



Suffolk's COVID-19

Local Outbreak Management Plan

Spring 2021



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Introduction

In June 2020 Suffolk published its first Local Outbreak Control Plan in response to the Government's national strategy to reduce infection from COVID-19 and the recognition that a more tailored local response was required. The plan provided a comprehensive framework to guide and support action to combat COVID-19, to reduce transmission and minimise the risk to communities in Suffolk. Since its publication, Suffolk has experienced the second wave, driven by the new variant which has led to higher rates of infection, hospitalisation and death as well as considerable social and economic harm.

The need to update and refine the Local Outbreak Control Plan reflects the positive changing situation, with significant

developments such as:

- advances in the vaccination programme and testing
- the publication in February 2021 of the Government roadmap for exiting national lockdown
- the national refresh of the Government's Contain Framework (March 2021)
- an increasing focus on variants of concern (VOC).

This revised Local Outbreak Management Plan (LOMP) for Suffolk presents an integrated system-wide approach building on historic partnership working, the systems and structures developed for COVID-19 response and align with the requirements of the Government's Contain Framework (March 2021) review.

Assumptions

COVID-19 is highly likely to become endemic in the UK and across the world, meaning that action will still need to be taken to prevent illness and death as the virus continues to mutate. Vaccination will play its part in a combination of measures – biological, social, environmental and legislative – that will be required on an ongoing basis to disrupt and prevent the transmission of the virus and enable us to live safely with COVID-19.

Assumptions to inform the plan

Although the profile of the next few years is uncertain, we have outlined a number of assumptions which inform our updated plan:

- The virus and its variants will continue to circulate for some time, and we will need to focus on living with the virus.
- Although vaccines are an effective way to protect people from COVID-19, they are

not a silver bullet and a combination of interventions will continue to be required for the foreseeable future.

- The summer months could be challenging as we move through the Government's Road Map with large parts of the working population unvaccinated.
- COVID-19 cases and outbreaks will likely be focused among those communities and individuals already experiencing worse social, economic and health outcomes.
- Our COVID-19 response and economic and social recovery are inextricably linked and will be planned together.
- New variants will continue to evolve and will require ongoing surveillance and rapid response.
- An effective local capability to Test, Identify, Trace, Isolate and Support will be needed for the foreseeable future to identify outbreaks.
- We need to be prepared for winter 2021/22, which could be challenging.

Vision and Objectives

Vision

This updated plan marks a transition from our early, reactive response to managing the pandemic and describes the multiple ways in which the system throughout Suffolk will come together to meet our vision:

“ supporting residents and the workforce of Suffolk to return to full social and economic activity, build community resilience and adapt successfully to living safely with COVID-19. ”

Principles

As we work to achieve this vision, we will be guided by the four key epidemiological principles for exiting the pandemic and living safely with COVID-19 set out by the Association of Directors of Public Health:

- 1 Vaccines must be effective and delivered equitably.
- 2 Transmission of the virus needs to be brought, and kept, as low as possible.
- 3 Surveillance of transmission and variant emergence must be optimal.
- 4 Test, Trace and Isolate needs to work effectively, with a clear testing strategy.

Importantly, our plan also seeks to respond to the inequalities that existed before COVID-19 and which have been exacerbated by the pandemic and the actions we should take to address them.

Objectives

The overall objectives of the plan are to:

- 1 Protect the health and wellbeing of Suffolk residents from the direct and indirect impact of COVID-19.
- 2 Support the safe unlocking of Suffolk society and economy through the National Roadmap.
- 3 Help residents, communities and businesses in Suffolk to live and adapt to a world where COVID-19 is endemic.
- 4 Embed health inequalities at the centre of prevention and response.
- 5 Ensure the LOMP is a core part of county wide economic, health and social recovery plans over the coming year.
- 6 Assure Suffolk residents, partners, regional and national organisations that Suffolk has an effective plan and response.
- 7 Ensure a continued, sufficient and joined up infrastructure is in place to:
 - Continue a focus on prevention of transmission
 - Identify new risks
 - Respond rapidly to cases and outbreaks
 - Respond rapidly to new variants of concern

Governance

Legal

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England (PHE) to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- other responder's specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004 and
- in the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England (PHE) the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships and Forums) and local Memoranda of Understanding (MOU).

Financial Governance, Monitoring & Assurance

Financial oversight of the COVID-19 monies is managed by the Public Health Business, Contracts and Finance with support from SCC Corporate Finance and colleagues within the Suffolk COVID-19 Programme Office.

Funding is also made available for Suffolk partners and VCSE organisations to bid for targeted pieces of work which meet the funding criteria. This is available through two routes:

- 1 A bidding process is managed by the Programme Office for bids to be approved by the Health Protection Board. This route is for larger projects accessible more broadly across the county.
- 2 Funding has also been allocated through the Collaborative Communities Board (CCB) using a bidding process via the Engaged Communities Task & Finish Group (ECTFG). This process is for specific and targeted pieces of work for smaller groups or communities in Suffolk, and governance is provided by the CCB.

Information Governance

Suffolk County Council (SCC) has taken a robust and pro-active approach to putting in place lawful and secure information governance processes to support the COVID-19 response. The Council has acted quickly to agree information sharing arrangements with national bodies when required, including PHE, Ministry of Housing, Communities & Local Government (MHCLG) and NHS Digital. Suffolk County Council has created and maintained a dynamic Data Protection Impact Assessment (DPIA) which covers all aspects of information sharing and information use in relation to COVID-19, supported by a dedicated and comprehensive 'Information Governance' Snapshot which records all guidance received and decisions made within SCC in relation to COVID-19 information governance.

The Snapshot and the DPIA are reviewed informally every week by a dedicated senior team including the SCC Data Protection Officer, Assistant Director for Knowledge & Intelligence, Joint Lead Suffolk LOCP Programme Office, and SCC Enterprise Architect. In addition to this weekly review, the DPIA is fully reviewed by this every quarter, or more frequently if required.

Suffolk County Council has published two new Privacy Notices in relation to COVID-19, one covering Suffolk's Local Outbreak Control Plan, and one covering the Suffolk Contact and Trace Service. Both are available here:

[Privacy and data protection | Suffolk County Council](#)

Clinical Governance

Outbreak management

Outbreak response is informed by PHE regional MOUs. Clinical governance issues are discussed at regular Public Health Specialist COVID-19 Centre (PHSCC) meetings with learning points identified and disseminated to the wider team for adoption.

Suffolk has developed Standard Operating Procedures (SOPs) to ensure that approved processes are followed and any clinical governance risk is minimised. These require that all COVID-19 responses are signed off by the duty consultant who is able to escalate to PHE if external expert advice is required. SOPs have been updated regularly in line with the new guidance as published. Local processes and governance changes are made accordingly. Risk Assessment documents have been adopted and a case/outbreak update table is used for further monitoring and decision making to mainstream our approach. To date, no clinical governance issues have been raised and the process has worked well.

