Suffolk’s COVID-19 Local Outbreak Control Plan
Planning to Delivery

Stuart Keeble, Director of Public Health Suffolk
7th July 2020
V0.22
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Context and Purpose

• Although COVID-19 is a global pandemic it is also a local phenomenon with transmission and outbreaks in local communities, workplaces, schools, households etc. To date the response to the virus has been nationally driven; there is now a recognition that to chase down the virus a more local response is needed which can be tailored to local circumstances and needs.

• On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a local Outbreak Plan. These plans are to be led by the Director of Public Health.

• Our approach builds on existing relationships and processes and outlines how agencies in Suffolk will work together to prevent, manage and respond to COVID-19 outbreaks locally.

• In the context of the Suffolk Local Outbreak Control Plan an Outbreak is defined as:
  • 2 or more linked cases in a high-risk setting e.g. workplace, school etc
  • greater than expected occurrence of COVID-19 compared with the usual level for a particular place and time

• It should be noted that this Local Outbreak Control Plan is a working document and will be updated regularly to reflect changes required to ensure it remains up to date and can be successfully executed during outbreaks.

• £300 million has been realised from Central Government to support delivery of Local Outbreak Control Plans, Suffolk has received £2.79m.

• Our local plan supports the 7 national identified themes, which includes:

1. Care Homes & Schools
2. High Risk Places, Locations & Communities
3. Local Testing Capacity
4. Contract Tracing in Complex Settings
5. Data Integration
6. Vulnerable People
7. Local Boards
Our Aim and Objectives

Overall Aim: To protect those with or at risk of Covid 19 from consequences of the infection

The key objectives of the Suffolk Local Outbreak Control Plan are:

• To prevent spread of Covid-19 across Suffolk specifically within high risk settings and groups:
  • Ensuring data and surveillance systems are in place to enable intelligence-led prevention and outbreak management.
  • Systematically identifying populations and settings at higher risk in terms of spread and vulnerability to the effects of COVID-19 when infected.
  • Establishing effective prevention strategies for these settings and populations.

• Early identification and proactive management of outbreaks.
• Containing and suppressing outbreaks.
• Clarifying roles and responsibilities for all stakeholders.
• Co-ordinating resources across partner authorities, agencies, and stakeholders at local, regional and national level.
• Demonstrating to the public and stakeholders that the plan is being effectively delivered.
The UK Government has set out four key strands to the national approach to tackling COVID-19 (Test, Trace, Contain and Enable). These have distinct but complementary roles at national and local level.

**National**

NHS Test and Trace incorporates:

- A dedicated contact tracing service comprising of a web-based tool Contact Tracing and Advisory System (CTAS)
- A Phone Based Contact Tracing (PBCT) Teams with a dedicated contact tracing service comprising professional staff employed through NHS Professionals (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 working with local authorities (level 1)

**Local**

The Local Outbreak Control Plan are an essential part of the operation and forms part of level 1b response, including:

- Preventative measures,
- Working closely with the National Joint Biosecurity Centre, (responsible for bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations) to identify early potential outbreaks so action can be taken,
- Manage complex cases in high-risk places, locations and communities, in particular care homes and schools.
- Support for vulnerable people to self-isolate.
Our Approach: How We Will Work

Suffolk has identified four principles that will guide how we will work. These principles will enable the Suffolk system to measure the plans impact and effectiveness.

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<tr>
<th>Ref</th>
<th>Principle</th>
<th>During Design</th>
<th>Metric for Measurement</th>
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</table>
| 1   | Be rooted in public health systems and leadership                         | • The design of the Local Outbreak Control Plan is led by Director of Public Health.  
• NHS infection control provides clinical leadership (CCG DoN).  
• The plan will be rooted in infection prevention control and health protection as its foundation.                                                                 | • Data is received, shared and processed to and from a range of sources in a timely way.  
• Public Health Suffolk work locally as a system with all partners supported to deliver the outcomes.  
• Contact tracing data, infection mapping and surveillance information and epidemiological analysis is used to support decisions.                                                                             |
| 2   | Adopt a whole system approach                                             | • The plan identifies a role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities  
• Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles | • Agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role.  
• The local voice is heard through active engagement with local communities.                                                                                                                                         |
| 3   | Be delivered through an efficient, locally effective responsive system informed by timely access to data and intelligence | • The plan enables the system to run efficiently and at local level with limited need for escalation outside Suffolk.  
• Command and control arrangements and decision are made locally  
• Plan are detailed for rapid, proactive management of outbreaks  
• The plan details how information will be shared to allow management of outbreaks and appropriate actions to be taken.                                                                 | • Timely access to and sharing of information, data and intelligence to inform action and monitor outcomes.  
• Data flows, pathways and information sharing protocols are agreed and upheld by all agencies.                                                                                                                   |
| 4   | Be sufficiently resourced                                                 | • Each agency will contribute resources (people, capabilities, funds, assets) needed to make the plan effective.  
• Health Protection Board established and resource allocated to its function.                                                                                                                                     | • Commissioning processes are swift and robust to deliver the required actions  
• The Health Protection Board adheres to ToR and objectives.                                                                                                                                                        |
Suffolk's Outbreak Control Plan encompasses the national 7 required themes and groups them into 5 areas. These areas provide the plans structure.
Prevent & Respond

This is the largest programme within the Plan, but due to their overlapping nature (the principles and approach to preventing spread of the virus and managing outbreaks are the same across different setting, groups and individuals) it makes sense to group them together in one programme and avoid duplication of effort.

Key areas of Prevent & Respond:

• **Continuously identify and risk assess Complex Settings, Cohorts and High Risk Individuals & households in Suffolk**
  • Understand risks and needs with regard to preventing Covid virus spread for Care Homes, Schools, Health Settings, Adult Care Settings, Workplaces, Public Spaces, Housing, Domestic Abuse Refuges, Gypsy & Traveller, Migrants, No Recourse to Public Funds, Refugees & Asylum Seekers, Roma Communities, BAME Communities, those with Severe Mental Illness and Dementia, Substance misusers and those that are shielded.

• **Preventative measures and actions:**
  • Develop, adapt, simplify and share national guidance for different settings to prevent outbreaks.
  • Work with partners to engage settings, cohort and individuals (as listed above) to implement preventative actions and put in place plans to respond to outbreaks.
  • Work with communities and groups to own and localise messages, support individuals and communities to respond.

• **Outbreak management:**
  • Coordinate local response to outbreaks bringing together partners to wrap around settings, groups and individuals
  • Provide advice and support for settings where needed
  • Implement Standard Operating procedures and Action Cards
  • Rapidly apply 2020 and 2010 regulations for those residents not adhering to “isolating guidance”
  • Arrange direct support for the most vulnerable to self isolate
  • Manage outbreaks which span borders and require us to work with teams and stakeholders in neighbouring geographies

• **Contact Tracing**
  • Support the national NHS test and trace programme by following up with complex cases locally.
  • Current contact tracing being undertaken by PHE regional centre
Testing
The key areas of focus for Testing are:

**Overall aim:** To provide a strategic and coordinated approach to C19 testing in Suffolk, by identifying methods for local testing to ensure a swift response that is accessible to the entire population.

- **Current infrastructure:** Processes are in place and successfully implemented for testing in care homes, for NHS and other key workers and testing for the eligible population
  - There is a streamlined process in care homes: swabbing by Commisceo in rest of Suffolk and ECCH in Waveney, sent to labs in the region, and use of the national portal for whole home testing.
  - NHS also has a testing framework to test the patients and staff within local hospitals and also through the national portal for some staff.
  - Eligible population: regional testing site at Copdock Ipswich and the Mobile Testing Units (currently at 9 sites throughout Suffolk) have been functioning effectively and smoothly.

- **Strategic Plan going forward:**
  - Establish and lead the Strategic Testing cell with representatives from relevant organisations and work streams to provide strategic oversight to Suffolk’s offer.
  - Co-ordination of all testing options available (regional, national and local) to ensure swift and accessible testing, targeted and prioritised according to need.
  - Build on the existing testing framework and infrastructure (testing for care homes and hospital staff/patients) and develop the next phase of local testing strategy by adopting a whole systems approach.
  - Develop and agree local pathways, protocols and processes (SOPs) for testing and for rapid deployment of testing resources in a flexible way wherever and whenever needed (as embedded in the outbreak control plans and screening specific groups); by working with leads in the settings and vulnerable people workstream.

