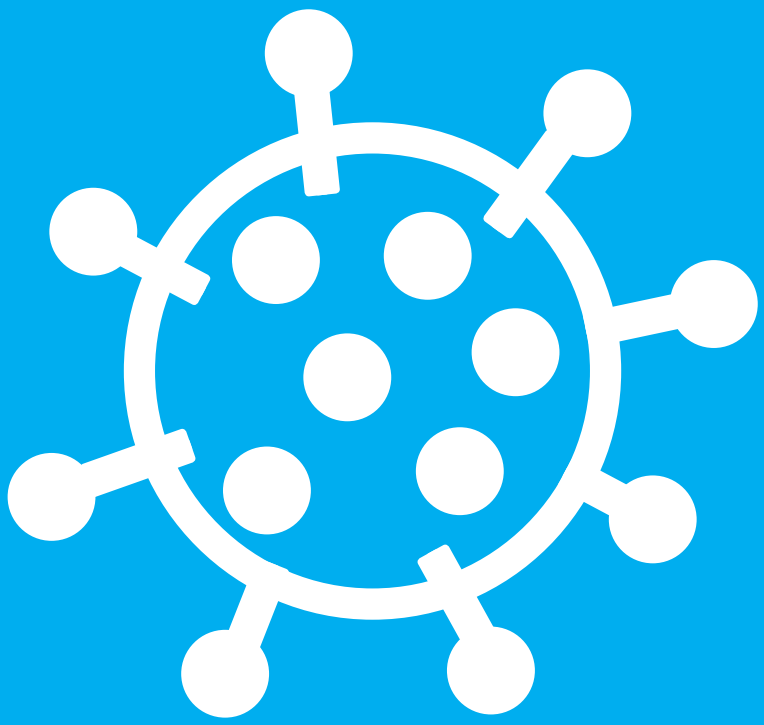
COVID-19

Test and Trace, Engage and Support

Sustained response plan for Wakefield District



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Introduction

After the initial peak of COVID-19 cases in the UK and worldwide, we are beginning to see a steady fall in cases, leading to the gradual easing of lockdown.

However the virus has not gone away and as of June 2020 it is estimated that there are around 5-8,000 new infections each day in the UK. Epidemiological history leads us to anticipate a second wave, which may have even higher numbers of infections (this was the case in the 1919 flu pandemic, and in the H1N1 pandemic of 2009). This will only be avoided or mitigated by effective control measures. In the best case scenario we still expect to see an ongoing level of new infections, with local clusters and spikes of infection related to specific settings or events.

This plan sets out our approach and key objectives. Each workstream will also have operational documents (eg Standard Operating Procedures for outbreak management) and detailed action plans which enable them to deliver their part of the plan. We have not included these in the published plan because they will change constantly as each workstream develops.

Integral to our sustained local response is the national Test and Trace programme, which launched on May 28 in the UK and traces the close contacts of anyone who tests positive **(https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works)**

Local authorities are required to develop and submit a 'local plan' addressing seven themes, and ensuring that TaT is fully effective in our local area.

The seven themes local plans must address are:

1. **Care homes and schools:** Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. **High risk places, locations and communities:** Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
3. **Local testing capacity:** Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).
4. **Contact tracing in complex settings:** Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
5. **Data integration:** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning, including data security, NHS data linkages).
6. **Vulnerable people:** Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. **Local Boards:** Establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Aims and key principles

Aims

To minimise the spread of COVID-19 in Wakefield District
To protect the most vulnerable from severe illness and death
To enable as many residents as possible to resume as normal a life as possible as lockdown is eased

While acknowledging the unprecedented scale of the COVID-19 pandemic and the required response, we also acknowledge that we have tried and tested structures for responding to emergencies and outbreaks of infectious disease.

We are in a period of great uncertainty about how the pandemic will progress. Possible scenarios range from a persistent low level of infections with periodic manageable outbreaks, frequent large outbreaks linked to specific types of setting, or the worst-case scenario, an overwhelming national second wave at some point, possibly in winter 2020.

Our approach recognises this uncertainty, and also the significant skills in outbreak management and contact tracing that are an integral part of public and environmental health training and practice.