In addition, Suffolk County Council is a member of the Suffolk Office for Data Analytics (SODA). SODA has a well-established Information Governance framework in place, including an Information Sharing Assurance Gateway, and common Data Protection Impact Assessment and Data Sharing templates. This enables us to undertake rapid, secure and lawful data sharing with Local Authority partners to enable tailored support for COVID-19 to be proactively offered to vulnerable people, based on a comprehensive linked dataset.

With all outbreaks that the local PHSCC has managed, a feedback survey is undertaken of stakeholders and a report produced and shared widely within the team. The PHSCC identifies lessons learnt from these feedback surveys and incorporates necessary changes in its systems and processes.

Community testing

National community testing SOPs are used to inform the operation of the testing programme. Service user views and experiences are regularly collected through standardised surveys to inform and shape the operation of the sites. This feedback is shared and considered on a weekly basis.

Quality Assurance leads have been employed and are responsible for testing sites and support for high-risk settings to set up and run onsite testing via a high quality and practical training programme, including monitoring their activity to ensure they are working within framework of the current SOP.

Contact tracing

Risks associated with Contact and Trace Officers providing inconsistent advice and guidance are mitigated by:

- clear scripts and concise guidance which is regularly updated and
- feedback and supervision with the auditing of phone calls to identify training needs.

Scripts and pathways are developed to deal with specific circumstances, e.g. risks associated with individuals suffering physically with COVID-19 being advised

by non-clinical contact tracing staff. This is mitigated by careful signposting to 111/GP/A&E and escalation pathways to Public Health Consultants. Where safeguarding concerns are identified, for example a situation where a child answered phone and we could not confirm an adult present at the address, our procedures indicate prompt escalation to the police for a welfare check.

Some members of the contact and trace staff have recently been subjected to abuse. A policy on abuse is being developed and impact is being mitigated via training, debriefs and supervision.

Strategic and Operational Structure

Suffolk County Council Chief Executive - is accountable and responsible for the local response, providing strategic leadership and direction; ensuring delivery of the LOMPs, shaping local communications and engagement and deploying local government resources.

Director of Public Health - leads the Local Outbreak Management Plan

Local Outbreak Engagement Board (LOEB) - The LOEB includes leaders of the County and District/Borough councils, the Police and Crime Commissioner, and leaders of the health system. The Board is responsible for:

- Informing and providing democratic oversight of the delivery of the LOMP
- Informal approval to ongoing development of the Outbreak Plan
- Monitoring implementation
- Engagement and communication with the public.

Health Protection Board (HPB), the HPB includes representation from system partners across Suffolk and collectively seeks to:

- Coordinate the response to COVID-19 at a place level
- Identify actions to both prevent and manage outbreaks among settings, cohorts and high-risk individuals
- Reviews the data and evidence to make and agree recommendations on actions
- Sign off spending of the Contain Outbreak Management Fund (COMF) fund.

Strategic Coordination Group and Recovery Coordination Group - Suffolk operates a combined Co-ordination and Recovery Coordination Group which shifts the focus between response and recovery dependent on where we are in the pandemic. The overall role is to coordinate, align and deploy multiagency capabilities in delivery of the COVID-19 response.

COVID-19 operational plan	
Team/Cell	Description
Suffolk COVID-19 Response Hub	Provides system wide coordination and acts as the single point of contact for Suffolk's COVID-19 response. Facilitates the daily Suffolk system briefing. Ensures the local response teams are connected and there is a coordinated approach to outbreak management.
Public Health Specialist team	Leads the Public Health outbreak response with specialist advice and guidance provided by a team of public health consultants. Provides detailed interpretation of guidance to professionals.
Testing team	Interface between the local response and regional Department of Health & Social Care (DHSC) team on all matters concerned to symptomatic testing – regional testing site at Copdock Ipswich and mobile testing units operating at various locations across the county. Delivers Suffolk's Community Testing programme across a network of 28 community-based locations. Enables additional Polymerase chain reaction (PCR) testing in response to outbreaks.
Contact and Trace and Community Engagement Team	Suffolk's Contact and Trace team provide the local contact centre to reach positive cases and gather information on their known contacts. They also signpost to local support and maintain contact with positive cases during their isolation period. Community Engagement team has a remit to work in partnership with local councils, agencies, charities and other stakeholders to reach and inform the public. The team work closely with the Contact & Trace team by providing support with enhanced contact tracing, door knocking and working in collaboration.
Adult & Community Services (ACS) Contract Helpdesk	Leads the Adult Social Care setting outbreak response with dedicated specialist advice and guidance provided by named Public Health Consultant. Provides the care market with advice, guidance and updates to local and national policies.
Education and Children's Services	Leads the education and children's social care setting outbreak response, with dedicated specialist advice and guidance provided by named Public Health Consultant. Provides education and Children in Care settings, guidance and updates to local and national policies.
Collaborative Community Board	Coordinate Suffolk-wide support to Clinically Extremely Vulnerable (CEV) and people who are self-isolating. Homeless and rough sleepers led response to Everyone In For Good and ensuring COVID-19 safe accommodation. Provide interface with community groups through COMF funded engagement community work stream. Cascades accessible information to individuals in multiple languages through "Message Cascaders".
Knowledge & Intelligence (K&I) Team	Surveillance and robust daily analysis and presentation of epidemiological data. Supports all parts of the local response with access to data and information. Actively supports outbreak management by creating bespoke reports and cross-checking multiple sources of data.
Safer Places Group	Provides a multi-agency forum leading the COVID-19 response across workplaces and public spaces. Proactive engagement and education to workplaces and members of the public. Enforcement of COVID-19 regulations.
Safety Advisory Groups	Monitors organised events and assesses their COVID-19 secure measures as well as other safety aspects. Supported by specialist advice and guidance from a Public Health Consultant.
Communications Cell	Aligned to the Suffolk Resilience Forum, the cell is comprised of communications colleagues from Suffolk County Council, East Suffolk Council, West Suffolk Council, Ipswich Borough Council, Babergh and Mid Suffolk Council, Suffolk Constabulary, Police and Crime Commissioner, Clinical Commissioning Groups (CCGs), health trusts and the Suffolk GP Federation.

Themes

The following sections set out how we will continue to respond to the pandemic and how we will manage the transition to living safely with COVID-19 endemic in our society. It sets out our approaches to integrating all

aspects of our COVID-19 response to date - surveillance, testing, enhanced contact tracing, support for self-isolation and the management of outbreaks into an efficient and effective local system.

