

MEETING:	Cabinet
DATE:	Wednesday, 8 July 2020
TIME:	10.00 am
VENUE:	THIS WILL BE HELD VIRTUALLY

SUPPLEMENTARY AGENDA

Items for Decision/Recommendation to Council

Leader

7. Barnsley Multi-Agency COVID-19 Outbreak Control Plan (Cab.8.7.2020/7)
(Pages 3 - 20)

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), Andrews BEM, Bruff, Cheetham, Gardiner, Howard, Lamb and Platts

Cabinet Support Members:

Councillors Charlesworth, Franklin, Frost, Saunders, Sumner and Tattersall

Chair of Overview and Scrutiny Committee

Chair of Audit Committee

Sarah Norman, Chief Executive

Matt Gladstone, Executive Director Place

Melanie John-Ross, Executive Director Children's Services

Wendy Lowder, Executive Director Adults and Communities

Shokat Lal, Executive Director Core Services

Julia Burrows, Director Public Health

Neil Copley, Service Director Finance (Section 151 Officer)

Martin McCarthy, Service Director Governance, Members and Business Support

Garry Kirk, Service Director Legal Services

Michael Potter, Service Director Business Improvement and Communications

Katie Rogers, Head of Communications and Marketing

Anna Marshall, Scrutiny Officer

Corporate Communications and Marketing

Please contact Martin McCarthy on email governance@barnsley.gov.uk

2nd July, 2020

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BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

**REPORT OF THE
DIRECTOR OF PUBLIC HEALTH
TO CABINET**

**BARNSLEY'S MULTI-AGENCY COVID-19 OUTBREAK CONTROL PLAN AND
OUTBREAK CONTROL ENGAGEMENT BOARD**

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update Cabinet on our response to the ongoing Coronavirus (COVID-19) pandemic, specifically in relation to the Outbreak Control Plan and Outbreak Control Engagement Board.

2. RECOMMENDATIONS

2.1 Note the Outbreak Control Plan.

2.2 To support the content of the Plan and the development of the Outbreak Control Engagement Board.

3. INTRODUCTION

- 3.1 This report sets out the scope of an Outbreak Control Plan, how it will be delivered with the involvement of partners and stakeholders, it also outlines the development of the Outbreak Control Engagement Board that has been put in place to ensure the Plan's delivery and effectiveness.

4. PROPOSAL AND JUSTIFICATION

- 4.1 The Director of Public Health has a statutory role, in partnership with Public Health England, to identify and contain outbreaks of disease and to protect the health of the public
- 4.2 All Upper Tier Local Authorities are now required to develop a Local Outbreak Control Plan (see Appendix 1) by the end of June 2020, focusing on seven themes plus an additional theme on local training:
1. **Care homes and schools** - planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
 2. **Identification of high- risk places, locations and communities** - e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses

among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.

3. **Local Testing Capacity** - to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc.).
4. **Local Contact Tracing** - Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. **Data flows and integration** - this is dependent on new ways of collecting and using data via a new organisation (Joint Biosecurity Centre) that needs to work well if we are going to identify hotspots/clusters of cases and respond quickly to minimise spread of infection.
6. **Vulnerable people** - supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.
7. **Local Boards** - establishing governance structures led by the existing Health Protection Boards and supported by existing Gold command forums and a new member-led Outbreak Control Engagement Board to communicate with the general public.
8. **Training** - ensuring the LA workforce aligned to supporting the delivery of the Local Outbreak Control Plan are trained and supported in this role.

LOCAL PROGRESS MADE TO DATE

4.3 Outbreak Control Plan

- 4.3.1 The Outbreak Control Plan has been developed and shared with SMT and key partnership groups.
- 4.3.2 The Plan outlines our Barnsley vision to prevent, detect, respond to and reduce the impact of COVID-19 in our population.
- 4.3.3 The Outbreak Control Plan addresses:
 - **Prevention** - with appropriate prioritisation on key groups and settings such as care homes and schools and ensuring monitoring arrangements are in place.
 - **Protection** - focussing on pro-active infection prevention control measures and ensuring that this work goes hand in hand with a robust communications campaign. An effective case-finding strategy is also crucial to establish appropriate data flow between partner agencies.
 - **Response** - the practical work, utilising a risk-based approach following positive test results, must necessarily be done at a local level so that multi-agency teams can be deployed to manage local outbreaks. These teams will include

professionals from public health, environmental health, schools, social care, the NHS and will include a wide range of partners.

