



Wigan Borough COVID-19 Outbreak Control Plan

Document information

Due to the constantly evolving nature of the SARS-CoV-2 virus and the subsequent COVID-19 disease, along with the national government approach to its management, this plan is written and updated as an iterative process. The Wigan Borough Health Protection Board led by Professor Kate Arden and Craig Harris will oversee the ongoing development and implementation and Lynne Calvert will be responsible for continually reviewing the plan, and any queries or issues should be sent to Lynne Calvert L.Calvert@wigan.gov.uk.

Contents

Executive Summary	3
Introduction	3
Principles of COVID-19 Management.....	13
Strategic Risks	13
Wigan Governance	13
Outbreak Control Teams (OCT)	14
Priority 2 High risk places, locations and communities	15
Priority 3 Testing Capacity	16
Priority 4 Contact tracing in complex settings.....	17
Priority 5 - Data integration	21
Priority 6 - Vulnerable people (Consequence Management)	22
Priority 7 - Local Boards	23
Personal Protective Equipment.....	23
Public and Stakeholder Communications and Engagement	23
Financial Context.....	24
Legal and Policy Context.....	25
Appendices.....	26
Appendix 1 - Symptoms of COVID-19	26
Appendix 2 - Outbreak Definitions	26
Appendix 3 - Government Strategy	28
Appendix 7 - Responsibilities of organisations	29

Executive Summary

The Wigan Borough Covid 19 outbreak plan is the borough plan for managing outbreaks, managing down Covid 19 infection rates locally and mitigating any negative impacts relating to the phased relaxation of the current national lockdown arrangements. It largely mirrors the GM Covid 19 Outbreak plan which has been jointly produced by the 10 areas that make up Greater Manchester.

To respond effectively to the unprecedented challenge that managing down the infection rates and living with Covid 19 will present for the foreseeable future, a whole system response that is appropriate and effective is essential.

In order to ensure a joined-up system response there is an unparalleled requirement for England, GM and Wigan to work together to reduce and manage the virus and the impacts it is having on our communities. The imposition of lockdown and stringent social distancing measures have contributed significantly to reduce the level of infection, but they impose a large burden on individuals, families, communities and the economy. National government has now introduced a phased relaxation of lockdown measures. A foundation stone in the mitigation of the potential impacts of relaxing lockdown and supporting our communities and businesses to resume activity as safely as possible, is the introduction of the Test, Track, Trace, Contain and Enable (Test and Trace) programme.

Evidence suggests that the potential remains for further peaks in infection and death rates. The introduction of local regional and national Covid 19 outbreak plans will support the system to proactively plan and flexibly respond to any future outbreaks and subsequent infection rate peaks.

The plan aims to be a readable reference document that sets out how we are identifying cases of COVID-19, how we are tracing those who may have been in contact with the virus and the ways in which we are trying to reduce or prevent onward transmission of the virus.

Due to the constantly evolving nature of the SARS-CoV-2 virus, the almost daily improved knowledge and understanding of the virus, together with the developing national and local approaches to its management, this plan is a work in progress, a living document that will be updated as part of an iterative process and be continually updated as an iterative process. It will also be updated as local and regional capabilities and processes change. It will support continuous improvement by capturing evidence of 'what works' as the Wigan Test and Trace Cell and Wigan Borough Health Protection Board learns from experience of managing COVID-19 cases and outbreaks.

Introduction

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On 12 January 2020 it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19. The UK has been responding to COVID-19 since 31st January 2020 when it was confirmed that a Level 4 National Incident has been declared for

NHS England and NHS Improvement. On 11th March 2020 the World Health Organisation declared COVID-19 a pandemic. The UK Government moved from the “Contain” phase to the “Delay” phase on 12 March 2020.

The GM COVID-19 Outbreak Control Plan has been created at the request of national government to explain how Greater Manchester (GM) will collectively manage the spread of the virus, to minimise the prevalence and impact of the subsequent COVID-19 disease within our communities.

The Wigan Borough plan mirrors and aligns to the GM plan to ensure appropriate response at the two spatial levels and, importantly, to ensure maximum impact is achieved by each spatial area. This requires each spatial level efficiently and effectively undertaking the elements that are most appropriate by taking maximum advantage of geography, system make up, infrastructure and local relationships to successfully respond to the unprecedented challenge of Covid 19.

This plan is required as many of the systems and processes put in place for the SARS-CoV-2 virus and the subsequent COVID-19 disease are not currently outlined in the existing Wigan Borough Multi-Agency Outbreak Plan.

Context

Contact tracing and outbreak management are well evidenced as essential tools in limiting the spread of infectious diseases. Effective tracing and isolation of people exposed to COVID-19 can reduce the spread of infection and may allow for greater relaxation of current restrictions than would otherwise be possible.

The contact tracing system in England is made up of three operational tiers:

- Tier 3 consists of call handlers who speak to contacts of confirmed cases and advise them to isolate
- Tier 2 consists of case handlers who interview confirmed cases of COVID-19 to identify their contacts
- Tier 1b is an integrated regional and local system to deal with contact tracing and outbreak management in complex settings.

Tier 1a provides strategic oversight of the whole system and sets guidance and policies. Wigan forms part of the Greater Manchester (GM) Tier 1b system. Within Tier 1b, most contact tracing is expected to be done by the Greater Manchester Integrated Contact Tracing Hub (GM ICTH).

Wigan’s response will be focused on contact tracing and managing complex cases or outbreaks, and in providing support to individuals and settings that have been affected by COVID-19. This might include supporting people who have been told to isolate, or managing the consequences of closing a particular setting, such as a school or GP practice.

Alongside playing its part in partnership with the Greater Manchester tier 1b contact tracing system, Wigan needs a system that can respond to outbreaks and situations without relying on notification from the national or regional system. This will allow a faster response to emerging outbreaks, and where necessary, upward escalation to the GM ICTH. This is most likely to occur where local arrangements and relationships are historically strongest; e.g. Schools, Care Homes, Small Businesses, who are well versed in working in partnership with Wigan Council, and are likely to be in touch with us prior to contacts being identified and cascaded through the tiers of the national system.

Purpose of this document

This document has two functions:

1. It is a **reference document** for people involved in COVID-19 outbreak management. It describes key contacts, guidance, and processes to support both reactive outbreak management and proactive support to key sectors; and
2. It is the **programme plan** for the Wigan Borough Resilience Forum. It describes the main actions that will be taken and by whom to improve the capacity and capability across Wigan to manage COVID-19 outbreaks. It also describes the resources needed to support COVID-19 outbreak response.

This document sits within the [Greater Manchester COVID-19 Outbreak Control Plan \(www.greatermanchester-ca.gov.uk/coronavirus/covid-19-management-plan/\)](http://www.greatermanchester-ca.gov.uk/coronavirus/covid-19-management-plan/), and should be considered alongside that, as well as the GM Multi-Agency Outbreak Plan.