Key principles of our Wakefield approach are:

- **'Business as usual, only bigger'**. We will draw on and augment the skills, resources and structures that we already have available to us, rather than recruiting entirely new cohorts of staff
- **Flexibility.** It is difficult to know what demand will look like, so we will plan to be as flexible and responsive as possible. This will involve surge capacity and setting up structures, especially around testing, which can be adapted and changed as needed to meet new demands.
- **Communication, engagement and prevention.** We will work with all Wakefield District residents, employers and businesses to support and engage them in tackling COVID-19. We will aim to prevent infections by encouraging all our residents, organisations and businesses to continue implementing social distancing and handwashing measures whenever possible, even when the rate of new cases appears lower.
- **Protecting all of our population and reducing inequalities.** COVID-19 is not a 'great leveller' but in fact makes existing social and economic inequalities worse. The impact of the virus on BAME communities has been disproportionately severe, and deaths in more socio-economically disadvantaged communities and in lower paid occupations have been higher. Wakefield's more disadvantaged communities have also suffered disproportionately from the economic and social impacts of lockdown, and are likely to go on doing so.

We will endeavour to support our more vulnerable residents and communities both as we respond to the pandemic (through targeted approaches to ensure they are able to take part in Test and Trace), and as the district begins to recover from lockdown (through targeted economic and social support).

Enforcement

There has been much publicity about the prospect of targeted lockdowns, which would in theory involve replicating the national lockdown within certain areas or in specific settings.

It has been suggested that local authorities could be granted the powers to enforce this, but at present this is not the case and we have few practical details. The legal and practical challenges are obvious, and given the myriad difficulties and the social and economic impact, an enforced general lockdown locally must be the last resort. We will seek to work through building engagement and consensus with the residents of Wakefield wherever possible, especially in vulnerable communities.

When we have to consider enforcement, our initial approaches will be:

- As a normal part of managing any outbreak of infectious disease, local public and environmental health teams would work in partnership with settings linked to high numbers of cases, and advise appropriate control measures, such as closing an individual school, facility or workplace. We are fortunate in that many of our Wakefield businesses and employers have excellent relationships with the EHO team and are happy to act on their advice.
- EHOs do have powers to close individual premises in certain circumstances, which are part of usual outbreak management.
- We will work to engage businesses, employers and schools in seeking to prevent a rise in cases, but if this does occur to consider the voluntary reinforcement of control measures such as handwashing, cleaning and increased social distancing.
- As part of our communications and engagement plan, we will keep the residents of Wakefield informed about infection rates in the district, and provide any possible early warning of rising infections. If infections are on the rise we will begin to reinforce messages around social distancing and hand hygiene, and self-isolation for people have symptoms or are close contacts. This may escalate to requests for residents to stay at home voluntarily and to avoid crowded places and gatherings.

To implement a full 'local lockdown' in Wakefield we would need to work with national government. We will work with our legal team to review our current legal powers and ensure we fully understand how they could be used to support the enforcement of local restrictions if the situation escalates.

Finance

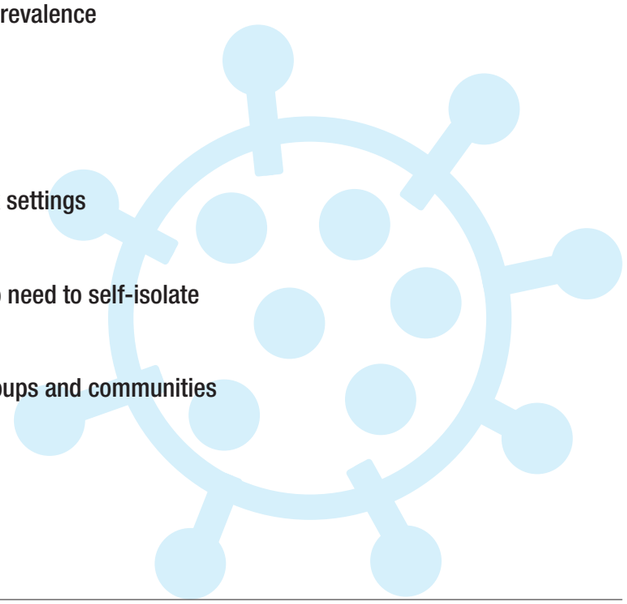
The local authority has been granted approximately £2.2m funding to effectively deliver this local response plan.

