

Barnsley COVID-19 Outbreak Control Plan

Plan Authors: Barnsley Outbreak Control Engagement Board

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1. Introduction

Barnsley Metropolitan Borough Council (BMBC), alongside multiple organisations and partnerships across the borough, has been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response.

This Local Outbreak Control Plan (OCP) builds on existing health protection plans and puts in place measures to contain any outbreak and protect the public's health.

Local Authorities have been asked to develop Local Outbreak Control Plans by the end of June 2020, focusing on seven themes plus an additional theme on local training:

1. **Care homes and schools** – planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. **Identification of high-risk places, locations and communities** - e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. **Mobile testing units and local testing approaches** – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. **Local contact tracing in complex settings** – predominately led by national Test & Trace, and regionally by PHE. The local authority is considering local responses to support national and regional arrangements, offering support, welfare checks and community engagement to support those who test positive to self-isolate for a period of time
5. **Data flows and integration** – ongoing work to ensure new ways of collecting and using data to identify hotspots/clusters of cases and respond quickly to minimise spread of infection. This is a fundamental component of enabling the other 6 themes and prevent outbreaks.
6. **Vulnerable people** – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. **Local Boards** - establishing governance structures led by the existing Health Protection Boards and supported by existing Gold command forums and a new member-led Outbreak Control Engagement Board to take local action and communicate with the general public.

An update on progress with the above seven themes is outlined in Appendix 2.

Local Theme

8. **Training** – ensuring the LA workforce aligned to supporting the delivery of the Local Outbreak Control Plan are trained and supported in this role.

2. National, Regional and Local Update

Local COVID-19 Alert Levels

Local COVID-19 alert levels set out information for local authorities, residents and workers about what to do and how to manage the outbreak in their area. Local COVID-19 alert levels are sometimes called 'tiers' or known as a 'local lockdown'.

The changes were introduced by the government in England and from 2 December outlines a new system of local COVID-19 alert levels in which different parts of England will be placed into Medium (Tier 1), High (Tier 2) and Very High (Tier 3) alert levels.

These tiers will be strengthened compared to the previous tiers in order to prevent a return to growing infections. We know that social contact spreads the virus. We need to impose these restrictions and it is right to target the toughest measures only in the areas where the virus is most prevalent or where we are seeing sharper increases in the rate of infection.

On 2 December 2020, The Medicines and Healthcare products Regulatory Agency (MHRA) approved the Pfizer vaccine which has now been implemented. Soon after the development of the COVID vaccine, a novel variant of COVID-19 (SARS-COV-2) was identified which has spread rapidly within the UK. Backward tracing using genetic evidence suggests that the new variant emerged in September 2020. Data from Whole Genome Sequencing, epidemiology and modelling suggest the new variant transmits more easily than other variants.

On 4 January 2021, the government announced a third national lockdown in England.

Further updates are outlined on Barnsley Council's website at <https://www.barnsley.gov.uk/services/health-and-wellbeing/coronavirus-covid-19/coronavirus-covid-19-advice-and-guidance/>

Our Local Approach

We continue to work closely with Doncaster, Rotherham and Sheffield councils as well as partners from health, Sheffield City Region, and South Yorkshire Police to make local decisions that support our residents, communities and businesses, and protect lives.

It's important, though, that we recognise that we are all distinctive communities with different infection drivers and that we need to have our local action plans that complement other South Yorkshire authorities.

Outbreak Control Plan Key Actions

This Outbreak Control Plan (OCP) is driving our approach to prevent, detect, respond to, and reduce the impact of Coronavirus (COVID-19) among our communities.

Our approach; is to focus on:

- Using our local knowledge and expertise to boost the national NHS Test & Trace programme at a local level. We're developing our COVID-19 Support Service to provide advice and guidance to residents, schools and businesses on self-isolation. The Service is also following up the contact tracing of confirmed COVID-19 cases that have not successfully been contacted by the national programme.
- Building on the financial support and advice that we've already provided to our local businesses by making plans to further support those who are most affected by the government's new additional measures.

