Public Health, Ambulance, Fire and Police services. The purpose of this group is to support strategic cross border issues, have strong situation awareness, develop best practice, and manage resources effectively.

The regional Test, Trace, Contain and Enable Group has produced a Regional Outbreak Management Plan which sets out a common framework and agreed public health priorities. The Regional Framework, supported by the Delivery Group focusses on seven priority areas of common interest:

- Communication and Engagement
- Data and Intelligence
- Testing
- Contact Tracing
- Outbreak management, including the management of New Variants of Concern
- Vaccine roll out
- Recovery

1.3 The Local Outbreak Management Plan

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 refresh of our Local Outbreak Management Plan is centred around seven core themes:

1. **Driven by Intelligent Data** – using national, regional, and local data to understand and inform our action
2. **Testing, Tracing, and Isolating** - to identify and break chains of transmission
3. **Outbreak Prevention and Response** - including plans to respond to new Variants of Concern
4. **Protecting and supporting vulnerable people** – including those who are homeless or in complex circumstances
5. **The use of regulation and enforcement** – where required for public safety
6. **Engaging and Communicating** – deep into our communities and using different methods both to get messages out and to listen
7. **The Road to Recovery, learning to live safely with Covid -19** -including supporting the economy to reopen and maximising vaccine coverage

1.4. Working in partnership and across geographical boundaries

Covid-19 knows no boundaries and Bristol, along with all local authorities in the South West, is committed to a collaborative and aligned response. This includes ensuring that we have arrangements in place for:

- working with health protection teams from Public Health England and Public Health Wales
- 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

Directors of Public Health, Chief Executives and leaders of South West local authorities are working to a common, ‘boundary-less’ purpose. These local authorities and their Local Resilience Forums meet regularly to share information and plan ahead. The Regional Strategic Coordinating Group meets weekly to ensure alignment for all partners. Bristol’s Outbreak Management Plan links to the overall national / regional response through working in partnership with our neighbouring authorities via Healthier Together, the local integrated care system; the West of England Combined Authority (WECA) and the Core City network.

