

BARNSELY 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

BARNSELY'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

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