- Fully costed plans for using this funding are currently in development but we will focus on using it to support:
- Recruitment: bringing in people with appropriate skills and experience to support the response. See Appendix A for recruitment plans and response structure
- Local testing capacity: developing a flexible and responsive local testing system based in Wakefield's primary care networks. See workstream 5 for further details
- Supporting communications; additional staffing and resources to engage effectively with Wakefield's residents and workplaces to continue reinforcing messages around social distancing, handwashing and test and trace in all our communities.
- Extending the offer of support for our most vulnerable individuals and communities, and working to reduce inequalities made worse by COVID.

Seven workstreams

For ease of action planning we have divided our plan into seven workstreams, each of which addresses an important aspect of the sustained local response. Some map exactly onto the seven themes above while others incorporate aspects of more than one.

1. Governance
2. Engagement and Prevention: communicating effectively and building trust locally
3. Intelligence: understanding local prevalence
4. Testing: developing local capacity
5. Outbreak management in complex settings
6. Support for vulnerable people who need to self-isolate
7. Specific support for vulnerable groups and communities



The seven workstreams

1. Governance

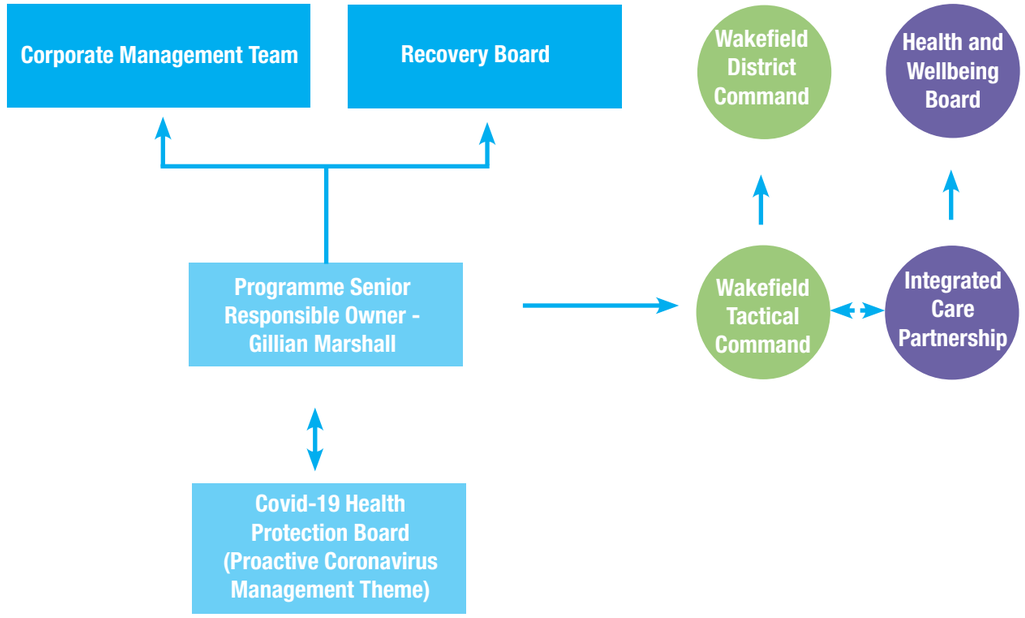
The delivery of our local sustained response plan will be overseen by the COVID-19 Health Protection Board (CHPB). This Board met for the first time on 9 June 2020 and has representation from a wide range of partners. It will meet fortnightly for so long as the sustained response to the pandemic is required.
Meetings will decrease in frequency if the response required is less intense.

Strategic oversight of the sustained response plan will sit with the Wakefield Recovery Board, which is led by elected members and will be chaired by the Leader of the Council. The Recovery Board will receive reports on the situation and on the progress of the response, and will also be in a position to communicate key messages to Wakefield District residents.

The Recovery Board is the body that would communicate necessary messages around a general need for increased social distancing and/or a 'local lockdown' if this was required.