4.4 Outbreak Control Engagement Board

4.4.1 Alongside our Outbreak Control Plan an important element of the next step stage of the response phase of the Covid-19 pandemic is to establish a Barnsley Outbreak Control Engagement Board to help prevent the transmission of Covid-19 within the borough and to effectively manage outbreaks if / when they do happen.

4.4.2 The Board will be chaired by the Council Leader and its purpose will be to:

- Provide oversight, assurance and scrutiny of plans to prevent and manage outbreaks of COVID-19 in Barnsley and actions taken to prevent and manage outbreaks and their outcomes
- Lead communication with residents, businesses and stakeholders in the borough generally in relation to outbreak prevention and management
- Engage with communities and groups where outbreaks may be more likely or where they have occurred.
- Ensure implementation of the Barnsley Outbreak Control Plan

4.4.3 The Board will run alongside the Director of Public Health led, borough wide Health Protection Board, Health and Wellbeing Board and our existing Gold arrangements.

4.4.4 Terms of reference have been drafted and membership agreed. The first meeting of the Board is scheduled for the 30 June 2020.

5. CONSIDERATION OF ALTERNATIVE APPROACHES

5.1 No alternative approaches are available other than what is stated above.

6. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

6.1 COVID-19 has significant implications for every person living, working or studying in Barnsley. Our response to outbreak control is being developed with the overall aim of protecting and safeguarding lives, improving health and wellbeing and supporting the local economy.

7. FINANCIAL IMPLICATIONS

7.1 Consultations have taken place with representatives of the Service Director - Finance (S151 Officer).

7.2 In recognition that significant capacity will be needed to support local authorities with outbreak control, £300 million of new funding has been made available to local authorities to work with NHS Test and Trace to develop local outbreak control plans. It is for each local authority to determine its own priorities for spending this funding, but it must be spent on dealing with local Covid outbreaks.

7.3 The funding has been distributed on the same basis as the Public Health Grant allocations for 2020/21 (see full breakdown [here](#)). Barnsley's allocation has been confirmed as £1.569M, paid as a single instalment in June 2020.

- 7.4 Financial reporting will be expected alongside the usual year end Revenue Outturn (RO) data collection exercise, along with a signed declaration from the Chief Executive and Chief Internal Auditor confirming that the conditions of the grant have been complied with. Failure to comply with these conditions could result in repayment of the grant (either in whole or in part).
- 7.5 The funding can be carried forward (to 2021/22) however any related spending must comply with the conditions of the grant. Any unspent funding at the end of 2021/22 is expected to be clawed back.
- 7.6 We are working closely with our partners to ensure that we build the capacity that we need; a full financial plan will be developed to support our outbreak control plan to ensure we maximise the use of this funding and reduce any impact on the council's Medium Term Financial Strategy (MTFS).
- 7.7 An indicative financial plan has been prepared to support the 3 key objectives of Barnsley outbreak plan which identifies a total funding requirement of £0.935M (see table below for examples of planned investment). This leaves a balance of £0.643M still to be allocated. Further updates will be presented as information becomes available:

Heading	Planned Investment
Public Health	Appointment of an Acting Consultant of Public Health to help formulate and implement the local component of the national test and trace programme.
Environmental Health	Appointment of two Environmental Health Officers and two Field Officers to assist in providing local response to outbreak management.
Analysis and Intelligence	Appointment of a data analyst to support the work of the Intelligence Surveillance cell.
Infection Prevention and Control	Proposed additional resource to increase IPC training capacity to the system, care homes and domiciliary care.
Community Response	Work with Safer and Stronger Communities Teams and Barnsley CVS in developing appropriate support to communities, groups and families, sharing and embedding prevention messages around staying safe. Further resources to support those shielding from the virus or self-isolating.
Communications	Provision of a Communications and Marketing Manager and Communications Officer to formulate and deliver a communications plan.
Programme Support	Redeployment of a Grade 6 MSO to provide programme support to the Service Director - Public Health.