2. Governance for Local Outbreak Management

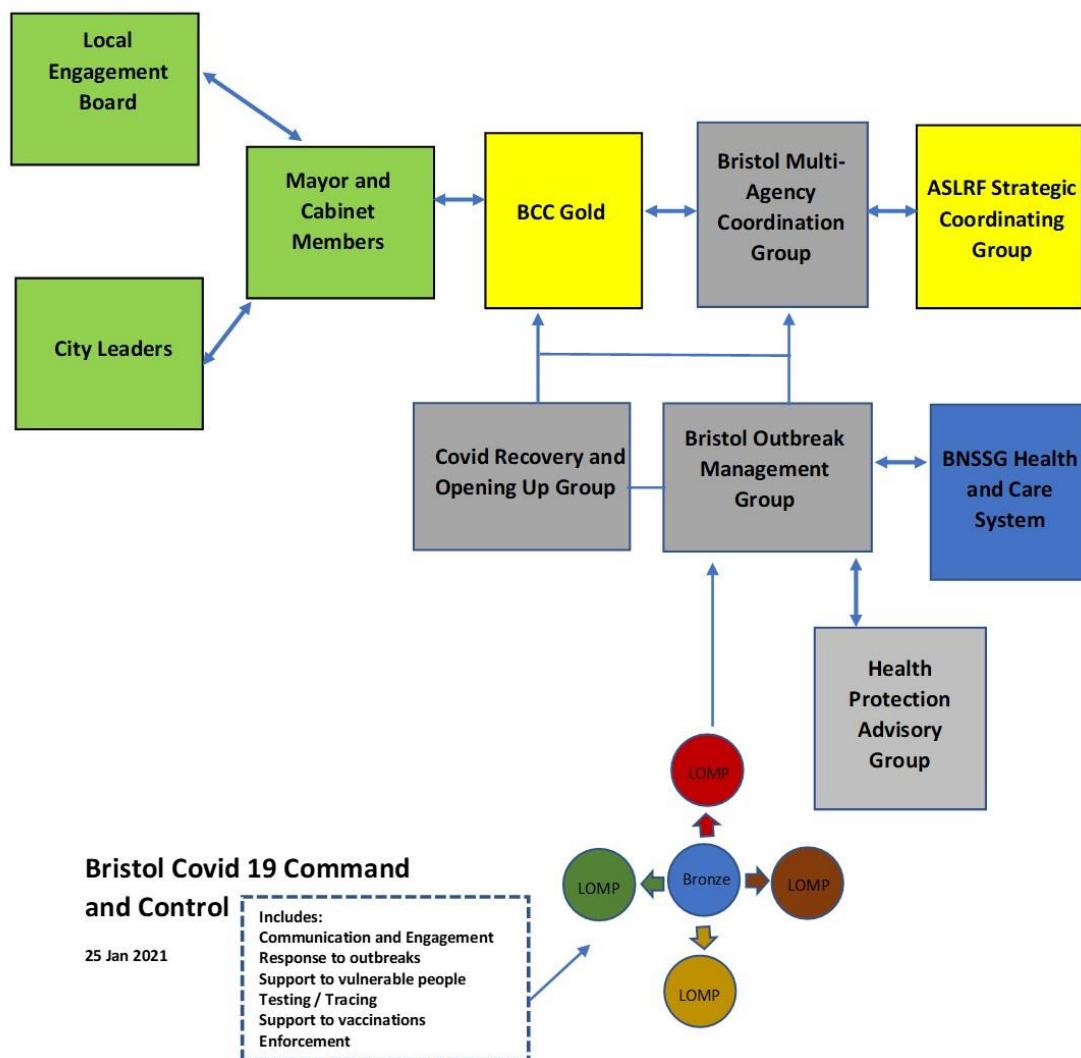
2.1 Overview

The Bristol Director of Public Health and Chief Executive work closely with the Mayor and Cabinet Member for Public Health to ensure the delivery of the Local Outbreak Management Plan. Day to day responsibility for the delivery of the Outbreak Management Plan is managed through the Bristol Outbreak Management Group which meets at least twice per week.

A public-facing multi agency and cross party Covid-19 Engagement Board is led by the Mayor and Cabinet Member for Public Health.

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

Regional oversight is provided by the South West Regional Test, Trace, Enable and Contain Board which is chaired by the Regional Director for Public Health. This group has links to the South West Regional Strategic Coordinating Group. National oversight is provided by the Department of Health and Social Care and the Contain Board.



2.2 Bristol Local Covid-19 Engagement Board

The Bristol Local Covid-19 Engagement Board is chaired by the Mayor and the Cabinet Member for Communities, Equality and 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 responseⁱ.

The Board achieves this through visible and diverse leadership; effective, consistent communication through a range of channels and direct engagement with and through diverse community networks. The Bristol Local Engagement Board oversees the delivery of the Bristol Covid-19 Communication and Engagement Strategy. Terms of Reference for the Bristol Covid-19 Engagement Board. Appendix 1.

2.3 Bristol City Leaders

A partnership supported by the Mayor which brings together business and public sector leaders to support a One City Approach. City leaders from public, business and voluntary sectors have met weekly since March 2020 to provide support to the pandemic response. You can [read about the One City Plan online](#).

2.4 Bristol Outbreak Management Group

The Outbreak Management Group is chaired by the Director of Public Health or Deputy. This group brings together all with a leadership responsibility for an element of the Outbreak Management Plan. Its purpose is to ensure the plan is delivered and any risks are identified and managed. Terms of reference. Appendix 2.

2.5 Bristol Covid-19 Health Protection Committee

The Bristol Covid-19 Health Protection Committee meets a minimum of monthly and is chaired by the Director of Public Health. This is a scientific and technical committee which provides oversight of the Local Outbreak Plan. Terms of Reference and membership of the Bristol Covid-19 Health Protection Committee can be found at Appendix 3. Accountability for decisions relating to assessment and communication of risk and any subsequent action rests with the Director of Public Health and the Chief Executive and is made in consultation with Public Health England and Avon and Somerset Local Resilience Forum.

2.6 Covid Recovery and Opening Up group

This is a Bristol City Council led group focussed on supporting the city prepare for opening and managing business safely, creating pavement spaces, putting up signage and supporting Covid safe trading.

2.7 Bristol Multi Agency Coordinating Group

This group brings together key agencies to coordinate effective response and recovery. Membership of the Bristol Multi Agency Coordinating Group includes the police, the two universities, NHS partners and the Police and Crime Commissioner. Terms of Reference attached. Appendix 4.

2.8 Bristol City Council Gold Group

Chaired by the council's Chief Executive, the Bristol City Council Gold Group meets once a week – and more frequently by exception – to take decisions with regard to the management of risk and management of resources. Membership includes Strategic Directors of the Council, the Director of Public Health, the Director of Finance, Director for Legal and Democratic services and a representative from the Mayor's Office.

3. Driven by Intelligent Data

3.1 Maintaining effective data systems

Ongoing monitoring both locally and nationally is critical to help prevent, identify and contain outbreaks. We 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 look, listen and respond to what our communities and partners tell us.

Our Public Health Analysts provide a regular flow of intelligence upon which we can plan and act. A bi -weekly intelligence report is published on our website which presents the key information with an explanatory narrative. We have worked with Public Health England and other local authorities in the South West to develop an integrated regional data and surveillance systemⁱⁱ.

Our local analytic enquiry is informed by four questions:

- 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, when might we expect future waves or peaks?

