

# COVID-19

## Local Outbreak Management Plan



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*This is an iterative document which will be revised to reflect ongoing updates in national, regional and local guidance and intelligence.*

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# The Bedford Borough Local Outbreak Management Plan

## 1. Introduction

We have learnt a great deal about COVID-19 since publication of the first Local Outbreak Control Plans in June 2020 and the national and local responses have evolved significantly. This updated Local Outbreak Management Plan reflects the very different position we are now in, as well as Government's 'Roadmap' for the lifting of lockdown as set out in COVID-19 Response - Spring 2021 and the national Contain Framework.

Bedford Borough has experienced higher than average rates of infection in both the first and second waves of COVID-19. The more transmissible new variant (B.1.1.17 or the 'Kent strain') arrived in November 2020 and resulted in a rapid surge in cases in December. Deaths attributable to COVID-19 and hospital admissions were significantly greater than in the first wave. A number of factors are likely to have contributed to the higher rates of infection experienced locally including higher levels of urban deprivation and housing density and the second highest number of care homes per capita in the East of England.

Bedford Borough communities have risen to the challenges of COVID-19 and together we have successfully brought our case rate back down in line with the regional average. There have been significant advances in our ability to prevent and contain the spread of the disease. There are three highly effective and safe vaccines licensed for use in the UK and over 40% of our adult residents have received at least one dose. Testing capacity has been scaled-up and we have access to new rapid tests that can be used in homes, workplaces and schools.

Locally we have built significant health protection capacity to support enhanced contact tracing and management of single cases and outbreaks (e.g. in schools, workplaces and care homes). Our Local Tracing Partnership with NHS Test & Trace is able to reach the vast majority of confirmed cases and their contacts. We have also developed expertise in lateral flow testing, expertise in risk assessing and supporting events to be 'Covid secure', and have been working closely with care settings and schools to keep residents and pupils as safe as possible.

Whilst we have made considerable progress, we are now dealing with a more transmissible variant, and our residents have endured further lockdowns with their associated negative impacts on health and wellbeing. It is important we continue our efforts, building on what we know works and taking advantage of new opportunities like vaccination and the greater availability of testing, to try to suppress COVID-19 and provide a route back to normality for all of us. This Plan sets out the arrangements we have in place and the work we are doing to achieve this.

### 1.1 The impact of COVID-19

The worldwide spread of the COVID-19 (the disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)) resulted in declaration of a global pandemic by the World Health Organization on 11 March 2020. COVID-19 has become one of the main challenges of our times. High infection rates and the severe disease course led to major safety and social restriction measures at the local, national and global levels.

The impact of COVID-19 on local health and wellbeing is profound. Alongside the direct impact of the virus itself on peoples' health, the measures that have been taken to control the spread of the virus – such as staying at home, shielding the most vulnerable, closing schools and businesses – will affect people's

income, job security, education, social contact and mental health<sup>1</sup>. The effects of the virus are likely to widen local health inequalities as they disproportionately affect people from deprived, vulnerable and underserved groups.

It is widely understood that males, older people and those with clinical risk factors are more likely to have complications related to COVID-19 infection<sup>2</sup>. Living in an area of higher deprivation and having Black or Asian ethnicity are also independently associated with increased risk of death. Analysis of death certificates by the Office for National Statistics has shown that certain occupations are associated with a higher death rate including construction workers, security guards, public transport and private hire drivers, and those providing residential and home care<sup>3</sup>. People with physical disabilities and learning disabilities are also at increased risk of death<sup>4</sup>.

The causes behind these patterns are complex and interlinked which contributes to poorer health outcomes among these groups. Although the mechanisms of these disparities are being investigated, they can be conceived as arising from biomedical factors as well as social determinants of health. Some communities are more likely to experience living and working conditions that predispose them to worse health and social outcomes. Underpinning these disparities, people from Black, Asian and minority ethnic backgrounds face systemic barriers to the conditions needed to live a healthy life that the COVID-19 pandemic has exposed.

Given that the risk of dying with COVID-19 is strongly associated with poor health, this makes the virus more dangerous to people from minority ethnic backgrounds. Also, individuals from ethnic minority communities tend to live in more densely populated urban areas, and are disproportionately represented in high-risk key worker jobs<sup>5</sup>. It is not clear yet whether there are inherent biological factors that place individuals from Black, Asian and minority ethnic groups at higher risk of COVID-19 morbidity and mortality.