The COVID-19 Board is chaired by the Director of Public Health who reports both to the Recovery Board and to the Chief Legal Officer of the Council on a regular basis.

Governance diagram



2. Engagement and Prevention: communicating effectively, building trust and preventing outbreaks

Test and Trace (TaT) will only work effectively if most people in the local population are willing to engage in the process of testing and contact tracing, and to comply with self-isolation measures where these are advised. SAGE reported that only 50% of people were thought to be complying with self-isolation requirements where they were symptomatic, which does not give grounds for optimism about the likelihood of people complying with a 14-day self isolation requirement where they are not experiencing any symptoms.

It is also essential that cases remain at a low enough level for the TaT system to be manageable, and that each case generates only a limited number of close contacts. We know already that COVID-19 is capable of being transmitted through 'super spreader' events, where large numbers are infected at a single event like a large gathering, or where one particularly infectious individual transmits the virus to many contacts. To keep cases low, Wakefield residents must comply with social distancing and hygiene requirements, with TaT and with self isolation.

Anecdotal evidence suggests that people are already complying much less with social distancing requirements than they did at the start of lockdown in March. National media reports falling levels of confidence in the government's handling of the pandemic, and significant public reluctance to engage with the contact tracing process. The re-opening of non essential retail and potentially of the hospitality industry in July creates further challenges.

Communications plan

We will counter this with a major communications plan, sustained over the next 12-18 months, which will respond flexibly to developing events. This will use national tools and materials, but also seek to add a local dimension that will build local trust - for example, by using respected voices of Wakefield health professionals, education and business leaders, and stories and voices from Wakefield residents.

This workstream will be led by the Communications and Customers Service and a full-time post will be funded from the TaT monies to support this work.

Key themes will be:

- 'Don't be a contact': the importance of maintaining social distancing to avoid having to self-isolate
- 'Test and Trace': how the system works, the importance of getting tested. Messages building confidence in the system as secure and non-judgemental (ie data is protected, no penalties or judgement for people who haven't been doing as they should).
- Continued messages about the importance of social distancing, handwashing, isolating and getting tested if you have symptoms
- Tailored campaigns for specific communities and vulnerable groups (see also section 8)

Key actions in this workstream

Commence establishment change and recruitment process for dedicated comms resource.

Commission the following pieces of work:

- Initial research to help understand local compliance levels, understand and attitudes in relation to preventative measures (restrictions and social distancing) and test and trace measures. The research should provide profiles of individuals and communities, giving details of the actions or messages that would motivate a change in behaviours to help to inform the planning of a social marketing campaign.
- Assess the requirement for specialist community engagement based on the research findings and work with the communities team or commission work accordingly.
- Commission a marketing agency to develop and deliver the following elements (key deliverables for each are outlined in the brief embedded below):
    - A social marketing campaign, using the research as a benchmark to improve upon, focused on adoption of preventative and social distancing measures.
    - A social marketing campaign to ensure understanding of and compliance with the test and trace process. This will included targeted activity for the profiles of people and communities identified via the initial research and will complement the community engagement work.
    - A communications toolkit to support the management of outbreaks.
    - A communications toolkit to support businesses manage internal and external communications around outbreaks.
- Implement effective monitoring and evaluation mechanisms (working with the PH intelligence team).

Workplace engagement

Workplaces, especially where the workforce is on low pay and doing jobs where it is difficult to social distance, are potentially one of the highest risk areas for outbreaks as Wakefield returns to more normal levels of interaction.

We have recruited two experienced EHOs and a Public Health Principal to deliver a programme of work which will reactively manage outbreaks, but will also engage with local businesses and build on the excellent relationships that our EHO team already have with many employers in the District. The team will offer advice and support, and will make regular contact with businesses to review their COVID-secure working arrangements.

The aim of this work programme will be to prevent major outbreaks occurring in workplaces and to become rapidly aware of small clusters of cases.

By building on the council's existing good relationships with local businesses and workplaces the plan is that in the event of an outbreak, positive engagement with the contact tracing process and support for staff who need to self- isolate is much more likely.

3. Intelligence: developing our understanding of local prevalence

Managing a local response to COVID-19 depends on our ability to understand levels of infection in our local population.