Workplace settings, venues and events

Approach to prevention and managing outbreaks	Interface between Local, Regional and National
<p>We established a Safer Places Group providing proactive guidance and enforcement. The approach targets high risk settings reaching thousands of businesses and is informed by data from the K&I team and evidence of risk. In anticipation of surge responses to outbreaks or enforcement issues, the group put into place joint enforcement authorisation arrangements so that enforcement officers from any council can operate with authority in any part of Suffolk as required. The New Anglia Local Enterprise Partnership (NALEP) provides a key link to the business and enterprise sector and has supported the business grants programme and sector-wide communications and peer networking.</p> <p>The PHSCC has monitored cases within workplaces and provided outbreak management support. Formal processes have been put in place including a fully auditable case management system and SOPs for managing COVID-19 in different settings. By communicating directly with a workplace as soon as cases are reported, immediate action can be taken to prevent delays and ensure businesses can continue to function at capacity.</p>	<ul style="list-style-type: none"> ● Suffolk Safer Places group involving Environmental Health, Trading Standards, Suffolk Police, Public Health, Public Health England, Norfolk and Suffolk LEP, Suffolk Growth Programme Board. ● Health and Safety Executive – programme of work triaging some settings. ● Joint Biosecurity Centre (JBC) – supporting LA in high risk settings where escalation is required. ● PHE generic MOU. ● Department for Environment, Food and Rural Affairs (DEFRA) – involvement in food processing outbreaks. ● EHO – contact tracing and risk assessment of settings linked to outbreaks.
Adapting our approach	
<p>If the Government's four tests are met and there is a sustained downturn in the number of infections, workplace settings and venues will begin to open up in line with the road map. The NALEP will publish a revised economic recovery restart plan with actions for medium and longer term economic renewal.</p> <p>As the case rate drops and we move into endemic phase, we will need respond even more rapidly to contain spread. The work of the PHSCC will move into a COVID-19 Response Team with PH specialist support. We anticipate localised outbreaks in workplaces and other settings and will maintain an Outbreak Identification and Rapid Response function ready to deploy in such circumstances. The potential for more sustained transmission within communities - including from new variants of concern - remains and we remain alert to the need to deploy a more widespread response and to the potential for further national or local lockdown measures.</p> <p>The group's joint working approach will continue to evolve to ensure we have a sustainable capability within enforcement and advice teams for management and suppression of the current or future disease variants.</p> <p>A managed approach will be required over the next one to two years to ensure we are able to respond to any localised outbreaks and to further embed safe behaviours. The group's joint working approach will continue to evolve to ensure we have a sustainable capability within enforcement and advice teams for management and suppression of the current or future disease variants.</p>	



WORKPLACE CASE STUDY

An Outbreak at a Food Processing Company

The company, which employs over 600 people including agency workers, experienced an outbreak of COVID-19 towards the end of 2020. They identified two positive cases on 30 December, and several contacts were identified as the affected staff lived in shared accommodation and shared transport. They were all asked to isolate. The company notified the PHSCC, and a series of Incident Management Team (IMT) meetings were arranged to manage the outbreak. The numbers grew quickly and a total of 20 staff residing in the same house of multiple occupation (HMO) were affected within 10 days.

Initially the company had some challenges reporting the cases; however, once the centre was involved the flow of information improved. From the beginning the company seemed to have a good handle on cases and were aware of the housing and transport situations of all their staff which helped them take some bold

measures to control the spread of COVID. The IMTs forged good links between the teams at Suffolk County Council and the company:

- The K&I team were able to closely monitor Public Health England (PHE) line lists for positive cases linked to the workplace and updated the company regularly
- Despite the number of cases being referred, the Contact and Trace team were able to help them access Suffolk Hardship funds
- As many of the staff lived in HMOs in the neighbouring district, the Environmental Health Officer was requested to assess the living conditions of the staff
- When multiple employees who were supposed to be isolating were found to be non-compliant, we liaised with Suffolk Police to address this
- PHE provided guidance on onsite Lateral Flow Device (LFD) testing during the IMT

Through the IMTs very useful links were made and the flow of information was smooth between all teams. The link to the HMOs was explored and improvement of housing facilities to reduce transmission was discussed.

The company's managing director and the owners of the agencies expressed that knowing that they could contact the local Public Health team easily was very helpful. The IMTs and review of all measures taken

provided them a lot of reassurance and they were grateful for the support they received from the local Contact and Trace team in accessing welfare support for all staff who were isolating.

Since this outbreak we have ensured that housing and transport related information is gathered at the earliest opportunity, and that economic support is provided as soon as possible to ensure compliance to isolation guidance.

Adult Care Sector

Approach to prevention and managing outbreaks

ACS has developed processes and ongoing support in response to outbreaks building on the Public Health England/Local Authority MOU for care settings and ensuring care providers have the right additional support to complete their own risk assessments, manage outbreaks and to keep staff and residents/customers safe. The ACS Contracts Helpdesk was expanded to respond to COVID-19 to undertake this function, supported by Public Health. The Outbreak Management Team works to triage all COVID-19 related queries and cases, supporting and informing providers, and liaising with other professionals and escalating where required.

Prevention measures put in place include infection prevention and control training, audit of care providers, allocation of primary care clinical leads and other support to providers.

The Adult Services team works closely with providers, Suffolk Association of Independent Care Providers and Care Development East

Adapting our approach

As a result of the vaccination of residents and care workers, coupled with falling transmission rates within communities, we can anticipate a reduced number of outbreaks within care provider settings. We remain conscious that the reintroduction of visiting under the Road Map may bring new infections into care settings notwithstanding the testing and infection prevention control measures that are in place. Localised transmission of variants of concern, or a general increase in local transmission, may require restrictions on visiting to be reintroduced.

There will be an ongoing requirement to cover elements of COVID-19 response into the future as well as continuing to support providers with their daily business. As we move through the summer months, we will look ahead to how we will maintain COVID-19 secure measure, improved Infection Prevention Control (IPC) to combat other winter respiratory and Gastrointestinal (GI) infections and improve vaccination access and uptake – including flu vaccination. We will need to adopt a more proactive and preventative approach and continue to strengthen our multi-disciplinary/integrated response with partners.

Interface between Local, Regional and National

- Adult Community Services (ACS),
- Clinical Commissioning Group (CCG),
- Care Homes and Infection Prevention Control (IPC) teams,
- East Coast Community Healthcare (ECCH),
- Public Health Suffolk,
- Suffolk Association of Independent Care Providers (SAICP),
- Care Development East (CDE),
- Care market, Public Health England (PHE),
- Care Quality Commission (CQC),
- Primary Care Networks (PCN) /General Practitioners (GPs),
- Regional DHSC Care home team.

Children and Young People

Approach to prevention and managing outbreaks

Our local approach builds on East of England (EoE) PHE MOU for Education settings. A real-time notification and response system was developed to support education and learning settings and Children in Care settings (both in-house and externally commissioned) who identified suspected or confirmed COVID-19 cases. We work with the school or setting to identify potential outbreaks, undertake risk assessment, identify contacts who might need to self-isolate and undertake regular situation reviews.