To ensure there is a broad situation awareness, our local Public Health Analytic team support the Healthier Together integrated care system with insight reports and analysis for Bristol, South Gloucestershire and North Somerset and our analysts also support the Avon and Somerset Local Resilience Forum intelligence cell.

3.2 Identifying Neighbourhood Clusters

Case data and rates are analysed daily at ward and sub ward level and action is taken at neighbourhood level when higher rates indicative of community transmission is identified.

The neighbourhood response is led by the Community Development Team working with ward councillors, the MP and the local community. Action is based on what the data suggests about the pattern of infection in the area and on local knowledge about local issues and sensitivities; and how to effectively communicate.

3.3 Working with the Joint Bio Security Centre

Covid-19 test results inform published numbers and rates. However, this method relies on people taking a test and the test results being analysed. To extend the ways in which we might better understand levels of transmission we are participating in the Joint Bio Security Centre (JBC) Wastewater monitoring programme. This national programme is using water sampling techniques to identify levels of virus which may be circulating in an area, to see if this might support early preventative action. Water sampling techniques are also being used to look for new Variants of Concern.

Stubborn transmission, that is when transmission rates stay high, is an issue of particular concern nationally. Bristol has supported the Joint Bio Security Centre in looking at what might be the underlying causes of this. Data from national investigations to date suggest that social and

economic conditions are the primary factor in stubborn transmission. This finding supports what is already well known, that disease thrives in poverty and is closely associated with economic conditions and social behaviours. If people cannot afford or are prevented from isolating, then the virus will continue to spread. Crowded households with little indoor space and lack of access to green space and clean air make safe exercise difficult, also allowing the virus to thrive. Immigration is also a factor, if individuals are fearful of authorities or are working in enslaved conditions the virus will go undetected. Action to address stubborn transmission requires both national and local action focused on income security, good quality homes, access to clean green environments, universal healthcare and a compassionate immigration system for those in poverty or modern slavery.

3.4 Research and Analysis

Bristol is home to two prestigious Universities, the University of Bristol and the University of the West of England. Bristol also hosts Bristol Health Partners Academic Health Science Centre, a research into practice collaboration working closely with the National Institute for Health Research. Supported by this rich research network Bristol has engaged in a number of Covid-19 research collaborations.

In March 2020 Bristol asked the Bristol Health Partners Academic Health Science Centre to undertake a rapid evidence review into **Race Equality and Covid** to inform local action. The report, whose findings were subsequently reflected in national studies and in two reports produced by the Black South West Network, highlighted the significance of racism, representation, voice and socio-economic factors as being the key drivers for the overrepresentation of Black, Asian and minority ethnic people experiencing severe Covid impacts. This research has informed action being undertaken by the Race Equality and Covid Group.

One key concern throughout the pandemic has been the impact of Covid on schools. In March 2020 Bristol University was successful in obtaining funding of £2.65 million for the Covid-19 Mapping and Mitigation in Schools (CoMMinS) study which is focused on understanding incidence and transmission in schools. This research project has recruited 5,000 staff and pupils across 20 schools with a view to developing systems to help schools prevent and cope with an outbreak and assess strategies to support the mental wellbeing of the school community.

4. Testing, Tracing and Isolating

4.1 Test, Trace and Isolate

It is vital that people continue to come forward for testing to be able to identify where the virus is. However, testing on its own does not stop the spread of the virus, this is only achieved through the isolation of both the case and all contacts of the case.

Testing – identifies cases

Tracing – identifies possible onward transmission

Isolating – cuts off the virus and stops the spread

4.2 Testing

Our local testing strategy is informed by the national intention to scale up testing capacity and capability (you can read about [the Government's scaling up programme](#) online) and the [NHS Test and Trace Business Plan](#) which has three objectives:

- Bring R below one and keep it there on a sustained basis
- Find new and more effective ways of managing the virus, including through vaccines, medical treatments and rapid testing
- Minimise damage to the economy and society, jobs and livelihoods, and safeguard education in schools, colleges and universities

Oversight of testing in our local area is undertaken through a number of forums:

- The Bristol Testing Oversight Group
- The South West Testing Coordination Group
- Bristol, North Somerset and South Gloucestershire Testing Oversight Groupⁱⁱⁱ
- The South West Test, Trace, Enable and Contain Group

The Bristol Testing Strategy (Appendix 6) sets out a framework for a citywide approach to testing.