- 7.8 The financial implications of this report are summarised in the attached Appendix A.

8. COMMUNICATIONS IMPLICATIONS

- 8.1 An overarching communications strategy is being developed which will focus on the three key aims of outbreak prevention and management:
- People understand the importance of following social distancing measures in helping to reduce the spread of Coronavirus (COVID-19) in our communities and adapt their behaviour accordingly.
 - People follow the test and trace guidance and understand the importance of self-isolating and getting tested.

- People are quickly informed about outbreaks and the measures that are in place to prevent further spread in the community.

A detailed delivery plan is being developed, using data and intelligence to ensure that our key messages are targeting the right demographics. We'll use both online and offline channels to reach key stakeholders, focusing on using existing local community channels to both instil behaviour change and warn and inform.

Barnsley's strategy and delivery plans will also be in line with the wider South Yorkshire Local Resilience Forum outbreak communications strategy.

9. CONSULTATIONS

- 9.1 The Outbreak Control Plan has been shared with SMT, Health and Social Care Gold, Integrated Care Partnership Board and the Health Protection Board.

10. PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

- 10.1 An equality impact assessment has been completed for the Outbreak Control Plan. Any equality considerations are recognised within this assessment.

11. TACKLING HEALTH INEQUALITIES

- 11.1 We know that there are many groups in society who will be hit harder by Covid-19 outbreaks: not only older people, people working in lower-paid professions and those with underlying health conditions, but those who are vulnerable simply because they do not have the same opportunities to stay well.
- 11.2 Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19 in a variety of settings have been developed to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

12. RISK MANAGEMENT ISSUES

- 12.1 To-date the key risks and issues that we are identifying are:
- **Public trust and participation** - success relies on the participation of everyone to contain the virus, the general public, employers, businesses, etc. All need to understand the importance of this, also requires continued adherence to social distancing and infection control measures to be successful.
 - **Capacity** - our response will need to be flexible and change rapidly depending on the situations we encounter locally; people are likely to be brought in at short notice to support our response and who is needed will vary according to the situation.
 - **Data flows** - this is dependent on new ways of collecting and using data via a new organisation (Joint Biosecurity Centre) that needs to work well if we are going to identify hotspots/clusters of cases and respond quickly to minimise spread of infection.

- **LA responsibility for “lock down”** - we need to clarify the powers that we do and do not have to close down areas where there are clusters of cases (such as a school, workplace, ward/street).
- **Timescales** - we are used to responding to outbreaks; however the scale and the setting involved may bring new challenges this will be carefully monitored.

13. LIST OF APPENDICES

Appendix A: Financial Implications

Appendix 1: Barnsley Multi-Agency Covid-19 Outbreak Control Plan

Report author: Rebecca Clarke, Senior Public Health Principal

Report of the Director of Public Health

FINANCIAL IMPLICATIONS
OUTBREAK CONTROL PLAN

i) <u>Capital Expenditure</u>	<u>2020/21</u>	<u>2021/22</u>	<u>2022/23</u>	<u>Total</u>
	£	£	£	£
	0	0	0	0
	0	0	0	0
To be financed from:				
	0	0	0	0
	0	0	0	0
ii) <u>Revenue Effects</u>	<u>2020/21</u>	<u>2021/22</u>	<u>2022/23</u>	<u>Total</u>
	(£)	(£)	(£)	(£)
Public Health	41,625	13,875	0	55,500
Environmental Health	132,000	176,000	0	308,000
Analysis and Intelligence	41,250	55,000	13,750	110,000
Infection Prevention and Control	22,500	7,500	0	30,000
Community Response	150,000	50,000	0	200,000
Communications	73,500	98,000	0	171,500
Programme Support	25,500	34,000	0	59,500
	486,375	434,375	13,750	934,500
Funds to be Allocated	317,027	317,027	0	634,053
	803,402	751,402	13,750	1,568,553
To be financed from:				
Local authority test and trace service support grant	1,568,553	0	0	1,568,553
	-765,152	751,402	13,750	0

Impact on Medium Term Financial Strategy

There is no direct impact on the Council's MTFP

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Barnsley COVID-19 Outbreak Control Plan

Plan Authors: Barnsley Outbreak Control Engagement Board

Version: 1

Issued: 26 June 2020

1. Introduction

Barnsley Metropolitan Borough Council, alongside multiple organisations and partnerships across the borough, has been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response.