Prevention of outbreaks is managed through appropriate IPC control measures and regular staff testing is carried out for early detection and isolation of cases. Additional staff were recruited in Education and Learning to support outbreak prevention and management, supporting schools, Early Years and Special Education settings. Special needs and care providers are expected to provide us with assurance that they have appropriate measures in place, including risk assessments. Providers of children in care settings have been supported with learning shared in the sector.

Communication to schools and settings of COVID-19 related messaging to support their COVID-19 response and their risk assessment work are carried out via twice weekly 'Suffolk Headlines' for schools and 'Broadcast' for early years providers. There is also a twice weekly meeting held with education sector leads to discuss issues and allow for concerns to be raised and escalated with SCC and/or the Department of Education..

Welfare support for school and setting staff, particularly headteachers, has been welcomed by many who have felt under significant pressure dealing with positive tests alongside the other issues faced by education and learning settings during the pandemic.

Adapting our approach

In the short term we have seen an increase in cases in 0-18s as children have returned to school, and we expect this to continue in the medium term as lock down rules are eased.

We will increase the availability and uptake of testing of staff, pupils and households with pupils, including home testing, and continue to develop and implement communications strategies to promote non-pharmaceutical interventions (NPIs) to young people.

IPC controls have changed the way some care settings have operated, and this has been challenging for young people at these settings due to the nature of their behavioural or emotional needs. Longer term, there will be some reflective learning on how the virus has changed the way schools and settings operate and which elements of that may have to remain or be suggested to remain in the future.

Interface between Local, Regional and National

- Early Years providers,
- Foster carers,
- CCGs,
- Ofsted,
- Department for Education,
- Regional Schools Commissioner.



CYP CASE STUDY

A Complex Outbreak at a Primary School

The catchment area of this school has high levels of social deprivation and around 60% of pupils are from families with English as a second language.

A high number of COVID-19 cases among staff members from the beginning of November meant business continuity at the school was severely impacted. A high proportion of pupils from non-English speaking families meant challenges with engaging the wider school community as further cases were confirmed among pupils and their families.

By 20 November, further staff cases had been identified through priority key worker testing and this meant the decision was made to close the school for two weeks, as the required ratio of staff to students could not be met. These events occurred against a backdrop of rising incidence of COVID-19 in Ipswich, meaning community transmission was likely to result in further cases within the school on re-opening.

Targeted testing was offered to all staff, pupils and the wider school community, including household members of staff and students, with the aim of identifying further cases and isolating them. Members of the school community were encouraged to access PCR testing in order to aid the local follow up of positive cases and their contacts. Approximately 450 people were tested over this two-day period.

Ahead of the local priority testing, the headteacher highlighted that many

families were not engaging with testing because of cultural and language barriers, or being unable to attend a drive through site. In response, targeted testing was offered at the school by Commisceo. A Romanian teaching assistant helped to engage Romanian speakers within the school community, and Commisceo also brought a Romanian-speaking employee to assist with testing.

A high number of positive results were returned, so additional testing was held on the school site, with a text message sent to the parents of all children, asking them to attend if they had not already been tested. Involvement from the Community Engagement and Contact Tracing teams ensured appropriate follow up and support to positive cases and their contacts.

This case study shows the value of mass testing events appropriately targeted to and/or based in the local community as a tool to opportunistically identify, isolate and support individuals with COVID-19 and their contacts. Support from Romanian speakers in engaging the school community and undertaking the testing was key to ensuring the success of the intervention.

Local data flows and communication channels meant we were able to identify an emerging situation at the school, and the availability of flexible testing that could be deployed locally meant we were able to respond quickly to minimise further transmission.



CASE STUDY

An Outbreak on a Traveller Site

From early December 2020 to January 2021 there was an outbreak in a traveller site in Suffolk. This was a complex outbreak due to the nature of the setting, including vulnerable individuals from minority and complex backgrounds. The site holds around 100 residents and there were 33 residents who tested positive, including two clinically vulnerable children; one of whom had leukaemia and was admitted to hospital for a night during their infectious period.

The PHSCC led and coordinated the response to this outbreak. Five Incident Management Team (IMT) meetings were held and organized with multiagency stakeholder attendance including Public Health England, CCGs, Joint Emergency Planning Unit and Gypsy and Traveller Site Teams.

Public Health England had noted in the meeting that robust multiagency work had been undertaken for this outbreak, including three rounds of testing for more than 50% of the residents and positive engagement and support to vulnerable residents. They also noted the enhanced vigilance of COVID-19 control measures at the site. Since 19 January, there have been no further cases at this site.

Additionally, the delivery of food parcels was arranged for isolating households, electricity payments were organized and visits made by the local GP to engage with and advise residents. Personal protective equipment (PPE) was arranged by SCC and delivered to the site (e.g. face masks, sanitizer).

A feedback survey was sent to attendees of the meeting, and some responses from members are below:

“Organising three mass testing sessions to assess the level of outbreak of the virus at an early stage. Excellent communication and follow up of the situation.”

“You grasped the complexity and issues of this minority group. Coordinated as many agencies as possible to try and achieve a positive outcome.”

“We would like to thank you both and all concerned for the help you gave us to try to manage and contain this outbreak. At our most difficult times, it was good to know that such a high level of support was behind us. Please continue to maintain this standard over the next few months until we can all put this dreadful period behind us.”

This outbreak was within a minority group with various clinical and behavioural complexities, and with invaluable support from all partners involved, we were able to contain it and protect the residents from further spread. We learned that in complex outbreaks, timely tailored support to residents is key to achieving better results. Looking ahead, when it comes to delivering test results to positive residents, these would perhaps be better delivered by a health professional or a police officer as this level of authority would be more likely to trigger behavioural change and adherence to COVID-19 measures.

Health settings

Approach to prevention and managing outbreaks

The CCGs (and NHS England and NHS Improvement (NHSE/I) in the case of specialised commissioned services) ensure all commissioned providers operate in COVID-19 secure way and have robust infection prevention and control plans in place. Health and care providers have processes in place to reduce the risk of transmission in admissions and discharges with testing undertaken in line with national guidelines. Each provider has an infection prevention and control plan which covers the prevention and management of outbreaks in that setting.

The management of outbreaks in NHS settings including primary care has generally been through the CCG and health providers. PHE Health Protection Team lead on the initial outbreak investigation and IMT meeting with support from Suffolk Public Health.

All commissioned providers are using the IIMARCH forms to capture actions taken to support outbreak management.

Testing of staff and patients has been undertaken in the acute, mental health and community trusts in line with national guidance.

The vaccination programme for health and care staff has been delivered with the acute hospital hubs, GP Federations and Essex Partnership University Trust vaccination sites.

Adapting our approach

The gradual opening up of society may be accompanied by an increase in the number of cases and hospital admissions and an increase in cases (and contacts) amongst the workforce, though this has not been seen to date. The NHS is planning for recovery and a progressive return to business as usual and an increase in elected activity, whilst being prepared for any further wave of new cases. In the medium term we can expect an increase in cases in the winter 2021/22 months along with an increase in other respiratory infections. Managing staff fatigue and supporting wellbeing continues to be a priority.

