COVID-19

Sheffield Local Outbreak Control Plan

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CONTEXT

On 22 May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a local Outbreak Plan. National Guidance was issued jointly by Public Health England (PHE) with five key partner agencies. Publication of the Government's Roadmap, for exiting national lockdown, February 2021, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern (VOC) requires a review and refresh of this plan.

This Local Outbreak Control Plan builds on existing health protection plans and puts in place measures to contain any COVID-19 outbreak and protect the public's health. This is led by the Director of Public Health and involves a wide range of organisations to enable agencies in Sheffield to prevent, know about and respond to outbreaks of COVID-19 infection in our city.

This Plan describes the key themes established which provides Sheffield's response to SAR-CoV-2 pandemic. The Plan brings together in one place an overview of our response and sets out the arrangements for surveillance of and response to local outbreaks and infection rates. This plan provides public reassurance and a point of transparency.

The Plan identifies aims, objectives, workstreams and the appropriate governance and responsibilities for each of those. The Plan's workstreams link directly to Government specific areas of focus and planning themes. This Plan is supported by programme documentation, the detail of which is not reproduced in this plan for purposes of clarity and brevity.

This plan does not consider a choice between "zero or not" as this is an unhelpful dichotomy. Whilst zero Covid is an aspiration, it is an endemic illness and will need to be treated as such and aim to keep infection as low as possible. Given the global circulation of Covid-19, truly achieving zero Covid is desirable but unachievable without border closures. We have not achieved zero in any other infectious disease, even where an effective vaccine has been available for decades.

INTRODUCTION

Sheffield City Council, alongside multiple organisations, and partnerships across the city, continue to work together 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 activity began and continues in the Test, Trace, and Isolate phase of pandemic management, working closely with PHE and NHS Test & Trace (NHS T&T). Activity has progressed to include both contact tracing and vaccination, as the City worked through lockdown assisting workplaces and schools to remain open safely and allow essential services to be maintained throughout.

The COVID-19 pandemic can be viewed as a number of smaller outbreaks in local areas or groups of people. Outbreak control or outbreak management is the approach to both identifying where are there are cases of disease and then putting in place

control measures to reduce the spread of the disease. Control measures can include contact tracing to enable speedy isolation of people who are potentially infected to reduce spread. In Sheffield City Council we work routinely with PHE, NHS T&T, and other local partners (for example NHS organisations) to manage outbreaks of a number of different infectious diseases using standard guidance. As local partners we have insight and relationships locally that can support outbreak control, this also applies for COVID-19.

This document is Sheffield's Outbreak Control Plan (OCP), and focuses on DHSC's planning themes [table 1] and specific areas of focus [table 2]

Table 1: DHSC's Planning themes [updated as at 26th February 2021]

Plans should include	Plans should reflect	Plans should address
Higher-risk settings, communities and locations e.g. care home, prisons, hospitality, hospitals and education	Community Testing	Responding to Variants of Concern [VOC]
Vulnerable and underserved communities	Contact Tracing	Action on Enduring transmission
Compliance and enforcement	Support for Isolation	Enhanced Contact Tracing, in partnership with HPT
Governance	Outbreak Management	Ongoing role of Non-Pharmaceutical Interventions [NPI's]
Resourcing	Surveillance	Interface with vaccine roll out
Communications and engagement, including community resilience		Activities to enable 'living with Covid' [Covid secure]
Data integration and information sharing		

AIM AND OBJECTIVES OF THE OUTBREAK CONTROL PLAN

The aim of this Plan, and associated programmes, is to ensure that we:

- **PREVENT** the disease from spreading
- **KNOW** what is happening in our communities
- **RESPOND** to outbreaks when they do occur
- Create **CONFIDENCE** in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

There are several interventions available to us to achieve the aim of the Plan:
- Preventing 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.
- Significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.
- Managing outbreaks as they occur via routine outbreak management processes and Standard Operating Procedures (SOPs). Contact tracing is part of outbreak management.
- Developing local surveillance mechanism and early warning indicators. This will involve an integration of intelligence we receive from the Joint Biosecurity Centre and locally sourced intelligence, to help us intensify action where needed (specific geographies, settings, communities of interest).

The objectives of this Plan are to:

1. Outline the procedure for managing and responding to COVID-19 outbreaks in single settings and/or institutions e.g. schools and care homes, and in other high-risk places, locations and communities of interest.
2. Outline local methods and access routes to timely testing and interfaces with national systems.
3. Outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes.
4. Summarise process and coordination of support for vulnerable people needing help to self-isolate.
5. Provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre.
6. Summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Sheffield, and across South Yorkshire including mutual aid processes
7. Outline the communications and engagement work needed to ensure the plan is successful.
8. Identify the resources needed to deliver the plan.
9. Define the roles and responsibilities of responding organisations and professionals.