Our aims for local testing are that:

- Testing in Bristol is delivered with purpose and is informed by evidence
- Testing is used effectively to prevent the spread of Covid-19 within the community
- Testing can be delivered swiftly and effectively to contain and manage outbreaks
- Local testing for Covid-19 is informed by – and addresses – the particular needs of Bristol's diverse population

The Bristol Testing Strategy sits within the national strategy and testing framework and complements the South West Regional Public Health arrangements and the Bristol North Somerset and South Gloucestershire Health and Care System. The strategy is adapted as the national and regional testing system develops. Themes within the Bristol Testing Strategy include:

- Ensuring that **symptomatic testing** is available and accessible through a network of local testing centres
- Ensuring that **asymptomatic, rapid testing** is widely available within the community
- Ensuring that there is local **alignment between the different testing programmes**

- Arrangements are in place for the **testing of vulnerable individuals** and in complex or sensitive circumstances

There are currently two main types of test being used in the community. PCR (polymerase chain reaction) tests are highly sensitive and both positive and negative results are considered to be very reliable. PCR tests can be used for symptomatic and asymptomatic testing. This PCR test requires a swab to be taken from the back of the nose and throat which is then sent to a laboratory for processing to detect if the virus is present.

Lateral Flow (rapid) Tests are a new technology. These tests are quick and don't require laboratory processing. However, the Lateral Flow test is not as sensitive as the PCR Test and is therefore a red-light test, not a green light test. While the test is likely to detect high levels of the virus, negative results are less reliable. Anyone positive is required to isolate, however a negative result requires Covid-secure behaviours to be maintained.

No single test is perfect. Together, these different types of tests along with other types of tests and developing testing technologies are an important set of tools helping identify sources of infection.

Bristol has established a network of four **Local (Symptomatic) Testing sites** across the city and has deployed mobile testing units to support the management of localised outbreaks. These sites complement the Regional Testing Centres, our closest one being at Bristol Airport, and postal home tests. These sites all use PCR tests which require laboratory processing.

In preparation for schools opening on 8th March 2021, the Department of Health and Social Care has recently designated Local Testing Sites as **collection points for asymptomatic testing for households and household bubbles with children**. Local Testing Sites will be open in the mornings until 12.30 for symptomatic testing and in the afternoons from 1.30pm for the asymptomatic test collection. There is also limited availability for getting these household tests by posts. We are exploring the possibilities of other means of collection using community pop up and satellite asymptomatic testing sites.

We have established an asymptomatic **Community (Rapid) Testing programme** utilising Lateral Flow Devises. Our model has a central test centre and a number of satellite test centres. Our Rapid Community Testing is focused on essential workers and those who can't access rapid testing by another means. Participation is voluntary and we encourage everyone to undertake regular testing. It is a highly flexible model which can scale up or down as required.

Community Surge Testing has been undertaken in a number of areas in the country, including Bristol, as part of national efforts to suppress the spread of New Variants of Concern. Community Surge Testing is asymptomatic testing which focused on specific post codes to collect a population sample. PCR tests are used because of their reliability. Community Surge Testing identifies positive asymptomatic cases, helping to breaking chains of transmission and samples can also be further analysed to identify New Variants of Concern. We are planning for the eventually that the requirement to undertake community surge testing may become a feature of the new way of living as we come out of lockdown and into recovery.

4.3 Contact tracing

The primary objectives of the Contact Tracing are to control the Covid-19 rate of reproduction and reduce the spread of infection by identifying those people who have had close contact with someone who is infectious.

There are three tiers of action which support contact tracing the national test and Trace teams who follow up each positive case and their close contacts, either via an App or by phone call.

Complex situations are escalated to the regional Health Protection Team who work with the local Director of Public Health and their team to manage the situation using local knowledge and ‘boots on the ground’. All outbreaks are managed at this level.

In November 2020, Bristol City Council set up a Welfare and Engagement Team to offer assistance to people who were self-isolating.

From 8 January 2021, a local contact tracing partnership has been active. This service follows up people who Test and Trace have not been able to contact. Our team contacts people from a local number and colleagues are able to communicate in various community languages. Door knocking is undertaken if all other contacts fail. This local level of contact tracing has been shown to be highly effective due to the local knowledge and high levels of trust. Our local contact tracing team will undertake Enhanced Contact Tracing when this responsibility is passed to local authorities, as expected, later this year.

Contract tracing becomes even more important when case rates are low. It is then a highly effective approach to reducing infection. We are planning to have our local contact tracing partnership in place until at least March 2022 and have identified Contain Outbreak Management Funding to support this. However, we anticipate that it may be necessary to maintain this resource into 2023, and if this is the case, further funding will be required.

4.4 Support to isolate

Enabling people to isolate is vital. Without isolation both Testing and Contact Tracing are of little use in preventing the virus to spread.

Support is available through the We Are Bristol Freephone helpline seven days a week providing access to help and support across a coordinated network of over 20 community and voluntary organisations (many of which also have their own helpline).

The helpline is a safety net for those who have not been able to find support through family, friends, neighbours and local community groups. Since June 2020 there have been 1198 requests for practical support by people who are shielding or self-isolating as follows: shopping (370) prescription collection (493), pet support (49) and befriending (488).

An alliance with Feeding Bristol and the many food-based initiatives across the city has ensured a coordinated food response with an increasing emphasis away from food ‘relief’ to more sustainable and empowering solutions e.g. food clubs.