Interface between Local, Regional and National

- CCGs,
- NHS Trusts,
- Suffolk GP Federation,
- St Elizabeth Hospice,
- St Nicholas Hospice,
- East Anglian Children's Hospice
- NHSE/I,
- Public Health England.

Prisons

Approach to prevention and managing outbreaks

In line with the PHE/LA MOU Public Health England take the lead in promoting prevention and managing outbreaks, alongside the prison service and the prison health service providers. The local system in Suffolk will continue to support PHE through the provision of local intelligence and attendance at any IMTs or similar support meetings.

Prisons have had a disproportionately high number of cases amongst residents and staff and there is however a concern that we may continue to see large scale outbreaks in these settings. Residents may not necessarily comply with voluntary measures and this could pose a potential issue.

Adapting our approach

We will continue to support the implementation of COVID-19 secure measures in prison settings and promote testing and vaccination in line with national guidelines. Surveillance of cases amongst the prison population will continue, reporting to the PHE Field Epidemiology Service.

The management of transfer between prisons will include reverse cohort units. Isolation facilities for those who feel unwell will be provided. Access to suitable accommodation for those leaving prison is being provided.

Interface between Local, Regional and National

- HM Prison Service,
- Probation Service,
- Public Health England,
- Regional Justice Team,
- National Justice Team,
- NHSI/E.



PRISONS **CASE** STUDY

An Outbreak in a Prison

This large prison with over 1,200 residents and 650 staff had one outbreak of COVID-19 in April 2020 and a second towards the end of October 2020. The first IMT for the second outbreak was conducted and chaired by PHE in early November 2020. The outbreak affected a total of 28 residents and 36 staff by 4 March 2021.

After the first IMT, the PHSCC was requested to take over managing the outbreak from PHE. We received regular updates from the prison about staff and residents who showed symptoms. Our team set up repeat IMTs, developed agendas, circulated minutes, prepared epidemiological reports of the status of the outbreak and the Centre Director chaired the four subsequent IMTs. We were also the first point of contact for the prison team when they needed Public Health advice and we were able to liaise with PHE to answer these queries. The outbreak was finally closed on 4 March 2021, 28 days after the last reported case.

PHSCC supported PHE at a time when they had limited capacity to run multiple

IMTs, and were able to link up all the key agencies who needed to be involved in the management of the outbreak. By regularly liaising with the PHE lead for prisons in the East of England, we were able to take timely Public Health measures by continuously monitoring the number of cases reported and looking at seven-day backwards contact tracing reports.

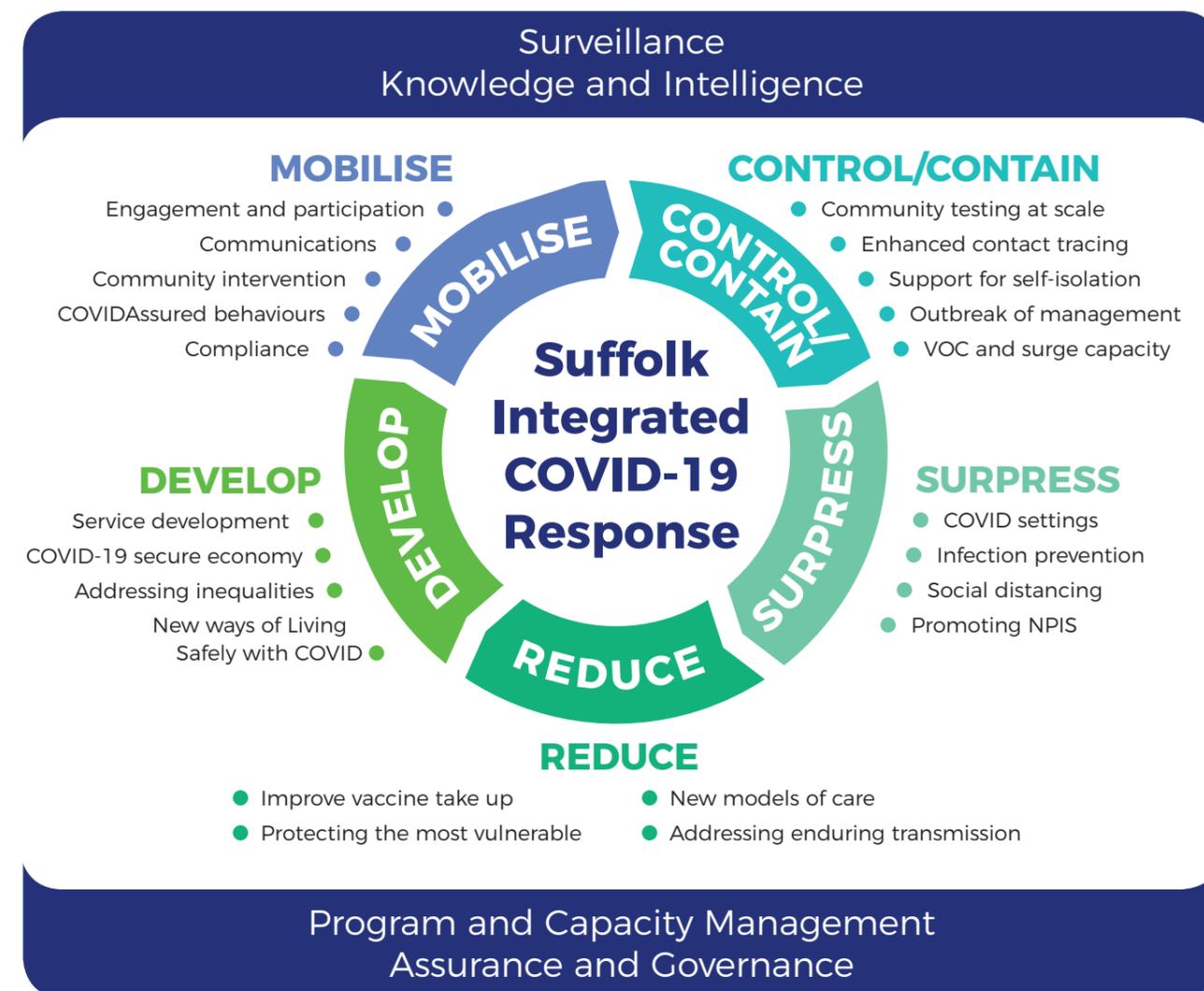
During this outbreak management we made links with the Department of Justice, local prisons and were made aware of robust system in place to manage prisons. PPE guidance was very different for prison staff and we had to keep ourselves up to date with the changes that were made in the guidance. We also learnt about the challenges of handling transferred residents and the systems in place to ensure they were COVID-free before mingling with other permanent residents of the prison. Having a nominated Public Health Specialist lead to support the chair was a key learning point as without this resource the outbreak could not have been managed so successfully.