We have grouped these objectives into 10 workstreams (table 2). The first workstream is the key addition to this iteration of the plan: Vaccination. The next six workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The TTI programme

has its own programme documentation including named operational leads for each workstream. This detail has not been reproduced in this Plan, for brevity and readability.

The remaining three workstreams make up the cross-cutting programme of Enforcement & Regulation; Communication; and Governance, Programme Coordination & Resourcing.

Table 2: Sheffield OCP workstreams

	Work stream	*Government theme* and areas of focus
	1. Vaccination	• ***Vaccination*** • Higher-risk settings, communities and locations e.g. care home, prisons, hospitality, hospitals and education • Vulnerable and underserved communities • Compliance and enforcement • Governance • Resourcing • Communications and engagement, including community resilience • Data integration and information sharing
Test, Trace and Isolate Programme	2. Preventing COVID-19 from spreading	• ***Enduring Transmission*** • ***Covid Safe*** • ***Outbreak Management*** • ***Vaccination*** • ***Testing*** • ***Contact Tracing*** • ***Self-Isolation*** • Higher-risk settings, communities and locations e.g., care home, prisons, hospitality, hospitals and education • Vulnerable and underserved communities • Communication & Engagement
	3. Outbreak management	• ***Outbreak Management*** • Higher-risk settings, communities and locations e.g., care home, prisons, hospitality, hospitals and education • Vulnerable and underserved communities • Compliance and enforcement • Governance • Resourcing • Communications and engagement, including community resilience • Data integration and information sharing
	4. Testing	• ***Testing*** • Higher-risk settings, communities and locations e.g., care home, prisons, hospitality, hospitals and education • Vulnerable and underserved communities

		• Compliance and enforcement • Governance • Resourcing • Communications and engagement, including community resilience • Data integration and information sharing
	5. Contact tracing	• ***Contact tracing***
	6. Support to isolate	• ***Enduring Transmission*** • ***Self-Isolation***
	7. Surveillance, intelligence and data	• ***Surveillance*** • ***Outbreak Management*** • ***Testing*** • ***Enduring Transmission*** • Data and intelligence
Cross-cutting programmes	8. Enforcement and regulation	• ***Contact tracing*** • ***Outbreak Management*** • ***Covid Safe*** • ***Resourcing***
	9. Communication	• ***Testing*** • ***Contact Tracing*** • ***Self-Isolation*** • ***Outbreak Management*** • ***Enduring Transmission*** • ***Covid Safe*** • ***Vaccination*** • ***Resourcing***
	10. Governance, Programme Co-ordination & Resourcing	• ***Testing*** • ***Contact Tracing*** • ***Self-Isolation*** • ***Outbreak Management*** • ***Enduring Transmission*** • ***Covid Safe*** • ***Vaccination*** • ***Resourcing*** • ***Surveillance***

1. VACCINATION

Named Lead: Marie McKenniff, Sheffield Teaching Hospitals

NHS England leads the vaccination programme in the UK and has set the parameters and approaches of the programme. Four deployment models have been detailed:

    a. Hospital Hubs
    b. Large Vaccination Centres
    c. Community/primary care led via Primary Care Network site
    d. Community Pharmacy sites

The deployment models are supported by a South Yorkshire and Bassetlaw (SYB) Lead Provider, Sheffield Teaching Hospitals. It plays a key coordinating role, linking to the system at Regional (North East and Yorkshire level) and into Hospital Hubs and Local Vaccination Sites across the SYB system. Sheffield Teaching Hospitals NHS Foundation Trust (STH) leads on workforce planning and supply (vaccinators, administrators, and volunteers). Lead Providers have responsibility for establishing and running the Large Vaccination Centres.

A City-Wide Vaccination group led by the DPH, brings together all partners to provide coordination and links into the Sheffield and South Yorkshire and Bassetlaw footprint.

Full details of the programme are contained in the Sheffield Covid Vaccination Plan.

Funding is being allocated to community groups across the city to support vaccine engagement and tackle hesitancy. Data intelligence will continue to be monitored to provide vaccination uptake figures. Where uptake and hesitancy remain low in some cohorts, groups and communities, further targeted communication messages and support work will continue.