The charts and maps in Appendix 1 show how these risks have manifested locally over the past 12 months, with those from ethnic minority backgrounds and more deprived neighbourhoods experiencing disproportionately high rates of infection.

## 1.2 Local Outbreak Management Plans

In May 2020, the UK government asked all upper tier local authorities to produce a Local Outbreak Control Plan, as part of the national strategy to reduce COVID-19 infections. These were published on June 30<sup>th</sup>. Since then, national and local responses have evolved significantly. The publication of the Government's Roadmap for exiting national lockdown on 22<sup>nd</sup> February, and the anticipated refresh of the Contain

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<sup>1</sup> Health Foundation, 29 April 2020, COVID-19: Five dimensions of impact. <https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact>

<sup>2</sup> The OpenSAFELY Collaborative, 6 May 2020, OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. <https://doi.org/10.1101/2020.05.06.20092999>

<sup>3</sup> Office for National Statistics, 11 May 2020, Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020#men-and-coronavirus-related-deaths-by-occupation>

<sup>4</sup> Office for National Statistics, 11 February 2021, Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24 January to 20 November 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020>

<sup>5</sup> Bibby J et al., 7 May 2020, Will COVID-19 be a watershed moment for health inequalities?

<https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

Framework in March 2021, mean a formal update of published plans – now called Local Outbreak Management Plans (LOMP) - is appropriate.

The Bedford Borough COVID-19 LOMP sets out the measures we will take to **prevent** and **respond** to cases and outbreaks of COVID-19 across Bedford Borough, including how the local system interfaces with regional and national systems to deliver effective testing, contact tracing and support for self-isolation. It highlights how agencies will work together to achieve this and the important role of residents in keeping Bedford Borough safe for everyone. The plan remains iterative and will be revised to reflect updates and developments in national, regional and local guidance and intelligence.

### 1.3 National policy context

The Government's 'roadmap' for the lifting of lockdown (COVID-19 Response – Spring 2021) was published on 22nd February. This sets out the context for delivery of this Plan. Four steps for the lifting of lockdown are outlined and, at each step, restrictions will be lifted across the whole of England at the same time. There will be a minimum of five weeks between each step: four weeks for the scientific data to reflect the changes in restrictions and to be analysed; followed by one week's advance notice of the restrictions that will be eased. The roadmap emphasises the importance of ensuring local outbreaks are managed quickly and effectively and that we combat new dangerous variants, both within the UK and at the border. The government's Contain Framework, updated on 18 March 2021, sets out how national, regional and local partners should continue to work with each other, the public, businesses, institutions and other local system partners to prevent, manage and contain outbreaks of COVID-19.

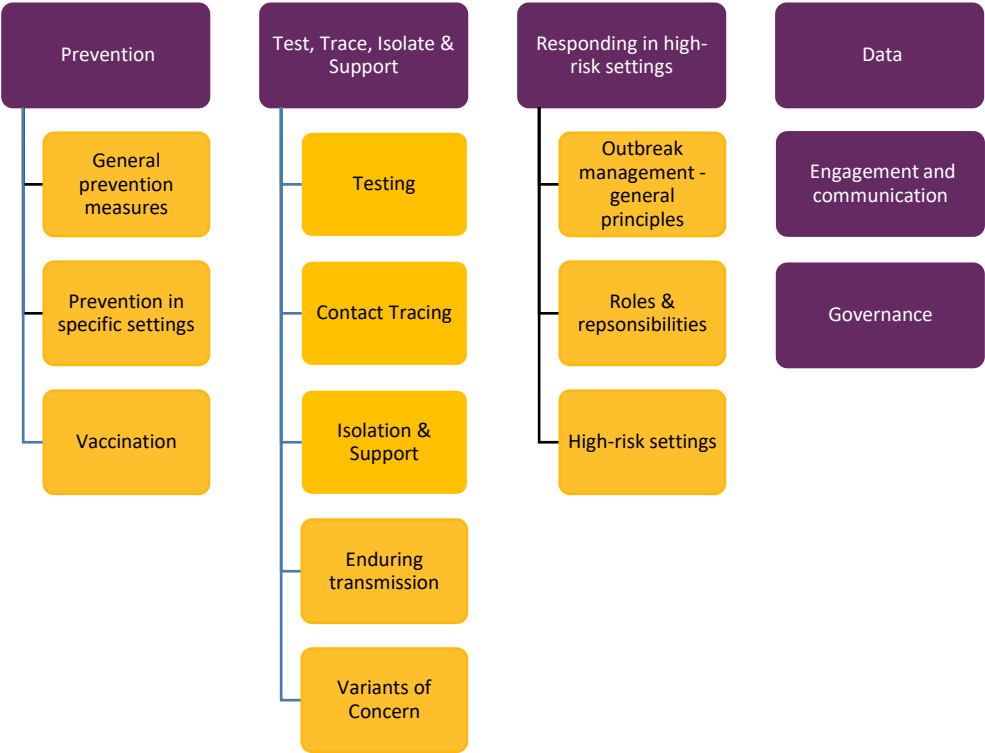
### 1.4 Key objectives of the Bedford Borough Local Outbreak Management Plan