Outbreak Identification and Rapid Response

Our integrated Test, Trace, Isolate and Support System

The following sections set out how we will continue to respond to the pandemic and how we will manage the transition to living safely with COVID-19 endemic in our society. It is evident that a combination of approaches – biological, social, environment and legislative – will continue to be needed. Our approach is to integrate the core aspects

of our end-to-end COVID-19 response - surveillance, testing, enhanced contact tracing, support for self-isolation and the management of outbreaks - into an efficient and effective local system that acknowledges the five core elements of the World Health Organisation Strategic Objectives.



KNOWLEDGE AND INTELLIGENCE

Approach

- Providing a substantial resource with appropriate information governance and legal safeguards and access to test results, detailed information about cases, contacts of cases and national test and trace data, with a bespoke data warehouse to hold this it, access to which is very tightly managed. The K&I team and Suffolk Office of Data Analytics (SODA) built an advanced and extensive set of data dashboards in MS Power BI, 'Suffolk Coronawatch', currently available with three levels of access.
- Providing expert analysis and interpretation of the PHE data, including at the daily K&I Epidemiology review meeting, an effective forum for the rapid sharing and pooling of joint information to drive the local response.
- Providing secure management and sharing of the data relating to Clinically Extremely Vulnerable (CEV) individuals in Suffolk, including providing data to Lower Tier Local Authorities (LTLA) partners and the Home But Not Alone Service, and reporting on activity and outcomes.
- Providing detailed analysis of COVID-19 health inequalities, including a weekly automated report considering key statistics such as case, testing and vaccination rates relative to socio-economic deprivation, rurality, ethnicity, age, and gender.
- Building a 'Vulnerable Persons' dataset which links data on over 140,000 individuals and 90,000 households to enable action to be taken to support those vulnerable to the wider impacts of COVID-19 in Suffolk, covering clinical, social and financial vulnerability in both adults and children.

Future development

- The need for timely and accurate local data is likely to increase rather than decrease. More rapid local action, for example surge testing, requires immediate input from K&I in terms of mapping, identifying those who may need support to take a test or need a home test, and in understanding the assets of the local area.
- Waste water monitoring commenced in five sites in the East of England in March 2021 and will soon be extended to a further 55 sites, covering all UTLAs. The K&I team have commenced reporting of the weekly surveillance reports from Anglian Water and will further develop this as more local data is produced.
- Manage the data and support partners within Home But Not Alone service, following the addition of a further 17,000 people to the CEV list in Suffolk in recent weeks
- Reporting on the ongoing rollout of the vaccination programme, as and when this information can be shared more widely.
- Work to further understand the impact of inequalities on COVID-19 in Suffolk, and the use of linked data to enable integrated teams to take action to mitigate those inequalities and assist recovery.
- Support the data and evidence aspects of recovery planning, including the ongoing development of possible future scenarios at a very strategic level.

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Resource requirements

- Flows of data from PHE are unpredictable, delayed, and frequently inaccurate; it often takes three or four hours past the 'usual' reporting time for PHE data to reach us, and on some days the data does not reach us at all within the working day. We need rapid and substantial increased assurance about all the PHE elements of our data flows as a matter of urgency.
- It would help significantly if the occupation and employer fields in the PHE line list data were made mandatory in case and contact data.
- Ethnicity is significantly under-recorded and should also be made mandatory given its significance for COVID-19 risk.
- Currently the postcode coincidence data is taken down from the PHE portal after 24 hours, which limits its effectiveness.
- Vaccine data at identifiable line list level, to combat the significant data issues which exist between NIMMS and Foundry, and to allow us to develop more sophisticated inequalities vaccine reporting.
- Improved mortality data for all deaths, not just those which occur in hospital, which includes wider COVID-19 risk factors, including ethnicity, obesity and related conditions such as type 2 diabetes and hypertension, and deprivation.
- More data on local COVID-19 hospital admissions, including ethnicity, co-morbidities and hospital status such as ICU admission and outcome would help provide a complete picture and aid our work on inequalities.
- Further expansion of the K&I function and team is required in order to meet the demands of COVID-19 and business as usual.





CASE STUDY

Building the Vulnerable Persons Dataset

The Knowledge and Intelligence Team worked with over 40 datasets (e.g. from District and Boroughs on housing and benefits, NHS shielding lists, food parcel delivery information) to create a list of more than 145,000 individuals and 109,000 households identified as having at least one vulnerability indicator.

The Vulnerable Persons dataset has been used in many ways, in particular to identify and support people living with the impacts of inequality. Uses have included:

- Flagging vulnerable people who test positive for COVID-19 to the Suffolk Contact & Trace team so that bespoke support can be put in place where required
- Proactive contact from Home But Not Alone for everyone who has clinical, social and financial vulnerabilities,

and everyone for whom four or more vulnerabilities were identified

- Identify children who could benefit from the “Summer in a Box” programme, and families who are eligible to receive Winter Grant funding
- Consideration of community needs with Community Partnership groups
- Wider consideration of the allocation of resources to different communities, and whether those resources are reflective of the inequalities and needs of communities when viewed through the lens of COVID-19

We intend to develop this work over the coming months by including more health data from Population Health Management, which will enable us to look in more detail at other inequalities, including ethnicity.



COMMUNICATIONS

Approach

- COVID-19 communications work is undertaken by the Suffolk Resilience Forum's comms cell, comprised of communications colleagues from Suffolk County Council, LTLAs, Suffolk Constabulary, CCGs, health trusts and the Suffolk GP Federation.
- Creating and delivering county-wide behavioural campaigns, such as Stick With It Suffolk and Suffolk Needs You, to reinforce and promote COVID-19 secure behaviours. These are designed to adapt and follow Government announcements and policy changes.
- Campaigns to promote vaccination and testing, including tailored communications to specific groups and communities, and local campaigns/comms in response to geographical outbreaks.
- Comms leads from across these agencies are aligned with subgroups within the Suffolk Resilience Forum COVID-19 response, including business and economy, communities, health and education and strategic recovery. Each lead reports into the main cell where priorities and direction are set.
- Easy-to-read infographics and information sheets, which contain new Government policy or guidance changes, are distributed regularly via a county-wide network of 'Message Cascaders'.

Future development

- The next stage of the communication response is led by the Government's roadmap and four-stage plan to slowly ease COVID-19 restrictions. The role of the communications cell is to mirror and amplify the Government messages, while making them relevant and unique to Suffolk.
- We recognise that apathy and disinterest in COVID-19 will grow and we need to understand the psychology of people's behaviour and how we can persuade and influence this behaviour.
- Recovery will become an important element of our communications strategy. In forming our plans and programmes we will continue to engage with residents and key stakeholders about their aspirations for the future and how we can support these.
- Communication and engagement around Infection Prevention and Control, building up towards winter 2021/22.