2. PREVENTING COVID-19 FROM SPREADING

Named lead: Julia Thompson, SCC

A. Workstream purpose and key activities

The purpose of this workstream is to identify gaps in preventive action and act to fill them. Key activities will include:
- Advice and guidance to workplaces, settings and communities on preventing spread of COVID-19
- Identify areas of prevention where action or resource is missing and ensure action is taken
- Provision of technical and scientific support, advice, and guidance - reactive and proactive
- Use of behavioural Sciences to inform action
- Development of tools and resources for other workstreams to use (e.g., Care Homes Guidance)
- Maintain overview of all preventive action
- Resource communications functions and advice on communications strategy to populations and settings
- Develop prevention guides for any settings which don't yet have them

B. Role of the Sheffield Outbreak Control Board in prevention

Outbreak control management only has a small impact on overall transmission reduction, estimated to be as low as 15%. At least half of transmission reduction to date has come from people staying at home, and 30% from social distancing. So, these prevention measures of staying at home and social distancing will continue to be crucial in keeping cases of COVID-19 low in Sheffield. Studies are also suggesting that nationally, only approximately half of people with symptoms suggestive of COVID-19 are reporting them to the national NHS Test and Trace system. We need this to be much higher in Sheffield, therefore there is a very significant communication and engagement programme that will continue for at least 12 to 18 months.

One of the most significant roles for the Board will be preventing outbreaks and cases before they occur through rigorous messaging around hand hygiene, social distancing, getting tested and staying at home when symptomatic. This needs significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.

C. Enduring Transmission

Through the Local Outbreak Control Operational Group [LOCOG] specific areas of enduring transmission are monitored and identified in Sheffield. Collaboration with the appropriate workstreams within this Plan follows. Support is tailored for each specific area in need and local knowledge applied. Data intelligence is monitored to measure the impact of the support and other workstreams to identify and tailor further additional support if required.

3. OUTBREAK MANAGEMENT

Named Lead: Ruth Granger, SCC

A. PHE/LA joint standard operating procedures and local guidance for settings

We will follow the PHE/LA Joint SOPs to guide our outbreak management actions. These SOPs cover the following:
- Care homes
- Domiciliary care
- Education settings
- Residential education setting
- Underserved groups
- University settings
- Vulnerable population in residential settings
- Workplace settings
- Primary care

In addition to the SOPs, we have produced and maintain local guidance for settings. This guidance is provider/setting-focused, based on the SOP, that helps providers/settings to understand what they need to do, should they become aware of an individual with symptoms, or on notification of a positive case. Currently the guidance for settings is available for schools and for hostels for homeless people. We will continue to develop guidance for settings to help them to understand their role should they become aware of cases.

We have established processes and increased our capacity to support PHE in outbreak management via the following:

- Established a Single Point of Contact (SPOC) email and phone number for PHE to alert the Local Authority to outbreaks; and a rota of staff (Public Health and Environmental Health) to staff the SPOC on a 7-day service (9am-5pm)
- Trained Local Authority Public Health staff to be able to participate in Outbreak Control Teams (in addition to Environmental Health staff, who already participate in Outbreak Control Teams)
- Trained Local Authority Public Health staff to chair these teams as needed by PHE
- Established operational groups to support the process including:
  - Local Outbreak Control Operational Group [LOCOG] – The Plan workstream leads coordination meeting
  - Weekly SCC/PHE comparison group to compare outbreak data and soft intelligence to gain a full picture of the Sheffield outbreak picture.
  - Weekly Learning Time – delivers a mini de-brief on the previous week. Capturing lessons learned and influencing planning for coming week.
  - Weekly Local Outbreak Control Team [LOCT] meeting – sharing current position on outbreaks, reviews and agrees process changes in line with changing position and national guidance.

Variants Under Investigation and Of Concern

It is important to note that the measures to prevent the spread and manage outbreaks of **all** variants are exactly the same. Current evidence shows

- **All** approved vaccines are effective against **all** known variants
- Self-isolation continues to be the best way to stop the spread, once identified
- Hands, Face, Space is still effective as are social distancing measures
- Variants under investigation or of concern do not cause more serious illness, although they can spread more quickly

"All viruses – including SARS-CoV-2, the virus that causes COVID-19 – evolve over time. When a virus replicates or makes copies of itself, it sometimes changes a little bit, which is normal for a virus. These changes are called "mutations". A virus with one or more new mutations is referred to as a "variant" of the original virus."[1]

New variants if considered by experts to have concerning new properties are raised for a formal investigation and classified as 'variant under investigation'. An expert risk assessment is conducted they will either remain the same or be designated a variant of concern.

Both variants under investigation and variants of concern identified in Sheffield are managed using the standard operating procedures supporting this Plan. Additional swabbing and genome sequencing is carried out on advice from PHE where a variant of concern has been identified and in line with contact tracing for each individual case and or situation. This will provide the basis and background for the activation of Operation Eagle if required.

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[1] World Health Organisation – March 1st, 2021

4. TESTING

Named Lead: Susan Hird, SCC

Testing arrangements in Sheffield are embedded and well established. They are designed to provide easy access for the three key testing elements as detailed below.