- Prevent the spread of COVID-19 and reduce morbidity and mortality related to COVID-19 and protect the residents of Bedford Borough.
- Identify high risk settings (places, locations and communities) for pro-active work to prevent outbreaks and ensure that, when they do occur, they are managed effectively.
- Ensure measures for early identification and proactive management of local outbreaks are in place to reduce onward transmission. This includes identifying and providing isolation advice to contacts, supporting infection prevention and control measures and providing support to individuals who need to self-isolate.
- Outline how capabilities will be coordinated across partner authorities, agencies, and stakeholders.
- Ensure that the public and stakeholders are kept up-to-date with the delivery of the plan and that there is assurance that it is being delivered effectively.
- Minimise the impact of COVID-19 on economic recovery through controlled relaxation of 'lockdown', underpinned by a robust and effective outbreak control strategy.

Structure

The Bedford Borough Local Outbreak Management Plan is structured into six key work streams, as set out in Figure 1.

Figure 1: Structure of the Bedford Borough Local Outbreak Management Plan



## 1.5 Legal context<sup>6</sup>

The legal context for managing outbreaks of communicable disease that present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England and Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups<sup>7</sup> to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- The Coronavirus Act 2020 (c. 7) provides primary legislation containing emergency powers relating to COVID-19 specifically, with additional detail covering key areas within the following:
  - The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 (S.I. 2021/364)
  - The Health Protection (Coronavirus, International Travel) (England) Regulations 2020 (S.I. 2020/568)
  - The Health Protection (Coronavirus, Restrictions) (No. 3) (England) Regulations 2020 (S.I. 2020/750)
  - The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 (S.I. 2020/791)
  - The Health Protection (Coronavirus, Collection of Contact Details etc. and Related Requirements) Regulations 2020 (S.I. 2020/1005)
  - The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 (S.I. 2020/1045)
  - The Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers) (England) Regulations 2020 (S.I. 2020/1375)

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government<sup>8</sup>.

The Director of Public Health has primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented.

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<sup>6</sup> Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

<sup>7</sup> And NHS England in the case of Prisons and custodial institutions

<sup>8</sup> Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013



## 2. Prevention

One of the key priorities of this LOMP is to work with stakeholders (including within the Local Authority, PHE, NHS England, the Clinical Commissioning Group (CCG), care homes, schools, workplaces, high risk settings and the general public) to **prevent** the transmission of COVID-19 in Bedford Borough. This includes those people who live in, work in and visit the area. This links closely with Section 6: Communication and Engagement.

### 2.1 General prevention measures across all settings

COVID-19 spreads mainly through close contact from person to person, including between people who are physically near each other (within about 2 metres). People who are infected but do not show symptoms can also spread the virus to others. When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.

Microscopic droplets and particles known as aerosols can linger in the air for minutes to hours. There is evidence that under certain conditions transmission can occur between people who are more than 2 metres away. This has tended to be in enclosed spaces that have inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising.

Respiratory droplets can also contaminate surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or an object that has the virus on it and then touching their own mouth, nose or eyes. Spread from touching surfaces is not thought to be a common way that COVID-19 spreads.

There are simple, effective measures to reduce the transmission of COVID-19 between individuals which apply to multiple settings. Conveying these messages in a proactive manner, using multiple channels, is a key element of the Communication and Engagement section.