Resource requirements

- Ongoing participation from members of the communications cell.
- Further engagement with residents and key stakeholders about their aspirations for the future and how we can support these while living safely with COVID-19.
- Draw upon behavioural insights to inform our communications and engagement with residents over easing of lockdown measures.
- Commissioned research to explore views on COVID-19 and attitudes to testing and vaccination which will inform how we address inequalities.

COMMUNITY AND INDIVIDUAL ENGAGEMENT

Approach

- Community Engagement team (CET) works in partnership with local councils, agencies, charities and other stakeholders to reach and inform the public. They also work with the Contact & Trace team by providing enhanced contact tracing, backward tracing, door knocking and working in collaboration, for example during visits to HMOs.
- Provides support to colleagues and communities by attending mass testing work.
- Regularly engages with schools, including parents and carers during pick up time and with older children in high school and colleges.
- Combats vaccine hesitancy through individual conversations and organised events.
- Messaging to individuals and small groups from communities which do not ordinarily engage with UK news and media.

Future development

- Ongoing community engagement to provide support during the phased easing of lockdown.
- Promoting vaccination via Q&A sessions in partnership with GP practices and local faith groups to encourage vaccine uptake in groups at high risk of disadvantage; presenting to professionals to raise awareness of cultural background, historical and current events that lead to vaccine anxiety experienced by Black, Asian and Minority Ethnic (BAME) communities; and distribution of infographics about vaccines and vaccine myth-busting.

Resource requirements

- Ongoing engagement with local communities to identify settings and groups of concern and feedback to the relevant agencies.
- Continuation of funding for additional staffing resource in Environmental Health and Trading Standards.
- Moving Forward Fund - to support community groups and organisation to open in a COVID-19 assured way.

COVID-19 ASSURED BEHAVIOURS

Approach

- Agencies in Suffolk have pooled resources to deliver a comprehensive approach to compliance and liaise with people and businesses about restrictions: “Engage, Explain, Educate and Enforce”.
- To support local communities to understand the changing regulations, only resorting to enforcement when necessary.

Future development

- Using the government roadmap, we are looking to see how we can work with and support our communities to return to some sort of normality. We expect to see an increase in demand for our services as pubs, clubs and restaurants begin to open and people take the opportunity to go out and socialise for the first time in many months.
- A key aspect of this is in aligning our compliance and enforcement work with that of the communications cell to promote COVID-19 secure measures.
- In anticipation of surge responses to outbreaks or enforcement issues, joint enforcement authorisation arrangements have been put in place so that enforcement officers from any council can operate with authority in any part of Suffolk as required.

Resource requirements

- Continuation of the joint enforcement authorisation arrangements established so that enforcement officers from any council can operate with authority in any part of Suffolk as required.
- Reinforcement of measures to raise awareness of and promote the welfare supports to individuals who are required to isolate.

TESTING

Approach

- We developed a clear strategy for optimising testing capacity to facilitate early access to testing for symptomatic and asymptomatic cases.
- Extensive, frequent, and sustained testing across the county in line with national government programmes, and work closely with local, regional and national partners. Some key components of testing are delivered by the national testing system, for example symptomatic, care home testing and prison testing.
- Working closely with national testing system partners to support testing for schools and businesses, and support local organisations to navigate through the national testing offers.
- The Testing team have established a priority testing route for key frontline workers in Suffolk including health and social care staff, teachers, and blue light services.

Future development

- A support model for outbreaks/clusters has been developed where mobile testing is put in place promptly to allow for targeted or mass testing linked to a particular setting or location. This supports the swift identification of positivity rates and targeted interventions to reduce transmission rapidly.
- We are also supporting high risk settings such as food processing manufacturers to set up and run their own testing facilities. This includes advice, support and training to give confidence to organisations.
- The community testing sites are also being prepared as Community Collect and drop off points for home test kits as home testing is further rolled out by the national testing programme.
- Explore the ways to provide easy access to testing for local population to lead normal life; consideration will be given to seldom heard groups, small businesses, BAME communities etc, and will include reviewing our provision where disparities in access to testing are identified.
- Respond flexibly to changes in demand that may occur with the anticipated increase in availability of home testing kits.
- Improve the links between local testing and enhanced contact tracing.

Resource requirements

- We will ensure the Suffolk testing model remains scalable and responsive as it has been throughout. We have developed our approach to support surge testing in the event of a VOC in partnership with the Suffolk Tactical Coordination Group (TCG), and this model is also scalable and may be used for targeted work to support locally identified surges.



TESTING CASE STUDY

Community Testing in the Food Processing Sector

The New Anglia LEP has supported local partners around the rollout of community testing, providing the names and contact details of businesses, and promoting the testing sites available through various conversations with businesses, business intermediaries and the use of our website and social media platforms. This work has involved regular engagement with Suffolk Growth Partnership, the Joint Workplaces and Public Spaces workstream, Health Protection Board and communications leads.

Given the number of outbreaks in food processing settings and the work that New Anglia LEP led in Norfolk in October/November 2020, we were asked to lead on communications to the food processing businesses in Suffolk, sharing the lessons

from the Norfolk exercise. The process we took made sure that Public Health fed in the latest intelligence and key messages from their side, ensured that we shared the latest HR data/line lists that the Knowledge & Intelligence team needed in the event of an outbreak, and worked with Environmental Health and Trading Standards to ensure that we had the latest sector-specific action cards, prevention, and outbreak control guidance for businesses. Businesses welcomed the proactive support offered. Those same businesses contacted in November 2020 are on the call list for the LEP and Growth Hub in February/March 2021 to promote the use of community testing alongside some of the recruitment agencies that they have used.

CONTACT TRACING

Approach

- The current local contact tracing offer is of wraparound support to those cases escalated to us by the national test and trace teams. These are cases where the national teams have failed to make meaningful contact, and they are usually escalated after approximately 24hrs.
- There are three strands to the Suffolk Contact & Trace service, the Core contact tracing service, the Liaison team and the Community Engagement Team.

Future development

- The service is now picking up all Suffolk cases as a part of the DHSC pilot 'Local 0' where cases are all handled locally and only picked up the national tracing team when the local team has reached capacity.
- The Suffolk team are also part of the new DHSC pilot where contacts of positive cases who have proved uncontactable will be passed to the local team to reach out to.
- We are also developing an automated communication to all Suffolk cases or contacts of positive cases outlining the help and support available to them and providing the contact tracing phone number as a point of contact for isolation advice. The messaging and support also continues throughout their isolation period.
- As cases reduce, the team focus their attention on more detailed enhanced backward tracing, on the ground visits and support to wider outbreak management in a targeted manner to drill down into spikes in transmission and help break the chain of transmission.

Resource requirements

- We are keen to ensure we are able to retain this highly skilled workforce and we are ensuring the team has access to regular training opportunities and opportunities to support Public Health and COVID-19 response more broadly.