In addition, the helpline provides access to food banks and emergency assistance; DEFRA online shopping slots for disabled people and makes welfare calls to clinically extremely vulnerable people.

Many individuals find that they are not eligible for support through the government's isolation support grants, around 75% of applicants are not eligible. This may because they are just above the payment threshold or because they are not linked the NHS App. Contacts required to isolate, for example, are currently not eligible.

Bristol has invested additional funds in the discretionary payment scheme to support isolation, but the funds available remain insufficient.

People in urgent need can call the free We Are Bristol helpline: 0800 694 0184 (Monday to Friday, 8.30am to 5pm and Saturday to Sunday, 10am to 2pm). For mental health support, call the 24/7 Support and Connect helpline 0800 0126 549.

More information can be found on our [We Are Bristol website](#).

For business support and the latest Covid-19 guidance, visit [the Bristol City Council website coronavirus pages](#).

5. Outbreak Prevention and Response Plans

5.1 Overview

A dynamic risk-based approach informs our approach to Outbreak Prevention and Response. Outbreak Management in any setting is undertaken within a set of Standard Operating Procedures which outline the approach to risk assessment and action to be taken in the management of a case, or cases of Covid-19.

This approach looks at four different levels of intervention:

- **Single cases** - individual cases of Covid-19
- **Clusters** - two or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- **Outbreaks** - two or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- **Community spread** - sporadic or linked cases on a limited or extensive basis

Individual cases are managed by the Test and Trace national team or if complex, by the Regional Health Protection Team supported by the local authority Public Health Team.

In the management of clusters, outbreaks or community spread an Incident Management Meeting is convened. The incident management meeting is chaired by a Consultant in Public Health from either the regional or local public health team. These meetings bring together all the people required to understand the situation, undertake the risk assessment and agree necessary action.

Outlined below are the broad remits, responsibilities, duties and powers which sit at individual, local authority, sub-regional and national level.

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.

Identified theme leads are responsible for different sectors (addressed in the section below) and for working with partners in that sector to develop the local response plan, ensuring that at all times that preventative measures and interventions address equality and inclusion.

All planning addresses action to:

Prevent an outbreak in the first place through:

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

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

5.2 Care settings

There are 108 CQC-registered care homes in Bristol, owned by a variety of organisations, charities and private companies. The majority of care home residents are older people, but in Bristol 29.5% are adults of working age (aged 18 – 64). 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. There has also been outbreak recording in extra care housing schemes, supported living accommodation and within the domiciliary care workforce which have been supported and managed in similar ways.

The 'Locking out Coronavirus' outbreak management document has been co-produced with providers for care settings and community provision. The council have a multiagency response to supporting Care Homes and other care settings with outbreak management. There is an Incident Management procedure and the Adult Care Commissioning and Contracts team are in regular contact with providers following outbreaks. The team monitors intelligence from various sources to assess risk. The team produces a weekly Situation Report covering all aspects of Adult Care provision: Covid activity; quality assurance; market capacity; key issues; PPE; testing; vaccinations. We continue to work closely with provider organisations and run a monthly forum.

5.3 Schools and Further Education

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 PVIs (private, voluntary and independent) Early Years providers and 12 maintained nurseries.

The City of Bristol College is the main further education provider, but Bristol is also home to a number of private foreign language Schools. The City of Bristol College has similar arrangements to schools, but apprenticeships have been severely affected due to restrictions. Foreign Language Schools have been closed, or have moved online during the past year, but as the economy opens up this will be a sector that we will be working with to ensure outbreak management arrangements are in place.

While 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.

The Public Health England South West protocol for Outbreaks in Schools is followed in event of possible or confirmed cases being identified, which includes access to the DfE coronavirus advice line to report single cases. Public Health England information has been widely circulated 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 ensures there is no delay in any risk assessment or local action. A dedicated education settings team on the Public Health duty desk has been providing support to schools to manage cases and outbreaks.

5.4 Universities

Bristol is home to the University of Bristol and the University of the West of England, as well as The Birmingham Law University, Bristol Institute of Music and Bristol Old Vic Theatre School. The Director of Public Health has signed off all of the 2020 University Outbreak Plans and chairs a monthly University oversight meeting to undertake horizon scanning and develop best practice approaches. University Outbreak Plans will be revised in 2021 in preparing for student return and unlocking.

In October 2020, following students' return we, jointly with PHE, supported the University of Bristol to manage a number of large outbreaks in halls of residence. The University activated its own Outbreak Response plan and the outbreak was effectively contained.

In preparation for student departure in December mass rapid testing provision was stood up and well received by students with high numbers choosing to test. This offer of regular LFD testing remains in place for those students who have needed to return to the city and for staff. We have continued to meet as a FE/HE system to review, in line with Government guidance, our local prevent and contain work across this sector.