#### Wash your hands

Hands touch many surfaces and can become contaminated with viruses. Once contaminated, hands can transfer viruses to your eyes, nose or mouth. From there, viruses can enter your body and infect you.

Wash your hands with soap and water or use hand sanitiser regularly throughout the day to remove viruses and germs. You should wash your hands after coughing, sneezing and blowing your nose and before you eat or handle food. Wash your hands after coming into contact with surfaces touched by many others, such as handles, handrails and light switches, and shared areas such as kitchens and bathrooms. If you must leave your home, wash your hands as soon as you return.

Where possible, avoid touching your eyes, nose and mouth. If you do need to touch your face (for example to put on or take off your face covering), wash or sanitise your hands before and after.

### **Wear a face covering**

Wearing a face covering reduces the spread of COVID-19 droplets, helping to protect others, so wear a face covering in indoor places where social distancing may be difficult and where you will come into contact with people you do not normally meet. By law, face coverings must be worn in some places unless individuals are exempt. A face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth. See more guidance on face coverings [here](#).

### **Keep a safe distance (social distancing)**

The further you can keep away from other people, the less likely you are to catch COVID-19 and pass it on to others. When outside your home:

- stay at least 2 metres away from people you do not live with or who are not in your support bubble
- reduce the time spent in crowded areas where it may be difficult to socially distance (such as shops and supermarkets)
- avoid direct contact and face to face contact with people you do not live with

If you live in the same household as someone who is [clinically extremely vulnerable](#), try to stay 2 metres away from them even when you are at home.

Stay at least 2 metres away from anyone who visits your home for work reasons such as a cleaner or a tradesperson doing essential or urgent work.

### **Let fresh air in (ventilation)**

Ventilation is the process of replacing shared air with fresh air from the outside. The more ventilated an area is, the more fresh air there is to breathe, and the less likely a person is to inhale infectious particles.

- Make sure you let plenty of fresh air into your home by uncovering vents and opening doors and windows, even a small amount for a short period of time. If you have an extractor fan (for example in your bathroom or kitchen), leave it running for longer than usual with the door closed after someone has used the room.
- If someone in the household is self-isolating, open a window in their room and keep the door closed to reduce the spread of contaminated air to other parts of the household.
- Leave windows open fully for a short period after someone working in your home such as a cleaner or tradesperson has left.

### **Clean your surroundings**

Clean surfaces often. Pay particular attention to surfaces that are touched frequently, such as handles, light switches, work surfaces and electronic devices. It is fine to use your normal detergent when cleaning. The more you clean, the more likely you are to remove viruses from an infected surface before you or another person touches it. The [national guidance](#) outlining cleaning of non-healthcare settings should be followed where applicable. This guidance also highlights personal protective equipment requirements.

### **Cover your nose and mouth when you cough and sneeze**

Cover your mouth and nose with disposable tissues when you cough or sneeze, by so doing you will reduce the spread of droplets and aerosols carrying germs. If you do not have a tissue, cough or sneeze into the

crook of your elbow, not into your hand. Dispose of tissues into a rubbish bag and immediately wash your hands. Some people (such as the elderly and children) may need assistance with containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

### Appropriate use of Personal Protective Equipment

Public Health England and the Health and Safety Executive have worked together to provide guidance on the appropriate use of Personal Protective Equipment (PPE) in a variety of settings, during a state of sustained transmission of COVID-19 within the UK (see [link](#)). Organisations should perform risk assessments to determine PPE requirements.

### Get tested if you have symptoms

It is important to know if you have COVID-19 so that you stay at home, self-isolate and do not infect other people. Testing positive means that anyone you may have already infected (those who you recently had contact with) can be identified through contact tracing (contacting people you may have been in [contact](#) with) and advised to self-isolate. This is an important action to stop the spread of COVID-19.

#### How to get a test

The most important symptoms of COVID-19 are: a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell (anosmia).

If you have any of these symptoms click [get a free NHS test](#) or call NHS 119 to book a free COVID-19 test. You should arrange a test even if you have been vaccinated against COVID-19 or if you have had COVID-19 before.

For more about testing, including testing for people without symptoms, see section 3.1.