This Local Outbreak Control (OCP) Plan builds on existing health protection plans and puts in place measures to contain any outbreak and protect the public's health.

This activity will continue in the next Test and Trace phase of pandemic management, working closely with Public Health England (PHE). However, the focus of the proactive and reactive work will need to change, as workplaces, schools and other settings open (requiring support with ensuring this is done safely), and as contact tracing programmes are established.

Local Authorities have been asked to develop Local Outbreak Control Plans by the end of June 2020, focusing on seven themes plus an additional theme on local training:

1. **Care homes and schools** – planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. **Identification of high- risk places, locations and communities**, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. **Local Testing Capacity** – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. **Local Contact Tracing** – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. **Data flows and integration** - this is dependent on new ways of collecting and using data via a new organisation (Joint Biosecurity Centre) that needs to work well if we are going to identify hotspots/clusters of cases and respond quickly to minimise spread of infection.
6. **Vulnerable people** – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. **Local Boards** - establishing governance structures led by the existing Health Protection Boards and supported by existing Gold command forums and a new member-led Outbreak Control Engagement Board to communicate with the general public.
8. **Training** – ensuring the LA workforce aligned to supporting the delivery of the Local Outbreak Control Plan are trained and supported in this role.

2. Our Vision

Our Barnsley vision is to prevent, detect, respond to, and reduce the impact of COVID-19 in our population.

Our OCP will deliver this vision and it covers the key principles and protocols for a proactive and reactive response across the borough. Alongside this it includes the roles, responsibilities and governance arrangements.

To achieve our vision, we will:

1. Continue with wider proactive work with specific settings and communities in order to minimise the risk of outbreaks/clusters of cases.
2. Work with PHE and local partner organisations to support complex cases and outbreak management (in a range of settings/communities), looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services).
3. Provide a single point of access for communication with the Council on matters relating to the reactive response, as well as out of hours contact.
4. Establish regular proactive meetings with 'link' PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints.

Underpinning this work will be a need to rapidly work jointly with PHE on a workforce plan to ensure capacity in the system for delivery of the above.

The OCP provides the framework for how we will work as a system in Barnsley through key organisations: Barnsley Metropolitan Borough Council, Barnsley CCG, Barnsley District General Hospital, South West Yorkshire Partnership Foundation Trust, Barnsley GP Federation, Barnsley Community Voluntary Services, PHE Health Protection Team, and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings.

This OCP will support the joint working arrangements that we have in place with organisations across Barnsley and PHE Health Protection Team to help with local situations which would benefit from local input and expertise. The OCP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation.

3. Purpose and Rationale of the Outbreak Control Plan (OCP) and Outbreak Control Engagement Board (OCB)

The OCP will help us achieve our vision and key objectives, which are to:

- Keep cases of COVID-19 low
- Spot trends early and identify clusters of cases quickly
- Ensure robust contact tracing as part of outbreak management processes
- Help the borough return to a degree of normality until a vaccine is found

There are a number of interventions available to us to achieve this, our aims are to:

- Manage outbreaks as they occur via routine outbreak management processes and Standard Operating Procedures (SOPs) (themes 1-6). (see Appendix 1)
- Prevent outbreaks and cases before they occur via good infection prevention and control; rigorous messaging around hand hygiene, social distancing and staying at home when symptomatic
- Develop local surveillance mechanism and early warning indicators. This will involve an integration of intelligence we receive from PHE, the Joint Biosecurity Centre and locally sourced intelligence, to help us intensify action where needed (specific geographies, settings, communities of interest)
- Ensure significant and ongoing communication and engagement with individuals and communities, reaching across the borough.

