

# Local Outbreak Management Plan Scenario Planning Overview

07/04/2021





#### Introduction

The Local Outbreak Management Plan was refreshed in spring 2021 following the first two waves of the UK Covid-19 pandemic.

As part of this refresh the Council and partners have considered five emerging scenarios moving forward which this document considers and sets out the planned response to:

- Diminishing case numbers and no new significant threats
- Variant of concern situations and outbreaks
- Enduring transmission situations
- Rising tide multiple outbreaks
- Wave 3 escalation

For each scenario we have scoped the planned response and we aim to test the planning for this through table top exercises in Autumn 2021.

The NHS is working separately with the Council on scenario planning for NHS and Social care.





#### Scenario One

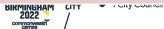
# DIMINISHING TRANSMISSION & NO NEW SIGNIFICANT THREATS





- Case rates continue to decline to maintain a case rate below 20 cases/100,000 population,
- Transmission is declining and remains primarily linked to households, workplace and education with no clear clustering in communities of identity or place.
- Testing uptake remains proportionate
- Vaccine uptake is strong across the 1-9 priority groups and uptake in younger age groups has been positive.

Governance	Public Health Response	Testing Strategy	NPI	Vulnerable Groups
LOEB continues to meet monthly  BIMT meets monthly	Covid T&T team provides 7/7 response	Focus on home testing with Lateral Flow distribution support.	Maintain and integrate Covid marshals into Env. Health functions and	Migrate Covid into existing partnership groups and oversight.
CRG meets weekly	Maintain Local O response  Unused PH capacity is focused on CWG	Maintain core offer of LFD testing sites.  Monitor testing	through BID.  Maintain isolation support and advice.	
	PH response and planning	uptake by site where possible.	Continue to promote awareness and understanding	
	Engagement & Coms works to migrate partnerships to HealthyBrum campaign	Consider reduction in MTU/LTU symptomatic locations following impact assessments	through Champions and engagement partners as part of evolution into Healthy Brum partners.	
		on access.		





#### Scenario Two

# VARIANTS OF CONCERN AND/OR OUTBREAKS





- Identification of non-travel related variants of concern or significant cluster/outbreak.
- Overall population level transmission is declining and remains primarily linked to households, workplace and education with no clear clustering in communities of identity or place.
- Testing uptake remains proportionate
- Vaccine uptake is strong across the 1-9 priority groups and uptake in younger age groups has been positive.

Governance	Public Health Response	Testing Strategy	NPI	Vulnerable Groups
LOEB continues to meet monthly  BIMT meets monthly  CRG meets weekly  LOEB & BIMT briefed on situation  MP and Ward Members briefed based on location and plan	Covid T&T team provides 7/7 response  Maintain Local O response  Unused PH capacity is focused on additional contact tracing support if required.	Saturation testing approach, dependant on situation:  - Targeted coms to promote existing testing routes  - Postal surge PCR with deposit sites  - Door to Door Drop & Collect PCR  - MTU deployment  - National switch on targeted sequencing and CTAS escalation	Targeted deployment of Covid marshals and EHO into geographical area to reinforce NPI.  If workplace based involve regional HSE.  If education based involve regional schools commissioner.  If NHS/Care work with NHS IPC  Enhanced local coms around isolation support & advice offer.	Consider impacts on vulnerable groups and if additional interventions required.





#### Scenario Three

# **ENDURING TRANSMISSION**





- Identification of a site of enduring transmission, this may be a setting such as a workplace or school or care home or a geography or community of identity.
- In the absence of a national or regional definition, enduring transmission would be considered if case rates in a specific defined place or community continue to remain higher than expected for a period of 30 days or more.
- Overall population level transmission is declining and remains primarily linked to households, workplace and education with no clear clustering in communities of identity or place.
- Testing uptake remains proportionate
- Vaccine uptake is strong across the 1-9 priority groups and uptake in younger age groups has been positive.



Governance	Public Health Response	Testing Strategy	NPI	Vulnerable Groups
LOEB continues to meet monthly	Covid T&T team provides 7/7 response	Saturation testing approach, dependent on situation:	Targeted deployment of Covid marshals and EHO into	Consider impacts on vulnerable groups and if additional
BIMT meets monthly	Maintain Local O	- Targeted coms to promote existing	geographical area to reinforce NPI.	interventions required.
CRG meets weekly	response	testing routes - Door to Door Drop	Enhanced local coms	
LOEB & BIMT briefed	Unused PH capacity	of LFD.	around isolation	
on situation	is focused on additional contact	<ul> <li>Consider MTU deployment</li> </ul>	support & advice offer.	
MP and Ward	tracing support if	- Consider National		
Members briefed	required.	switch on targeted		
based on location		sequencing and		
and plan		CTAS escalation		





### Scenario Four

# **RISING TIDE**





- Multiple areas with rising case numbers in small but steady upward trend or multiple clusters and outbreaks with evidence of enduring transmission starting to emerge.
- Overall population level transmission is holding steady or showing small increase which is sustained over several weeks.
- Testing uptake remains proportionate
- Vaccine uptake is strong across the 1-9 priority groups and uptake in younger age groups has been positive.

Governance	Public Health Response	Testing Strategy	NPI	Vulnerable Groups
LOEB continues to meet monthly  BIMT meets fortnightly  CRG meets weekly  LOEB & BIMT briefed on situation  MP and Ward Members briefed	Covid T&T team provides 7/7 response  Maintain Local O response  Review capacity to consider moving BAU PH staff into Covid response for outbreak management.	Saturation testing approach in areas of concern, dependant on situation:  - Targeted coms to promote existing testing routes  - Door to Door Drop of PCR with request for National switch on targeted sequencing and CTAS escalation	Targeted deployment of Covid marshals and EHO into geographical area to reinforce NPI.  Enhanced local coms around isolation support & advice offer.  Step up enforcement visits and work with WMP on strong messaging.	Consider impacts on vulnerable groups and if additional interventions required.  Briefing advice to key risk settings e.g education settings, care homes





### Scenario Four

# **WAVE THREE**





- Local, regional or national sustained upward trend in case rates in the context of maintained levels of testing over several weeks.
- In this scenario it will be important to consider vaccine uptake as this will impact on the NHS and Social Care resilience. The NHS is working separately with the Council on scenario planning for NHS and care impacts.

Governance	Public Health Response	Testing Strategy	NPI	Vulnerable Groups
LOEB continues to meet monthly  BIMT meets weekly  CRG meets twice weekly  MP and Ward Members briefed	Covid T&T team provides 7/7 response  Stand down or restrict Local O response  Review capacity to consider moving BAU PH staff into Covid response for outbreak management.	Revert to previous wave testing model with emphasis on rapid access to PCR through DHSC managed sites.	Targeted deployment of Covid marshals and EHO into historically high risk geographical area to reinforce NPI.  Enhanced local coms around isolation support & advice offer.	Monitor impacts on vulnerable groups and if additional interventions required.  Briefing advice to key risk settings e.g education settings, care homes



#### **National Considerations Identified**

- Potential implications of moving away from free test kits for workplaces and potential for further transmission within workplaces while uptake in working age adults of vaccination remains low in younger age groups, who predominantly work in high density workplace settings like retail.
- Future plans for PCR testing sites and whether this will transition to home-testing only model and impact of this.
- Future plans for financial aide for isolation and if this will be ended at some point or move to be a pressure on the response funding.
- Sequencing capacity for surge response and timeliness.
- International travel impact over the summer and risk of increased VOI/VOC clusters.





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