(Continued overleaf)
Testing

(Continued)

• **Testing Facilities**
  • Provide logistics co-ordination, oversight and leadership for the Copdock Regional Testing Site and the MoD Mobile Testing Units (MTUs).
  • Identify where and when the additional accessible capacity will be needed and manage the deployment process for the new sites.
  • Develop processes and protocols for rapid testing if needed, e.g. mobilising MTUs to outbreak sites on the same day.

• **Swabbing and Lab Capacity**
  • Explore feasibility and develop plans for increased need of swabbing locally in outbreak situations and the workforce implications and solutions.
  • Understand and map the current lab capacity including turnaround times and plans to develop local capacity so that we have to rely less on the national portal.
  • Explore feasibility and develop processes and protocols for rapid testing in local labs if needed, e.g. for outbreak control decisions.

• **Data and modelling**
  • Use the data and intelligence available to us to plan for possible situations
  • Plan how to manage testing capacity accordingly, locally and through the national portal based on the demand and capacity model.
  • Provide analysis of population / postcode level data to inform management by integrating data flows from national, regional and local services.
  • Provide continuous evaluation of the testing programme against agreed key metrics.
Data
The key areas of focus are:

To bring together national, regional and local intelligence and insight to develop best understanding of what is happening in Suffolk, in as real time as possible, to inform action. Public Health Knowledge and Intelligence have already set up a Suffolk COVID-19 Data Centre including key stakeholders which will continue to monitor the local situation.

- **Epidemiology, Monitoring, Surveillance and Modelling**
  - Bringing together intelligence from local, regional and national sources and reporting key messages
  - Modelling – epidemic curve, bed usage, contact tracing workforce, 2nd wave.
  - Collating soft intelligence from other cells and wider local sources

- **Systems and Data Flows**
  - Standing up a system response to manage enquiries and enable local contact tracing (data flows, data capture, data storage, data linkage, data security)
  - Mapping and building the data links and flows to and from the National Biosecurity Centre / PHE to enable monitoring and operational response

- **Information Governance (IG)**
  - Implementing the required IG to ensure all processes and actions are lawful and proportionate
  - Working in such a way that we lay strong foundations for future working (e.g. links with key systems, minimal use of ‘stop gap’ solutions)
Engagement & Communication

The key areas of focus are:

- To provide clear guidance on how people use NHS Test and Trace
- To encourage people to follow the guidance
- To dispel concerns and worries that might encourage people not to take part in Test and Trace.
- To support those who are isolating and need help to access support and to encourage others to consider the support they will need if they are required to isolate through providing relevant communication.
- To ensure our key messages reach groups that are socially excluded and public services struggle to engage and are likely to have a high risk of infection.

### Engagement Campaign

Aim to encourage the following target behaviours for all Suffolk residents:

- Anyone with symptoms to self-isolate and get a test
- Anyone who tests positive to share their recent contacts with NHS Test & Trace
- Anyone who is contacted by NHS Test & Trace as a contact to self-isolate

**Call to action:** Play your part

**Substantiate:** Break the chain of infection, save lives - Protect your loved ones

The communications will highlight that by playing your part, you will be helping to reduce the transmission rate thus preventing a second wave and helping the country to gradually move out of lockdown.

### Providing a local voice - Location Specific communications

- Using the data gathered through Test & Trace, communications will be targeted at areas with higher rates of infection and higher risk communities.
- They will include location specific materials, for example including local landmarks in images and videos to give a hyper local feel.
- Messages can be adapted based on the location or community group we are targeting.

**Call to action:** Play your part - Protect 'Location/your community'

### Channels

Channels we will utilise include:

- Social Media / Digital ads
- Newsletters / papers
- PR & local media
- Local radio
- Partnerships through Suffolk Resilience Forum and other stakeholders
- Council & stakeholder websites
- Outdoor – posters / buses
- Mail drops
- E Bulletins
- Influencers
- Local networks – faith / BAME
- Voluntary groups
- Charities

### Audiences

Our audience covers all residents in Suffolk. Some examples of the audiences we are giving additional consideration to reach are as follows:

- Diverse communities
- Vulnerable groups e.g. homeless
- Those for whom English is not a first language
- Those with Learning Difficulties
- BAME
- not working
- 65+
- Member networks
- Non-local visitors

### Stakeholders

Keeping local stakeholders informed of our action plan and utilising partner channels to connect with various audiences. Stakeholder groups include:

- Elected members – MPs, county, city, district and parish
- Local authority staff and commissioned services
- Workplaces/businesses - Schools
- Voluntary sector and community groups
- Local Resilience Forum members
- The media
Legislative Powers

Local Authorities and Public Health England have primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships. This is both an executive and scientific function. The Director of Public Health has and retains primary responsibility for the co-ordination of the Health Protection system at a local level in England.

Summary of legislative powers which can be exercised on a local basis. **Far wider powers are available to SoS for Health and Social Care through the Coronavirus Act 2020.**

Powers relating to Individuals

- The new act gives powers to designated Public Health Officers (PHO). There are 2 in EoE.
- Before these powers are used all reasonable measures should be taken for voluntary cooperation. These are therefore for exceptional circumstances.
- These powers involve imposing requirements on people for the purposes of screening, assessment, and possible restrictions afterwards.
- Their use must be necessary and proportionate in interests of individual and public health.
- Part 2A Orders can also be applied requiring examination, isolation or quarantine.

Closing Premises

- If a request to close is not complied with, it may be possible to apply to a JP for a Part 2A Order.
- Re-interpretation of this law may be needed, as focus is on infection present on the premises.
- To apply, a report is submitted to the court. Notice would need to be given to owner.

LA request for co-operation for Health Protection purposes

- This simply gives the local authority the power to ask for co-operation, for example in closing premises or asking people to stay away from an area. There are no enforcement powers.
- Before making the request, the LA must decide whether or not to offer compensation.
### Our Approach to Different Types of Outbreaks

The table below describes potential outbreak scenarios, criteria and roles of different partners.

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<tr>
<th>Scenario</th>
<th>Criteria</th>
<th>Roles</th>
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<td><strong>Local outbreaks in high risk setting.</strong></td>
<td>• Two or more confirmed cases of COVID-19 among individuals associated with a setting with onset dates within 14 days. AND ONE OF: • Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for &gt;15 minutes) during the infectious period of the putative index case OR • Absence of alternative source of infection outside the setting for initially identified cases</td>
<td>• Outbreaks identified and risk assessed by PHE EOE HPT. • Response generally managed locally with partners on ground. • Actions utilise existing powers.</td>
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<td><strong>Increasing numbers across Suffolk only or parts of Suffolk</strong></td>
<td>• Number of cases in Suffolk population rising • Greater than expected occurrence of COVID-19 compared with the usual level for a particular place and time</td>
<td>• Identified through surveillance by Local systems/PHE regional team/ National Bio-Security Centre • Response managed locally with support from PHE and National Contain Programme. • SRF SCG called on to support response (dependent on magnitude) • May need to use Coronavirus Act 2020 powers</td>
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<td><strong>Cross border outbreak or Regional rising tide</strong></td>
<td>Increased number of cases across the region or outbreaks across Local Authority boundaries</td>
<td>• Identified by regional PHE surveillance and National Joint Biosecurity Centre. • Response managed by PHE and National Contain Programme with Local input • Potential actions based on existing powers or may need to use Coronavirus Act 2020 powers</td>
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<td><strong>Second wave</strong></td>
<td>National 2nd wave of infection as bad or worse than the first</td>
<td>• National Response • Full SCG stood up • Potential actions based on Coronavirus Act 2020 powers</td>
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System Roles and Responsibilities

The Suffolk Local Outbreak Control Plan builds on existing health protection plans already in place between Suffolk Council (SCC), Public Health England (PHE) East of England, 4 Suffolk District and Borough Council Environmental Health Teams, Suffolk and North East Essex and Norfolk and Waveney CCGs, East Suffolk and North East Essex and West Suffolk Hospital Trusts and Suffolk Local Resilience Forum (LRF). The table below expands on these responsibilities for COVID 19.