- Prioritising support for Barnsley's care homes and their residents, working with them to ensure they can continue to deliver safe and effective care. We'll do this through financial support, help with guidance and advice from local NHS and social care teams, support with training and help to minimise the risks of increased infections. We'll also do whatever we can to support families to keep in touch with loved ones living in care homes.
- Making sure that residents that need our support the most get it through a range of support via our hardship funds and community assistance.
- Supporting schools, colleges and early years settings to make sure they have robust control measures in places, with updated risk assessments and outbreak control plans to keep children and young people safe. We continue to support them to deal with any positive cases and potential outbreaks quickly.
- Developing a process to support people to self-isolate properly when they have symptoms, test positive or are told to by Test & Trace. We'll be looking at how we can ensure compliance and work with South Yorkshire Police to enforce this when people are repeatedly not following the legislation.
- Supporting our local businesses to operate safely, providing advice on how to follow the government's legislation. We'll be responding to concerns about businesses who are not following the legislation, working with colleagues at South Yorkshire Police to take enforcement action on those that are repeatedly putting people at risk.
- Provide information, so people understand their role in protecting themselves, their families and their communities by adhering to social distancing measures, washing their hands, wearing a face covering and getting a test and self-isolating if they have symptoms.
- Work closely with Public Health England and our local health partners to share information, resource and best practice so our response is the best it can be.
- Pay very close attention to what the data is telling us about the spread of Coronavirus (COVID-19); continuously reviewing our action plan so we can identify high-risk areas, target our support and respond to any changes, trends or potential outbreaks.
- Prepare and implement the roll out of the COVID-19 vaccine on a phased basis to protect front line health and care staff, people who are vulnerable and the rest of the population.
- Selectively test asymptomatic residents and workers, to identify positive cases and provide the right advice and support.

Alongside the new additional measures, the basics are more important than ever:

- Don't be a contact – follow social distancing guidance at home, work and when you're out and about.
- Wear a face covering and wear it correctly.
- Wash your hands regularly.
- Only travel if it is essential or for work.
- If you have symptoms such as a new continuous cough, a fever or loss of taste or smell isolate straight away and book a test.
- Isolate immediately if you are told to do so.

3. Our Vision

Our Barnsley vision is to prevent, detect, respond to, and reduce the impact of COVID-19 in our population.

Our OCP will deliver this vision and it covers the key principles and protocols for a proactive and reactive response across the borough. Alongside this it includes the roles, responsibilities and governance arrangements.

To achieve our vision, we will:

1. Continue with wider proactive work with specific settings and communities in order to minimise the risk of outbreaks/clusters of cases.
2. Work with PHE and local partner organisations to support complex cases and outbreak management (in a range of settings/communities), looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services).
3. Provide a single point of access for communication with the Council on matters relating to the reactive response, as well as out of hours contact.
4. Establish regular proactive meetings with 'link' PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints.

Underpinning this work will be a need to continue to work jointly with PHE on a workforce plan to ensure capacity in the system for delivery of the above.

The OCP provides the framework for how we work as a system in Barnsley through key organisations: BMBC, Barnsley CCG, Barnsley District General Hospital, South West Yorkshire Partnership Foundation Trust, Barnsley GP Federation, Barnsley Community Voluntary Services, PHE Health Protection Team, and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings.

This OCP supports the joint working arrangements that we have in place with organisations across Barnsley and PHE Health Protection Team to help with local situations which would benefit from local input and expertise. The OCP 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.

4. Purpose and Rationale of the Outbreak Control Plan (OCP) and Outbreak Control Engagement Board (OCB)

The OCP will help us achieve our vision and key objectives, which are to:

- Keep cases of COVID-19 low.
- Spot trends early and identify clusters of cases quickly.
- Ensure robust contact tracing as part of outbreak management processes.
- Roll out of the COVID-19 vaccine.

There are several interventions available to us to achieve this, our aims are to:

- Manage outbreaks as they occur via routine outbreak management processes and Standard Operating Procedures (SOPs) (themes 1-6).
- Prevent outbreaks and cases before they occur via good infection prevention and control; rigorous messaging around hand hygiene, social distancing and staying at home when symptomatic.

- Develop local surveillance mechanisms and early warning indicators. This will involve an integration of intelligence we receive from PHE, the Joint Biosecurity Centre and locally sourced intelligence, to help us intensify action where needed (specific geographies, settings, communities of interest).
- Ensure significant and ongoing communication and engagement with individuals and communities, reaching across the borough.
- Ensure access to rapid testing for symptomatic residents in all settings by identifying capacity required.
- Proactively and selectively test asymptomatic individuals using rapid-turnaround lateral flow tests.
- Roll out the COVID-19 vaccine on a phased basis to protect front line health and care staff, those vulnerable to COVID-19 and the rest of the population in Barnsley.

