



**Report to Healthier Communities and Adult
Social Care Scrutiny & Policy Development
Committee
22nd July 2020**

Report of: Director of Public Health

Subject: Sheffield Local Outbreak Control Plan

Summary:

The Sheffield Local Outbreak Control Plan, summarised in the previous agenda item, is attached for the Committee's consideration.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:

Consider the Sheffield Local Outbreak Control Plan and its governance arrangements, including its relationship with Scrutiny.

Category of Report: OPEN

COVID-19

Sheffield Local Outbreak Control Plan

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Version 1.0
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1. CONTEXT

On 22 May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a local Outbreak Plan. Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020. National Guidance was issued jointly by Public Health England with five key partner agencies.

This Local Outbreak Plan builds on existing health protection plans and puts in place measures to contain any COVID-19 outbreak and protect the public's health. This is led by the Director of Public Health and involves a wide range of organisations in order to enable agencies in Sheffield to prevent, know about and respond to outbreaks of COVID-19 infection in our city.

This plan sets out the arrangements for surveillance of and response to local outbreaks and infection rates. Some of these (such as work in Care Homes) are already in place and have been working for some weeks. Other parts (such as how the National and Local Contact Tracing Systems interface) are still being developed nationally. Locally we acknowledge we have further work to do on some themes, for example further supporting those who need to isolate, and developing our resourcing plan.

The plan identifies aims, objectives, workstreams and the appropriate governance and responsibilities for each of those. This plan is supported by programme documentation, the detail of which is not reproduced in this plan for purposes of clarity and brevity.

2. INTRODUCTION

Sheffield City Council, alongside multiple organisations and partnerships across the city, 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 activity will continue in the next Test, Trace and Isolate phase of pandemic management, working closely with PHE. However the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established.

The COVID-19 pandemic can be viewed as a number of smaller outbreaks in local areas or groups of people. Outbreak control or outbreak management is the approach to both identifying where there are cases of disease and then putting in place control measures to reduce the spread of the disease. Control measures can include contact tracing to enable speedy isolation of people who are potentially infected to reduce spread. In Sheffield City Council we work routinely with Public Health England and other local partners (for example NHS organisations) to manage outbreaks of a number of different infectious diseases using standard guidance. As local partners we have insight and relationships locally that can support outbreak control and this also applies for COVID-19.

This document is Sheffield's Outbreak Control Plan (OCP), and focuses on the seven themes identified by Government (table 1).

Table 1: Government themes

Theme 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)
Theme 2: Identification of high-risk places, locations and communities	Such as 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
Theme 3: Local testing capacity	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)
Theme 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
Theme 5: Data and integration	National and local data integration and ability to measure R number locally; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
Theme 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
Theme 7: Local Boards	Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public

3. AIM AND OBJECTIVES OF THE OUTBREAK CONTROL PLAN

The aim of this Plan is to:

- **PREVENT** the disease from spreading
- **KNOW** what is happening in our communities
- **RESPOND** to outbreaks if and when they do occur
- Create **CONFIDENCE** in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

There are a number of interventions available to us to achieve the aim of the Plan:

- Preventing 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.
- Significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.
- Managing outbreaks as they occur via routine outbreak management processes and Standard Operating Procedures (SOPs). Contact tracing is part of outbreak management.
- Developing local surveillance mechanism and early warning indicators. This will involve an integration of intelligence we receive from the Joint Biosecurity Centre and locally sourced intelligence, to help us intensify action where needed (specific geographies, settings, communities of interest).

The objectives of this Plan are to:

1. Outline the procedure for managing and responding to COVID-19 outbreaks in single settings and/or institutions e.g. schools and care homes, and in other high risk places, locations and communities of interest.
2. Outline local methods and access routes to timely testing and interfaces with national systems.
3. Outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes.
4. Summarise process and coordination of support for vulnerable people needing help to self-isolate.
5. Provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre.
6. Summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Sheffield, and across South Yorkshire including mutual aid processes
7. Outline the communications and engagement work needed to ensure the plan is successful.
8. Identify the resources needed to deliver the plan.
9. Define the roles and responsibilities of responding organisations and professionals.