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<tr>
<th>Roles and Responsibilities</th>
<th>Alliances &amp; Localities</th>
<th>CCGs</th>
<th>Health &amp; Care Providers</th>
<th>Primary Care</th>
<th>District &amp; Borough Councils</th>
<th>Suffolk County Council</th>
<th>Public Health Suffolk</th>
<th>Public Health England</th>
<th>Police</th>
<th>VCSE, community and faith groups</th>
<th>Regional Convener</th>
<th>National Biosecurity Centre</th>
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<td>Support the development of the Local Outbreak Control Plan</td>
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<td>Provide assurance of the Local Outbreak Plan</td>
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<td>Provide and share data, intelligence, knowledge and information</td>
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<td>Coordinate and synthesise local intelligence knowledge and information to inform decision and actions</td>
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<td>Provide regular pro-active public communications and engagement and reactive communications when required</td>
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<td>Support with increased capacity in Infection Control Teams (and training)</td>
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<td>Coordinate local preventative actions</td>
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<td>Support and deliver preventative actions, advice and guidance at a local level</td>
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<td>Lead initial investigations, provide specialist health protection advice and guidance on outbreaks</td>
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<td>Co-ordinate outbreak management at a local level</td>
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<td>Be able to increase capacity at scale to respond to outbreaks</td>
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<td>Provide support to high risk locations and vulnerable people</td>
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<td>Follow processes, guidance and ensure adherence</td>
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Suffolk’s Delivery Model

Suffolk has put in place a model to deliver the Local Outbreak Control Plan. The model is centrally co-ordinated by the Suffolk COVID-19 Coordination Centre (SC19CC).

All information (including outbreak notifications) and national guidance is received into the SC19CC. This enables a complete system overview and a co-ordinated response allowing tasks to be allocated to the most appropriate partners.

SC19CC is supported by a number of enabler work programmes (data, testing, contact tracing etc..) to provide critical information to enable a timely response to an outbreak or key information to support preventive action.

A number of delivery workstreams were established to identify complex settings, complex groups and complex individuals, complete risk assessments and develop preventative tools.

They have also identified the most suitable Outbreak Manager and developed clear pathways, actions cards and process to allow the SC19CC to provide a robust and resilient response to both prevention of outbreaks and management of outbreaks.

This delivery and assurance model is demonstrated overleaf (slide 18).

The pathways for outbreak management and advice guidance can be found on slides 20 and 21.
Suffolk’s Delivery Model

**How**

### Suffolk COVID-19 Co-ordination Centre

**Public Health England Advice, National Guidance etc.**

### Workstreams

#### Settings

- **Adult Care Settings**
  - Lead: Kim Knights
  - PH Lead: Jep Ronoh
- **Education & CYP Settings**
  - Lead: Pete Mumford
  - PH Lead: Sharon Jarret
- **Workplaces**
  - Lead: Phil Gore & Graham Crisp
  - PH Lead: Lynda Bradford
- **Housing Settings**
  - Lead: Gavin Fisk
  - PH Lead: Chrissie Geeson
- **Public Spaces**
  - Lead: Dave Collinson
  - PH Lead: Mash Maidrag
- **Health Settings**
  - Lead: Nichole Day
  - PH Lead: Badri

#### Cohorts

**Groups at high risk of disadvantage**

- BAME communities
- Gypsy, Roma, Traveller communities
- Migrants
- Faith Communities
- Digitally excluded
- Rough sleepers

**LEAD:** Chrissie Geeson via Collaborative Communities Board

**Risk of Infection**

- People with serious mental ill health
- People with learning and/or physical disabilities
- Substance misusers

**LEAD:** Chrissie Geeson via Collaborative Communities Board

**Risk of Morbidity or Mortality**

- People who meet the shielding criteria
- Members of BAME communities
- People with learning disabilities
- Older people
- People with underlying health conditions

**LEAD:** Chrissie Geeson via Collaborative Communities Board

### Workstreams Delivery Strands

#### Theme

- Identify Settings
- Risk Assess Settings
- Provide Preventative Advice & Guidance
- Provide Response Support
- Provide Communications

#### Workplaces

- Lead: Phil Gore & Graham Crisp
  - PH Lead: Lynda Bradford

#### Housing Settings

- Lead: Gavin Fisk
  - PH Lead: Chrissie Geeson

#### Public Spaces

- Lead: Dave Collinson
  - PH Lead: Mash Maidrag

#### Health Settings

- Lead: Nichole Day
  - PH Lead: Badri

#### Main co-ordination centre

- Receive, interpret & circulate national documentation and local guidance
- Hold local plans and local Standard Operating Procedures
- Receive national PHE risk assessments and manage the actions
- Provide ‘call to action’ for outbreak support

### Workstream Enablers

- **Enforcement**
  - Part 2A
  - Business Regulation
  - Fines / prosecutions
  - Lead: EHOs
- **Contact Tracing**
  - Establish Local T&E
  - Workforce & Training Pathways
  - Lead: Jo Avery
- **Testing**
  - Mobile Testing units
  - Deployment of testing resource
  - Lead: Abhijit Bagade
- **Governance**
  - Health Protection Board
  - Member Led Board Approval Process
  - Lead: Ian Seggar
- **Data Monitoring and reporting**
  - Data flows & linkage
  - IG & security
  - Lead: Anna Crispe
- **Programme Office**
  - Plan Development
  - Early action co-ordination
  - Ongoing co-ordination
  - Lead: Jon Farthing
Suffolk COVID-19 Co-ordination Centre

The Suffolk Covid-19 Co-ordination Centre (SC19CC) has oversight of the system and provides a co-ordination function to ensure the right information is shared with the right people. This is lead by a Public Health Consultant.

The SC19CC has a central email address and one number and is resourced by a team of administrators and senior staff (from across the system) and is able to draw in experts as required.

The main objectives of the SC19CC are:

- Provides central systemic co-ordination, expert advice and guidance in liaison with PHE for COVID-19 outbreaks in Suffolk – the SC19CC will log the incident and stand up the right people to respond.

- Provides expert advice on preventative measures to businesses and settings as per national and local guidance.

- Be able to draw on experts (IPC, EHOs, PH Consultants) and Outbreak Managers.

- Receives, understands and interprets national PHE guidance and distributes alongside Suffolk guidance documents.

- Provides governance, leadership and strategic coordination for the local Contact Tracing function (but does not provide the contact tracing service)

- The governance for the SC19CC sits at the Health Protection Board level
Approach to Working with Settings, Groups and Individuals

The below settings, groups and individuals have been identified as key areas for which robust plans are required. A risk assessment has been completed for each area and bespoke wrap around support has been identified including named leads where possible.

Clear pathways have been developed for outbreak management to ensure a co-ordinated response by SC19CC. A detailed outline of each settings, groups and individuals can be found in Appendix 1. Each areas has a bespoke approach and as such there are different levels of maturity and detail depending on prioritisation of operationalisation.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Complex Settings</th>
<th>Complex Groups</th>
<th>Complex Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education &amp; CYP</strong></td>
<td>Children’s Homes: Rough Sleepers – Emergency Accommodation, Specialist Accommodation (LD/MH)</td>
<td>Groups at high risk of disadvantage</td>
<td>BAME, SMI (Serious Mental Illness) and Dementia, Shielding</td>
</tr>
<tr>
<td></td>
<td>Education and Learning: Approved Premises, Care Homes (Res and Nursing)</td>
<td>Risk of Infection</td>
<td>Roma, LD Physical Disabilities, Older People</td>
</tr>
<tr>
<td></td>
<td>Nurseries: Housing Related Support, Home Care Providers (including Reablement and Direct Payments)</td>
<td>Risk of Morbidity or Mortality</td>
<td>Gypsy and Traveller, Substance Misusers, Underlying Health Conditions</td>
</tr>
<tr>
<td><strong>Settings Identified, Risk Assessments Complete, Preventative actions Identified, Wrap around support identified, Named Leads identified for management of outbreaks, Data requirements Scoped.</strong></td>
<td>Children’s Centres: HM0’s B&amp;B Mid Suffolk, Supporting Housing, Shopping Centres and Arcades, Community Providers, Port Health</td>
<td>NRPF (No recourse to public funds)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early Years: HMO’s East Suffolk, Extra Care Housing, Events and gatherings, Mental Health Units, Medium Employers, Migrants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Schools: Temporary Accommodation, Day Services, Places of Worship, Dentists, Food and Drink processing, Refugees and Asylum Seekers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary Schools: Sheltered Housing and Very Sheltered Housing, Community Support, Open green spaces, Pharmacies, Criminally Exploited</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Special Schools: Residential accommodation for children in care, Community Support</td>
<td></td>
<td>Domestic Abuse Refuges, Places of Worship</td>
</tr>
<tr>
<td></td>
<td>Pupil Referral Units: Supported Independent Accommodation for CIC, GP Federation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent mainstream schools: Ex offenders, Community Mental Health Services, Hostels, In-Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical Disability Facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pathways: Outbreak Management