### Self-isolate if you have COVID-19 symptoms or a positive COVID-19 test result

Self-isolate immediately if:

- you develop symptoms of COVID-19 - you should self-isolate at home while you arrange and wait for the results of your test
- you test positive for COVID-19

Your isolation period includes the day your symptoms started (or the day your test was taken if you do not have symptoms), and the next 10 full days. It will help ensure that you do not pass COVID-19 to others.

There is further [guidance on self-isolation and the support available](#) to those self-isolating in section 3.3.

## 2.2 Prevention in specific settings

### High risk settings

A setting might be considered high risk from COVID-19 for a variety of reasons including:

- The transmission of COVID-19 within the setting is more likely, due to the nature of the setting e.g. providing direct care, close proximity working, high risk surfaces which are hard to clean, climate environments which favour virus transmission.
- The people that live in or attend the setting are at increased risk of severe infection.
- A large number of people attending the setting and therefore a large number of potential contacts if somebody develops COVID-19.
- A large number of people who travel to a setting together (e.g. share a bus journey to work).
- Where individuals do not feel able to disclose symptoms or to take time off work to self-isolate.
- Where closing the setting would have a large impact on the community.

Examples of settings considered to be potentially high-risk or complex include educational and childcare settings, care settings, certain workplaces and businesses, warehouses, and houses in multiple occupancy. In these settings, a multi-agency approach might be required to control an outbreak.

Working with higher risk settings to provide guidance and advice on the above preventative measures is an essential part of our plan to reduce the transmission of COVID-19 in Bedford Borough. The specific risks within the setting and target audience will be considered when communicating with the setting, so that guidance and advice is tailored.

### Communities at higher risk of COVID-19

There is clear evidence that COVID-19 does not affect all population groups equally and the pandemic has exacerbated inequalities, with the greatest effects being felt by the most underserved. Many analyses have shown that older age; male sex; minority ethnic groups; geographical area and the presence of some underlying health conditions including learning disabilities are associated with the risk of becoming infected, experiencing more severe symptoms and/or higher rates of death.

Preventing further cases and outbreaks among populations at increased risk of COVID-19 and ensuring the immediate needs of those at greatest risk of COVID-19 are met is essential to minimise further exacerbation of inequalities. The impact on inequalities should be considered at every point of the incident response, and a programme of work is underway to map and address COVID-19 related health inequalities. This will enable consideration of populations at risk and the identification of targeted actions to mitigate the impact of COVID-19 on health inequalities.

For these people, it is important to strengthen preventative public health measures to reduce the risk of transmission, as well as ensuring that there is equity of access to testing and ability to isolate. Population characteristics and variation in infection rates has been mapped to identify areas at increased risk (**Error! Reference source not found.**), and a more detailed mapping process has been completed (Appendix 3), and engaging with community leaders within those communities is ongoing.

### Prevention measures in specific settings

Table 1 below summarises the prevention measures we have taken for specific settings and those we are planning to take within the next 6 months.