We have grouped these objectives into six workstreams (table 2). The first four workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The TTI programme has its own programme documentation including named operational leads for each workstream. This detail has not been reproduced in this Plan, for brevity and readability.

The remaining two workstreams make up the cross-cutting programme of Surveillance & Intelligence; and Governance , Programme Coordination & Resourcing.

Table 2: Sheffield OCP workstreams

	Work stream	Government theme and additional priorities
Test, Trace and Isolate Programme	1. Preventing COVID-19 from spreading	<ul style="list-style-type: none"> • Member-led Board • Comms and engagement
	2. Outbreak management including testing	<ul style="list-style-type: none"> • Care homes • Schools • Vulnerable people • High risk settings • Local testing capacity
	3. Contact tracing	<ul style="list-style-type: none"> • Contact tracing
	4. Support to isolate	<ul style="list-style-type: none"> • Vulnerable people
Cross-cutting programmes	5. Surveillance, intelligence and data	<ul style="list-style-type: none"> • Data and intelligence
	6. Governance, Programme Co-ordination & Resourcing	<ul style="list-style-type: none"> • Member Engagement Board • OCP Strategy Board • Programme Management Arrangements • Effective Delivery • Assurance and Evaluation • Links to LRF • Co-ordination of Capabilities

WORKSTREAM 1: PREVENTING COVID-19 FROM SPREADING

A. Workstream purpose and key activities

The purpose of this workstream is to identify gaps in preventive action and act to fill them. Key activities will include:

- Advice and guidance to workplaces, settings and communities on preventing spread of COVID-19
- Identify areas of prevention where action or resource is missing and ensure action is taken
- Provision of technical and scientific support, advice and guidance - reactive and proactive
- Use of behavioural Sciences to inform action
- Development of tools and resources for other workstreams to use (eg Care Homes Guidance)
- Maintain overview of all preventive action
- Resource communications functions and advice on communications strategy to populations and settings
- Develop prevention guides for any settings which don't yet have them

B. Role of the Sheffield Outbreak Control Board in prevention

Outbreak control management only has a small impact on overall transmission reduction, estimated to be as low as 15%. At least half of transmission reduction to date has come from people staying at home, and 30% from social distancing. So these prevention measures of staying at home and social distancing will continue to be crucial in keeping cases of COVID-19 low in Sheffield. Studies are also suggesting that nationally, only approximately half of people with symptoms suggestive of COVID-19 are reporting them to the national NHS Test and Trace system. We need this to be much higher in Sheffield, therefore there is a very significant communication and engagement programme needed that will need to continue for at least 12 to 18 months.

One of the most significant roles for the Board will be preventing outbreaks and cases before they occur through rigorous messaging around hand hygiene, social distancing and staying at home when symptomatic. This needs significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.

C. Communications and engagement

Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for Test, Trace and Isolate programme is in draft form. This includes using PHE communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self isolate. Partners across the city are willing and able to share communications messages to amplify the messages.

WORKSTREAM 2: OUTBREAK MANAGEMENT INCLUDING TESTING

A. PHE/LA joint standard operating procedures and local guidance for settings

We will follow the PHE/LA Joint SOPs to guide our outbreak management actions. These SOPs cover the following:

- Care homes
- Domiciliary care
- Education settings
- Residential education setting
- Underserved groups
- University settings
- Vulnerable population in residential settings
- Workplace settings
- Primary care

In addition to the SOPs, we have produced local guidance for settings. This guidance is provider/setting-focused, based on the SOP, that helps providers/settings to understand what they need to do, should they become aware of an individual with symptoms, or on notification of a positive case. Currently the guidance for settings is available for schools and for hostels for homeless people. We will continue to develop guidance for settings to help them to understand their role should they become aware of cases.

We have established processes and increased our capacity to support PHE in outbreak management via the following:

- Established a Single Point of Contact (SPOC) email and phone number for PHE to alert the Local Authority to outbreaks; and a rota of staff (Public Health and Environmental Health) to staff the SPOC on a 7 day service (9am-5pm)
- Trained Local Authority Public Health staff to be able to participate in Outbreak Control Teams (in addition to Environmental Health staff, who already participate in Outbreak Control Teams)
- Trained Local Authority Public Health staff to chair these teams as needed by PHE

B. Access to testing

Sheffield has a Swabbing and Testing group which was established early in the response phase, to provide local swabbing and testing capacity to support the national Pillar 1 and Pillar 2 testing. This local response is particularly important to ensure timely and comprehensive testing.