There has been a number of issues with the data from national government and whilst the situation is improving there are still some gaps which make a local response challenging.

Daily dashboards are being received by local authorities based on TaT information. These are, however, currently far from providing the level of detail we require. We hope to see progress from this position in the very near future.

With the information we have, our Public Health Intelligence Team are developing an 'early warning system' based on different pieces of local intelligence in addition to case numbers (one example is consultations with GPs). By bringing these pieces of information together we hope the report will alert us that cases may be on the rise, and give us the earliest opportunity to respond.

Information we have:

- Confirmed cases from people admitted to hospital (as these are tested through the NHS. They represent a small proportion of all infections).
- Number of people applying for tests in the community in Wakefield District ('Pillar 2')
- Number of positive results in people not admitted to hospital in Wakefield District ('Pillar 2' testing)
- Death registrations with COVID-19 in hospital and the community
- Information about outbreaks and cases in care homes (providers are co-operating voluntarily with the IPC team)
- Information about suspected and confirmed cases in schools (schools are providing the LA with this information.
- Very recently, information about referrals to Test and Trace by LA

Critical information we don't have:

- Patient level data for people applying for tests, attending regional sites or receiving home testing kits
- Patient records of those testing positive including relevant factors to help with identifying clustering such as workplace, school or other possible connecting factor

The Public Health Intelligence Team will lead a workstream which:

- Identifies gaps in the information received and communicates the urgent need for better local intelligence to national government and to PHE.
- Reviews the developing information we receive from PHE, central government and TaT, translating this into reports that inform the COVID-19 Board and Recovery Board
- Develops mechanisms to mitigate the lack of information about local community infections, eg seeking reports directly from workplaces, schools and care providers
- Develops the best 'early warning' system we can with the information available, to alert the COVID-19 Board and Recovery Board to a rise in local cases and the need to take preventative actions.
- Develops an appropriate case management system to support our contact tracing and outbreak management activity
- Understand the community spread and identify clusters local routes of community spread.

4. Testing: developing local capacity

'Pillar 2' testing (community testing) has a great deal of capacity for people with symptoms to get tested in a regional drive through site, or to order a home test. However, this has not proved suitable for everyone in our Wakefield population.

Since March 2020 the Wakefield District has had a successful Satellite Testing Centre at Fieldhead Hospital. This has proved a valuable service for those who are experiencing difficulties accessing tests via the National system and it has been able to respond swiftly to local need. A review of the Satellite Testing Centre has been undertaken, with partners, and learning has been put in to developing a more long term local testing solution.

Therefore, as part of our local response, and funded by TaT monies, we will develop a flexible local testing system to augment the national offer. This will replace the Satellite Testing Centre at Fieldhead Hospital from July 2020

This will consist of:

- Mobile testing units (MTUs) run by the Army - will provide drive through access. These are adapted 'white vans' which can park up on any suitable site in the district. They are currently being deployed by a regional group, with input from the DPH and CCG.We will have access to these units 5 days a week (Monday to Friday) and will refine where they are deployed to cover the areas of greatest need in the District.
- A locally commissioned outreach service for people who cannot conveniently access the regional testing sites or MTUs. This is likely to include a home visiting service 7 days a week and will also include surveillance of asymptomatic staff in NHS and care sector (subject to any changes in national policy).

This local testing capacity will utilise the self-testing approach and will be available to all staff working in the district and residents, in line with national policy.

A local booking system will receive requests for tests via a specific email address and dedicated telephone number. The local booking system will book tests for the locally commissioned outreach service and work is being undertaken to ensure appointments can be booked at the mobile testing units, which are currently only accessible via the national testing system. The plan is to develop a dual booking system for the mobile testing units. This will maximise our drive through capacity.

Both of the above testing routes will provide support in the event of an outbreak, as they will be able to attend the site (eg workplace or school) and provide large numbers of tests quickly and conveniently. Where it is agreed to undertake testing as part of the outbreak response;

- the locally commissioned outreach service will have the capability to provide testing in the event of a small scale outbreak
- the mobile testing unit will provide testing in the event of a large outbreak.