5. **Outbreak Control Engagement Board (OCB)**

Alongside this OCP an important element of the next stage of the response phase of the COVID-19 pandemic was to establish a Barnsley Outbreak Control Engagement Board to help prevent the transmission of COVID-19 within the borough and to effectively manage outbreaks if/when they do happen. The Board is chaired by the Council Leader and its purpose is to:

- Provide oversight, assurance and scrutiny of plans to prevent and manage outbreaks of COVID-19 in Barnsley, and actions taken to prevent and manage outbreaks and their outcomes.
- Lead communication with residents, businesses and stakeholders in the borough generally in relation to outbreak prevention and management.
- Engage with communities and groups where outbreaks may be more likely or where they have occurred.
- Ensure implementation of the Barnsley Outbreak Control Plan.

The Barnsley COVID-19 Governance arrangements are outlined in Appendix 1.

6. **Communications**

The key principle of outbreak communication is to communicate in ways that build, maintain or restore trust between the public and the partners involved in outbreak management. Without this trust, the public will not believe, or act on, the health information that is communicated by partners during an outbreak situation.

An overarching communications strategy has been developed which will focus on the three key aims of outbreak prevention and management:

- People understand the importance of following all measures, including national or local tier restrictions in helping to reduce the spread of Coronavirus (COVID-19) in our communities and adapt their behaviour accordingly.
- People follow the Test & Trace guidance and understand the importance of self-isolating and getting tested.
- People are quickly informed about outbreaks and the measures that are in place to prevent further spread in the community.

A detailed delivery plan has been developed, using data and intelligence to ensure that our key messages are targeting the right demographics. We will continue to use both online and offline channels to reach key stakeholders, focusing on using existing local community channels to both instil behaviour change and warn and inform.

We will also use behavioural insight information to adapt our messages.

Barnsley's strategy and delivery plans will also be in line with the wider South Yorkshire Local Resilience Forum Outbreak Communications Strategy.

7. Resourcing

This OCP needs additional capacity as it is fully scaled up. We need to quickly but carefully consider what extra resource and capacity we need to be able to meet the challenge. We need to think about which key staff groups we need more capacity within. For example:

- **Public Health** - we have secured some additional Public Health capacity including the development of a COVID-19 Support Service which aims to provide support and guidance to residents self-isolating.
- **Data and Intelligence** - we have secured additional analyst and technical capacity.
- **Environmental Health** - we have recruited additional staff to be part of the local support service and undertake reactive work as required.
- **Communications** - we have secured a communications manager and officer post and additional budget to resource communications activity.
- **Community Champions** - we have recruited six Neighbourhood Engagement Officers, to be based within the six Area Teams providing specific support around embedding knowledge, information and support. A wide and ongoing programme of training for all Council staff to ensure they are sufficiently skilled up and empowered to convey key messages and pass on advice to local people. We have also recruited a team of COVID Marshals as part of the Safer Neighbourhood Team to support members of the public and businesses by reminding people to follow the guidelines in place and supporting social distancing in crowded areas.
- **Local testing capacity** - We continue to explore further a variety of options to increase local symptomatic and asymptomatic testing.

We continue to work with our neighbouring Local Authorities and across the Yorkshire and Humber region to implement agreed processes for mutual aid and managing cross border outbreaks.

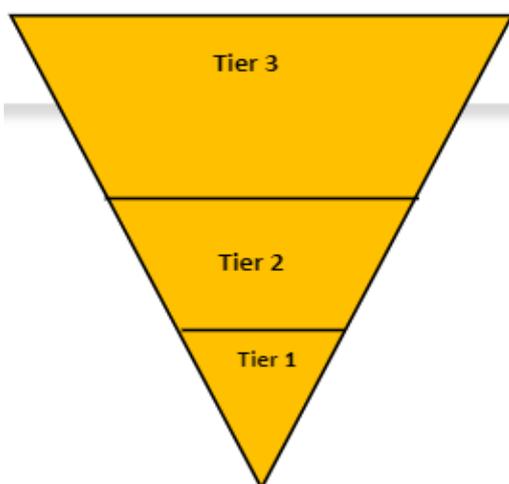
8. Delivery of our Outbreak Control Plan (OCP)

To deliver our OCP we need to have in place a collaborative and coordinated approach to supporting Barnsley complex settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc in managing COVID-19 outbreaks. This coordinated approach is to reduce transmission, protect the vulnerable and prevent increased demand on health and social care services whilst maintaining the delivery of safe local services where possible.

To understand how this OCP will support the national NHS Test & Trace process; Figure 1 outlines the approach from testing to contact tracing. It illustrates our local flexible input to support complex settings (Tier 1) working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.