We are now in the process of developing this into a service for the duration of this Outbreak Control Plan (likely to be 18 months). This service plan will include how the local testing service can be mobilised in the event of local testing being required, operational details about how this will be staffed and managed and the costs of this service. A service specification is currently being developed by the testing group to include a single point of contact and what capacity is available to be stood up in the even of outbreaks (potentially concurrently) that will require local testing support.

The Swabbing and Testing service, in the context of outbreak management, will:

- Provide swabbing and testing of vulnerable individuals at increased risk from COVID-19 or of spreading COVID-19 (because of health or social circumstances), who are highly unlikely to be able to engage with the national NHS Test and Trace system. This will be on an individual basis, based on a assessment by the outbreak control team with support from relevant providers such as General Practice and the Sheffield Drug and Alcohol Service.
- Provide mass swabbing and testing following advice from PHE, in the context of outbreak management (the LRF Mobile Testing Units will also be used, when necessary and when they have developed so that they are able to support outbreak management).
- Potentially provide swabbing and testing in event of the NHS Test and Trace system failing to work properly, for high risk situations or individuals.

WORKSTREAM 3: CONTACT TRACING

Contact tracing (also known NHS Test and Trace) forms one part of outbreak management and sits within other investigative work to reduce the spread of COVID-19. It is part of a wider approach to reducing the spread of COVID-19 which includes testing, tracing and isolating people who have COVID-19 so that the spread of the disease can be reduced. Contact tracing is a method used in control of many infectious diseases. Through finding out who a person with an infection has been in contact with it is then possible to ask those who may have been infected to isolate as quickly as possible, reducing the opportunities for further onward transmission. Contact tracing is only an effective part of reducing transmission if those advised to self isolate do follow that advice.

A national contact tracing service NHS Test and Trace is in place (figure 1). We are also developing our local capacity to support PHE's existing Tier 1 contact tracing function. This local capacity will work alongside PHE in order to:

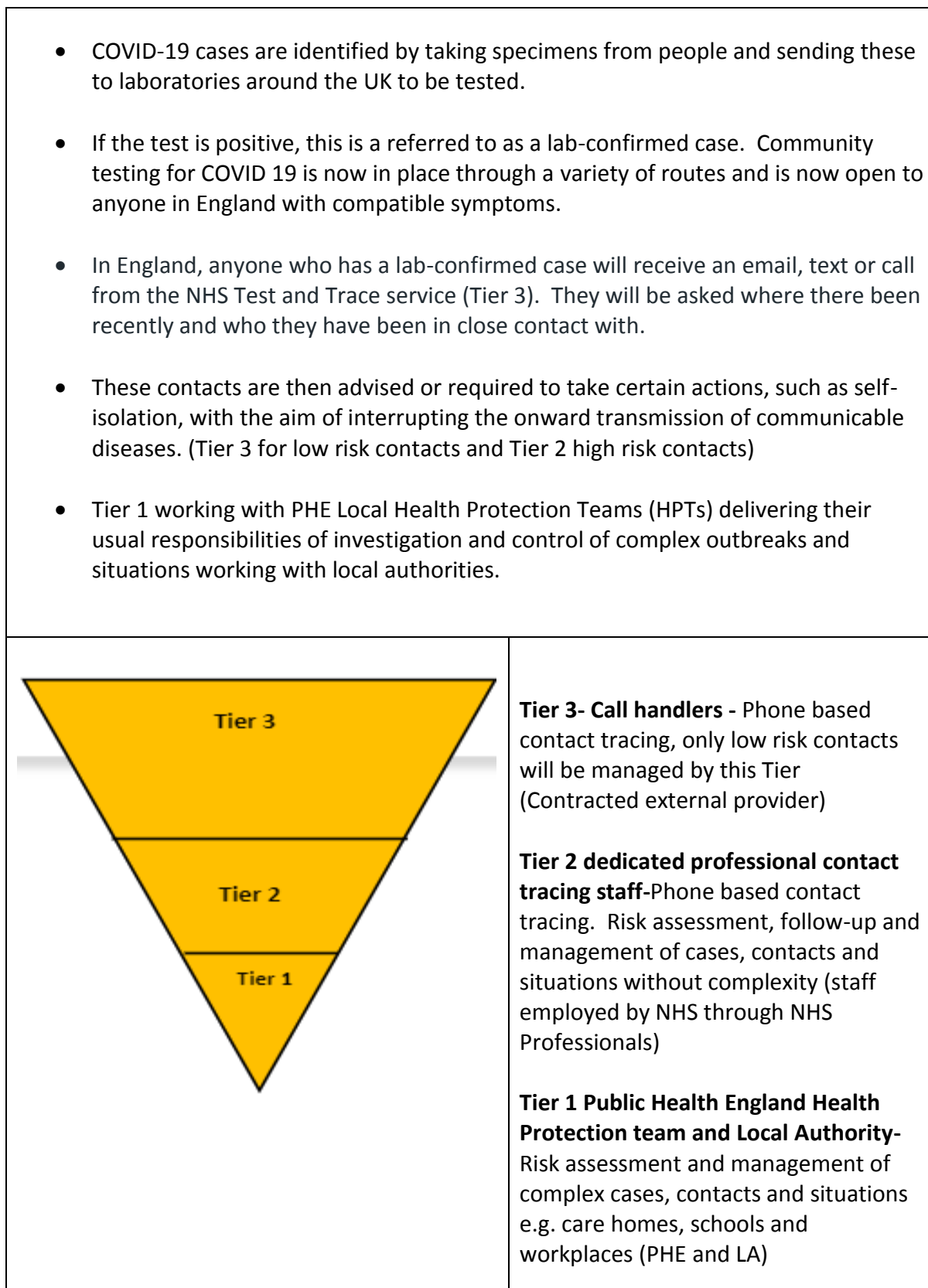
- Provide local knowledge and expertise to aid effective contact tracing
- Support and augment outbreak control by providing extra support in settings or groups where additional skills, local knowledge or capacity may be beneficial.
- Support individuals, especially vulnerable groups to be able to self isolate through our established community support work

We expect to draw on our local capacity when existing PHE capacity is fully utilised. Our Sheffield Tier 1 contact tracing service will consist of:

- An operational lead
- Two or three contact tracing 'team leaders'
- A team of 30-50 contact tracers, using temporarily deployed staff from within the Local Authority.

Full details of the contact tracing function are contained in the Test, Trace and Isolate Programme Definition Document.

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



WORKSTREAM 4: SUPPORT TO ISOLATE

Supporting people to self isolate has three key aspects of support to enable people to maintain the potentially difficult requirement to isolate for 7 or 14 days. These aspects are:

- Practical support – help with shopping, collecting medicines etc
- Emotional support - calls and contact to support mental health
- Financial support – advice and potentially covering costs

Supporting people to isolate, particularly vulnerable people, is a key component in reducing the spread of COVID-19. Testing and tracing will not reduce the transmission of the virus unless people also isolate when they have symptoms, have tested positive or have been identified as a contact of a confirmed case. We recognise that groups in our communities who are already more affected by inequalities or those who have poorer underlying health are more likely to need support to self isolate and we will work to ensure that our support is directed towards those who need it most.

In Sheffield we have a well established COVID-19 programme for community support and this continues to provide support particularly to vulnerable people in Sheffield in a collaboration between Sheffield City Council and the voluntary sector. This service focuses predominantly on the first two themes of support – practical support providing humanitarian aid, such as food parcels or help with shopping, help with getting medicines, and emotional support including befriending.

We are exploring options for providing financial support to people, to enable them to self-isolate. Links to organisations who can provide financial advice are already in place (eg Citizens Advice Sheffield) but may need to be expanded.

Full details of this workstream are contained in the Test, Trace and Isolate Programme Definition Document.