4. Outbreak Control Engagement Board (OCB)

Alongside this OCP an important element of the next step stage of the response phase of the Covid-19 pandemic is to establish a Barnsley Outbreak Control Engagement Board to help prevent the transmission of Covid-19 within the borough and to effectively manage outbreaks if / when they do happen. The Board will be chaired by the Council Leader and its purpose will be to:

- Provide oversight, assurance and scrutiny of plans to prevent and manage outbreaks of COVID-19 in Barnsley and actions taken to prevent and manage outbreaks and their outcomes
- Lead communication with residents, businesses and stakeholders in the borough generally in relation to outbreak prevention and management
- Engage with communities and groups where outbreaks may be more likely or where they have occurred.
- Ensure implementation of the Barnsley Outbreak Control Plan

The Barnsley Covid-19 Governance arrangements are outlined in Appendix 2.

5. Communications

The key principle of outbreak communication is to communicate in ways that build, maintain or restore trust between the public and the partners involved in outbreak management. Without this trust, the public will not believe, or act on, the health information that is communicated by partners during an outbreak situation.

An overarching communications strategy is being developed which will focus on the three key aims of outbreak prevention and management:

- People understand the importance of following social distancing measures in helping to reduce the spread of Coronavirus (COVID-19) in our communities and adapt their behaviour accordingly.
- People follow the test and trace guidance and understand the importance of self-isolating and getting tested.
- People are quickly informed about outbreaks and the measures that are in place to prevent further spread in the community.

A detailed delivery plan is being developed, using data and intelligence to ensure that our key messages are targeting the right demographics. We'll use both online and offline channels to reach key stakeholders, focusing on using existing local community channels to both instil behaviour change and warn and inform.

Barnsley's strategy and delivery plans will also be in line with the wider South Yorkshire Local Resilience Forum outbreak communications strategy.

6. Resourcing

This OCP needs additional capacity as it is fully scaled up. We need to quickly but carefully consider what extra resource and capacity we need to be able to meet the challenge. We need to think about which key staff groups we need more capacity within. For example:

- **Public Health** - we have already secured some additional Public Health capacity.
- **Data and Intelligence** - we are actively working to secure additional analyst capacity
- **Environmental Health Officer (EHO)** - we propose to increase EHO and Trainee capacity via rapid recruitment. We will quickly explore the possibility of bringing back retired or using freelance EHO's to bolster capacity during high demand. We will investigate the option of using EHO students over the summer period to provide extra capacity. We will also look at the use of apprenticeships (however, we acknowledge that this would be a 4-year commitment, beyond the likely timescale of the pandemic).
- **Communications** – we have secured a communications manager and officer post and additional budget to resource communications activity.
- **Community champions** – we need to take a lead from our Communities and voluntary sector colleagues regarding what extra capacity might be needed to work in localities to support those people who need to self-isolate.
- **Local testing capacity**-we propose to increase local testing capacity and a variety of options are being explored.