Symptomatic testing
- Local oversight of DHSC-funded and privately provided Local Test Sites, including work to increase accessibility for most underserved communities
- Local deployment of Mobile Testing Units in response to changes in local infection rates
- Commissioning and oversight of delivery of targeted local symptomatic testing to high risk settings, individuals and in response to Variants of Concern or significant outbreaks (service provided by Primary Care Sheffield)

Asymptomatic testing
- Delivery of Asymptomatic Test Site at English Institute of Sport Sheffield
- Delivery of Community Asymptomatic Testing Vehicle (more commonly known as the 'Community Covid Bus')

Enhanced testing
- Oversight of preparations for and delivery of (if required) enhanced testing (also known as 'Operation Eagle')

Health inequalities data has been used to design Sheffield's approach and flexibility bult into the system to allow targeted support across our communities as and when required.

5. CONTACT TRACING

Named Lead: Alex Westran, SCC

Contact tracing (also known NHS Test and Trace) forms one part of outbreak management and sits within other investigative work to reduce the spread of COVID-19. It is part of a wider approach to reducing the spread of COVID-19 which includes testing, tracing and isolating people who have COVID-19 so that the spread of the disease can be reduced. Contact tracing is a method used in control of many infectious diseases. Through finding out who a person with an infection has been in contact with it is then possible to ask those who may have been infected to isolate as quickly as possible, reducing the opportunities for further onward transmission. Contact tracing is only an effective part of reducing transmission if those advised to self-isolate do follow that advice.

A national contact tracing service delivered by NHS Test and Trace is in place (figure 1). We have developed local capacity to support NHS T&T's existing Tier 1 contact tracing function. This local capacity will work alongside NHS T&T to:

- Provide local knowledge and expertise to aid effective contact tracing
- Support and augment outbreak control by providing extra support in settings or groups where additional skills, local knowledge or capacity may be beneficial.
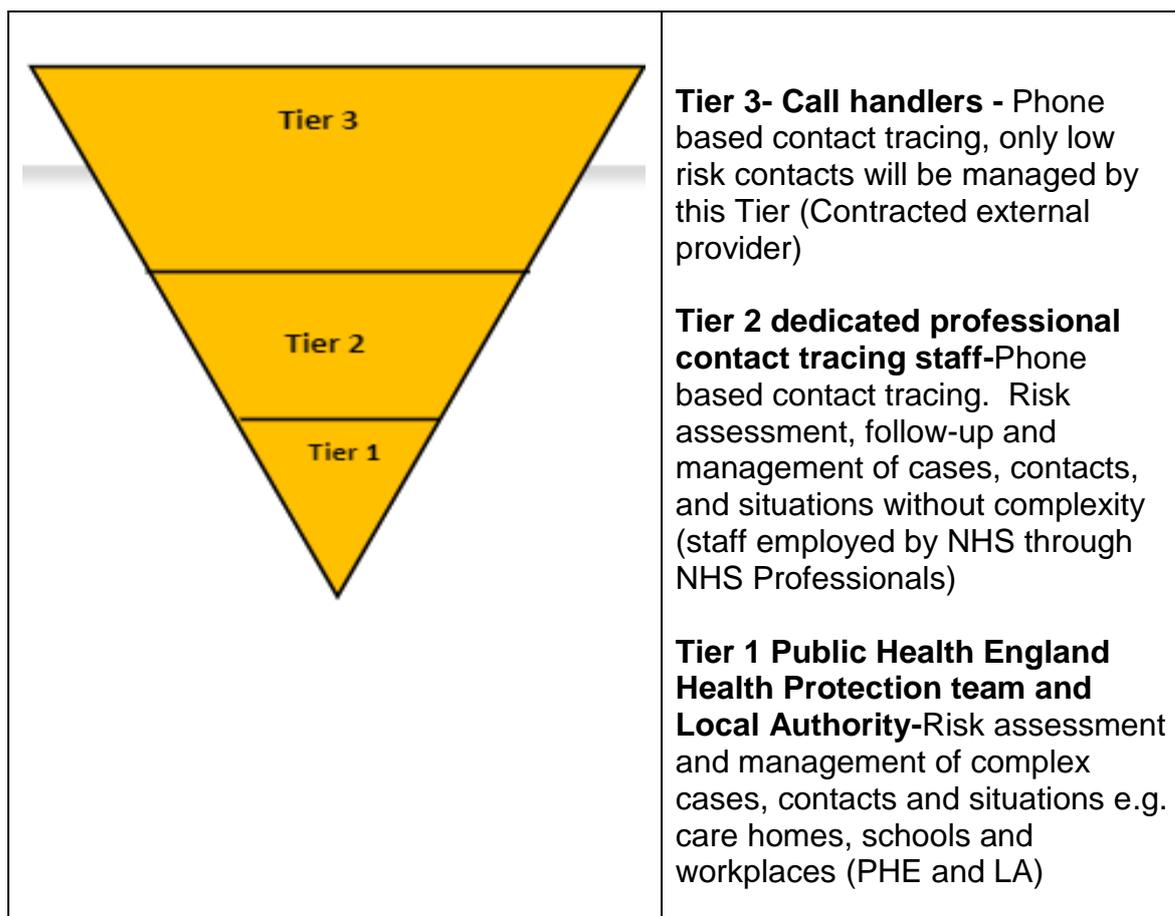
- Support individuals, especially vulnerable groups to be able to self-isolate through our established community support work