Objectives

- To provide an overview of the **key control measures** available, including those relating to the Test and Trace approach and the seven associated key themes
- To outline the national, GM and Wigan system **roles and responsibilities**
- To outline the **governance and oversight** arrangements in place
- To set out the **communications** and engagement arrangements as well as the **financial and legal** context

Scope

- This plan is to read in conjunction with the existing Wigan Borough Multi-Agency Outbreak Plan; it is not intended to duplicate or replace the existing plan.
- This plan is focused on the key management arrangements in place in the Wigan system and intends to closely align to the GM plan to provide a common framework to support local planning.
- In terms of consequence management, it is not yet possible to identify all associated impacts and consequences, especially where impacts differ because of volume. Where it is possible associated impacts and consequences will be addressed by the initial iteration of this plan, by outlining the arrangements and considerations relating to those required to self-isolate as a part of the Test and Trace programme, and the impacts outbreaks may have on key settings, such as closures.

Structure

There are 6 key elements of the local COVID-19 response:

1. **A single point of contact (SPOC) for COVID-19 issues.** The Wigan SPOC will receive notifications of new COVID-19 outbreaks and issues both from local partners (schools, primary care settings, social care settings) through a dedicated inbox at Contact.Tracing@wigan.gov.uk and from the GM ICTH. The Wigan SPOC will expand the access to this inbox as demand and need dictate. This will include the current contact centre infrastructure to ensure effective administrative oversight, and a clear record, bringing together all the components, is ensured.
2. **An enhanced health protection team.** This will build on the existing health protection team with extra resources drawn from both within the system (Public Health Officers, Business Support, CCG). This team will be responsible for reactive management of COVID-19 outbreaks, drawing on the resources across the system. It will also have within it, staff dedicated to providing proactive engagement and support to key sectors, and the existing staff groups that support them.
3. **Points of contact for key sectors.** These will include educational settings, healthcare settings, social care settings, businesses and wider community settings. This will draw on existing resources within the system. However, as the system matures and we learn more about the volume of activity, these areas may also need to be supported with additional resources.
4. **Data analysis and intelligence.** This will draw on intelligence products that have already been developed to support the COVID-19 response in Wigan. It will draw in new data, such as testing data, NHS111 calls, and referrals from the national and regional layers as these data become available. It will also aim to capture the level and type of activity happening through the wider COVID-19 response (including testing arrangements). As more detailed epidemiological data (such as small area data and data on cases and deaths with data on patient demographics) becomes available, it will also identify areas of high transmission for further investigation and action.
5. **Communications support.** This will support the sector-specific engagement with broader communications designed to promote measures to avoid being identified as a contact, compliance with infection prevention and control measures and social distancing.
6. **Enforcement.** While we expect that most people and organisations will adhere to advice given, there are ongoing debates at national level regarding the need and ability relating to enforcement, and currently GM and the 10 local areas favour the adoption of a positive model built on positive communications and engagement.
7. In addition to the elements outlined in the diagram, there are two further components that will be central to the Wigan COVID-19 response:
 - a. **Close integration with local and national testing pathways.** This will ensure appropriate testing routes are available, so everyone who needs a test can get a test, and that outbreaks are identified early.

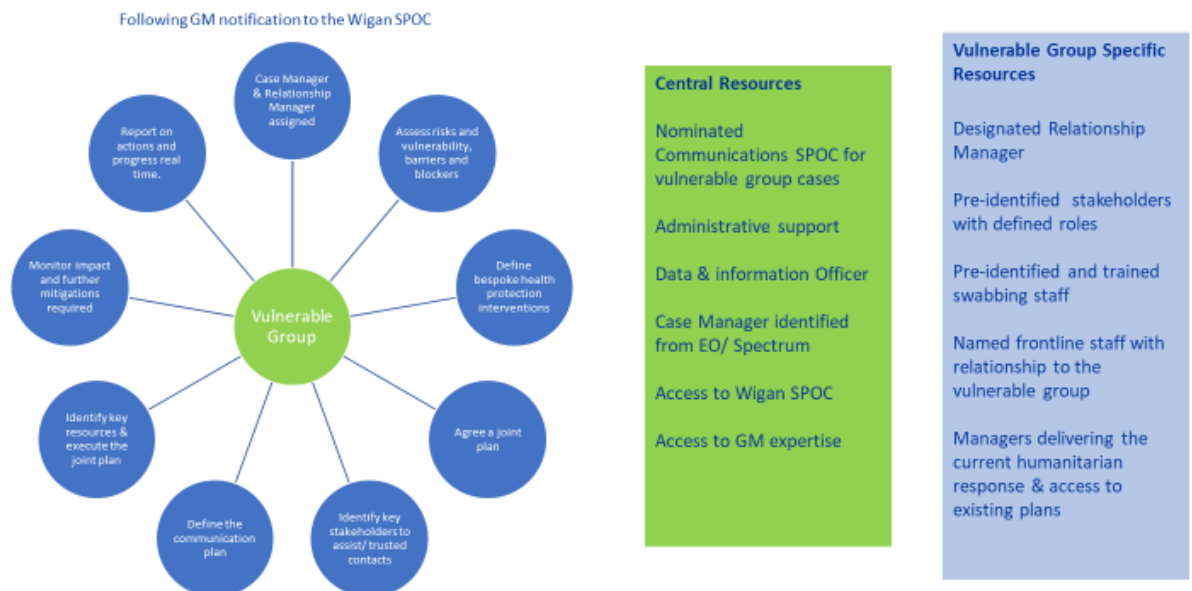
- b. **SDF and Community hubs.** These are responsible for providing support to individuals, such as delivering food and medicines to people who are isolating.

Given that the majority of the technical contact tracing activity undertaken in Wigan will relate to the most complex groups, significant time has been spent working through the potential scenarios and in planning the most effective route through which we could effectively engage and support these groups.

The Figure 2 illustration below outlines the model that would be adopted.

Figure 2

Wigan Track and Trace Vulnerable Groups dynamic requirements



Resources

The structure in figure 1 and process in figure 2, outlined above, requires the following roles:

1. **Administrative:** to ensure the SPOC is available during and beyond core hours of operation. The requirements of this role will be to ensure that messages coming into the SPOC are logged, assigned to a case manager (see below) and accurate records are kept of actions taken. The decision to adopt the existing infrastructure of the current Contact Centre arrangement will fully support this requirement. The current arrangement includes out of office response from Central Watch with a link to the existing Forward Incident Officers (FIO's) to instigate an immediate response out of hours if required.

