

Annex B

SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands v1

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

Date developed 14/05/20

Review date 22/05/20

Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE West Midlands (WM) Centre as a starting point for each Local Authority (LA) Director of Public Health to add to. We recognise that there will be different capacities across the region and that we will need to develop the arrangements jointly across each area.

This provides a suggested framework for working across PHE WM, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in WM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE will arrange swabbing and testing for symptomatic and asymptomatic individuals when first advised of an outbreak;
- PHE will undertake a risk assessment and give advice to the setting and the local system on management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with contact tracing, infection prevention and control advice and guidance;
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions;
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

Rationale for the joint SOP

1. To have a joint collaborative and co-ordinated approach to supporting WM settings including care homes, extra care housing and supported housing, workplaces, public venues, schools, nurseries, homeless hostels, faith settings etc. in managing COVID19 outbreaks. To also have a joint approach to finding and supporting complex individual contacts that the national centre has been unable to locate.
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of WM care settings and individual contacts by the LA, CCG and PHE Health Protection Team (HPT).
4. To provide consistent advice and guidance to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To maintain a single database for surveillance and monitoring of outbreaks for COVID19.
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures and system response.

Governance and Key Guiding Principles

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The system has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
3. Infection Prevention and Control support, advice and guidance, for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care

(as opposed to treatment) to meet needs arising from illness, disability or old age. There are similar responsibilities in relation to children and young people.

5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.

6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.

7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020.

8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.

9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

PHE HPT Role

1. Risk assessment of Complex Cases and Situations

1.1 On initial notification, the HPT will do the risk assessment

1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.

1.3 The HPT will inform the local authority by email to contacttracing@birmingham.gov.uk and by phone to the Director of Public Health if urgent action is required. The email will include the details of the case, situation, and a copy of the risk assessment and action already taken, also anything that was cause for concern in the initial discussion

1.4 LA to update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address wm.2019CoV@phe.gov.uk

1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues.

2 Swabbing/testing of new outbreaks

2.1 Swabbing will be coordinated by PHE in line with current arrangements e.g. A one-off swabbing of symptomatic residents in a care home will be arranged by the HPT when the outbreak is first reported by the setting.

2.2 The results will be provided by the organisation taking the sample. (See appendix 1 for further details)

2.3 Further testing will be supported based on national decisions relating to the complex situation or cases and asymptomatic transmission risk.

3. Regional co-ordination and support

- To provide regional co-ordination eg sharing of best practice, solutions to complex problems etc
- To provide regional advice and guidance where there are gaps in national guidance
- To flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance

3. Operational Reporting to Local Systems

3.1 A daily summary table listing of situations in each Local Authority area, as recorded by PHE's Health Protection database will be provided to DPH and SPOC (contacttracing@birmingham.gov.uk) to aid operational management. This will include an overview and a second level with details of outbreak/situations.

4. Operational Enquiries

4.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems through the SPOC email: contacttracing@birmingham.gov.uk this may include:

- i) Sourcing PPE
- ii) Operational issues relating to staff capacity and other support to business
- iii) Removal of dead bodies
- iv) Care provision

Local Authority System Role

- To receive information on complex individuals and situations from PHE following risk assessment and initial advice
- To follow up these individuals and situations in line with local/national SOPs
- To provide further contact tracing and IPC advice as needed
- To discuss any individuals/situations of increasing concern with PHE and agree a joint plan of action, this might include setting up an IMT
- To close individuals and situations after 14d (for exposures and clusters) and 28d (for outbreaks) or when complete
- To work with other teams within the council to bring in specialist advice, support and liaison to manage complex individuals and situations
- To identify any additional needs e.g. for vulnerable individuals, PPE etc and refer to council services to meet these needs e.g. food parcels
- To raise any patterns in cases/situations and gaps in pathways with PHE, for escalation regionally / nationally as appropriate

Version Control

Version & Date	Amendments	Authors
V1.0, 14/05/20	Initial Draft	West Midlands Centre
V2.0 27/05/20		JV/RC/HJ

Roles by setting

	Setting						
	Care Homes/ Residential settings	School & Education settings	Workplace	Prison	Homeless / hostel	Faith Setting	Hospital
Receive notification If any other partners contacted, then need to notify PHE in the first instance	PHE level 1 or direct notification to LA HPT (including via Care Homes Clinical Response Group)	PHE level 1 or direct notification to LA HPT	PHE level 1 or direct notification to LA HPT	PHE level 1	PHE level 1 or direct notification to LA HPT	PHE level 1 or direct notification to LA HPT	PHE level 1
Gather information and undertake initial risk assessment	PHE /LA (depending on threshold)	PHE /LA (depending on threshold)	PHE /LA (depending on threshold)	PHE	PHE /LA (depending on threshold)	PHE /LA (depending on threshold)	PHE/ CCG
Arrange testing	GOV.UK, or by exception agreed through the clinical response group for ASC residential settings and arranged through BCHC	Gov.uk	Gov.uk	Home Office/ CCG TBC	–Local arrangement – LA coordinate (delivered by BCHC with PHE approval)	Gov.uk	NHS led

	(PHE approval); for other settings through LA HPT/ IMT and delivered by BCHC						
Provide advice and recommend control measures	PHE with support from LA and the clinical response group	PHE with support from LA (Education and HPT)	PHE with support from LA including EH. HSE as appropriate	PHE with support from CCG (TBC)	PHE with support from LA, possible link to voluntary sector if needed	PHE with support from LA, link with faith organisations if needed	PHE with support from CCG/NHSE (TBC)
Provision of results	Gov.uk or BCHC	Gov.uk	Gov.uk	CCG	BCHC	Gov.uk	CCG/NHSE
IPC follow up	Clinical response group - CCG/ BCHC	LA	LA	NHSE	LA	LA	CCG/NHSE
Access to PPE	Current arrangements, emergency supplies from LA	Own arrangements/ Emergency kits only	Own responsibility	Current arrangements	Own arrangements or LA in emergencies	Not needed	Own arrangements
Chair IMT if required	PHE / LA / CCG	PHE / LA	PHE / LA	PHE / NHSE/I	PHE / LA	PHE / LA	PHE/CCG / NHSE/I