**Workplaces**
- Pull on support from: EHOs, Trading Standards, Economic Development, NALEP etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Education and CIP**
- Pull on support from: CYP Leads, LA Officers, Inclusion Service etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Adult Care Settings**
- Pull on support from: Suffolk Association of Care Providers, Care Development East, Care Homes Team etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**At risk individuals and Groups/ Cohorts via Collaborative Communities Board**
- Pull on support from: SC19CC, Suffolk Community Media, Refugee Support, Anglia Care Trust etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Figure 19**
- SC19CC contact relevant lead via phone / email with initial outbreak information
- Clear action for Alliance provided by SC19CC
- SC19CC provide SharePoint reference number (to enable Alliance to access detailed information and case history)
- Actions completed and updates made by Alliance on Enquiry Record

**Emergency Workplaces**
- Pull on support from: Trading Standards, Economic Development, NALEP etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency Education and CIP**
- Pull on support from: CYP Leads, LA Officers, Inclusion Service etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency Adult Care Settings**
- Pull on support from: Suffolk Association of Care Providers, Care Development East, Care Homes Team etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency At risk individuals and Groups/ Cohorts via Collaborative Communities Board**
- Pull on support from: SC19CC, Suffolk Community Media, Refugee Support, Anglia Care Trust etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency Housing**
- Pull on support from: contract management team, housing needs team, housing options team etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency Health Settings**
- Pull on support from: ICS incident co-ordination centre, GPs, acute hospitals etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed

**Emergency Public Spaces**
- Pull on support from: Police, Environmental Health, Trading Standards etc...
- Allocated lead updates Enquiry Report on SharePoint with actions completed
Pathways:

Advice and Guidance, Vulnerable Individuals, Testing & System Knowledge

Suffolk COVID-19 Co-ordination Centre (SC19CC)
- Information received, understood and interpreted.
- Local and national guidance documentation held and distributed.
- Preventative advice and guidance provided to system partners and settings.
- Provision of situation reports or information to multiagency fora and the Suffolk COVID Health Protection Board
  - Provide a SPOC for PHE for reporting community outbreaks within Suffolk requiring local action.
  - Data, statistics, knowledge and information received, actioned and distributed
- Clear communications developed and shared with system partners and stakeholder

Information In

Testing Information
Local and National Data and Information
Local Enforcement Data
National Documentation and Guidance
Heat Maps

General queries from system partners and settings

Information Out

Deployment of mobile testing units
Provision of risk assessments and SOPs
Preventative advice and guidance provided to settings
Distribution of national and local guidance to relevant bodies
Home But Not Alone service diverts (vulnerable individuals)
Time Bound
Heat Maps and Data to Workstream Delivery Strands & Alliances

General queries from system partners and settings
Preventative advice and guidance provided to settings

Distribution of national and local guidance to relevant bodies
Home But Not Alone service diverts (vulnerable individuals)
Time Bound
Heat Maps and Data to Workstream Delivery Strands & Alliances
Pathways: Contact Tracing

This process and pathway flow is very much in draft until further clarification is received from centre. The Contact Tracing pathways detailed below provide an example of how a case will progress through Suffolk's Contact Tracing model and indicates point of escalation to Public Health Consultants, Outbreak Managers and Environmental Health Officers. The resource for the Suffolk Contact Tracing model is described on next page.
## Contact Tracing

<table>
<thead>
<tr>
<th>Title</th>
<th>Role</th>
<th>Requirement</th>
<th>Source</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Public Health Specialist</strong></td>
<td>• Senior clinical oversight of contact &amp; trace centre</td>
<td>Dedicated input for up to 30 hours a week with additional &quot;on call cover&quot;</td>
<td>Public Health consultants and additional dedicated support from retired PH consultants living in Suffolk</td>
<td>Discussions already underway with potential candidates. Zero hours contracts will be utilised for surge capacity</td>
</tr>
<tr>
<td></td>
<td>• Strategic liaison with SC19CC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Additional PH Consultant support to SC19CC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact &amp; Trace Team Leads</strong></td>
<td>• Review cases sent to clinical team</td>
<td>Minimum Requirement: 0.87 WTE per 8-hour shift</td>
<td>Direct recruitment to Public Health Suffolk on 6-9 month contracts with option to extend</td>
<td>Recruitment commencing immediately (w/c 29/06/20)</td>
</tr>
<tr>
<td></td>
<td>• Review cases forwarded to SC19CC</td>
<td>Maximum requirement: 2.17 WTE per 8-hour shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assessment of complexity and allocation of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Team leader for call handlers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• JD based on NHS Clinical Contact caseworker (NHS Band 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact &amp; Trace Call Handlers</strong></td>
<td>• Provide advice, guidance &amp; support on contact tracing and self-isolation</td>
<td>Minimum Requirement: 4.55 WTE per 8-hour shift</td>
<td>• SCC staff</td>
<td>Scoping conversations have already commenced with all potential sources</td>
</tr>
<tr>
<td></td>
<td>• Carry out contact tracing on behalf of setting if necessary</td>
<td>Maximum requirement: 11.37 WTE per 8-hour shift</td>
<td>• Home But Not Alone Call Handlers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• JD based on Public Health Call Handler (NHS Band 3 / SCC Grade 3/4)</td>
<td></td>
<td>• University of Suffolk recent Health &amp; Social Care graduates or undergraduates with appropriate experience</td>
<td>Additional capacity will be identified and trained in preparation for potential surge in cases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Public Health commissioned services practitioners</td>
<td></td>
</tr>
</tbody>
</table>
Training and Skill Development

The impact of COVID-19 has created an extremely challenging time for all levels of health and social care workforce. Training remains a priority during this period to ensure there is a skilled and competent workforce. A tiered approach to training will ensure the workforce has the relevant knowledge and skills to complete their roles as appropriate.

Tier 1 training is suitable for public health professionals and would focus on infection prevention and control.

Tier 2 training would be suitable for front line staff and provides information on how to be prepared to respond, how to identify a case once it occurs, and how to properly implement IPC measures to ensure there is no further transmission.

Tier 3 training is suitable for anyone in the public sector who requires an overview of essential information of COVID-19, topics would include: how to prevent COVID-19, Social Distancing, Self Isolation and Shielding, Best Practices for work.
Resources to support delivery

- Suffolk has received £2.79m to deliver the local plan.
- This is seen as a system resource.
- Our assumption is to plan for next 12 months.
- Resources will be deployed to the following areas:
  - Staffing to resource coordination centre including specialists, analytical resource and contact tracing.
  - Support to District and Borough and other system partners.
  - Infection, prevention and Control capacity.
  - Communication and community engagement.
  - Support to vulnerable to self isolate.
  - Training and support.
- Exact allocation of resources will be agreed (through Health Protection Board) over coming weeks moving from an interim solution to more substantive structures.
Appendix: Action Card Delivery
Complex Settings: Children's Homes

Children's Homes (Private and Suffolk County Council)
supported independent living accommodation for 16+ and UASC (Unaccompanied Asylum seeker Children)
Including Isolation Unit for suspected or confirmed COVID 19 diagnosed children

Risk Assessment
• Each children’s home has COVID risk assessment in place which outlines preventative work and infection control measures in each setting for all staff and residents.
• Each home also has a Covid secure risk assessment completed and signed off.
• The same applies for supported living accommodation for 16+ & UASC

Key Risks
• Children or young people placed in a home or supported accommodation may struggle at times to understand and comply with advice on social distancing and self isolation, thereby increasing the risk of spreading infection.
• Should a children’s home staff member test positive this could lead to the self-isolation of a large proportion of the staff team, causing the home to be understaffed and lead to potential closure.
• Private Home failure could lead to insufficient placements for children in care, and children would be at risk.
• The UASC cohort will require the most protection due to higher BAME associated COVID risks, language barriers, and potential gaps in knowledge regarding potential underlying medical conditions.
• Given the need to continually staff the homes at a safe level, blanket communications to teams could potentially create further staffing issues unnecessarily.