5.5 Workplaces

Workplaces are a key area for prevention and control and a joint Public Health and Environmental Heath review group was established in June 2020 to develop local outbreak management plans for this sector. The Covid Workplace group meets weekly to maintain oversight.

Guidance and information have been provided to over 18,000 local businesses and in addition high risk settings were identified; cold storage, close contact services and meat processing, with targeted support provided to these. Regulatory services have made over 8000 visits to business to support them to become 'Covid Secure'.

With an increase in workplaces reporting Covid, a daily sit rep with Public Health, Environmental Health and Public Health England, was developed in the autumn 2020 to agree tactical action to support specific settings to contain. A total of 165 workplaces clusters/outbreaks have been managed between June 2020 and January 2021. Incident Management Teams (IMTs) are set up when needed and visits to premises are made to review Covid-secure practice and site-specific risk

assessments. Where there is complexity; cross boundary, national or international, PHE have chaired the IMT's.

5.6 Events

Events are a large part of the Bristol economy and landscape. However, the events sector has been badly affected by Covid-19 and many events staff have not worked since March 2020.

Licencing and support for events is managed through the SAGE Group with oversight from public health. Where possible events have and will be enabled to take place safely within the current guidelines and regulations.

Bristol City Council will not be licencing events before June 2021 and this will be a key area of work throughout 2021 – 22.

5.7 Variants of Concern

It is in the nature of all viruses to constantly change and adapt. Covid-19 is no different and the global scientific community is studying changes in the virus closely. Some changes, or mutations, are harmless. Other changes may be more concerning. Concerns arise when changes may help the virus spread more quickly, cause more direct harm, or help the virus to evade the human immune response, and therefore impacting on the effectiveness of the vaccines.

The action in response to new variants of concern is no different to the management of current variants. It requires swift identification and isolation involving testing, contact tracing and support to isolate.

Bristol has already responded to the presence of new Variants of Concern, undertaking enhanced public health action including surge testing in February 2021. Over the coming year, we must be prepared to respond swiftly to new Variants of Concern and, drawing on the learning from our recent experience, we will need to continue to invest in both our local public health, communication, community engagement and logistics capability, including project management in order to be able to respond with the necessary speed and efficiency.

As a local authority Bristol is also highly reliant on the specialist support, currently provided to us through the Public Health Regional Health Protection Team. As Public Health England migrates into the new National Institute of Health Protection it will be extremely important that the quality of this relationship is maintained. The combination of specialist expertise, such as field epidemiology and communicable disease management with our local knowledge of people and place is the well-recognised critical combination in effective disease management.

Nationally this work comes under the New and Emerging Viruses Group (NERVTAG) which advises the government on action. Experience this year has taught us that timely and clear lines of communication and dialogue between national government intention and local government situational knowledge and response is helpful in managing a swift effective preventive response and in enabling us to work with our partners to maintain public confidence.

6. Protecting and supporting vulnerable people

Where individuals are unable to isolate due to their circumstances or vulnerability arrangements are made to support this. All homelessness providers and drug and alcohol services have been 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 are also 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.

6.1 Race Equality and Covid

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.

A rapid review of evidence^{iv} identified a series of actions which focus on social and economic issues, representation and communication and engagement.

Communication and engagement with the communities will be continuing to be an important element of being able to identify and respond to outbreaks within communities and neighbourhoods.

Close working relationships with faith groups will continue to be important in maintaining a dialogue with our communities, both listening and responding. Communities and faith groups have been at the forefront of supporting and enabling the vaccination campaign.

6.2 Disability and Covid

Disabled people have had challenges with Covid -19, being both likely to have conditions which increase risk, but also in being reliant on carers coming in and out of the home.

PPE has been made available for all personal carers and personal carers were recently entitled to regular testing, alongside care home staff.

Personal carers were eligible for the vaccine in an early cohort alongside all adult social care staff.

There will be more to do over the coming year, as we move through unlocking to make sure that the needs of our disabled people are met in terms of information, access and equity.

We are recruiting Disability Health Champions to help with this work.

6.3 Homelessness

At the end of December 2020, the council was housing 441 people who were rough sleeping, or at risk of rough sleeping, in emergency and short-term accommodation. We have ensured that there is suitable Covid-19 Protect accommodation available in the city, and additional accommodation is available should homeless individuals need to self-isolate. As part of the Bristol Vulnerable Populations Covid-19 Outbreak Prevention and Management Group, weekly meetings are held with providers, stakeholders and Public Health. Where there are issues around any individuals or outbreaks within homelessness accommodation settings, an Incident Management Team meeting is called immediately.

The initial ‘Everyone in’ approach has reduced the levels of rough sleeping in the city and accelerated our ambitions to end rough sleeping in the city and to provide affordable move-on accommodation. Our most recent count was in November 2020 when 50 people were found to be street homeless. At the time of writing, a long period of Severe Weather Emergency Protocol has been in place. However, 21 people remain street homeless who have refused accommodation.