2. **Case management staff** to case manage outbreaks and provide proactive infection prevention and control advice to key settings. This will include Wigan Council’s existing Health Protection and Civil Contingencies Team, Environmental Health Team, resource from within the current ‘Spectrum’ Sexual Health contract. These staff will be responsible for making sure that appropriate actions are taken for each issue (complex case or outbreak needing follow-up). The allocated case manager will have overall responsibility for that case, including keeping an accurate record of the actions taken for a given case, and closing the case, once all infection prevention and control and consequence management actions are complete.
3. **Relationship Managers.** Will be identified from the teams (from across the public and voluntary sector as appropriate) who are already working with groups that include; Travellers, Asylum Seekers, Homeless and Sex Workers. They will support the case manager, utilising their existing relationships to support effective contact tracing to succeed.
4. **Wigan Test and Trace Cell members.** Will be responsible for identifying which settings present the highest risk; supporting proactive engagement with settings and communities; and arranging wider consequence-management support to people and settings affected by COVID-19 outbreaks. The Cell will be responsible for escalating issue both within and beyond the Wigan system and for regular reports to SCG, Wigan Borough Health Protection Board and any additional appropriate group e.g. Care Home Reform Board, Education Cell etc.
5. **Dedicated analytical support.** This will support the Wigan system to capture, analyse, and interpret data on the level and type of activity coming through the Wigan Test and Trace process, and will use this to enhance the data and intelligence drawn from all other areas, including on the epidemiological status of COVID-19 infections in Wigan.
6. **Dedicated system support** This would ensure the data capture and data flow is appropriate and captured in ways and on platforms that support interoperability across the three spatial levels. A case management system is being developed at GM, with Wigan input, and out data flows and web forms need to be compatible with this.
7. **Dedicated communications support.** This will support the overall management of the COVID-19 pandemic in Wigan with strategic messaging, proactive messaging that is adapted to support each new sector as we move further into the relaxation of lockdown, as well as providing reactive support in the event of outbreaks.
8. **Overall management and oversight of the COVID-19 outbreak response in Wigan:** This will be provided by the Director of Public Health (DPH) for Wigan, as part of the statutory responsibility for the health of the population of Wigan. The DPH will be supported in this response by the Wigan Borough Health Protection Board, which will report into Health & Wellbeing Board.

While some of these resources (particularly around roles 3 – 5 above) will be drawn from the existing system, the initial Wigan COVID-19 outbreak management plan will require the following identified resources:

Table 1. Resources

This incorporates lead areas within the wider system may also need extra resourcing, depending on the level of demand, particularly for consequence management. The resourcing level will be kept under review as the situation develops and changed if needed. In the event of short-term surges of activity, options to quickly scale-up resources will include:

1. Drawing on resources within the Council, such as Environmental Health staff, or Public Health staff; and
2. Requesting surge support from the Greater Manchester COVID-19 contact tracing system.

Wigan has been allocated (and received) £2,390,000 to support its response to COVID-19. A funding proposal is being prepared that sets out how this funding will be used. From this amount £171,662 has been requested from GM to support them to manage the majority of technical GM contact tracing and the deployable resource available to the 10 authorities experiencing hotspots.

Definitions and Process

Table2. Definitions

Case	<p>Possible case: A person with a new persistent cough, OR fever (over 37.8) OR change or lack of sense of smell or taste.</p> <p>Confirmed case: A person with positive PCR test for SARS-CoV-2 (regardless of symptoms).</p>
Contact	<p>Household contact: A person who lives with or spends significant time in the same household as a possible or confirmed case of coronavirus (COVID-19). This includes living and sleeping in the same home, anyone sharing kitchen or bathroom facilities, or sexual partners.</p> <p>Direct contact without PPE: Face to face contact with a case for any length of time, within 1m, including being coughed on, a face to face conversation, unprotected physical contact (skin to skin) or travel in a small vehicle with a case. This includes exposure within 1 metre for 1 minute or longer</p> <p>Proximity contact without PPE: Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case.</p> <p>In each case, a contact is a person who has had contact at any time from 48 hours before onset of symptoms (or test if asymptomatic) to 7 days after onset of symptoms (or test).</p> <p>A person who wore appropriate PPE or maintained appropriate social distancing (over 2 metres) would not be classed as a contact.</p>
Outbreak	Two or more confirmed cases linked in time, place, or person (i.e. where there is a confirmed epidemiological link).
Cluster	A situation where there are two or more confirmed cases, where there is as yet no confirmed epidemiological link (in time, place and person).

Incubation period	Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days.
Infectious period	48 hours before onset of symptoms until 7 days from onset of symptoms.
Exclusion period	<p>Symptomatic confirmed cases – 7 days from onset of symptoms; 14 days for elderly care home residents.</p> <p>Asymptomatic confirmed cases – 7 days from date of test.</p> <p>Contacts of confirmed cases – 14 days from onset of symptoms/date of test (if asymptomatic) in the case.</p> <p>Note: household contacts of possible cases should isolate immediately. Other contacts of possible cases do not need to isolate until the case is confirmed by a positive PCR test.</p>

Generic process

A generic process for issue management is outlined below:

1. **Identification:** An issue is identified, either locally through intelligence, by being raised directly with Wigan Council, or through the GM SPOC.
2. **Referral to Wigan SPOC:** Once referred to the SPOC.
 - a. The SPOC logs the basic details of the issue, including the location and type of issue, the time of referral, and the contact details for the person referring the issue
 - b. The SPOC assigns the issue to a case manager for follow-up and if appropriate identifies a relationship manager to support.
3. **Initial investigation:** The case manager makes initial contacts (with the relationship manager as necessary) to understand the issue better. This may involve:
 - a. **Contacting an affected setting** (e.g. head of school; manager of care home) to get details of the situation, which would include numbers of possible and confirmed cases (and whether any are at high risk of severe COVID-19 disease), dates of onset of symptoms, numbers of people potentially affected (including numbers at high risk of severe COVID-19 disease), any wider risks, and potential impacts that would need support from the system.
 - b. **Providing initial infection prevention and control advice.** This might include signposting to existing guidance and sources of support, advice on isolation and exclusion and other infection prevention and control advice.
 - c. **Ensuring that any symptomatic people who have not yet been tested are tested promptly.** This will help to make sure that actions are based as much as possible on confirmed cases, as well as helping to rule out situations that are not linked to COVID-19.
 - d. **Identifying any urgent support needs.** This would include any health needs in cases and contacts that might need to be managed in the short term (such as

access to medication) as well as wider impacts on services and communities that need an immediate response.