Prevention
• SCC Children Homes: Each SCC homes management team is tasked with delivering the guidance and actions set out in the individual risk assessments.
• In each SCC home a member of the management team is working each day of the week to offer advice and implement actions with the staff teams.
• Emphasis is placed on having strong and consistent infection control measures in place.
• Children’s Homes Private Provider: These are individually responsible for preventative information and action in their homes. The SCC Contract Manager is disseminating advice to providers of private children’s homes and assuring compliance via contract management.
• The same applies for independent living supported accommodation for 16+ & UASC. Social workers responsible for CYP in supported accommodation work with them to facilitate understanding and compliance.
• All settings, SCC or contracted by SCC, are asked to inform the LA if they have a suspected case so prevention measures are promptly put in place.

Testing Requirements
• Should a member of staff or child in the home displaying symptoms or tests positive for Covid 19 there would potentially be a need for testing capacity for all staff working in the home and residents.
• Contact tracing and testing for confirmed cases in supported living accommodation and potentially for suspected cases if a number present at the same time. These settings are open to the public, i.e. there is freedom of flow to other young people, adults supporting or engaging with the young people housed in the accommodation and the young people themselves have freedom of movement.

Support Requirements Identified
• Potentially support around the redeployment of staff to cover the rota in SCC run homes to backfill staff affected by an outbreak.
• Financial support in recruiting agency workers or redeploying staff to cover shifts within the home –both SCC run or contracted. Also for support staff in supported living accommodation.
• Enhanced Contract management for a limited period of time for private children’s homes and supported living accommodation, together with support procuring additional PPE or infection control materials.
• Emotional support for staff and the children and young people affected – particularly those who are UASC.

Tailored Communications Requirements
• SCC run Homes: The homes manager will communicate with the LA Head of Residential Care and Corporate Parenting who will then need to communicate with PHE and the local coordination centre.
• There would be a need to individualise communications for staff directly affected as well as tailoring communications to children and their families affected, particularly for those CYP who are UASC or who have behavioural, emotional or communication difficulties.
• Bespoke communications to individual settings to prevent misunderstanding or unnecessary action.
• Provider Run Homes and supported living accommodation: The provider would notify PHE and the Local Authority of the outbreak in their setting. The provider could be responsible for communicating to their staff and children within their setting as they see appropriate and in line with guidance.
• SCC Contract Manager would communicate with the provider lead.
• Social workers will communicate with the CYP that they are responsible for, to facilitate understanding and reassurance.

Named Contacts
In place for: SCC run Children’s Homes, Individual Homes Managers, Private Provider run Children’s homes, Provider Lead of each setting.
Designated contract manager for all private / independent children’s home and supported living accommodation.
Complex Settings: Early Years, Schools
SEND and Alternative Provision (AP)

Includes Complex Setting information for Early Years (Nurseries & Early Years providers (Private and Voluntary)), Schools ((Maintained, Academies), Primary Schools & Secondary Schools (including those with 6th Forms)), SEND/AP ((Maintained, Academies and Independent), Special Schools, Pupil Referral Units)

Risk Assessment
Each school and Early Years (EY) setting has completed a risk assessment which set out the prevention protocols for the setting and for managing each individual environment (e.g. set up of bubbles, social distancing, hygiene, cleaning).

Key Risks
- Schools and EY settings are of varying sizes, both in terms of physical space and children/staff numbers. Some may struggle more than others to maintain the currently advised social distancing measures due to this, especially as numbers of children attending increase in future phases, e.g. September.
- Settings have identified that one of the biggest challenges they will face is staffing when having instances of self-isolation during the test and trace period. It needs to be acknowledged that capacity within schools, colleges and early years settings may decrease at times due to available staffing levels.
- Some young people are on ‘dual placements’, where children and young people are attending more than one setting to receive their education offer. For example, this could be two different schools or could be a school and respite placement or even – in the case of an apprenticeship – a workplace as well as an education setting.
- In terms of individuals most at risk, these would include those staff/pupils with underlying health conditions or those in the higher risk cohort, and those living with parents, carers or family members with those characteristics. This is particularly an issue for some SEND settings where young people have a range of additional medical needs.
- As there have been a number of cases that have tested positive even though the person has appeared to be asymptomatic, there needs to be close monitoring of this with PH colleagues and support and advice given to settings as appropriate.
- There is a need to understand school and Early Years settings plans for summer activities. These may be different from normal setting ‘delivery’ and as such require a more flexible approach to the risk assessments.
- Resource is an issue, particularly for settings as they may not be able to provide the staff to do large scale test and trace work other than providing the details of staff and pupils to colleagues in Public Health (PH). Longer term it does become an issue for CYP services as business as usual returns.

Prevention
- Regular advice is given to schools and settings to review and update their risk assessments as and when there are changes to guidance or when a setting experiences a change in numbers attending which may affect their layout and prevention measures.
- If outbreaks were to happen elsewhere this will provide learning and the adoption of differing practices that settings might wish to review as part of their own risk assessing.

Prevention (continued)
- Changes and updates to government or Public Health guidance is sent through to CYP leads for cascading. This can be done promptly using well-established, regular communication methods such as Suffolk Headlines, Early Years newsletters Skills Teams ‘DST’ and Apprenticeship newsletters and also via Suffolk County Council web pages such as the ‘Safety, Health and Wellbeing’ pages on Suffolk Learning and COVID-19 FAQs pages.

Testing Requirements
- Clear messaging about the need for staff to use the employer portal to access testing as this will allow a more fast-tracked approach and allow subsequent actions to be taken more quickly.
- Where there is a suspected case or outbreak over a weekend period a quick response will be required to ensure that the school or setting is provided with support as soon as possible and to allow any required messaging about next steps to go out to parents and staff before that setting’s next ‘open’ day.
- If the setting has a limited number of staff a suspected case or outbreak could put the setting at risk of closure therefore, a rapid response from PH may limit any outbreak and assist the school to remain open.

Support Requirements Identified
- Support is already available to schools and settings on a daily basis through the joint working on risk assessments. There are also established support measures for schools from task groups and teams within Suffolk County Council.
- If schools are part of an academy trust they will be supported by the resources available to them through the trust and partner schools.

Tailored Communications Requirements
- Most schools and settings would require the same guidance, however, if there were something specific to certain settings or cohorts of staff/pupils these would need to be flagged appropriately, e.g. SEND settings with cohorts of pupils with a range of medical needs.
- A flowchart has already been provided to all schools and setting to outline the contact routes for accessing support and alerting colleagues in CYP and PH to a suspected case or outbreak. This will be regularly reviewed and updated if guidance or processes change, such as the implementation of the Suffolk COVID-19 Co-ordination Centre.

Named Contacts
In place for: Early Years Settings, Schools (mainstream), Special Education and Alternative Provision.
Complex Settings: Housing
Includes Complex Setting information for Rough Sleepers – Emergency Accommodation, Approved Premises, Housing Related Support, HMO’s, Temporary Accommodation, Sheltered Housing and Very Sheltered Housing, Residential Accommodation for Children in Care and Supported Independent Accommodation for CiC

Risk Assessment
- Approved Premises: All service users have health information collated as part of referral process and are registered with a GP; this information will allow identification of priority groups in terms of health. Covid-secure regime remains in place at the Approved Premises for the foreseeable future.
- HMOs: In some areas, there may be higher numbers of BAME residents in HMO, particularly EEA workers. Work is prioritised on a dynamic basis as referrals are received to our service.
- Housing Related Support: Individual providers have been asked to Risk assess their own premises and take steps to be able to manage. Guidance has been developed to underpin this.
- Emergency accommodation: The Suffolk-wide client database is being populated with information about each client from a number of partners and support agencies. Potential outbreaks in properties where rough sleepers are moving from various addresses would increase risk of spreading potential infections.
- Sheltered Housing: Risk Assessment are being carried out by the Housing provider in conjunction with SCC where care is on site. All providers will return COVID secure risk assessments for their setting which we would ask them to action.
- Temporary Accommodation: All residents have health information collated as part of their homeless application and are either registered with a GP or referred to the MVA / Health Outreach Team. This information will allow identification of priority groups in terms of health.

Testing Requirements
- Approved Premises: Testing already in place for staff & residents via the MoJ
- Testing would be required if there was a suspected outbreak within a premise (Housing related support, temporary accommodation, HMO’s, Sheltered Housing and Temporary Accommodation)

Support Requirements Identified
- Housing related support: Residents may need to rely on existing support services such as Home but not alone for short spells of time whilst isolating. It is not recommended to re-house unless residents are unable to self-isolate appropriately within rooms and have communal space large enough to avoid contact with other residents.
- Emergency accommodation: There may be a need to secure Emergency accommodation in situations where a volume of requirements to isolate within one setting is not achievable.
- Sheltered Housing: Support from SCC Adult services

Tailored Communications Requirements
- Plain English with potential need for translation dependent on location and / or current residents.
- Verbal / easy read advice
- large print or audio technology.