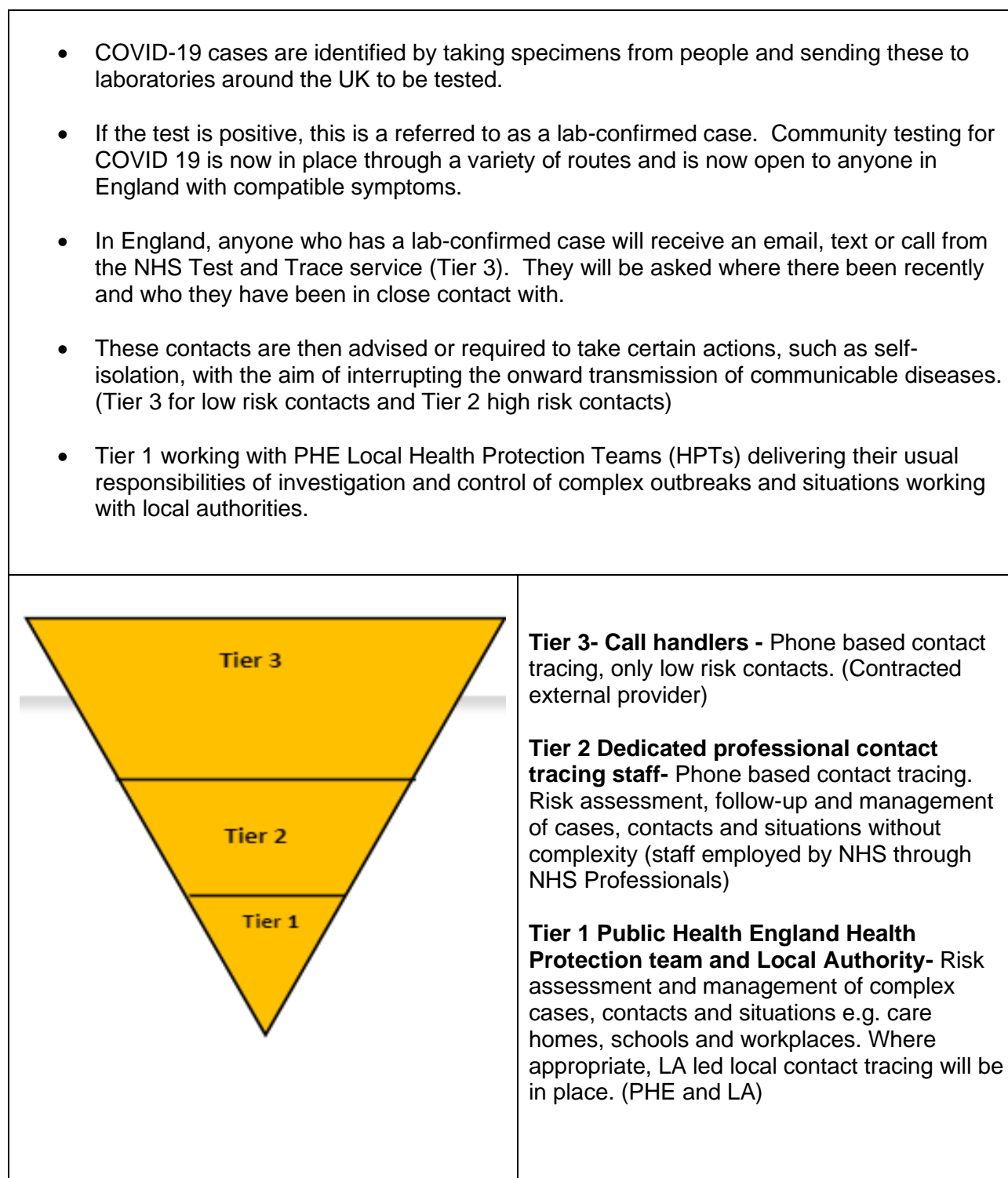
We continue to work with our neighbouring Local Authorities and across the Yorkshire and Humber region to implement agreed processes for mutual aid and managing cross border outbreaks.

7. Delivery of our Outbreak Control Plan (OCP)

To deliver our OCP we need to have in place a collaborative and coordinated approach to supporting Barnsley complex settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc in managing COVID19 outbreaks. This coordinated approach is to reduce transmission, protect the vulnerable and prevent increased demand on health and social care services whilst maintaining the delivery of safe local services where possible.

To understand how this OCP will support the national NHS Test & Trace process Figure 1 outlines the approach from testing to contact tracing. It illustrates our local flexible input to support complex settings (Tier 1) working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.

Figure 1 NHS Test & Trace process from testing to contact tracing



This OCP is the local delivery of outputs from the NHS Test & Trace leading on complex issues that cannot be resolved by the PHE Health Protection Team such as outbreaks that need on the ground local responses alongside supporting vulnerable people to isolate. This is outlined in Figure 2 below.