Our contract tracing service consists of an operational lead, 3 team leaders and 28 contact tracers with capacity to deal with 150 cases per day. The service is BAU staffed through internal recruitment and agency workers.

Full details of the contact tracing function are contained in the Test, Trace and Isolate Programme Definition Document.

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 a referred to as a lab-confirmed case. Community 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 and Trace service (Tier 3). They will be asked where there 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 Tier 2 Tier 1	**Tier 3- Call handlers -** Phone based contact tracing, only low risk contacts will be managed by this Tier (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 Public Health England Health Protection team and Local Authority-**Risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces (PHE and LA)

6. SUPPORT TO ISOLATE

Named Lead: Dawn Shaw, SCC

Supporting people to self-isolate has three key aspects of support to enable people to maintain the potentially difficult requirement to isolate for 10 days. These aspects are:

- Practical support – help with shopping, collecting medicines etc
- Emotional support - calls and contact to support mental health
- Financial support – advice and potentially covering costs

Supporting people to isolate, particularly vulnerable people, is a key component in reducing the spread of COVID-19. Testing and tracing will not reduce the transmission of the virus unless people also isolate when they have symptoms, have tested positive or have been identified as a contact of a confirmed case. We recognise that groups in our communities who are already more affected by inequalities or those who have poorer underlying health are more likely to need support to self isolate and we will work to ensure that our support is directed towards those who need it most.

In Sheffield we have a well-established COVID-19 programme for community support, and this continues to provide support particularly to vulnerable people in Sheffield in a collaboration between Sheffield City Council and the voluntary sector. This service focuses predominantly on the first two themes of support – practical support providing humanitarian aid, such as food parcels or help with shopping, help with getting medicines, and emotional support including befriending.

Test and Trace Support Payments are available for anyone to apply for if they have been told to self-isolate by NHS Test and Trace or the NHS COIVD-19 app. Applications are made via our website or by telephoning Sheffield City Council. Additional website links to organisations who can provide financial advice are also in place (e.g. Citizens Advice Sheffield).

Full details of this workstream are contained in the Test, Trace and Isolate Programme Definition Document.

A key aspect of asking people to self-isolate to prevent the spread of COVID-19 is ensuring that our communications messages across the city are clear, and this is also addressed in Workstream 2, Preventing Covid – 19 from Spreading.

7. ENFORCEMENT & REGULATION
Named Lead: Ian Ashmore, SCC

Sheffield City Council's operational services (especially Environmental Regulation and Licensing teams) will work closely with partners to deliver a comprehensive response to educate customers and enforce where required. Working with Communications and Business Sheffield, wider regulatory services will get key messages out to customer groups through standard channels, business packs or via face-to-face visits. Officers will visit premises to advise and intervene where required and will provide seven days a week cover for enforcement and outbreaks.   Where necessary we will continue to utilise tools such as Fixed Penalty Notices, prosecutions, warrants and seizures to enforce regulations.

While these activities continue work is ongoing with partners to develop a plan for reopening alongside the Government's Road Map to ensure all risk areas are covered. This will include ensuring the learning from outbreaks is fed back into the communications around reopening to ensure there is not a surge of workplace outbreaks. We will continue to work with partners to better understand reasons for higher prevalence levels in some areas and where there is an enforcement or workplace angle we can intervene.

These teams will also participate in the prevention workstream, working closely with colleagues in other services on the community response and testing. They will also work closely with the Surveillance, Intelligence and Data workstream to review Covid-19 prevalence data and conduct deep dives into problem areas alongside ongoing outbreak control investigations.

The Service will continue to be active members of the SY LRF enforcement cell and will hold a twice weekly meeting with SYP and partners across legal and operational services to consider demand data and enforcement priorities and responses in relation to businesses and public open spaces.