Prevention
- Approved Premises: Links in place with local GPs; Approved Premises staff are conversant with preventative advice from PHE due to already being in a Covid-secure environment
- HMOs: Advice for landlords of HMOs is already provided online. Posters have been put up in Communal Areas where issues have been identified. Staff are enforcing Government Advice where appropriate and making referrals to the Police when government guidelines on social distancing are not met.
- Housing Related Support: Guidance has been developed together with providers and Public Health. In accordance with the SoP, Single Points of Contact have been identified for each scheme with responsibility to implement the Guidance
- Emergency accommodation: We have been working with health outreach partners about improving health education for rough sleepers and vulnerable individuals, which is a priority. We are able to highlight areas where we are aware rough sleepers are congregating allowing us to target some preventative work regarding high risk groups.

Named Contacts
Named contacts in place for: Approved Premises, HMOs, Housing Related Support, Emergency Accommodation, Sheltered Housing and Temporary Accommodation.
Complex Settings: Adult Care Settings

Includes Complex Setting information for all Adult Social Care Settings to including: Care Homes (Residential and Nursing), Home Care Providers (including Reablement and Direct Payments), Supporting Housing, Extra Care Housing, Day Services and Community Support

Risk Assessment
- We would use our Contracts staff to risk assess settings, (in consultation with Social Work Teams) using our Risk Tracker and our current RAG status.
- We would also take some direction from the Care Cell where they are seeing issues emerging risks.
- We would align with the Outbreak Infection Meeting and the Tactical Management Team for Care Sector to capture emerging areas of risk and consider patterns of concerns.
- Contracts staff would advise the delivery strand of any provider who may struggle with advice and provide appropriate wrap around support

Tailored Communications Requirements
- All communications would be provider facing

Testing Requirements
- Outbreak of Covid in one of our care settings.
- Impact on staffing capacity within a care setting.

Key Risks
- Capacity to continue to deliver safe services for our most vulnerable

Prevention
- We would use the already established Provider Comms through the Helpdesk for all services.
- In addition, we would use our links with the Suffolk Association of Care Providers and Care Development East to get information out to all members
- Regular Virtual Locality and County Care Forums with Providers

Named Contacts
Named contacts in place for: Contracts ACS and Care Homes and infection control.

Support Requirements Identified
- Provider Support available

![Diagram of complex settings]
Complex Settings: Public Spaces

Includes Complex Setting information for Public Spaces: Local knowledge of area held by the partner organisations databases and individuals (Parks and Leisure service), Town/Parish councils, privately managed public areas. Groups: General public – Shoppers, Tourists, Residents. Visitors for specific sites or events.

Risk Assessment

- **Settings:** Most populous areas. Areas more sheltered than others (e.g. market space vs open parkland).
- **Demographic of population,** e.g., older people may use market, younger people may attend certain music events, etc.
- **Clinically older/vulnerable people more susceptible to COVID than young,** so priority to prevent possible infection of more vulnerable groups, e.g. allow access only to low-risk populations. Instigate local lockdowns, e.g. sheltered housing site or known residential area of mature population.
- **Most vulnerable need protection:** Elderly, v. young, those with underlying health concerns, homeless
- **Communities that may struggle:** Elderly – Lack of access to communications, ethnic communities – lack of understanding/language. Homeless/those with issues with authority may be hard to reach/unwilling to engage. Some people may not follow advice as they perceive it to be conspiracy/infringing their rights/immune to the risk, etc.

Support Requirements Identified

- May lead to large numbers in isolation, so support network for food and other services.
- Communications support to reach affected population.
- Equipment to cordon off affected areas.
- Highways/public space closures/changes fast-tracked.
- Cleansing of potentially contaminated areas.

Prevention

- Telephone/SMS through track and trace (national)
- Emails through groups/organisations to members/attendees.
- Leaflets/letters through doors.
- Signage in associated areas for regular visitors to see, staff presence to hand out advice leaflets.
- Communications through social media, local to and local radio.
- Affected area cordoned off where appropriate (e.g. known gathering locations), rerouting of pedestrian traffic.
- Cancellation of events in location. At event, communication to attendees regarding isolation need, closure of event groups.

Testing Requirements

- Rapid testing may be needed if: population still present (e.g. event), multi-day events such as Christmas fayre, Latitude festival, Suffolk Show, events where people on site for > 48 hours.

Key Risks

- Scale of potential issue, e.g. Christmas shopping/sales. • No information as to who is there and where they are from. Likely to include large numbers from outside the local area. Communications to reach the full diverse range of population including visitors.
- Weather extremes – Being conscious of the implications e.g. hot weather is likely to bring more people outside.
- Increase in civil disobedience (e.g. protests) – Not doing anything to fan the flames at a time when there is already growing frustration and anger amongst the community.
- Lack of public trust in the process and unwillingness to participate will be a significant risk
- Lack of take up of the App
- Resourcing the response – staff likely to be involved in this will also be involved in the lifting of lockdown in the hospitality sector and in responding to outbreaks in work settings
- If enforcement is necessary where people not compliant, how will this be done/managed?
- Sharing of sensitive data/data protection
- Reputational risk for the partner organisations (if we don’t get it right)

Tailored Communications Requirements

- Need to be prompt, clear, basic for those with limited language abilities, in a format that is trusted and will reach all.
- Need to have clear reasoning and clear instructions/actions.
- Communication tools: Language Line, Google Translate.
- Plus, in a format that can be easily downloaded into Facebook, Twitter, Web pages etc. (ideally not PDF’s)

Named Contacts

EHOS in each geographical district
Complex Settings: Health Settings

Includes Complex Setting information for all of the health settings commissioned by WSICG and IESCCG and GY&WCCG all primary care settings in Suffolk and all private health settings.

Risk Assessment
- Each health setting has local COVID-19 risk assessment plan to include clear definition of COVID-19 outbreak following national definitions *(to be confirmed). Currently identifying and engaging with Health Care Settings in Waveney.
- Each health setting will have an outbreak management plan. Currently identifying and engaging with Health Care Settings in Waveney.
- Each acute trust has IPC team/DIPC with clear processes in place for local outbreak management in place. Major outbreak management escalation process in place.
- Smaller organisations (i.e. hospices/in-health/GP Federation/GP practices/Health Centres/mental health community clinics) may not have expert in-house IPC team or access to occupational health. (May require additional support *). Currently identifying and engaging with Health Care Settings in Waveney.
- ECCH provide IPC advice to GP Practices in Waveney, as part of N&W CCG commissioned services as a community provider.

Prevention
- We would use the already established routes:
  - Resilience EPRR leads.
  - Local Resilience Forums & wider partners.
  - Provider IPC meetings.
  - HCAI surveillance group for Acute IPC teams via Teams (to be confirmed* for COVID-19 RCA-hospital confirmed cases).
  - Test & track advisors-providers via occupational health teams-capacity may be an issue as it will be soon Influenza immunisation season?
- Consider use of existing communication channels to disseminate preventative advice and actions e.g. Local Pharmacy Committee, Local dentistry Council etc.

Testing Requirements
- Rapid testing would be required in the following circumstance:
  - Outbreak of Covid-19 in one of the health settings.
  - Impact on staffing capacity/impact on capacity to deliver care/cancel patients/lists/clinics/operations/close GP practices/impact on services/cancer waiting times.

Tailored Communications Requirements
- The process is set up and clearly communicated across health providers.
- Health settings communication current guidance directly from GOV.UK https://www.gov.uk/coronavirus
- NHSE/I updates/SOPs for all health providers via comms teams daily.
- Internal comms/provider communications.

Key Risks
- Capacity to continue to deliver safe services (i.e. staff shortages) although the risk is lower for test/trace within healthcare settings due to correct use of PPE/risk assessment. This can be managed by PPE policies and PPE champions & IPC teams.
- Unclear/unknown current impact- for staff test/trace from outside healthcare setting or impact from visitors to healthcare settings as contacts?
- Requires Suffolk public information communication team to develop information.
- Primary Care Business Continuity planning in N&W CCG, are considering impacts such as a digital failure in response to the COVID-19 pandemic and this will also be considered in light of Test and Trace.