- e. **Notifying the wider system, SDF and comms leads.** Early notification to SDF/Community Hub will help to make sure that adequate support for consequence management is available as early as possible and impacts on the wider system can be managed. It will also allow wider information and intelligence about the situation to be included in the risk assessment.
4. **Initial risk assessment.** This would draw on the information gathered at 3a and will support triage and prioritisation if demand on the health protection system outstrips capacity. An initial risk assessment framework is outlined below.
5. **Notification to GM Contact Tracing SPOC:** Where appropriate, outbreaks will be escalated to the GM Contact Tracing SPOC for support with contact tracing and outbreak management. Criteria for escalation are still to be agreed across Greater Manchester. In the interim, outbreaks (defined as two or more cases linked in place and time) will be notified to the GM SPOC. Escalation criteria will remain flexible so that cases not meeting this definition might be escalated if they are particularly high risk or complex, and extra help is needed in managing them. This will be agreed between the Wigan lead and the GM SPOC.
6. **Identification of actions.** This will include both infection prevention and control and consequence management actions. Actions will be assigned as appropriate. Where risk assessment suggests that further investigation and control of the outbreak needed to assess and manage the risk to the public's health and ensure control measures are implemented as soon as possible an Outbreak Control Team (OCT) will be arranged. This team will agree and coordinate the activities of the agencies involved in this wider process.
7. **Monitoring of situation and actions.** The situation will be monitored, and any extra actions identified will be allocated to an appropriate owner. The risk assessment will be reviewed if information emerges that would affect it (such as an increase in the numbers of cases, or expansion of the outbreak so that a wider group may be affected).
8. **Closure.** Once all necessary infection prevention and control and consequence management actions are complete the situation is closed for further actions. This should be communicated to everyone involved in managing the situation and whoever notified the situation in the first place.

At every stage in this process communications will be important both to make sure that all parties are operating on the same information, to ensure transparency of actions taken, and to build trust across the system and with the public. Accurate recording of actions and decisions will also be important, both for management of the situation and to provide an audit trail of situation management.

Risk assessment

This risk assessment approach is intended to be both simple enough so that assessment can be completed quickly, comprehensive enough to ensure that the risks are consistently assessed across settings, and flexible enough that it can capture both technical assessment

of risk and wider social and political aspects. It is specific to COVID-19 and is not intended to replace health protection risk assessments carried out by other agencies, but to guide local prioritisation of effort.

This risk assessment framework will be refined as the system gains experience of managing and prioritising outbreaks. There will also be benefit in using the same risk assessment framework across regional partners. Initially, outbreaks will be assessed according to the following criteria:

1. **Vulnerability:** Clinical manifestations of COVID-19 range from no symptoms to acute respiratory distress and death. The risk of severe illness and death is higher in some groups, such as the elderly, people with underlying health conditions, men, and some ethnic minority groups. Vulnerability can be assessed both based on evidence such as the number of hospitalisations and deaths in cases, and/or on the number of vulnerable people among the exposed group. Conversely outbreaks among otherwise healthy children where no deaths or hospitalisations are reported would attract a lower assessment.
2. **Scale:** The risk for a given outbreak increases with the number of people potentially exposed. In some settings this can be more easily assessed (such as by the number of residents in a care home, or the number of staff and children in a school cohort). In others the potential spread is harder to assess (such as in community outbreaks among hard-to-reach groups).

Together, vulnerability and scale reflect the potential for harm.

3. **Mitigation:** these criteria assess the likely effectiveness and feasibility of outbreak control measures. Interventions include isolation, infection control measures (such as hygiene and environmental cleaning) and use of PPE. Examples of higher risk settings might include dementia units where residents cannot be isolated to their own rooms; or an outbreak among homeless people who may not have appropriate accommodation to isolate to, and where contact tracing may be more difficult. While in general mitigation can be targeted at reducing both severity and spread, in the absence of effective treatment or prophylaxis, mitigations will primarily be intended to reduce the spread of COVID-19.

Scale, spread, and mitigation provide an assessment of both the potential health harm and the extent to which this harm can be reduced once actions are implemented.

4. **Wider context:** Outbreak management needs to consider impacts on public confidence, political impacts. Impacts on stakeholders and wider groups. Examples of higher risk situations are outbreaks that are likely to impact public confidence in the wider outbreak response, or where there may be impacts on community relations. Wider context may also include an assessment of the impact on the delivery of services or the wider economy of Wigan.

[View Risk Assessment template – \(www.wigan.gov.uk/Docs/PDF/Resident/Crime-Emergencies/Covid-19-Risk-Assessment.pdf\)](http://www.wigan.gov.uk/Docs/PDF/Resident/Crime-Emergencies/Covid-19-Risk-Assessment.pdf)

Principles of COVID-19 Management

The following principles will be adopted and adhered to throughout this plan and any subsequent updates. National ADPHs identified four principles for the Design and Operationalisation of local Outbreak Control Plans and arrangements, including local plans for contact tracing. These are stated below. These principles can function as standards or tests for local systems to use in determining whether their arrangements have been developed in a way which will enable maximum impact and effectiveness.

The prevention and management of the transmission of COVID-19 should:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

Strategic Risks

There are several key strategic risks that have emerged through the work undertaken since Covid 19 was identified. These can be summarised as follows:

- Workforce capacity and capability – immediate, short- and medium-term
- Lack of clarity around anticipated levels of demand
- Business Continuity impact on local systems, businesses and economies
- Concerns around levels of adherence to self-isolation advice and guidance
- Capturing and sharing data and activity
- Sustainability of local support arrangements for vulnerable cohorts.
- Unpredictable nature of 'complexity'

This plan will, where possible, address and outline the Wigan approach taken to address the above.

Wigan Governance

The Wigan Health Protection Board, supported by the Test and Trace Cell, will take a clear lead on:

- Monitoring and contributing to the surveillance of new and emerging outbreaks of COVID-19
- Identifying and implementing national and local Public Health actions in both clinical and non-clinical settings
- Leading on testing and contact tracing systems as part of the wider Test and Trace strategy
- Providing scientific and technical oversight
- Continued oversight of implemented actions and Infection Prevention Control Teams
- Continued assurance and work towards the closure of COVID-19 case management plans.

- The Health & Wellbeing Board will be Wigan's 'member led Covid management Board'

Outbreak Control Teams (OCT)

The purpose of the OCT is to agree and coordinate the activities of the agencies involved in the further investigation and control of the outbreak in order to assess the risk to the public's health and ensure that control measures are implemented as soon as possible and, if required, legal advice sought. Wherever possible OCT's will be incorporated into existing oversight groups with the addition of members of the Health Protection and Civil Contingencies Team. This builds upon mature and pre-existing Outbreak Management arrangements as set out in the Wigan Borough Outbreak Plan.

Priority areas

1. Local planning for outbreaks in specific care homes and schools identified across the authority footprint
2. Identifying and planning for outbreaks across any high-risk places, locations and communities across the authority
3. What local testing capacity is available to feed into and work with the GM Mass Testing Strategy including pop-ups and community testing
4. What arrangements, if any, will be in place locally to work with any complex contact tracing cases escalated from the GMICHTH to Local Authorities
5. What data linkages will be made between the Local Authority and the GM systems
6. What support will be available locally to vulnerable people requiring help to self-isolate and to diverse communities requiring specific support
7. Local governance arrangements led by existing COVID-19 Health Protection Boards in conjunction with relevant local NHS, CCG, and Council command and control structures in place to support locally based planning. This includes arrangements around newly created member-led boards to communicate with the public.