Should the dedicated mobile testing unit for the district be in use, the Director of Public Health will request the deployment of an additional unit from the Strategic Reserve.

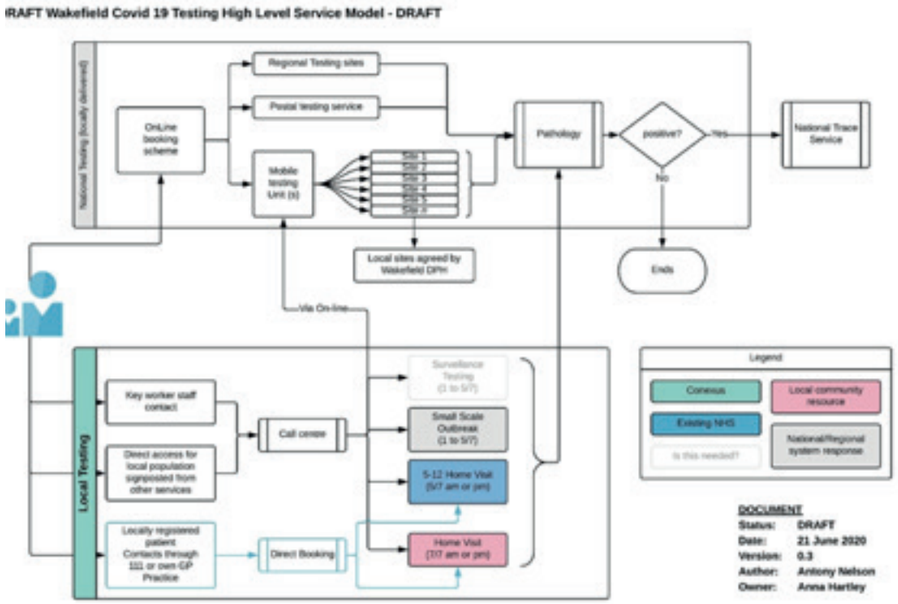
Children

Assisted testing will be provided for children aged between 5 and 12 years of age. Trained paediatric staff will be provided to support this outreach service and to enable the testing of younger children at home.

Access for testing of those under 5 years is via Mid Yorkshire Hospitals Trust and is managed on a case by case basis following a risk assessment.

Key principles of our local testing offer will be:

- Developed in conjunction with primary care and the CCG, building on learning from the local satellite site currently running at Fieldhead Hospital for key workers
- Work alongside the national offer, so that Wakefield residents can access testing through a range of routes, as best suits them and in the most timely manner.
- Providing a mixture of accessible sites in primary care, probably on a flexible rota to ensure timely testing is available right across the district
- Providing testing capacity to specific sites where there are high numbers of cases or suspected outbreaks, using the mobile units
- Providing a single point of contact for Wakefield district staff and residents to book home visits, appointments at mobile testing units and appointments for children (especially where there are cases in schools)
- Providing as much information as possible about number of tests undertaken, postcode area and demographics of residents applying for tests, and results if possible. Ensure that this information is as far as possible provided to the local public health intelligence team and to primary care



5. Outbreak management in complex settings

This is the core of a sustained response to COVID-19, and is also the most established aspect of public health practice.

If the other aspects of this response plan work well, case levels will be kept at a point where outbreaks will be intermittent and manageable. If this remains the case then we expect to use our existing teams and capacity for contact tracing and outbreak management, augmented by additional staff recruitment (see below).