Support Requirements Identified
- Regional ICC-reporting outbreaks/Sitrep reports.
- ICS/ICC and N&W CCG ICC Sitrep reports and escalation process as required to IMT.

Named Contacts
I&E and WS: Named contacts in place for: ICC room (open 7 days a week with OOH cover (to be reviewed in Sept 2020)) and SC19CC Single point of contact.
GY&W: Healthcare escalation route currently via the N&W CCG ICC; Open 7 days a week 08.00-20.00 (being reviewed)
Complex Settings: Workplaces

Includes Complex Setting information for Workplaces. Local knowledge held within Environmental Health, Trading Standards, Licensing and Economic Development Teams. Other sources of information include: Business Rates, 'Fame' (Economic Development database), HSE and FSA. ‘PHILIS’ (Port Health system with data on shipping lines). Other sources of information from partners such as the Suffolk Chamber of Commerce and the LEP. Types of complex workplaces identified by pilot T&T work in Norfolk – contact already established through the Norfolk & Suffolk H&S Group

Risk Assessment

- Factors that will impact on risk in the workplace:
  - Size and layout of the premises
  - Indoor or outdoor activities
  - Number and demographic of the workforce
  - Any vulnerable individuals employed
  - Nature of the operation i.e. do they work in small groups / shift patterns and what numbers could be exposed to possible transmission.
  - Transport provision to and from the workplace
  - Businesses with a poor compliance history with H&S requirements.
  - Access to resources / information / knowledge within the business
  - Migrant workers – language barrier.
  - Use of agency staff that may be transient and difficult to trace.
  - Current state of COVID-19 secure controls – have any been implemented are they effective

Prevention

- Provide advice and guidance to businesses via social media, emails, letters, telephone contact, Zoom interventions.
- Sign posting to government and LA websites with FAQs
- Workplace signage / posters.
- Consistent and common messages will be required – some light-touch training / instruction for frontline staff.
- Access to specialist advice from PHE/PH Team
- Shared repository of information.

Support Requirements Identified

- Communications – we will need to bring employers and employees along with us.
- Legal teams to support individual agencies where enforcement action is required.
- Interpreter / translation of materials
- Police support
- HSE who are the Enforcing Authority for certain types of workplace.
- Assistance for businesses with contingency/business continuity planning.

Tailored Communications Requirements

- A variety of options would be required dependent upon the particular business.
- Information in a variety of languages may be required or support from appropriate community groups.
- proactively support workplaces to understand the importance of responding to single cases and contacts in employees to ensure that these are supported to self-isolate

Testing Requirements

- Rapid testing would be required in the following circumstance:
  - Outbreaks in critical businesses e.g. food supply chain
  - Situations where there are large numbers of cases / contacts.
  - Multiple outbreaks and complex contacts
  - Outbreaks in work settings where vulnerable groups are identified.
  - In reality any business will need rapid and flexible testing, given livelihoods are at stake, and more likely to encourage compliance.

Key Risks

- Lack of support from employer / employees whose livelihood and income may be a stake
- Closure of a critical business due to a localised outbreak
- Insufficient LA resources to respond to outbreak notifications.
- Exposure of LA staff to cases / contacts and risk of contracting the infection
- Rapid access to testing
- Rapid turnaround of test results
- Testing of asymptomatic cases that are isolating? Not currently allowed.
- Data protection issues
- Expectations of local community and local / national politicians
- Poor record keeping within businesses making contact tracing difficult.
- Expectations around enforcement options where there is non-compliance.

Support Requirements Identified

- Communications – we will need to bring employers and employees along with us.
- Legal teams to support individual agencies where enforcement action is required.
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  - In reality any business will need rapid and flexible testing, given livelihoods are at stake, and more likely to encourage compliance.

Named Contacts

Named contacts in place for: D&B EHOs and Trading Standards
Complex Groups: Groups at High Risk of Disadvantage: Criminally Exploited & Domestic Abuse Refuge

Includes Complex Setting information for Young people open to: Suffolk Youth Justice, Police Youth Engagement Team, SNT’s, Suffolk SAGE Team, MAC, MASH, Early Help and Young People identified as at risk through County Lines Panels. Young people supported by VCS youth work organisations. All young people open to CYPs have a RAG rated Covid Plan. Settings identified are the three women’s refuge in Suffolk providing safe accommodation for women and children fleeing Domestic Abuse

Risk Assessment

- **Criminally Exploited**: YPs and adults being exploited may travel, unlikely to stop or heed health advice due to pressure on them to keep dealing. Criminal networks continue to exploit CYP, trafficking in & out of County / plugging CCE / CSE - CYP forced to breach social distancing due to financial pressures of Debt Bondage and fear of serious violence & punishment = higher risk of exposure to possible infection

- Cuckooed properties / Trap houses – unsanitary / class A drug use / violence / CCE / CSE & multiple occupancy usage = higher risk of infection. Trafficked by train/ bus / hire car

- Information Advice & Guidance needs to be aimed at & accessible for young people in language / terminology that they will understand, in formats or on platforms that they will access.

- Some young people will not be accessing health care , identify the existing network around the CYP

- **Domestic Abuse Refuge**: In the event of an outbreak in refuge those with underlying health conditions would be prioritised

Prevention

- **Criminally Exploited**: Teams are conducting regular welfare checks with young people & families. Some face to face in line with Gov guidance / some virtual. Use of WhatsApp etc.

- **Domestic Abuse Refuge**: Regular wiping of surfaces and Social distancing of at least 2 meters adhered to between non household members e.g.. staff and residents, staff and visitors, residents and visitors and all new residents until isolation period is completed.

Support Requirements Identified

- **Criminally Exploited**: Young person relatable information from trusted sources, Masks / appropriate PPE, Alternative housing provision, Isolation Unit already in place if required

- **Domestic Abuse Refuge**: Wider support for a resident with children needing to be hospitalised where care would need to be established for dependents.

Testing Requirements

- **Criminally Exploited**: Any shared accommodation /shared entrance / Cuckooed properties

- **Domestic Abuse Refuge**: There may be a need for translation services if English is not the residents first language. Communications should come from one trusted source (refuge manager) to avoid miss-information or confusion.

Tailored Communications Requirements

- **Criminally Exploited**: Trusted sources and appropriate messages, Need to think about very simple direct language as some will have low levels of literacy.

- **Domestic Abuse Refuge**: There may be a need for translation services if English is not the residents first language. Communications should come from one trusted source (refuge manager) to avoid miss-information or confusion.

Key Risks

- **Criminally Exploited**: Fear & nature of the serious & organised criminal exploitation of vulnerable CYP - leading to lack of engagement/compliance. Not accessing GPs or A&E.

- Being in unsafe places because they have no option – Trapped - Debt Bondage, Trafficking, Economic Deprivation, NRPF. Not all have access to phone - other than exploiters ‘burner’ phone ’ or internet/can’t afford it (barrier to accessing services in addition to literacy and language

- **Domestic Abuse Refuge**: Residents have fled high risk domestic abuse and as such will be anxious of their locations being disclosed. Any service supporting refuge to manage an outbreak should be conscious and sensitive to that and under no circumstances the location of refuge be disclosed

Named Contacts

- **Criminally Exploited**: Suffolk Youth Justice Service, Head of Strategic Commissioning, Assistant Director Children’s Social Care and Youth Justice, Head of Safeguarding and Reviewing Officer Service, Superintendent Suffolk Police, Child Exploitation Co-ordinator and Safeguarding and Reviewing Officer Service

- **Domestic Abuse Refuge**: Named contacts identified for each home.
Complex Groups: Groups at High Risk of Disadvantage: BAME

Includes Complex Setting information for Main BAME communities in Suffolk: Black, mainly Caribbean community (majority in Ipswich), Bangladeshi community (majority in Ipswich), Polish; across Suffolk (most West Suffolk and Ipswich), Portuguese; across Suffolk (most Ipswich & West Suffolk) and Lithuanian; across Suffolk, (most Ipswich & West Suffolk).

Risk Assessment
- Culturally and socially might be more inter-generational living
- Places of worship-used to very large funerals
- Places of work that require specific transportation (e.g. mini bus)
- More likely to work in roles that can’t be done from home = higher risk of infection
- Many on zero hours contracts-they have to work to live/fear of losing job
- Info needs to be in language that’s easy to understand (not just translated)
- Specific BAME groups at higher risk than others
- In some communities the term ‘household’ means something wider than what we would class as a household
- Getting information from home countries which may be different to England = misinformation
- Some migrants not eligible for free NHS care-govt has relaxed rules but people don’t always know that and are still not accessing vital health services
- People concerned about tracking (test & trace) what will you be asked for and what you wont.
  Distrust of public services. Risk will not respond to advice.