Our move-on programme is focused on both addressing the lack of long-term accommodation, 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.

6.4 Prisons and the Criminal Justice System

We work closely with Public Health England and NHS England providing support to Bristol Prison and with Criminal Justice Partners in responding to the needs of vulnerable people in temporary and approved accommodation in the management of outbreaks and in accessing general healthcare. This work is closely linked to our work with homeless people.

6.5 Children

Bristol’s children and families’ services have operated on the principle of delivering services as near to normal as possible. Face-to-face contacts have been undertaken on a risk assessed basis and within government guidelines. Locality Offices have been made Covid secure and have remained open. There have been no significant outbreaks across our offices.

Bristol’s children’s homes are the section of the service that has been most significantly impacted by Covid outbreak and infection control measures (track and trace / isolation). One home was temporarily closed in November 2020 following an outbreak. However, another home continued to care for its children, with staff members effectively moving in through the period of infection.

Placement stability has been impacted by Covid as placements are less available. This has resulted in an increased use of independent residential provision and out of area options in order to meet need (ten more children than at the same time in 2019). As we recover, children will return to the city where this is the right option for them.

Bristol's foster carers have responded fantastically to the challenges of caring through Covid and have maintained placement stability and sufficiency. An early recruitment drive for emergency carers resulted in an additional 28 carers joining the team.

In relation to youth justice, courts have moved online with youth offending practitioners supporting young people and their families to access online hearings.

7 Enforcement

Bristol has taken a joint approach to regulation and weekly Regulatory Tasking meetings are attended by our regulatory services, marshal lead, the police and our universities to agree and prioritise targeted interventions.

In November 2020 Covid marshals were introduced. These roles quickly became popular and were effective. Marshals speak to people, nudging and encouraging appropriate behaviours. There are currently 19 marshals on patrol, visiting different parts of the city each day. The marshals have also provided support at vaccination centres and testing sites.

In general, businesses have been responsive and compliant and where issues have arisen, most have made improvements.

Alongside the police, Bristol has adopted the four E's approach of Educate, Encourage and Engage before Enforcing, however where serious non-compliance has occurred, Direction and Prohibition Notices / Improvement Notices and a number of Fixed Penalty notices have been issued.

The council will continue 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 as and when restrictions are eased.

8. Communication and Engagement

8.1 Engagement

We are committed to engagement which is:

- Deep into neighbourhoods and communities
- Strongly focused on Black, Asian and minority ethnic and disabled communities
- Linked to faith communities
- Mindful of inclusion, access and equality

The efficacy of the Trace, Test and Isolate programme is entirely reliant on trust and voluntary compliance. It is recognised as hugely important to keep individuals and communities closely informed and to give them confidence through building a shared understanding of the programme and its benefits.

We are committed to working 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 includes providing prioritised and co-produced engagement campaigns and interventions for vulnerable or seldom-heard groups.

We have maintained and developed arrangements where individuals and groups can contact the council to feed in questions, ideas and observations at any point. We 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. We have set up a local outbreak and vaccine taskforce for high risk neighbourhoods and communities. We are also using this taskforce to oversee vaccine engagement.

Local councillors, MPs and community advocates are important in facilitating effective engagement for Covid-19. We are committed to using a range of online channels with direct reach into communities. Our Local Engagement Board is cross-party and cross-sector providing strong and diverse leadership.

Bi-monthly community exchange meetings bring together community workers from across the city to hear the latest Covid updates, to raise local issue and to identify local action.

Case rates are analysed weekly and action taken and local ward and neighbourhood level when there is evidence that rates are high or rising. This action is led by local community groups and local ward councillors, supported by the community development and public health teams.

8.2 Communication

As a local authority, we have knowledge about the local area (and the wider region) and the complexities of the city. 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 is a very important part of the implementation of our plan.

Communications and engagement works to protect public health and keep Bristol safe, with two key aims:

1. **Prevent the spread of Covid-19 infections** through ongoing and robust communications and community engagement to inform the public on the best way to reduce the risk of catching / spreading Covid-19 and prevent the likelihood of outbreaks occurring
2. **Contain Covid-19 infections** so when there are outbreaks, or an area where there is a 'rising tide' of infections, communications are swift, clear, targeted and rooted in collaborative engagement with the communities they affect.

Supporting this work is the Local Engagement Board (LEB), made up of local leaders and health and community experts, who oversee strategy and share insights which enable us to communicate effectively with the right audiences. We are taking a multi-layered approach to communications and engagement. This means:

- We understand that a 'one size fits all' approach does not work
- Different communities have different ways of accessing information
- We must work in a deep-rooted way with (and within) communities to gain insight into what is driving infections / behaviours and provide them with the communications tools and tactics they need; this often goes beyond traditional communications 'products'.