Figure 2 National and Local Roles and Responsibilities

The role of NHS Test and Trace (National)	The role of the Local Outbreak Plan
<ul style="list-style-type: none"> • Web-based tool Contact Tracing and Advisory System (CTAS) • Phone Based Contact Tracing (PBCT) Teams with a dedicated contact tracing service comprising professional staff employed through NHSP (level 2) and a call handler force supplied through a commercial provider (level 3). • PHE Local health protection teams (HPTs) and the field service (FS) teams delivering their usual responsibilities of investigation and control of complex outbreaks and situations 	<ul style="list-style-type: none"> • Working with Local PHE NEY Centre, and neighbouring authorities on common priorities and shared processes • Prevention • The seven themes set out by Government plus local 8th theme on training • The local delivery of the outputs from NHS Test & Trace • Complex issues that cannot be resolved by the regional PHE Health protection teams • Outbreaks that need on the ground local responses • Supporting vulnerable people to isolate.

8. PHE Health Protection Team Role

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will advise on swabbing and testing for symptomatic individuals when first advised of an outbreak within a setting, or cohort, this aligns to regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak.
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- PHE will work collaboratively with Barnsley Metropolitan Borough Council both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the Council and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- As part of this collaborative role, Barnsley Metropolitan Borough Council will continue to support individuals who are shielding and may also support those self-isolating if required.

9. Risk assessment of Complex Cases and Situations

- On initial notification, the HPT will do the risk assessment
- The HPT will give infection control advice alongside local advice (verbal and email) to the individual or organisation to minimise spread of infection.
- The HPT will inform Barnsley Metropolitan Borough Council by daily summary by e-mail and by phone if urgent action required.
- Barnsley Metropolitan Borough Council will update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations via email.
- In complex situations a joint discussion on control measures will take place between Barnsley Metropolitan Borough Council, PHE, and other relevant partners (e.g. Barnsley

Infection Prevention and Control team). An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and Barnsley Metropolitan Borough Council public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by council, alongside wider issues/opportunities.

10. Testing of New Outbreaks

Rapid and easily accessible testing is key to any pandemic management in order to establish and monitor levels of infection and immunity in the system, plan for service demand, prevent asymptomatic spread of infection to vulnerable cohorts, identify who needs treatment and care, and keep the workforce and services resilient.

Our approach is to identify what capacity is needed to enable every setting to have access to testing. Some examples of this are listed below.

Regional Testing Sites via South Yorkshire and Bassetlaw Integrated Care System with a Regional Test Centre at Doncaster Sheffield Airport and Meadowhall

Mobile testing units operate out of regional testing site and travel to offer tests where they are needed. A local site has been operating at Lower County Way which Barnsley Council is supporting.

Home testing kits can be delivered to individuals so they can test themselves and their family members without leaving the house. The test involves taking a swab of the nose and the back of the throat and can be self-administered.

11. Operational Reporting to Local Systems

A daily summary table listing of situations in Barnsley, as recorded by PHE's Health Protection database will be provided to the Director of Public Health and their Single Point of Contact (SPOC) to aid operational management.

12. Operational Enquiries

Enquiries received by PHE HPT relating to operational issues, will be forwarded to a dedicated council email address. Enquiries received by Barnsley Metropolitan Borough Council that requires a policy understanding from PHE, will be forwarded to a dedicated PHE email address

13. Contact Details

Barnsley Council Contact Tracing in-box
Barnsley Council Contact Tracing contact number
PHE contact number for urgent enquiries/outbreaks

Appendix 1 – Roles by setting

	Setting									
	Care and residential homes (including LD)	Schools, College and Universities	Children's settings, Childcare and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification	PHE – positive lab test LA – symptomatic possible cases (local notification)									
Gather information and undertake risk assessment	PHE (initial risk assessment) LA ongoing risk assessments – working with PHE where needed									
Arrange testing	Local Laboratories and via national scheme	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE	Local service TBC	PHE/national testing sites. Wider screening - TBC	Local Arrangements	PHE
Provide advice and recommend control measures	PHE with support from LA for complex situations and groups LA to provide support for those self-isolating									
Provision of results	PHE									
IPC follow up	Care Homes – CCG Dom care – LA/CCG	LA	LA	Regulatory Services	Regulatory Services	NHS E	LA with Districts	LA	CCG	LA with Support from districts
Access to PPE	LA	LA	LA							

Chair IMT if required

PHE (or LA in certain situations)

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