A key aspect of asking people to self isolate to prevent the spread of COVID-19 is ensuring that our communications messages across the city are clear, and this is also addressed in Workstream 1.

WORKSTREAM 5: SURVEILLANCE, INTELLIGENCE AND DATA

A. Overview of this workstream

The data flows from the NHS Test and Trace system are essential for improving the understanding of the location and spread of the virus within the local population. This needs to be integrated with local surveillance data to provide a fully integrated city-wide early warning system. This section of the plan sets out the details of how such an early warning system for Sheffield will be established.

We are establishing a Sheffield Outbreak Data Monitoring Cell (citywide early warning system), based on elements of the clinical "big rooms" that acute hospitals use to refine and monitor processes through collaborative development and constructive challenge. The key principle would be to analyse data in near real-time, using time series and trend/forecasting analyses with the aim of:

- Identifying local outbreaks and hotspots through data analysis and mapping
- Providing evidence to aid decision makers about local lockdowns
- Provide evidence to aid decision makers looking to redistribute resources
- Provision of support (where required) to people self-isolating
- Where possible, undertake forecasting and predictive analytics

The objectives of the Sheffield Outbreak Data Monitoring Cell are:

- To receive, share and process data to and from a range of sources in a timely way to deliver all local Covid-19 outbreak management functions including contact tracing; and
- To integrate test, track and trace data from all sources to enable a) contact tracing, b) infection mapping and surveillance; c) epidemiological analysis to enable decisions and monitor effectiveness and impact; and d) provide support to people self-isolating as required and appropriate.

The Cell will be responsible for producing a high level exec summary extract of the full data analysis for daily review (using PHE's Template for sit reps as a guide). The key areas for the status report will be:

- Care Homes
- Hospitals
- Hostels/accommodation for homeless people
- Schools
- Local geographies (by postcode with Community Hub and PCN boundaries shown)
- Spotlight on BAME and Shielded groups

Information will be presented using ARC GIS maps and PHE Fingertips-like RAG ratings, indicating whether we are seeing stable trends; increasing trends; or falling trends relative to expected. As time-series data are developed, these will be used to forecast (we know that deaths in 16 days can be estimated from 111 and 999 data for example) and generate scenarios.

Additional information required:

- There is an important role for soft intelligence to support the work of the Cell, including information about what's happening 'on the ground' in communities from the VCF Sector. It is proposed this will operate as a weekly 'touch base' with VCFS partners, the hospital (front door team, A&E) and adult health and social care colleagues to assemble a sense of what is happening on the ground
- Sentinel GP practices are too dispersed in the City to provide a meaningful real-time update, but the primary care networks should nominate practices to provide sentinel surveillance to the Cell
- There are too many businesses locally to fully keep track of developments on an individual basis. It is therefore proposed that a regular online Citizen Space survey of local businesses is undertaken on a weekly basis to identify any emerging issues.

B. Information governance and legal basis

All organisations will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, and GPs. These notices require that data is shared for purposes of coronavirus (COVID-19), and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here: <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

WORKSTREAM 6: GOVERNANCE, PROGRAMME COORDINATION & RESOURCING

A. Sheffield COVID-19 Outbreak Control Board (Elected Member-led)

Local authorities are required to establish a member-led Local Outbreak Control Board, alongside the OCP. In Sheffield this Board will be called the Sheffield COVID-19 Prevention and Management Board, as its remit is much broader than just outbreak control. This Board is currently in development and will be established by 1 July 2020, with likely ongoing iteration over time (figure 2).

The role of the Board is three-fold:

- PREVENT the disease spreading.
- KNOW what is happening in our communities.
- RESPOND to outbreaks if and when they do occur.

The Board will be sighted on and oversee a range of activities:

- Oversight and coordination of the city's work around COVID-19 control including both the prevention and management of COVID-19 outbreaks, as set out in this plan.
- Scenario planning for the approach the city might take in different sets of circumstances, where data suggest this is needed.
- Communication with residents, businesses and stakeholders in the city in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak.
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease.
- Assuring progress towards the delivery of the Outbreak Control Plan.
- Understand the regulatory and enforcement powers we have and need in the city; and consent to use those powers and other mechanisms to keep infection rate low.
- Ensure line of sight to the Council's Cabinet agreed principles, in particular the first three: keep people safe and well, reopen economy and society, follow government policy.
- Providing assurance to partners and the public in order to build confidence and trust and promote working towards a common aim of reducing transmission of covid-19 in our city.