Priority 1 - Care homes and schools

Care Homes

National Roles and Responsibilities

Under the TTCE approach, care homes will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to local systems.

GM Roles and Responsibilities

The GM approach to supporting complex settings is to provide additional, co-ordinated support at a system level, to prevent and risk manage the potential for an outbreak. Care homes (for older adults and other categories of vulnerable adults) and schools are already regarded as priority settings by the GM ADPH (Association of Directors of Public Health) that require the development of robust health protection / outbreak planning.

Wigan Borough roles and responsibilities

The management of cases or an 'outbreak' in care homes, including the contact tracing, but only in relation to the staff and residents and visitors. Any wider contact tracing – relating to the families of staff for example – would go through the national test and trace service. This would be managed by the allocated case manager working with a relationship manager identified by the Service Manager, Age Well (Adults), with the process supported through the Care Home Reform Board, and the Care Home Operational Group, which will ensure suitable oversight on appropriate information, actions and contacts for care homes.

Schools

National Roles and Responsibilities

Under the Test and Trace approach, schools will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to local systems.

GM Roles and Responsibilities

Schools have received local guidance, supplementary to the DfE guidance, from their Local Authority education and public health teams, and have been supported to complete whole-school risk assessments, which will remain under review. GM level contact-tracing arrangements, set out in the recently established GM Hub Standard Operating Procedure (SOP), will complete contact tracing associated with a confirmed case in a school setting.

Wigan Borough roles and responsibilities

For a single case (under review) or cluster outbreak is declared in a school, the GM Integrated Contact Tracing Hub (GMICTH) will undertake contact tracing. The GMICTH will provide support to locality infection prevention and control teams, potential consequence management requirements to the locality SPOC (Contact.Tracing@wigan.gov.uk), and additional information around potentially contentious or controversial cases with potential adverse media consequences to the locality SPOC for either information or action (i.e. death of a child; outbreak within a particularly complex / contentious setting).

Priority 2 - High risk places, locations and communities

GM Roles and Responsibilities

Identification of Potentially High Risk and Complex Settings

The GMICTH will manage all complex contact tracing on behalf of GM, with the exception of:

- Contact tracing of cases or an 'outbreak' in care homes which is a *locality* role including the contact tracing, but only in relation to the staff and residents
- Contact tracing of rough sleepers or homeless or other groups requiring specific community knowledge or links.

[View complex settings and cohorts in Wigan with suggested response](#)

Identification of Potentially Complex Cohorts

The Wigan Test and Trace and Testing Cell will also develop their focus to be able to provide assistance and standardised prevention advice to potentially complex cohorts through the existing Wigan teams and groups working with Homeless, Sex Workers, Asylum Seekers etc.

Planning how to manage High Risk Settings, Cohorts and Individuals

Significant work has been undertaken to ensure that all staff likely to work along any part of the Test and Trace pathway (including consequence management) are trained on both the national Contact Tracing training package and a GM enhanced package created in line with the GM Contact Tracing work stream and all member organisations. This training material includes:

- Contact tracing scripts for confirmed cases
- Contact tracing scripts for contacts of confirmed cases
- Public Health England Management of Contacts of Confirmed and Possible Cases of COVID-19
- Department of Health and Social Care Test and Trace: guidance for social care employers about staff isolation

Wigan Borough roles and responsibilities

A scenario planning toolkit has been produced and scenario planning is taking place within Wigan and with key sectors such as GMP. Pan GM guidance led in conjunction with localities is being produced to support work in key settings such as:

- Primary care settings
- Secondary care settings
- Social care settings
- Schools and Early Years
- Business sectors
- Community settings

Scenario planning has been, and continues to be conducted at a Wigan level, utilising a range of materials. This work has allowed those involved in leading key areas to work through the processes and potential barriers. This will continue as cases start to come through to the Wigan system to support a continual learning approach across all the priority areas.

Priority 3 - Testing Capacity

National Roles and Responsibilities

The national approach to testing has evolved over recent weeks and the intention to devolve increased control down to local systems has become a key stage of the Test and Trace approach which is now being implemented.

Current COVID-19 testing activity has been developed to date under a number of 'Pillars'. The testing Pillars cover a number of pathways. Broadly, each pathway, irrespective of location, includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.

GM Roles and Responsibilities - Testing Strategy, Testing Demand, Capacity and Prioritisation

To advance the current testing arrangements as established above, a Mass Testing Strategy for GM was agreed at the end of April 2020. The strategy set out a number of objectives focused on reducing harm through contacting COVID-19.

Mass Testing will ensure that high priority groups of patients, residents and key workers in health and care sectors can be offered and access antigen testing through Pillar 1 or Pillar 2.

The key features of Mass Testing will be

- To confirm the high priority cohorts for testing in each Pillar
- To confirm the analytical capacity on a daily basis in each Pillar
- To manage the demand for testing both in hospital settings, care settings and in the general community
- To respond quickly and flexibly to changes in any of the above.

Importantly, the ability to respond quickly including being able to mobilise local testing arrangements to respond to testing demand generated by contact tracing and outbreak management is a key issue from this point onwards.

Wigan borough roles and responsibilities

Wigan will have locally determined testing capacity, initially in a satellite and outreach model, from 6th July. This will initially focus entirely on testing to identify Covid 19 + cases, but will incorporate new tests as they become available. The outreach component of the local testing provision will be key to early identification of cases and mitigation of impact

Priority 4 - Contact tracing in complex settings

The national approach to contact tracing includes two main elements:

- National Test and Trace Service
- NHSX Contact Tracing App (currently under review)

The National Test and Trace service was launched on 28th May 2020 and has 3 levels:

Level 3 (National Call Handlers contracted from external providers) who are responsible for:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Level 1.
- Escalating difficult issues to the level 2 staff.

Level 2 (Professional contact tracers recruited through NHS Providers) who are responsible for:

- Interviewing index cases, and identifying their contacts using SOPs and scripts
- Handling issues escalated from level 3 staff.
- Escalating complex issues and situations to Level 1.