Prevention
- Need to understand that people may speak a number of languages but not be literate in any, so we need to provide accessible IAG that is clear & concise
- Providing masks (CCG already doing that)
- Appropriate messaging/comms (video/audio) to individuals/places (CCB)
- Schools can give messages on our behalf-trusted
- People are very concerned about tracking (test & Trace). Need to Reaffirm & Reassure re: what will you be asked for and what you wont- e.g., Trading Standards Test &Trace Scam Alert. Understand what is on Social Media e.g. 5G – Myth Busting required

Named Contacts
Named contacts in place for: VCSE, Faith Groups and Community Groups.

Testing Requirements
- Rapid testing would be required in the following circumstance:
  • Any shared accommodation/shared entrance
  • Specific working environments inc transport to work/(factories/car wash/takeaway etc.)
  • Taxi’s

Tailored Communications Requirements
- Trusted sources and appropriate messages
- Use of translated materials or interpreters when appropriate
- Reassurance that the cohort are not being targeted due to their minority community background
- Be aware that not all terminology/jargon has a cultural reference so does not always translate
- Simplified language Video & Audio Messaging / Infographics that can be shared across Social Media platforms incl WhatsApp/ Face book/ Twitter
- Use appropriate resources from external partners

Key Risks
- Fear - leading to lack of engagement/compliance
- BAME not accessing GP’s or A&E
- Putting themselves in unsafe places because they have no option (labour exploited)
- Not all have access to phone or internet/can’t afford it (barrier to accessing services in addition to language barriers

Support Requirements Identified
- Information from trusted sources
- Masks-mini buses which transport them to work and Specific reassurance that they are not being targeted because they are from a BAME community
Complex Groups: Groups at High Risk of Disadvantage: Gypsy & Traveller, Migrants, NRPF, Refugees & Asylum Seekers and Roma

**Risk Assessment**
- Culturally and socially might be more inter-generational living / HMO’s / private sector housing & cultural norm for gathering in large social groups both in dwellings & public spaces
- Places of work that require specific transportation (e.g. mini bus), more likely to work in roles that can’t be done from home. Many working in frontline roles with higher risks: health, care, retail, transportation, plus in roles where may be difficult to maintain social distancing: factories, agriculture, car washes, nail bars. Many on zero hours.
- In some communities the term ‘household’ means something wider than what we would class as a household
- Getting information from home countries which may be different to England.
- Some migrants not eligible for free NHS

**Prevention**
- Need to understand that people may speak a number of languages but not be literate in any.
- Providing masks (CCG already doing that)
- Appropriate messaging/comms (video/audio) to individuals/places (cob), Schools can give messages on our behalf-trusted
- Existing trusted channels (iris group/gyros/sire etc.) peer to peer cascading information provided by SCC, NHS, etc. in translated versions
- Trusted providers answering queries and myth busting.
- People are very concerned about tracking (test & trace). Need to reaffirm & reassure re: what will you be asked for and what you wont- e.g., trading standards test & trace scam alert. Understand what is on social media e.g. 5g – myth busting required

**Support Requirements Identified**
- Information from trusted sources
- Masks - including for mini buses which transport them to work?
- Response to work or other settings to include discussion with employer/setting lead,
- Specific advice for those living in shared accommodation about why they need to follow the guidance. There may be a need for separate accommodation to allow an individual to isolate

**Testing Requirements**
- Rapid testing would be required in the following circumstance:
- Any shared accommodation/shared entrance
- Specific working environments inc transport to work and Taxi firms
- Unauthorised encampments who may not be in the County for many days

**Tailored Communications Requirements**
- Trusted sources and appropriate messages
- Use of translated materials or interpreters when appropriate
- Reassurance that the cohort are not being targeted due to their minority community background
- Be aware that not all terminology/jargon has a cultural reference so does not always translate
- Simplified language video & audio messaging / infographics that can be shared across social media platforms incl WhatsApp/ face book/ twitter
- Use appropriate resources from external partners e.g. Roma support / other LA’s etc.

**Named Contacts**
Named contacts in place for: VCSE, Faith Groups and Community Groups.
Complex Individuals: Groups at High Risk of Infection, Mortality or Morbidity: SMI & Dementia, Substance Misusers and those Shielding

Complex Individuals identified have been identified through: NSFT team patient/clients e.g. local IDT, Primary care serious mental illness registers, Community matrons, Dementia together, DIST, ACS, CYP, Local VCS e.g. MIND, SUF, Residential and nursing homes, Supported housing, Engagement with Turning Point, DAROS, health services in Waveney, Marginalised Vulnerable Adult service, and those on the shielded list.

Risk Assessment

- **SMI & Dementia**: Primary care undertake physical health checks on their clients. Risks include severe respiratory and heart disease, diabetes and obesity which increase risk of COVID. This means the risk is raised. Risks are raised in residential and nursing homes and in group housing. People with dementia and severe mental ill health may struggle to understand and accept advice. Also following advice may worsen mental ill health, e.g., due to isolation. Mental health providers have seen worsening of severe mental ill health during COVID.
- **Substance Misusers**: Hotel accommodation providers/district and boroughs would respond using the SOP developed by Public Health. Other substance misusers are unlikely to be living in large groups. STARS – social distancing is possible and self-isolation is also possible within the properties used within the service. Those with chaotic lifestyles are less likely to heed advice. HEP C testing is in place in some of the hotels accommodating substance misusers, this is being collated by PH
- **Shielding**: Risk assess through INT’s/PCN’s/Locality groups. Those on shielded list who live with others who are going out and about would be higher or do you live in a flat with shared access. Consider tourism (infection) into areas where there are shielding people

Tailored Communications Requirements

- **SMI & Dementia**: Messages would have to be delivered at appropriate level to avoid emotional impact, increased confusion and distress. An alert regarding an outbreak can increase anxiety, distress and confusion and exacerbate existing ill health. Also taking into account language and other physical disabilities.
- **Substance Misusers**: Trusted sources, Messages in easy-read, Incentive to comply, Non digital, Discussion rather than written
- **Shielding**: Trusted sources and appropriate messages via Emails/text/phone

Support Requirements Identified

- **SMI & Dementia**: Trusted h&S care professionals would need to access clients to explain and support, in order to reduce the emotional impact of the raised alert levels. There may be increased confusion and delirium. Also informal carers need to be involved at all stages.
- **Substance Misusers**: Support to enforce self isolation for those who are symptomatic and unwilling to do so.
- **Shielding**: Access to Food, Meds, Befriending, Welfare checks, PPE for volunteers

Prevention

- **SMI & Dementia**: Delivered by contact from trusted carers and health & social care professionals. Practitioners and carers would be asked to make contact with clients via safe measures. Masks and other barriers can cause distress to people with dementia SMI.
- **Substance Misusers**: Turning Point, Anglia Care Trust (DAROS), MVA, D&B outreach teams. Use of peer mentors may be a useful mechanism by which to deliver messages.
- **Shielding**: Social prescribing link workers, Primary Care settings, BNA, Customer First, Waveney rapid response team, React Team (IECCG), Integrated Discharge Teams in hospitals, ACS, TRIBE volunteers-messages, Community Action Suffolk and D&B community teams

Named Contacts

- **SMI & Dementia**: Home manager, local mental health services manager, ACS lead.
- **Substance Misusers**: The SOP developed by Public Health lists all SPOC details for each setting where substance misusers are living in accommodation alongside large numbers of people.
- **Shielding**: Alliances, PCNs and INTs
Due to the immediate requirement for a local response to preventative and responsive actions to COVID-19, the implementation of the Local Outbreak Control Plan commenced during the development of the design.

Therefore **this plan is live**, however it should be noted that this Local Outbreak Control Plan is a working document and will be updated regularly to reflect changes required to ensure it remains up to date and can be successfully executed during outbreaks.

Contact Tracing: At present the national capacity for Contact Tracing is meeting demand. We are currently working with Public Health England and all other partners on an East of England basis to ensure consistent pathways between National, Regional and Local Aspects of the NHS Track and Trace System to ensure Contact Tracing in Suffolk can support the National Test and Trace Programme. As such the local model looks to be mobilised mid-July 2020.
# Leads & Teams

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