The Board will receive regular high level strategic oversight updates from the Outbreak Control Plan Strategy Board via the Director of Public Health and through these updates it will provide oversight and assurance of progress on the implementation of the Sheffield Outbreak Control Plan and the NHS Test and Trace programme locally.

The Board will identify areas of concern or barriers to delivery and, with the advice of the Director of Public Health, identify the appropriate action to take, including, where necessary, the escalation of issues through the OCP Strategy Board or LRF Strategic Coordinating Group/Recovery Coordinating Group as needed.

The Board will oversee the development and implementation of a unified city-wide communications and engagement strategy to support the effective prevention and management of outbreaks, with a particular focus on working with communities who may be more vulnerable to COVID-19.

The Board will also ensure that it identifies existing good practice and that lessons learned from other cities are taken into account in its work.

The Board will work alongside the city's recovery and renewal arrangements to ensure that its efforts are aligned, reflecting that recovery and renewal will be taking place in parallel with its work

B. Outbreak Control Plan Strategy Board

The OCP Strategy Board reports into the Outbreak Control Board. The scope of this strategic meeting covers the Outbreak Control Plan. Membership is drawn from Sheffield City Council, NHS, Community and VCF Sectors. The purpose of the meeting is to provide city wide leadership and direction, in order to assure the Outbreak Control Board that the Outbreak Control Plan is delivered.

C. Local Outbreak Control Operational Group

This meeting consists of the operational leads for the programme workstreams. Its purpose is to keep all operational leads informed and to ensure the smooth running of the TTI programme by identifying and removing barriers to progress and by identifying risks at an early stage.

D. Resourcing

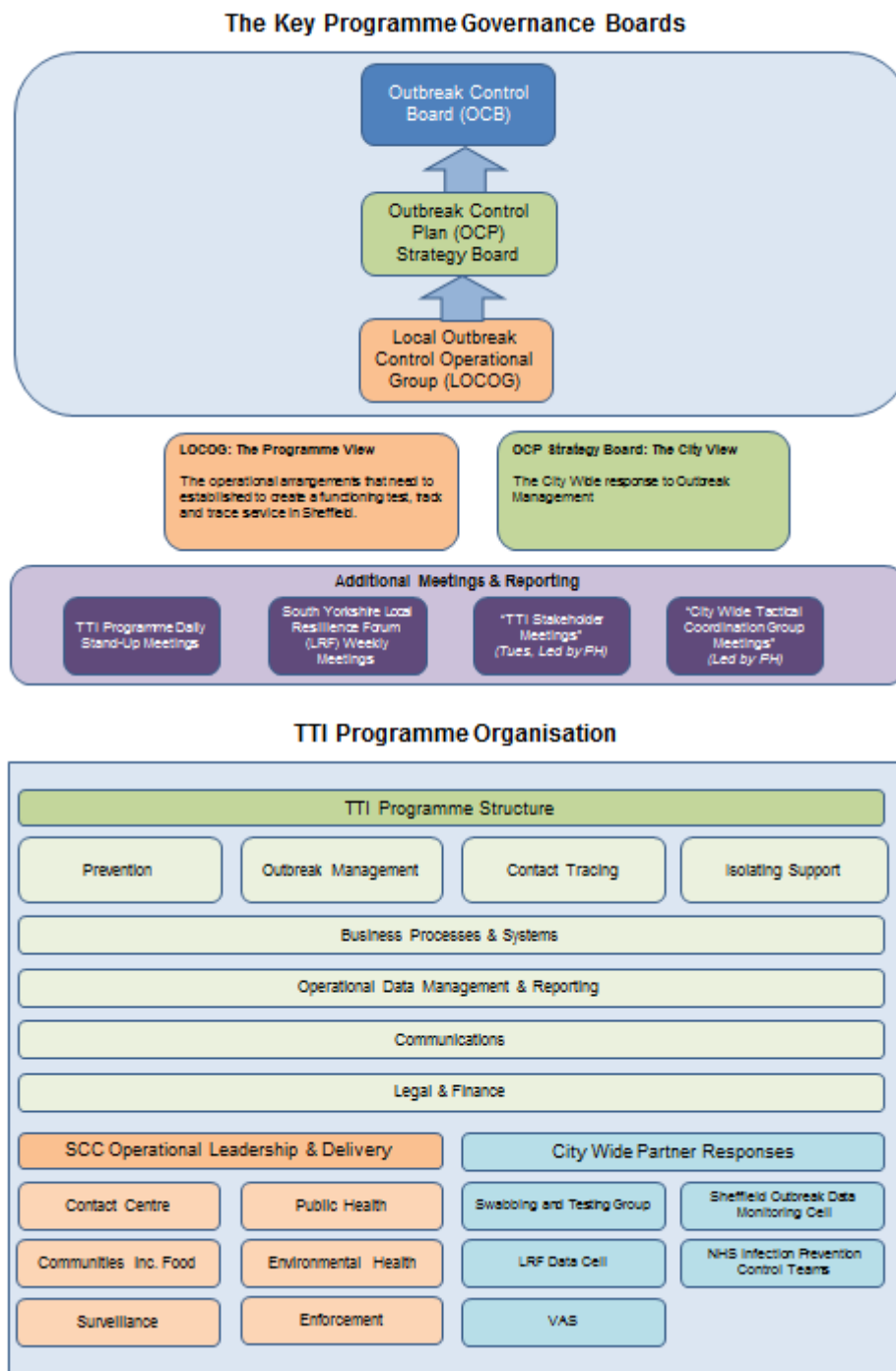
Sheffield City Council has been allocated £3.1m from the Department of Health and Social Care, to be spent on outbreak control work. This funding has been allocated according to the Public Health Grant formula. While this additional funding is welcome, delivering these plans will require much more than money – it also needs a fully operational NHS Test and Trace Service, high quality and timely data flows, the right levels of capacity in all parts of local government and the health and care system, and strong national impetus to promote the public health messages that we all know save lives.