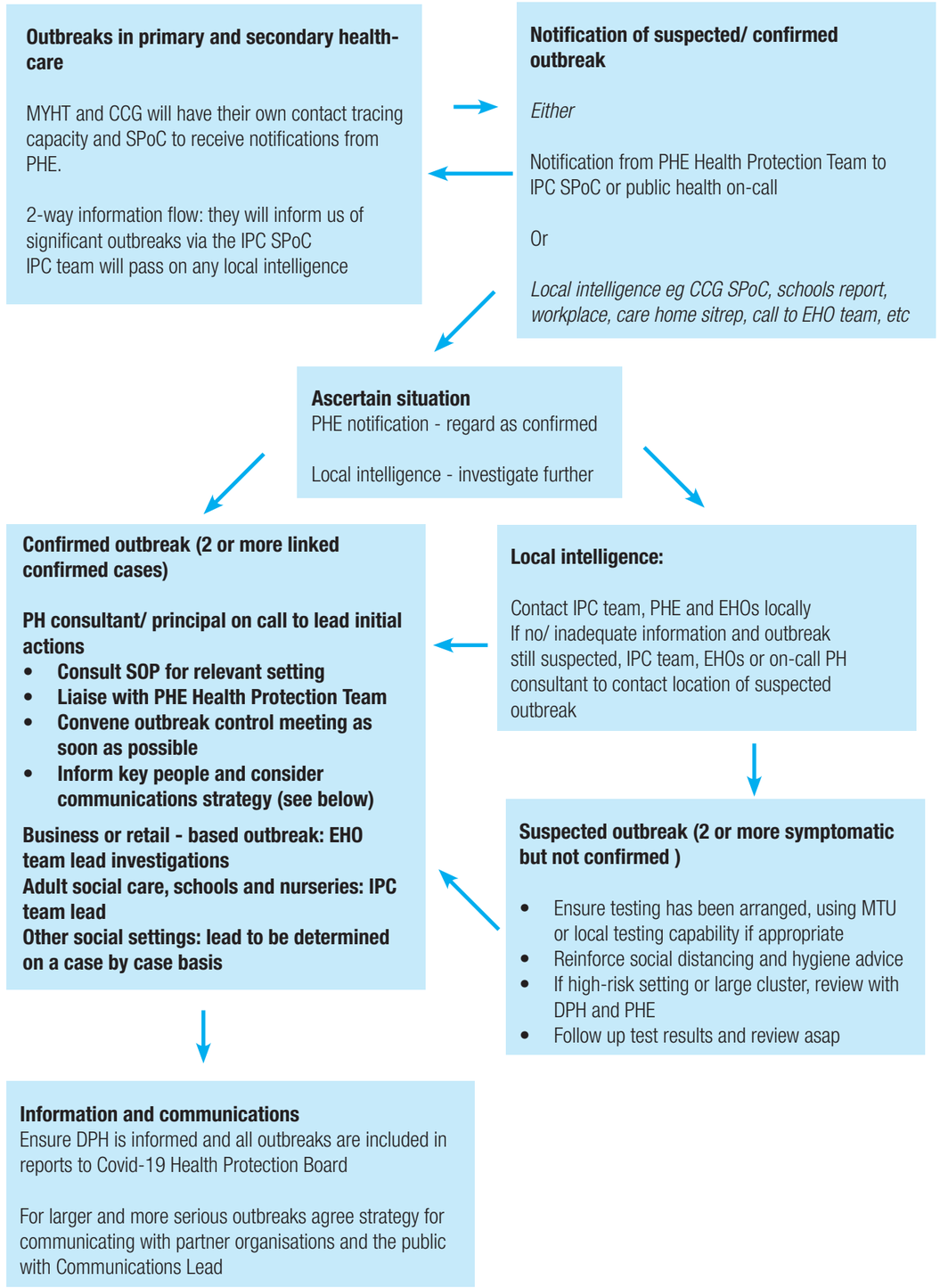
Processes

We will work in partnership with the local PHE Health Protection Team to manage COVID-19 outbreaks in various settings, as we have always done. Procedures will evolve to establish when the PHE Health Protection Team takes full responsibility for managing an outbreak, when they ask our local authority teams to lead, and when we work together on different aspects of the response.

Our Infection Control team will act as a single point of contact, and we will also have an 'on-call' function for more specialist advice, staffed by Public Health Consultants and Principals in and out of hours.

Standard Operating Procedures have been developed regionally to describe the actions we will take in the event of outbreaks in specific settings eg accommodation for refugees and asylum seekers. We will work to these procedures in the event of such an outbreak.

The algorithm below explains how we will work with partners in PHE and the wider system to investigate any suspected or known outbreak in Wakefield District.



Recruitment and capacity

We will recruit additional capacity to meet our expectation of a much larger number of COVID-19 outbreaks over the next 12-18 months, in addition to all the other infectious disease outbreaks which will continue to occur. This capacity will also assist us in managing the range of health protection and infection control enquiries we are receiving from schools, workplaces, care providers and others.