Figure 1 - NHS Test & Trace process from testing to contact tracing

- COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.
- If the test is positive, this is referred to as a lab-confirmed case. Testing for COVID-19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.
- In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test & Trace Service (Tier 3). They will be asked where they have been recently and who they have been in close contact with.
- These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)
- Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



Tier 3: Call handlers - phone based contact tracing, only low risk contacts. (contracted external provider)

Tier 2: Dedicated professional contact tracing staff - phone based contact tracing. Risk assessment, follow-up and management of cases, contacts and situations without complexity. (staff employed by NHS through NHS Professionals)

Tier 1: PHE Health Protection Team and LA - risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces. Where appropriate, LA led local contact tracing will be in place. (PHE and LA)

This OCP is the local delivery of outputs from the NHS Test & Trace Service leading on complex issues that cannot be resolved by the PHE Health Protection Team; such as outbreaks that need on the ground local responses alongside supporting vulnerable people to isolate.

The NHS Test & Trace Service is designed to ensure that anyone who develops symptoms of COVID-19 or has concerns can quickly be tested to find out if they have the virus. Tests are undertaken at a test site or by using a home test kit. Individuals are notified by text or email of their results between 24 and 72 hours after taking the test. An automated system supported by call handlers, and clinical supervision, helps trace recent close contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

9. Symptomatic Testing

Rapid and easily accessible testing is key to any pandemic management in order to establish and monitor levels of infection and immunity in the system, plan for service demand, prevent asymptomatic spread of infection to vulnerable cohorts, identify who needs treatment and care, and keep the workforce and services resilient.

Our approach is to identify what capacity is needed to enable every setting to have access to testing. Some examples of this are listed below.

Regional Testing Sites via South Yorkshire and Bassetlaw Integrated Care System with a Regional Test Centre at Doncaster Sheffield Airport and Meadowhall.

Mobile testing units operate out of regional testing sites and travel to offer tests where they are needed. A local testing unit has been operating at Lower County Way alongside a mobile testing unit located geographically in different sites across the Borough based on a rolling programme, which BMBC is supporting.

Home testing kits can be delivered to individuals so they can test themselves and their family members without leaving the house. The test involves taking a swab of the nose and the back of the throat and can be self-administered.

Access

Depending on the situation and setting, there are different routes by which a person can access testing. The [NHS Test & Trace \(NHS T&T\)](#) system is the main route of public access to tests for COVID-19. These include home test kits, drive through regional test sites, satellite test sites, mobile testing units and dedicated local testing centres. In addition to these, there are testing systems set up by NHS hospitals and other commercial testing facilities. The NHS T&T locations for Barnsley are demand responsive and reflect local intelligence, so therefore change on a continual basis. A combination of regional, local, satellite and mobile test sites provide coverage for Barnsley residents either by foot or by car. Details of current locations of the Barnsley NHS T&T sites are available on the council website [here](#).

In the vast majority of cases, a person will only be eligible for testing if they are showing symptoms of COVID-19. However, in light of new evidence showing that people infected with COVID-19 who are either pre-symptomatic or have very mild or no respiratory symptoms (asymptomatic) can transmit the virus to others without knowing, there are instances where certain people/groups in Barnsley will be eligible for asymptomatic testing.

Testing Guidance and Results

National guidance for the public concerning test results can be found [here](#). In the event of a negative result, no further action is needed from the NHS T&T Service. However, those who have been notified to have, or have been in contact with a person who has, COVID-19 should isolate. In the event of a positive test result, contact tracing services will be initiated. The PHE HPT is notified when individuals from high-risk settings require follow up. NHS Trusts inform PHE about outbreaks, but not single cases. All results processed through accredited labs are added to the Second-Generation Surveillance System (SGSS) national laboratory reporting system used in England which feeds into NHS T&T.

Asymptomatic Testing

A targeted community testing initiative, in partnership with the Department of Health and Social Care was launched in January 2021. Barnsley is offering lateral flow testing to critical workers who live or work in the borough who are unable to stay at home due to their job role and who are likely to come into contact with vulnerable residents.

The rapid-turnaround lateral flow tests, which provide results within an hour, will be used to proactively test asymptomatic individuals twice a week - helping to identify those who unknowingly have the virus and enable those who test positive and their contacts to self-isolate.

More information on eligibility and accessing testing is available at www.barnsley.gov.uk/coronavirus-rapid-test.