8. SURVEILLANCE, INTELLIGENCE AND DATA
Named Lead: Louise Brewins, SCC

A. Overview of this workstream

The data flows from the NHS Test and Trace system are essential for improving the understanding of the location and spread of the virus within the local population. This needs to be integrated with local surveillance data to provide a fully integrated city-wide early warning system. This section of the plan sets out the details of how such an early warning system for Sheffield will be established.

We have established a Sheffield Outbreak Data Monitoring Cell (citywide early warning system), based on elements of the clinical "big rooms" that acute hospitals use to refine and monitor processes through collaborative development and constructive challenge. The key principle would be to analyse data in near real-time, using time series and trend/forecasting analyses with the aim of:
- Identifying local outbreaks and hotspots through data analysis and mapping
- Providing evidence to aid decision makers about local lockdowns
- Provide evidence to aid decision makers looking to redistribute resources
- Provision of support (where required) to people self-isolating
- Where possible, undertake forecasting and predictive analytics

The objectives of the Sheffield Outbreak Data Monitoring Cell are:
- To receive, share and process data to and from a range of sources in a timely way to deliver all local Covid-19 outbreak management functions including contact tracing; and
- To integrate test, track and trace data from all sources to enable a) contact tracing, b) infection mapping and surveillance; c) epidemiological analysis to enable decisions and monitor effectiveness and impact; and d) provide support to people self-isolating as required and appropriate.

The Cell will be responsible for producing a high-level exec summary extract of the full data analysis for daily review (using PHE's Template for sit reps as a guide). The key areas for the status report will be:
- Care Homes
- Hospitals
- Hostels/accommodation for homeless people
- Schools
- Local geographies (by postcode with Community Hub and PCN boundaries shown)
- Spotlight on BAME and Shielded groups

Information will be presented using ARC GIS maps and PHE Fingertips-like RAG ratings, indicating whether we are seeing stable trends; increasing trends; or falling trends relative to expected. As time-series data are developed, these will be used to forecast (we know that deaths in 16 days can be estimated from 111 and 999 data for example) and generate scenarios.

Additional information required:

- There is an important role for soft intelligence to support the work of the Cell, including information about what's happening 'on the ground' in communities from the VCF Sector. It is proposed this will operate as a weekly 'touch base' with VCFS partners, the hospital (front door team, A&E) and adult health and social care colleagues to assemble a sense of what is happening on the ground
- Sentinel GP practices are too dispersed in the City to provide a meaningful real-time update, but the primary care networks should nominate practices to provide sentinel surveillance to the Cell
- There are too many businesses locally to fully keep track of developments on an individual basis. It is therefore proposed that a regular online Citizen Space survey of local businesses is undertaken on a weekly basis to identify any emerging issues.

B. Information governance and legal basis

All organisations will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.
The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, and GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here:
https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

9. COMMUNICATIONS & ENGAGEMENT
Named Lead: Laura Wileman, SCC

Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19. The plan is flexible to fulfil requirements from lockdown to easing restrictions under the Governments roadmap.

We continue to work with partners across the city to share communications messages, assets and resources to amplify messages consistently across key partner organisations. We continue to work extensively with communities to tailor messages appropriately for specific audiences including using a wide range of mediums.

Behavioural Insights underpin the communications plan and are used to shape and tailor all messaging. A behavioural insights lead continues to support the Prevention workstream with other experts providing support across all workstreams within this Plan.

10. GOVERNANCE, PROGRAMME COORDINATION & RESOURCING

Named Lead: Eugene Walker, SCC

A. Sheffield COVID-19 Outbreak Control Board (Elected Member-led)

Local authorities are a required to establish a member-led Local Outbreak Control Board, alongside the OCP. In Sheffield this Board will be called the Sheffield COVID-19 Prevention and Management Board, as its remit is much broader than just outbreak control. This Board was established on 1 July 2020, with likely ongoing iteration over time (figure 2).

The role of the Board is four-fold:
- **PREVENT** the disease spreading.
- **KNOW** what is happening in our communities.
- **RESPOND** to outbreaks when they do occur.
- Create **CONFIDENCE** in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19

The Board will be sighted on and oversee a range of activities:
- Oversight and coordination of the city's work around COVID-19 control including both the prevention and management of COVID-19 outbreaks, as set out in this plan.
- Scenario planning for the approach the city might take in different sets of circumstances, where data suggest this is needed.
- Communication with residents, businesses and stakeholders in the city in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak.
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease.
- Assuring progress towards the delivery of the Outbreak Control Plan.
- Understand the regulatory and enforcement powers we have and need in the city; and consent to use those powers and other mechanisms to keep infection rate low.
- Ensure line of sight to the Cooperative Executive agreed principles, in particular the first three: keep people safe and well, reopen economy and society, follow government policy.
- Providing assurance to partners and the public in order to build confidence and trust and promote working towards a common aim of reducing transmission of Covid-19 in our city.