Initial recruitment will consist of:

- 2 - 4 WTE Infection Prevention and Control Team nurses
- 0.8 Public Health Principal (Health Protection).
- Recruitment of a full-time experienced Environmental Health Officer who can support both outbreak management and proactive engagement with workplaces (see workstream 2).
- Full-time communications post

We will also work with relevant partner agencies to reaffirm their commitment to provide 'surge capacity' in the event of major outbreaks where we may need large numbers of local contact tracers. If necessary, we will set up MoUs or provide additional training to partners to ensure they are ready.

6. Support for vulnerable people who have to self-isolate

The local authority is currently expected to provide support to people who are 'shielding', in the form of food parcels and medication. It also co-ordinates a strong offer of mutual aid and volunteer support. While many people will be economically and socially able to comply with a requirement to self-isolate for 14 days without additional help, not all will.

This plan will use TaT monies to continue to fund between 6 and 10 of the community hubs which currently provide support to vulnerable and shielding residents, in order to extend that support to people required to self-isolate. The hubs will also have an expanded role in community engagement (see below).

The plan will also provide funding to existing VCS services to continue their work with vulnerable and shielded people, and to extend that offer to vulnerable contacts who need to self-isolate. This will be a combination of substantive funding for 'hubs' which cover both communities of interest and geographical communities.

7. Specific support for vulnerable groups and communities

We know that some communities in Wakefield may be both more vulnerable to infection and severe illness from COVID-19, and less willing to trust the 'authorities' involved in an official contact tracing programme. Some people will be at greater financial risk from co-operating with contact tracing and self-isolation.

Examples might include:

- Refugees and asylum seekers, or people with 'no recourse to public funds'
- People in insecure, zero hours or self-employed work
- More disadvantaged communities in Wakefield, with lower literacy and adult skill levels
- Gypsy and Traveller communities
- Recently arrived migrant workers, eg from Eastern Europe
- Some BAME communities in Wakefield

The best way of ensuring that TaT is effective in vulnerable communities is to work through people who are already known and trusted.

We will develop a plan, involving local VCS organisations and led by the local authority Community Cohesion team, to support the engagement of vulnerable communities and individuals in the TaT process and to identify trusted organisations and individuals who can support in the event of an outbreak relating to a specific community.

We will work with the community hubs, Community Cohesion Team, and the local VCS to lead this engagement work. They will also work very closely with the dedicated communications professional to develop communications plans tailored to specific communities.
This will include

- Engagement with faith organisations (mosques and churches) by DPH
- Engagement with Gypsies and Travellers
- Strengthen relationships with community organisations already working in areas of disadvantage and with communities experiencing disadvantage
- Link closely to existing activity and avoid duplication

We have recruited a two day a week vulnerabilities lead and a full-time community development officer to support this work.

Appendix A: New recruitment and covid-19 response structure

Director of Public Health

Leads local COVID-19 response, reporting to Recovery Board and COVID-19 Health Protection Board

COVID-19 senior team
1.5 WTE Consultants in Public Health
Health Protection Manager
0.8 Public Health Principal (Health Protection)
Public Health Intelligence Manager

Public Health Intelligence Team
Developing and analysing as much local and national intelligence as possible

Identifying and working to mitigate gaps

Infection Prevention and Control Team
(2 - 4 WTE nurses additional recruitment)

Support for outbreak management
Care home IPC support
SPOC for school queries
IPC guidance and PPE support

Communications Team
Plus 1 WTE dedicated post

Campaigns using national and local material to build confidence in TaT, reinforce social distancing messages and run tailored campaigns for vulnerable groups

Local Testing Service
Local outreach service developed and commissioned in conjunction with Wakefield primary care
Plus mobile testing units run by the Army

Environmental Health Officers
1 WTE Environmental Health Officer (new)

Workplace outreach to support COVID-secure working

Support for workplace outbreak management

Community Cohesion Team
+ Vulnerable Groups Lead (new)

Targeted support for vulnerable groups

239980 Designed and produced by Wakefield Council, Communications **6/20**