An investment plan for this £3.1m is being developed. It will include:

- Infection Prevention and Control / Environmental Health resource to deploy flexibly if needed to support outbreaks
- Additional contact tracing capacity to deploy in vulnerable or complex communities or settings.
- Developing our own Health Protection team to complement PHE
- Additional investment in surveillance and analytic capacity.
- VCF support to isolate.
- Project support for the core public health team.
- Admin support – to maximise the specialist capacity.

- Operational lead for outbreak management (job role to be confirmed) and operational management generally for the range of tasks to stand up this response over a long period.
- Resource to support the comms plan and to enable it to be effectively implemented
- Possible backfill for core functions as PH team and others may be involved in this response for some time. This may include agency roles or retired / returnees.

Figure 2: Governance arrangements



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	NH SE	LA with Districts	LA	CCG	LA with Support from districts
Access	LA	LA	LA							

to PPE										
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Chair PHE (or LA in certain situations)

IMT if

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APPENDIX 2: Organisational roles and responsibilities - PHE, Local Government, Partner Organisations

PHE will fulfil its statutory duty as outlined below by receiving notification of cases, clusters or possible outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this OCP and in line with the statutory roles outlined below, Sheffield City Council or PHE will conduct follow up of these settings as a shared responsibility with NHS partners and fulfil their statutory duty for safeguarding and protecting the health of their population.

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Sheffield City Council, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The NHS system has a shared responsibility for the management of outbreaks of COVID-19 in Sheffield.
3. Infection control support for each setting will be provided in line with current local arrangements.
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.
5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the Sheffield City Council and PHE Yorkshire and Humber in dealing with COVID-19 outbreaks.
9. In practice Sheffield City Council and the PHE Health Protection Team (PHE HPT) will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

Public Health England Yorkshire and Humber Health Protection Team will:

- Advise on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak.

- Provide advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.

Sheffield City Council (via the Director of Public Health) will:

- Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases.
- Work with PHE 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, academia).
- 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.
- 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.

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