The Board will receive regular high level strategic oversight updates from Sheffield City Council Gold via the Director of Public Health and through these updates it will provide oversight and assurance of progress on the implementation of the Sheffield Outbreak Control Plan and the NHS Test and Trace programme locally.

The Board will identify areas of concern or barriers to delivery and, with the advice of the Director of Public Health, identify the appropriate action to take. This action will include, where necessary, the escalation of issues through the SCC Gold or LRF Strategic Coordinating Group/Recovery Coordinating Group as needed.

The Board will oversee the development and implementation of a unified city-wide communications and engagement strategy to support the effective prevention and management of outbreaks, with a particular focus on working with communities who may be more vulnerable to COVID-19.

The Board will also ensure that it identifies existing good practice and that lessons learned from other cities are considered in its work.

The Board will work alongside the city's recovery and renewal arrangements to ensure that its efforts are aligned, reflecting that recovery and renewal will be taking place in parallel with its work

Membership and Terms of Reference for the Board can be found at https://www.sheffield.gov.uk/home/your-city-council/preventing-and-managing-covid-19.

B. SCC Gold

SCC Gold is responsible for strategic oversight of the Sheffield City Council aspects of the response to Covid-19. The scope of this strategic meeting covers the Outbreak Control Plan. Membership is drawn from Sheffield City Council Corporate Management Team and the Leader and Deputy Leader of the Council. The purpose of the meeting is to provide organisational leadership and direction, to assure that the Outbreak Control Plan is delivered. Links to citywide work are made through Public Health Tactical Group, Health & Social Care Gold, and the Covid-19 Prevention & Management Board itself.

C. Local Outbreak Control Operational Group

This meeting consists of the operational leads for the programme workstreams. Its purpose is to keep all operational leads informed and to ensure the smooth running of the TTI programme by identifying and removing barriers to progress and by identifying risks at an early stage.

D. Resourcing

Sheffield City Council has been allocated £3.1m from the Department of Health and Social Care, to be spent on outbreak control work. This funding has been allocated according to the Public Health Grant formula.

While this additional funding is welcome, the cost of delivering the whole city response is costing is in excess of this funding. We have and will continue to supplement the response from our own funds.