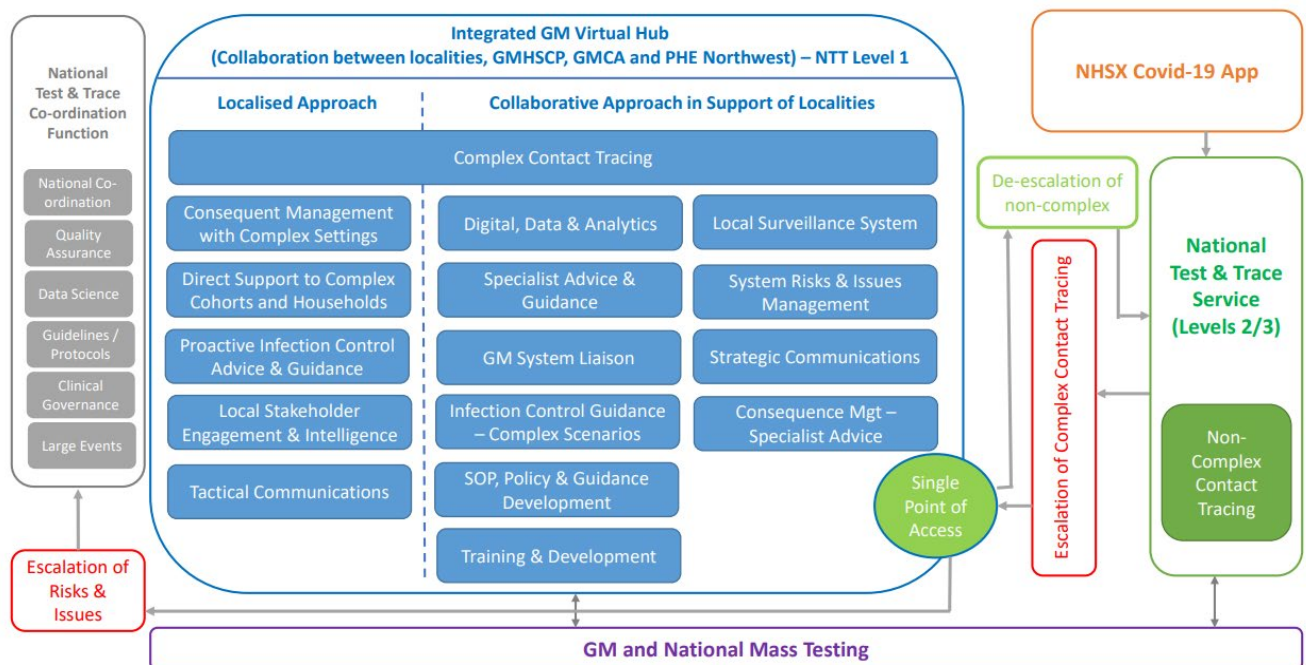
Level 1 (regional and local arrangements) who are responsible for:

- Leading on ‘complex’ contact tracing
- Consequence Management
- Supporting vulnerable people and households

This is underpinned by a national co-ordination function and a national logistics provider.

Level 1 in Greater Manchester will be provided through the GM Integrated Contact Tracing Hub, delivered collaboratively on a city-region footprint and including staff from PHE NW, GM and GM Localities.

Figure 4. The NHS test and trace service:



The points under Localised Approach will be the focus for the local system response. These will iterate and develop over time.

Priority 4 - Arrangements to work with any complex contact tracing cases escalated from the GMICTH

1. GM Level 1 Roles and Responsibilities

The specific GM-level roles and responsibilities associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Receipt of escalation from Levels 2/3 (national) to Level 1b on behalf of the GM system
- Data cleansing of information received from Levels 2/3 (national) on behalf of the GM system
- Inputting cases, contact and activity into HPZone
- De-escalation of inappropriate cases back to Level 2 (national)
- Receipt of potential contact tracing requirements direct from localities and sectoral partners in order to agree a joint approach.
- Completion of setting-specific contact tracing for escalated cases identified within the SOP
- Escalation of contact tracing requirements to settings which will undertake contact tracing themselves (i.e. hospitals; police; fire)
- Escalation of care home contact tracing requirements to locality IPC
- Escalation of potential consequence management requirements to locality SPOC
- Escalation of potential individual / household support requirements to locality SPOC
- Escalation of potentially contentious or controversial cases with potential adverse media consequences to locality SPOC for either information or action (i.e. death of a child; outbreak within a particularly complex / contentious setting)
- System-wide specialist advice and guidance on health protection related to outbreak management, contact tracing and prevention
- Bespoke support to localities
- SOP, policy and guidance development
- Production of training and development materials
- Training and development of GM staff
- Strategic communications and engagement
- Management of the GM Surveillance System
- Intelligence, Analytics and Programme Management
- Assessment of whether an outbreak has been identified
- Joint management of an outbreak in accordance with SOP

Wigan Borough Roles and Responsibilities

The locality roles and responsibilities associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishment and delivery of a locality SPOC
- Escalation of locally identified potential contact tracing requirements to GM SPOC.
- Oversight and management of contact tracing requirements in relation to care homes
- Contact tracing for complex scenarios.
- Coordination of locality consequence management in relation to complex settings
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals / households
- Coordination of local communications and engagement in relation to potentially contentious or controversial for either information or action (i.e. death of a child; outbreak within a particularly complex or contentious setting)

- Capturing activity information and providing this to the GM Hub for inputting into HPZone.
- Interpretation and application of national and GM policy and guidance within a local setting
- Training and development of locality staff
- Joint management of an outbreak in accordance with SOP
- Continue with wider proactive and preventative work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases

Hospital Trust, Police and Fire Roles and Responsibilities

The specific sector-level roles and responsibilities of GM hospital trusts, GM Police and GM Fire & Rescue Services associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishing and maintaining a single point of contact
- Receiving details of escalated cases from GMICHTH
- Workplace contact tracing for staff with a confirmed diagnosis. (Contact tracing of household and community contacts will be completed through the national system).
- Organisational infection control, prevention and mitigation activity.
- Outbreak management in line with national guidance and supported by GMICHTH staff.
- Identification and declaration of a major incident where the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or because there is a need for formal multi-agency coordination.
- Business Continuity / Contingency Planning.
- Escalating issues to the GMICHTH

2. Workforce / Training & Development

An immediate and short-term Covid-19 contact tracing workforce was established in GM and Wigan by repurposing staff from other roles or by drawing upon the existing trained GM contact tracing workforce.

In Wigan an immediate workforce was drawn from the existing contact tracing workforce including environmental health officer's, sexual health contact tracers and infection and prevention control nurses. Localities have also identified a contact tracing lead and a single point of contact (SPOC) for contact tracing related communications.

In the medium term, across GM and in Wigan, steps will be taken to establish a permanent workforce to enable ongoing contact tracing and outbreak management, both in relation to Covid-19 and as a means of "future-proofing" outbreak management and health protection in Wigan. In the event of multiple outbreaks or hotspots Wigan will be able to draw on the additional capacity available at GM to support with locality level contact tracing.

Priority 5 - Data integration

National Roles and Responsibilities

Surveillance reports and infographics from Public Health England. One of Public Health England's core functions is disease surveillance; making sure that the right information and evidence is available to inform decisions and actions across the public health system. Public Health England gathers a wide variety of data at local and national level about COVID-19 from a range of sources to provide situational awareness. Current data sources include confirmed laboratory cases across England, community surveillance through PHE's network of health protection teams, a range of data submitted by GPs and hospitals, virological surveillance from the Respiratory Datamart project, mortality data and an outlook on the international situation.