10. COVID-19 Vaccine

COVID-19 vaccination in Barnsley started on 15 December 2020 at the primary care led vaccination service. The current focus of COVID-19 vaccination is on health and social care staff and priority groups identified by the Joint Committee of Vaccination and Immunisation (JCVI).

Primary care are working together to set up a local vaccination service in Barnsley which will start by vaccinating those aged 80 and over on a phased basis. Those across the borough who are in the priority groups and receive their healthcare at home will be able to receive the vaccine directly in their home by the vaccination team.

Barnsley Hospital, South West Yorkshire Partnership NHS Foundation Trust and Barnsley Council are also working to vaccinate frontline health and social care workers directly working with people clinically vulnerable to COVID-19 who need care and support.

11. PHE Health Protection Team Role

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

- PHE will advise on testing for symptomatic individuals when first advised of an outbreak within a setting, or cohort; this aligns to regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial 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 infection prevention and control.
- PHE will work collaboratively with BMBC; both proactively and reactively to ensure two-way communication about outbreaks as well as enquiries being managed by the Council and wider issues/opportunities and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- As part of this collaborative role, BMBC will continue to support individuals who are shielding and may also support those self-isolating if required.

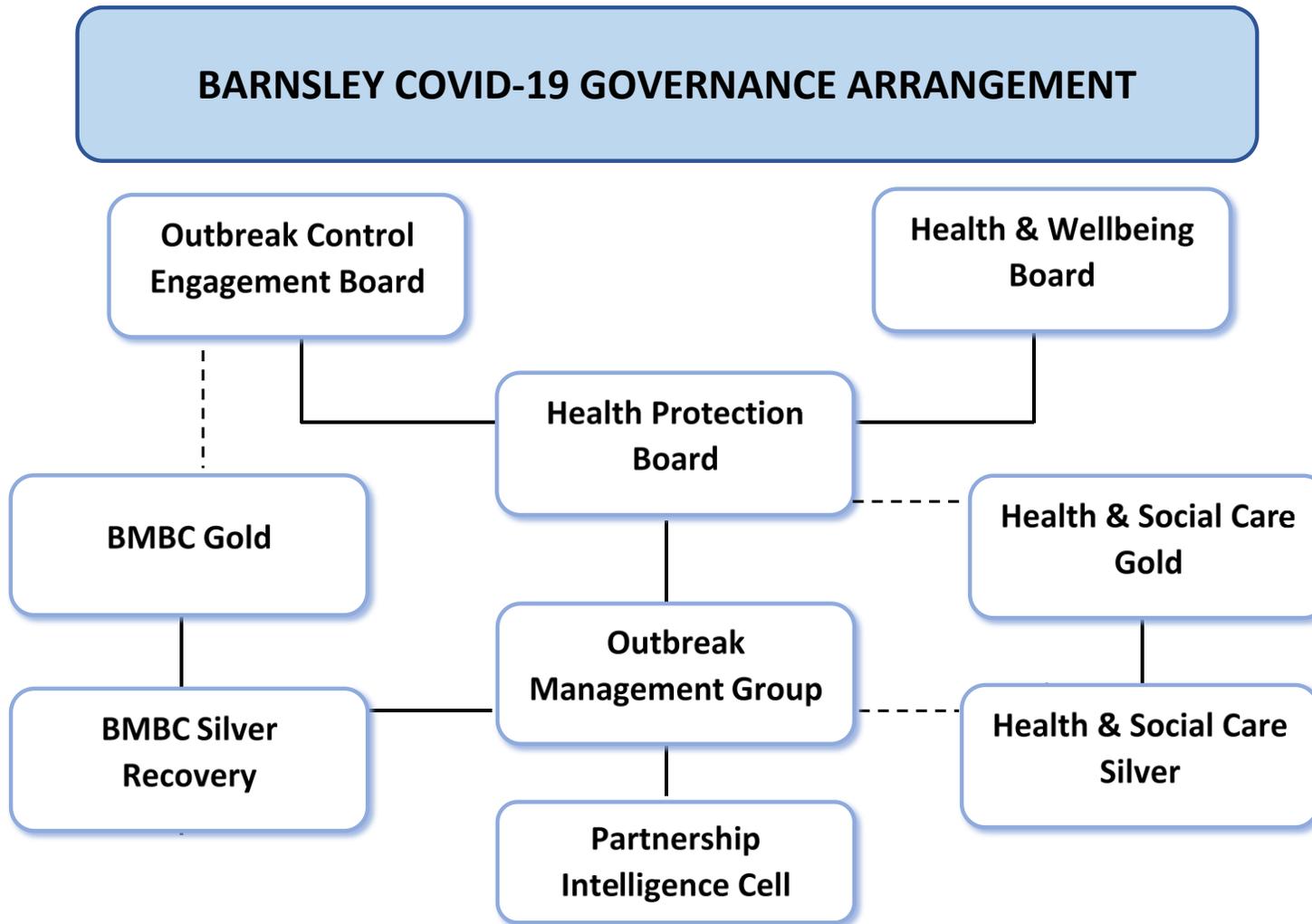
12. Risk Assessment of Complex Cases and Situations