SUPPORT FOR SELF-ISOLATION

Approach

- Local tailoring of communications and targeting to ensure seldom heard groups are also able to receive information relevant to their needs.
- Once a positive case or contact of a positive case is contacted, they are advised that there is help and support available for them. All cases and contacts are offered isolation support calls on days 4, 7 and 10 of their isolation periods by the contact tracing team. These calls aim to check on the health and wellbeing of the individual and to identify any issues or barriers they may be facing to maintaining their full isolation period. More frequent calls are offered if a case is particularly anxious or concerned. This provides a continuity of care from the first phone call.
- The contact tracing team also promote the Home But Not Alone service (HBNA). The service supports these individuals to locate the essential help and support they may need such as food and medicines.
- Those in self-isolation are also directed to the Suffolk Advice and Support Service (SASS) which provides free professional financial advice for those facing hardship as a result of COVID-19.
- The Suffolk self-isolation support model includes ensuring sufficient, suitable accommodation for key workers, rough sleepers, people released from prison, anyone escaping domestic abuse or displaced by the current lockdown. This is managed by the Collaborative Communities Housing Task and Finish Group and also ensures access to food, warmth, safety and specialist support such as health outreach and substance misuse support services.

Future development

- We will continue to look at those most disadvantaged by COVID-19 and ensure they are directed to appropriate support wherever possible. This work will happen by working closely through our Collaborative Communities Board and our Engaged Communities team to ensure it is targeted and effective in supporting self-isolation.
- We are reviewing the recently released Framework of Practical Support for Self-Isolation to identify any additional models of practical support not yet available in Suffolk that could help to meet the needs of our population.

Resource requirements

- Our self-isolation support model is targeted and scalable. Many of the teams providing the support are multi-skilled and will be directed to support relevant COVID-19 recovery work as cases reduce.
- Ongoing funding to provide support services and financial assistance to those in need.
- Provision of COVID-19 secure temporary accommodation for residents of HMOs needing to isolate, those discharged from prison and others with accommodation needs.

VACCINATION

Approach

- The vaccination programme in England is being managed and coordinated by the NHS with invitations based on GP registers and in accordance with an agreed prioritisation.
- Partners across the Suffolk system have taken steps to maximise the uptake of vaccination.
- The Vaccine Equalities Group (of the Integrated Care Systems) are coordinating the system approach vaccination work to address potential risks of inequalities during the vaccine roll out.
- Suffolk County Council have provided public health and community-based knowledge to inform the system Equalities Impact Assessment covering groups at risk of disadvantage – both in terms of numerical and partnership contacts.
- We have used our trusted community communications channels to develop a series of easy-to-understand brief messages about the vaccine and address common concerns. This has been produced in various languages, easy read and audio versions.
- We have engaged our SCC wider staffing groups to be vaccine information ambassadors to their work contacts and communities through a series of webinars with local public health team members and clinical contributors. We have focussed in particular on our links to carers and care providers via our adult social care colleagues – running a series of webinars to provide information specifically to this group and answer their questions.
- We are using our links with specific community groups who work with Gypsies, Roma and Travellers to ensure information about vaccination and means of communication are appropriate and work for these communities.

Future development

- Increasing general communication using our established channels around the importance of having a second vaccination and continued need for social distancing and other measures such as regular testing.
- Working with smaller specific groups who may continue to have higher levels of vaccine hesitancy.
- Apply learning from reports/research about reasons for lack of vaccine confidence to inform ongoing general communications' strategies and adapt services.
- We will proactively address variation in uptake across communities, and contribute to efforts to diversity service delivery models.
- We will use our links and understanding of communities from the Local Outbreak plan work to date to increase awareness and understanding of the vaccination.
- We will continue to review our vaccination sites within the community to ensure they are accessible and meeting the needs of our communities.
- We will further put in place measures to respond to future vaccination needs which may arise from waning of immunity or reduced vaccine effectiveness in the light of emerging variants of concern.

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Resource requirements

- Individual level data on vaccine uptake is required to combat the significant data issues which exist between NIMMS and Foundry, and to allow us to develop more sophisticated inequalities vaccine reporting, to monitor vaccine uptake across different settings and populations and thereby develop an effective targeted response where required.
- Future planning for care staff access to flu vaccination and repeat COVIDvaccinations via priority route ahead of winter 2021/22.

Finance and Resourcing

The government has provided a series of grants to support the response to COVID-19 in Suffolk. These grants come into SCC as the Accountable Body and are distributed to partners across the Suffolk system in agreement with the Health Protection Board.

In accordance with the requirements of the funding allocation, we agreed our approach, main areas of spend and how we intended to monitor outcomes with our Contain Regional Convenor, Joint Biosecurity Centre (JBC) Regional Lead and with the SCC Chief

Executive and Director of Finance. Suffolk also contributed to the interim evaluation in January of how local authorities were allocating their funding and the challenges and successes experienced.

Where necessary, funding passes straight through to Health and Local Authority partners to support essential COVID-19 responsibilities such as Environmental Health, Infection Prevention and Control and support for vulnerable and clinically extremely vulnerable residents.

Funding received to date

The table below outlines the funding received to date. Clarification on further funding settlements for beyond February 2021 is awaited. Confirmation has been received that funding received during 2020-21 financial year may be carried over and used during 2021-22.

Amount	Received	Grant	Criteria
£2.79m	May 2020	Outbreak Planning Grant	<ul style="list-style-type: none"> Public Health leadership Infection prevention & control Regulatory activities Communications Data analytics & intelligence Project mge & business support Local contact tracing Local testing Training Community support, engagement & social marketing Support, engagement with settings Support for those self-isolating & vulnerable people
£6m	November 2020	Contain Outbreak Management Fund (COMF)	<ul style="list-style-type: none"> Targeted testing of hard to reach groups Additional contact tracing Enhanced communication & marketing Delivery of essentials for those in self isolation Targeted interventions Harnessing capacity Extension/introduction of specialist support Compliance/enforcement of restrictions Targeted support for schools/universities outbreaks Community based support (BAME) Support for engagement and analysis Initial support for vulnerable people

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£1.7m	January 2021	December 2020 COMF Allocation	As above
£3m	February 2021	January 2021 COMF Allocation	As above
£0.9m	February 2021	Community Testing Programme	Payment 1 of 3 for Community Testing Programme (15% of £14 per test of tests planned)

Expenditure to End February 2021

Area	Amount
Contact Tracing	£0.4m
Testing	£0.38m
Outbreak Support	£0.5m
Communications	£0.18m
Support for Vulnerable	£0.26m
Targeted interventions in communities	£0.32m
Support for those self-isolating	£0.8m
Compliance & Regulatory	£0.5m
Infection, Prevention & Control	£0.27m
Specialist Support	£0.27m
Programme Office & Public Health Leadership	£0.4m

For further information please email:
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