GM Roles and Responsibilities

To support a more joined up system response Greater Manchester will establish a robust digital architecture which allows information to flow from PHE to GM to localities and back again, alongside case management and recording. GM are working with ANS to build a GM Case Management system on the Microsoft Dynamics Platform to an agreed GM specification and are aiming for that to be accessible across all GM localities, blue light services and potentially local hospitals from mid to late June.

Ensuring the right data protection is in place in Greater Manchester to support the Contact Tracing work is vital to its success. Significant work is underway in parallel to the build of the case management system to constantly assess the impact on privacy. GM is working closely with PHE to establish the right data relationships and ensure there is clarity about the processes and purposes for sharing so that there can be transparency with the public to build trust.

The GM COVID-19 Dashboard as created and updated by the GM Situation Cell will also be used to inform decisions and actions within Greater Manchester, by monitoring the situation across a range of locally available data including number of confirmed cases, NHS system capacity, social care system status and mortality rates. The GM Situation Cell is responsible for feeding regular information updates to MHCLG and national government.

Wigan Borough Roles and Responsibilities

Wigan are involved in the development of the case management system with our representative at GM also leading the work in Wigan, as a member of the Test and Trace Cell to ensure interoperability with local systems. Wigan are now getting improved levels of data relating to Covid 19 and the aim locally is to ensure the data we draw locally from Test and Trace is captured in a way that gives us robust intelligence to enable effective reactive and proactive response.

Data sharing

During COVID-19 there is a government notification focusing on Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 to allow healthcare organisations, GPs, local authorities and arm's length bodies to share information to support efforts against coronavirus (COVID-19). More information is available on [Gov.uk website](http://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information). (www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information)

Priority 6 - Vulnerable people (Consequence Management)

Supporting vulnerable adults/families who are required to self-isolate, with necessary humanitarian aid and other essential support, has been an ongoing consequence of the pandemic. This includes a wide range of people, from the extremely clinically vulnerable and socially vulnerable, their families and residents who no longer have access to usual social and support structures and who can therefore experience increased vulnerability. We could also see an increase in a new group made up of people being asked to self-isolate without warning because they have been identified as a contact of an index case of COVID-19.

National Roles and Responsibilities

National government will continue to provide support to those 'shielding'. Any settings, cohorts or households that require support due to being asked to self-isolate without warning because they have been identified as a contact of an index case of COVID-19 will be the responsibility of local authorities.

Wigan borough roles and responsibilities

Wigan's humanitarian response will remain the primary route for people to access humanitarian assistance locally and will lever in and continue to coordinate local multi-agency, cross-sectoral responses which will meet diverse and emerging needs.

As the Test, Trace and Contain processes are developed and established there will be an ongoing need to ensure we minimise the impact of outbreaks on our communities and continue to provide support, in addition to the provision of support through local hubs described above, this may include:

- Providing direct support and advice to community settings that experience an outbreak.
- Ensuring common and consistent messaging to communities ensuring reassurance in the response that is being implemented.
- Working closely with communities to gather their knowledge and experience about cases in the community and creating two-way dialogue to ensure we are able to manage by consent.
- Providing support and guidance to local businesses.

Health equity and the differential direct and indirect impact of the pandemic are being considered, drawing on data, intelligence and local analysis as well as practical methods of

managing differential risks, for example, staff risk assessments for key workers and people returning to the workplace. These are likely to include particular attention to the effects on communities already affected by socio-economic inequalities, and those newly-affected because of the pandemic.

Priority 7 - Local Boards

Wigan borough roles and responsibilities

In addition, to support the effective functioning of the governance arrangements and decision-making for GM, Wigan will utilise the existing Wigan Borough Health Protection Board and the Health and Wellbeing Board to provide governance and oversight arrangements. Informed by science. The Boards will continue to be guided by the best scientific and medical advice to ensure that the Wigan response does the right thing at the right time.

Closure of Specific Settings in Response to Incidents

In response to the wider response to COVID-19 across England, specific settings as outlined by the government were closed to minimise the spread of infection, including schools and universities. There may be a need for this to reoccur in the future, and this key management measure is available as a suite of options primarily led by the government.

IPC Measures in Care Settings

Wigan Care Home Reform Board has submitted a local plan to government on the management of Covid 19 in Care Homes. As part of this strategy individual Infection, Prevention and Control plans are currently being completed and will be implemented from 6th July

Personal Protective Equipment

Wigan has secured a sustainable supply of PPE and Wigan council is supplementing key settings by providing additional PPE as necessary. In addition improved training has been, and continues to be, developed on the use of PPE particularly in relation to Care settings, but with the relaxation of lockdown the need for support on the use and access to PPE may increase across settings not previously considered e.g. small businesses. The increased routine use of PPE will be a critical factor in mitigating the potential impact of Test and Trace by ensuring as few people as possible are able to be identified as 'contacts', thereby mitigating the potential for closures being required.

Public and Stakeholder Communications and Engagement

Comms material is being developed constantly at both national and GM level. Wigan are amplifying this where appropriate and adapting to fit with the Wigan Deal and existing Wigan campaigns. The need for a suite of comms material, both public facing to support reducing the potential to be a contact, and to ensure compliance with quarantine

requirements to effectively reduce the onward transmission is critical. This locally adapted suite is currently being finalised ensuring the potential to be adapted for use across a number of settings.

Internal system partners, key stakeholders and other influencers within Wigan have been increasingly engaged through the process of are engaged throughout the process of planning and preparing for Test and Trace. This now needs to incorporate clear internal mechanisms for both officer and political engagement. Communications and engagement professionals have been assigned to support and advise both the response and recovery structures for the Wigan Test and Trace Cell and this will be one of the work stream that is continually improved over the coming year.

[View Test and Trace Communications Plan document](#)

www.wigan.gov.uk/Docs/PDF/Resident/Crime-Emergencies/COVID-19-Test-and-trace-communications-plan.pdf

The key messages need to cover:

- Enabling and motivating everyone to 'be a good contact', individually and collectively reducing risks around spreading coronavirus
- Ensuring those who develop symptoms understand and accept they must immediately get tested and self-isolate, and understand the importance of complying with requests to share details of recent contacts with NHS Test and Trace contact tracers
- Persuading those who are contacted to follow the instructions and self-isolate for the required amount of time; working with employers to provide opportunities for people to be able to do so
- Quickly building public understanding of the importance of test and trace to stopping coronavirus, and basic awareness of everyone's roles and responsibilities, will be key to successfully ensuring these behaviours.

In summary the communications and engagement strategy to help ensure the outbreak is managed effectively is already largely in place but being further developed and added to as we go on and new programmes begin.