Therefore, our approach is:

Overarching, widespread communications and campaigns that:

- Provide one version of the truth across all our channels
- Are accessible, with assets in plain English
- Repeat key messages to reinforce understanding
- Redistribute Government / Public Health England / NHS campaign assets

Stakeholder communication and collaboration that:

- Joins up communications across the region, working with the LEB, and other critical stakeholders (BNSCCG, Local Resilience Forum, neighbouring local authorities)
- Harnesses the shared reach across stakeholder channels
- Provides stakeholders with the tools and key messages relevant for their audiences.

Targeted and deep-rooted local engagement with groups and communities that:

- Works with communities and community leaders to understand what the issues are and what they need
- Identifies different communication approaches for different audiences, including local word-of-mouth and advocacy from trusted community figures
- Includes options for translated materials and offline techniques to ensure accessibility for all.



Ongoing / imminent activity

- **Vaccinations communications** are led by NHS England. A localised campaign plan is in production and may be incorporated into our Protect Bristol campaign.
- **Young people 'We've Got Your Back' videos** have been recorded with a number of participants across the city. These have been shared on Instagram and social media
- **Are You OK? campaign** was revamped in January to provide support and resources to residents during lockdown with a focus on mental health and domestic abuse support.
- **Ongoing media management:** supporting with ensuring media have correct information, setting up interviews with media, bi-weekly press conferences etc.
- **General prevention communications** are ongoing, with key themes including:
 - Mental Health
 - We Are Bristol
 - Hands, Face, Space
 - Testing, symptoms and isolation
 - Covid marshals and enforcement
 - Respecting frontline staff
 - Ventilation
 - Car sharing
 - New strain of the virus
 - Flu vaccine
 - Covid vaccine.

9 Recovery: Living with Covid-19

From 8 March, restrictions in England start to lift and the government's four-step road to recovery will begin.

However much remains unknown. The virus is still circulating locally and globally with the potential to cause harm. The vaccine has so far proved effective however, new variants may cause a threat, and it is not certain if the vaccines will be effective in preventing transmission as well as prevention severe disease and death.

The data will be continually reviewed as we move out of lockdown, but we will need to proceed with caution to avoid any need to return to lockdown.

The summer months are likely to provide a respite, if as in 2020, background rates of infection dropped to low levels. However, movements of people and the return of winter may result in increased infections which will require prompt and effective containment action.

9.1 Vaccination

Supporting the roll out of the vaccine and ensuring that there is high and equitable take up across all communities will continue to be a high priority for the local authority in the coming year. The local authority has and will continue to provide logistical support for local vaccination centres; promoted campaigns to challenge vaccine hesitancy; and supported the vaccination of local health and care workers. We will continue to work closely with communities and faith groups to ensure that the vaccine is equitable and accessible.

10. Resources

It will be important to ensure that there is resilience in the local system for at least the next twelve months to manage outbreaks and surges which may occur. A budget has been set against Contain Outbreak Management Funds to ensure that these costs can be met.

Wherever possible we have invested in local employment opportunities and the cyclical economy, ensuring that the funds have multiplier benefits. Resources are 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.

We have invested in the specialist staff resource for public health, environmental health and civil contingency to provide seven-day services; and to have capacity to respond to multiple outbreaks in an effective and timely manner.

We have invested heavily in communication to make sure that there is a clear and inclusive dialogue between the council, the public, our business and diverse communities.

We have employed 19 local marshals who have been supporting, encouraging our communities and businesses to stay safe and supporting the vaccine roll out.

We have invested in a We Are Bristol helpline and in a network of volunteer support hubs supporting people to shield and isolate.

We have increased our community development capacity, including making grants directly to communities and establishing a network of community champions; and we have invested in vaccine equity to ensure diverse groups are reached.

We have invested in the mobilisation of Local Symptomatic Testing Sites and Mobile Testing Units to ensure local symptomatic testing is available to in our communities and in the capacity to mobilise surge testing for outbreak management as required.

We have established a rapid community testing network which has a central test centre, a number satellite test centres and a community collect facility supported by a booking system and courier and stock control system.

We have set up a local contact tracing partnership working with national Test and Trace. This service will become even more important as background rates of infection decrease with case finding and contact tracing becoming an effective public health tool in containing infection.

We remain mindful of new unknowns which we cannot easily foresee or plan for.

#WeAreBristol

Appendix 1: Covid-19 Local Engagement Board

Appendix 2: Bristol Outbreak Management Group

Appendix 3: Bristol Covid-19 Health Protection Advisory Board

Appendix 4: Bristol Multi Agency Coordinating Group

Appendix 5: Bristol Testing Strategy

References

ⁱ Bristol's Covid Communication and Engagement Plan

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

ⁱⁱⁱ TOR BNSSG Testing Oversight Group

^{iv} 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/>