Investment so far includes:
- Infection Prevention and Control / Environmental Health resource to deploy flexibly to support outbreaks
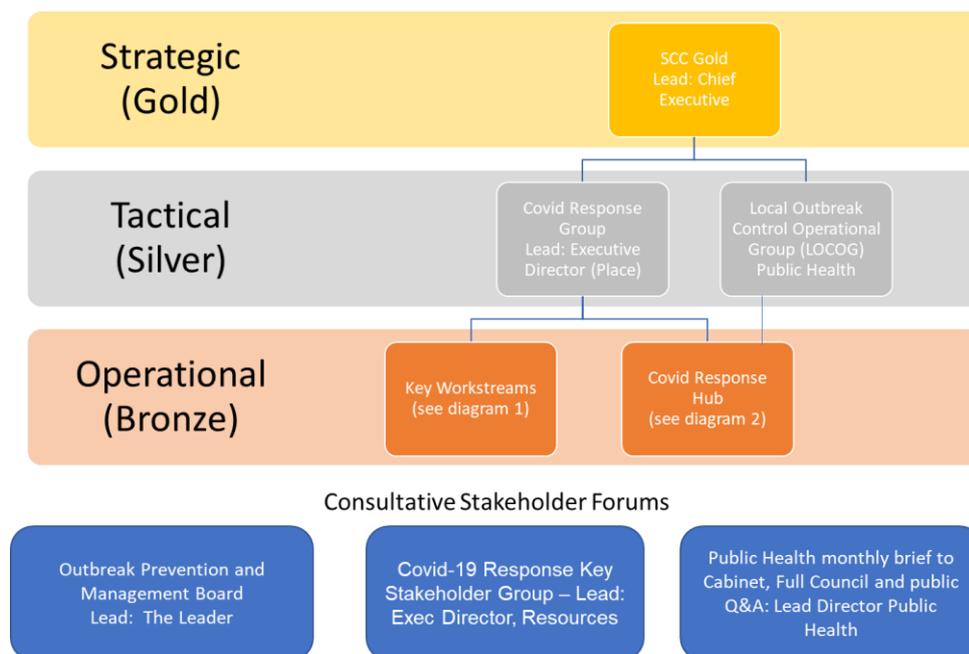
- Additional contact tracing capacity to deploy in vulnerable or complex communities or settings.
- Development our own Health Protection team to complement PHE
- Additional surveillance and analytic capacity.
- VCF support to isolate.
- Project support for the core public health team.
- Admin support – to maximise the specialist capacity.
- Operational lead for outbreak management and operational management for the range of tasks to stand up this response over a long period.
- Resource to deliver the comms plan and to enable it to be effectively implemented
- Backfill for core functions as PH team and others continue to be involved in this response. This includes agency roles and retired / returnees.
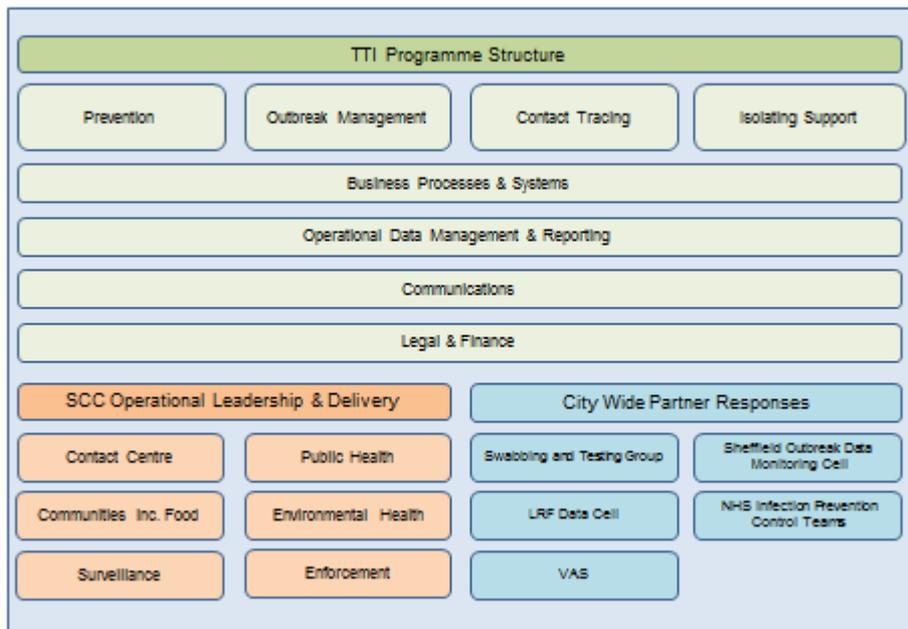
E: Government Roadmap

As the Government roadmap out of lockdown is implemented across Sheffield, Sheffield City Council has responsibility to ensure that all reinstatement of activity and event plans are in line with the outbreak control plan. The Covid Response Group (CRG) is responsible for giving permission for reinstatement of activities and events.

CRG have delegated responsibility to Place portfolio in constructing a local roadmap for activities and events and have developed a process to allow some event decisions to be delegated to the Head of Service for Major Events and the Health Improvement Principal (who also sits on CRG). This will ensure we continue to provide decisions with judgement and pace and are clear on those decisions that should be escalated to CRG and those that can be delegated.

Figure 2: Governance arrangements

TTI Programme Organisation

TTI Programme Structure			
Prevention	Outbreak Management	Contact Tracing	Isolating Support
Business Processes & Systems			
Operational Data Management & Reporting			
Communications			
Legal & Finance			

SCC Operational Leadership & Delivery

Contact Centre	Public Health
Communities Inc. Food	Environmental Health
Surveillance	Enforcement

City Wide Partner Responses

Swabbing and Testing Group	Sheffield Outbreak Data Monitoring Cell
LRF Data Cell	NHS Infection Prevention Control Teams
VAS	

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APPENDIX 1: Organisational roles and responsibilities - PHE, Local Government, Partner Organisations

PHE will fulfil its statutory duty as outlined below by receiving notification of cases, clusters or possible outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this OCP and in line with the statutory roles outlined below, Sheffield City Council or PHE will conduct follow up of these settings as a shared responsibility with NHS partners 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, Sheffield City Council, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The NHS system has a shared responsibility for the management of outbreaks of COVID-19 in Sheffield.
3. Infection control support for each setting will be provided in line with current 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.
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. PHE will also work with LAs on communication to specific settings (e.g., care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the Sheffield City Council and PHE Yorkshire and Humber in dealing with COVID-19 outbreaks.
9. In practice Sheffield City Council and the PHE Health Protection Team (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.

Public Health England Yorkshire and Humber Health Protection Team will:
- Advise on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak.
- Provide advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.

Sheffield City Council (through SCC Gold) will:

- Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases.
- Work with PHE 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, academia).
- 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.
- 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 rapidly work jointly with PHE on a workforce plan to ensure capacity in the system for delivery of the above.

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