Financial Context

Whilst we know that investment will be forthcoming to support local test and trace arrangements, the likely financial requirements of the test and trace effort within Greater Manchester and Wigan remains unclear due to the lack of national modelling data around the amount and nature of expected demand. This will become clearer over the coming weeks as activity begins to flow into the system, and we are able to make plans based upon real activity flow.

Legal and Policy Context

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 Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups[1] to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- 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 the 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 (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Appendices

Appendix 1 - Symptoms of COVID-19

Fever, cough or chest tightness, anosmia, myalgia, fatigue and dyspnoea are the main symptoms reported. A variety of abnormalities may be expected on chest radiographs, but bilateral lung infiltrates appear to be common (similar to what is seen with other types of viral pneumonia). View more information on [Gov.uk website](#).

(www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features)

Appendix 2 - Outbreak Definitions

Outbreak definition for non-residential settings

1. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.
2. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
<i>Cluster</i>	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
<i>Outbreak</i>	Two or more confirmed cases of COVID-19 among individuals associated with a specific 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 >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) -	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	absence of alternative source of infection outside the setting for initially identified cases	
--	---	--

Outbreak definition for residential settings

3. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	Criteria to end
<i>Outbreak</i>	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting

4. Table 3 provides a broader definition of outbreaks in either in-patient and out-patient settings.

Table 3: Declaring and ending an outbreak in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	Criteria to end
<i>Outbreak in an inpatient setting</i>	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)
<i>Outbreak in an outpatient setting</i>	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF:	No confirmed cases with onset dates in the last 28 days in that setting

	<p>Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case</p> <p>OR</p> <p>(when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases</p>	
--	---	--

Appendix 3 - Government Strategy

With the aim of working to reduce infection rate, suppress the basic reproduction number of the SARS-CoV-2 virus (RO) and control the outbreak, the UK government published a four stage 'Coronavirus Action Plan to guide its response, on 3rd March 2020.

The plan also included information on the government's 4-stage strategy to:

- Contain: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- Delay: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- Research: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- Mitigate: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy

The UK government announced on release of the strategy that the country began in the 'Contain' phase, and on 12th March 2020 it was announced that the UK moved to the 'Delay' phase.

The 'Delay' phase, also referred to as 'lockdown' brought a range of UK government backed and enforced measures to slow the spread of COVID-19. These include but are not limited to:

- Guidance to work from home wherever possible
- Closing of businesses and facilities subject to high risk of infection for visitors, including hospitality and leisure services
- Instruction not to leave home if you or anyone in your household has symptoms of COVID-19
- Fixed penalty notices for people mixing indoors with others from outside of your household

- Guidance on physical distancing at any time outside of the household
- Effective handwashing and hygiene communication campaigns
- The use of Personal Protective Equipment (PPE) in both clinical and non-clinical settings as per government guidance
- Conducting risk assessments across all workplace environments to ensure that they are COVID secure to help prevent the spread of COVID-19

Many of these measures were backed by law and the Coronavirus Act 2020. More information can be found at: www.gov.uk/coronavirus

Appendix 7 - Responsibilities of organisations

Local Authorities

The LA Director of Public Health (DPH) and the public health team in the LA will provide initial leadership with PHE for the response to public health incidents and emergencies within their LA area, ensuring effective communication with local communities and providing advice and support to Clinical Commissioning Groups. The LA DPH will also have responsibility to ensure appropriate plans are in place for managing incidents and outbreaks. In liaison with PHE, the LA public health team will develop a communication strategy within their local area during incidents and outbreaks.

LAs and port health authorities play a key role in managing outbreaks of foodborne illness. The Food Safety Act 1990, Food Safety and Hygiene (England) Regulations 2013 and the Public Health (Control of Diseases) Act 1984 give powers of control to LAs. The investigation of outbreaks of foodborne disease is carried out by Environmental Health Professionals and others employed by the LA. LAs have powers to assist both investigation and control of outbreaks, including powers of entry, sampling powers and powers to exclude food handlers, seize and detain food and close premises.

The LA DPH and Chief Environmental Health Officer (EHO) (or their representatives) are key members of the Outbreak Control Team and will work in collaboration with PHE and other partners and stakeholders to manage incidents and outbreaks in the local area.

Greater Manchester Health and Social Care Partnership / NHS England

Greater Manchester Health and Social Care Partnership, through their section 7A direct commissioning functions, have in place national standard contracts to ensure that their contracted providers will deliver an appropriate and relevant clinical response to any incident that threatens the public's health. Greater Manchester Health and Social Care Partnership should ensure close working relationships with Clinical Commissioning Groups to ensure the provision of adequate resources for management of incidents/outbreaks and surge capacity requirements.

Greater Manchester Health and Social Care Partnership will also need to ensure clear communication channels are established with Clinical Commissioning Groups to inform NHS organisations in the event of incidents/ outbreaks. Depending on the nature of the incident or outbreak, Greater Manchester Health and Social Care Partnership may also be required to assist with media response.

Collaborative arrangements will also need to be established between Greater Manchester Health and Social Care Partnership, Clinical Commissioning Groups, community health services and LA public health team(s) to ensure public health responsibilities and roles of the NHS are understood and delivered in a timely manner. This will also include clear escalation arrangements for managing incidents/outbreaks.

Greater Manchester Health and Social Care Partnership will also be expected to lead NHS communications on NHS response with PHE providing specialist communication support and advice.

Clinical Commissioning Groups

Clinical Commissioning Groups will be required to put in place the necessary arrangements for communication, release of resources and co-ordination of NHS public health responsibilities for managing incidents and outbreaks. This will include coordination of the primary and community care response during management of incidents/ outbreaks.

It is the responsibility of Clinical Commissioning Groups to ensure that services it commissions are aware of their responsibilities and prepared to support public health incidents and outbreaks. To discharge this function, it is important that Clinical Commissioning Groups have arrangements in place including the availability of generic outbreak control plans for acute and primary care settings, arrangements for communication with local health care professionals and relevant health care settings.

Association of Greater Manchester Authorities – Civil Contingencies and Resilience Unit (AGMA CCRU)

AGMA CCRU will provide business partner support to the relevant outbreak control team in addition to maintaining the on call Director of Public Health rota for Greater Manchester Authorities.

Public Health England

The management of outbreaks of communicable disease generally involves the local health protection team of PHE Centres, Clinical Commissioning Groups and the Microbiology Services. The local health protection team of the PHE Centre will investigate and manage outbreaks of communicable disease, provide surveillance of communicable diseases and infections and support LAs in the exercise of their powers under the Public Health (Control of Disease) Act 1984 and associated regulations.

PHE will be expected to provide specialist support and advice to Greater Manchester Health and Social Care Partnership/NHS England team on NHS communications.

For the full detail of roles and responsibilities of organisations including the Food Standards Agency, Animal and Plant Health Agency, please see PHE Communicable Disease Outbreak Plan: Operational Guidance.