- On initial notification, the HPT will do the risk assessment.
- The HPT will give infection control advice alongside local advice (verbal and email) to the individual or organisation to minimise spread of infection.
- The HPT will inform BMBC by daily summary via e-mail and phone if urgent action is required.
- BMBC will update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via a dedicated email address.
- In complex situations a joint discussion on control measures will take place between BMBC, PHE, and other relevant partners (e.g. Barnsley Infection Prevention and Control team). An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and BMBC public health teams; to discuss outbreaks, local intelligence, alongside enquiries being managed by the Council, alongside wider issues/opportunities.

13. Operational Reporting to Local Systems

A daily summary table listing of situations in Barnsley, as recorded by PHE's Health Protection database will be provided to the Director of Public Health and their Single Point of Contact (SPOC) to aid operational management.

Appendix 1 – Barnsley COVID-19 Governance Arrangement



Appendix 2 - How we meet the 7 key themes

Key theme	What we have done	What we continue to do	RAG rating
Care homes and schools	<p>We have Standard Operating Procedures (SOPs) in place for both care homes and schools.</p> <p>We have worked with schools and care homes to support them to implement the National Lateral Flow Testing, where appropriate.</p>	<p>We will work with settings to ensure they understand the process, from prevention through to notification of confirmed cases and their role in outbreak control if required.</p> <p>We will continue to support schools and care homes where required around Lateral Flow Testing.</p>	GREEN
Identification of high-risk places, locations and communities	<p>We have identified most areas listed to date, including high-risk workplaces and homeless shelters, and have defined outbreak management strategies and preventative measures. Specific high-risk places fall within 'vulnerable people' and work has commenced in these areas to prevent infection.</p> <p>We have worked closely with vulnerable community settings leads with regard to helping critical staff access appropriate testing where appropriate.</p>	<p>We will finalise identification of areas listed and commence work with those areas to prevent infection and ensure they are aware of their role in outbreak control if required.</p> <p>We will continue to work with vulnerable settings around community testing ensuring critical staff can access testing as appropriate.</p>	GREEN
Local Testing Capacity	<p>We have 3 main local testing sites accessible by foot and car and have deployed mobile testing units to respond to needs in communities. We are targeting symptomatic testing to all critical workers who are unable to stay at home due to their job role and who are likely to come into contact with vulnerable residents.</p>	<p>We continue to respond locally to the needs of communities of concern and situations using an intelligence led approach.</p>	GREEN
Local Contact Tracing	<p>We have mobilised public health and environmental health to provide a welfare call to all positive cases and cover contact tracing for complex cases. House visits are triggered for uncontactable cases.</p>	<p>We will refine our approach as further tools are developed regionally and nationally.</p>	GREEN

Data and integration	We have in place twice-weekly intelligence review meetings and a detailed weekly intelligence report to monitor the data and agree actions in relation to emerging trends and issues. We have developed an internal 'Test and Trace' dashboard that integrates with the Public Health England (PHE) line listing data and provides a daily refresh on case rates, geographies, workplaces and common exposures.	We will continue to develop our Local surveillance, bringing in additional intelligence and analysis of the data to identify potential patterns of infection. We will continue to share and discuss data with the appropriate settings leads to ensure that intelligence is acted upon in a timely manner.	GREEN
Vulnerable people	We have Standard Operating Procedures (SOPs) in place for homeless/rough sleeper and gypsy/traveller populations, as well as a more generic SOP in place for all 'underserved groups'. We have identified and worked with settings leads for vulnerable people, sharing a regular email reminder to settings leads to monitor positive cases.	We will continue to proactively work with settings to enhance their understanding of outbreak control measures. We will respond with support for vulnerable groups should an outbreak occur.	GREEN
Local Boards	We have established governance structures, and clear lines of responsibility in place – including communicating with the general public.	We will review our governance processes at regular intervals to ensure they remain fit for purpose.	GREEN