**Table 1: Prevention measures for key settings**

Setting	Activities
<b>Care providers</b>  Including: Care homes Nursing homes Domiciliary Care Learning disability and mental health residential settings Supported living Extra care housing	<b>Completed</b> <ul style="list-style-type: none"> <li>• All care homes have been offered training on donning and doffing of PPE as part of a 'train-the-trainer' scheme, led by Bedfordshire, Luton, Milton Keynes Commissioning Collaborative.</li> <li>• A multi- agency Bedfordshire Care Providers Operational Group was established in April 2020 and met regularly to review and plan the effective management of outbreaks in care settings across Bedfordshire. It has been stood down with effect from 1<sup>st</sup> April 2021 whilst cases remain low within care settings. The existing mechanisms to provide multi-agency support remain effective, sufficient and stronger than ever as a result of the collaborative working over the past year.</li> <li>• The Contracts Monitoring Team within Adult Social Care supports care providers. A detailed local tracker has been developed to ensure that we have a comprehensive picture of the position of care providers and importantly the support they require. At a minimum, each provider is contacted 1-2 times per week and more often if required and providers are sent guidance and wellbeing information.</li> <li>• A clinical lead has been identified for each Care Home and they provide general support and as a minimum a weekly check in with each home.</li> <li>• All care providers engage in regular LFD and PCR testing.</li> <li>• All care providers are able to access PPE via the national portal.</li> <li>• Adult Social Care staff have a well-established briefing and weekly meeting with Care Providers which is well attended and used to communicate and discuss new developments, for example visiting guidance.</li> </ul> <b>Ongoing/Planned work</b> <ul style="list-style-type: none"> <li>• The CCG IPC nurses will continue to provide updated IPC webinars and individual IPC advice / support to care providers as required.</li> <li>• Continued support to implement changes to national guidance, for example, testing and visiting guidance.</li> <li>• Continued support to manage outbreaks.</li> <li>• Support to maximise uptake of both flu and COVID-19 vaccines.</li> </ul>
<b>Educational settings</b>	<b>Completed</b> <ul style="list-style-type: none"> <li>• All schools need to have completed risk assessments before opening, which highlight measures that the schools have taken to prevent the transmission of COVID-19 e.g., social distancing measures, one-way systems.</li> <li>• Educational settings have been asked to report confirmed cases of COVID-19 in pupils or staff members, both through LFD and PCR testing to the Council using an online form.</li> <li>• If a setting requests support, a member of the Public Health Team contacts the school the same day. The feedback from schools regarding this support has been extremely positive and we have been able to minimise the number of pupils needing to self-isolate when possible by working with secondary and upper schools to undertake detailed contact tracing rather than automatically switch to home working for an entire year group.</li> <li>• Specific guidance for Universities has been provided to prevent transmission and to supplement and clarify that guidance provided by the DfE in relation to testing.</li> </ul> <b>Ongoing/Planned work</b> <ul style="list-style-type: none"> <li>• Ongoing support to settings with outbreak management including risk assessments as required</li> <li>• Continuing to support school settings to understand and implement new and changing government guidance, including for further educational settings (e.g. colleges and universities) to prevent transmission.</li> <li>• Continuing to develop local COVID-related guidance as things change</li> </ul>

Setting	Activities
<p><b>Other high risk settings including businesses, workplaces and venues</b></p>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>• The Public Health Team works closely with Environmental Health colleagues and PHE to support workplaces which are experiencing an outbreak of COVID-19.</li> <li>• The Public Health team has developed a suite of <a href="#">COVID guidance documents</a> for workplaces and works closely with Environmental Health colleagues to support and advise business in Bedford Borough on COVID related matters.</li> <li>• The Public Health Advice and Response Cell provides local coordination of public health advice.</li> <li>• A Single Point of Contact (SPOC) and on-line reporting for workplaces have been established.</li> <li>• The line lists of positive cases and common exposure reports are used to identify potential workplaces with outbreaks. More recently the local contact tracing team have helped to identify potential outbreaks very quickly. Employees have also shared their views on COVID measures in place at their workplace, providing helpful intelligence which is investigated and discussed sensitively with the employer.</li> <li>• Working closely with neighboring authorities we have shared intelligence and learning, ensuring that workplaces are COVID-secure, although it is not always possible to determine whether outbreaks are driven by community transmission or spread within the workplace.</li> <li>• Using the skills and capacity of the local Contact Tracing Teams a deep dive was undertaken of warehouse workers to identify some of the risks of infection e.g. smoking areas, bus stops, removal of PPE. This has been used by the workplace teams in their discussions with employers to prevent further transmission</li> </ul> <p><b>Ongoing/Planned work</b></p> <ul style="list-style-type: none"> <li>• Public Health will continue to provide high level information to businesses through council website, social media and “Let’s Talk Business” news alerts. They will continue to work with other business networks and intermediaries to signpost guidance documents to employers.</li> <li>• Proactively target high risk workplace sectors and community groups to provide support and guidance and to ensure compliance with COVID safe practices, in partnership with Environmental Health.</li> <li>• Lateral flow testing guidance will be published to answer employers' questions on setting up a testing site or seeking community testing.</li> <li>• Mental Health and Domestic Abuse awareness training and coaching sessions will be made freely available to all Bedford Borough workplaces.</li> </ul>

<b>High risk communities</b>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>Initial mapping of deprivation, proportion of ethnic minority residents and proportion of households that are over-crowded (Appendix 1), highlighting Cauldwell, Kingsbrook, Harpur, Castle and Queens Park wards for targeted interventions.</li> <li>A working group has been established to finalise the prevention and management of outbreaks in these high risk communities based on MOUs and local experience to date.</li> <li>Prepared information based on guidance for groups such as sheltered accommodation and other shared accommodation facilities, working with housing colleagues.</li> <li>Identified high-risk communities in Bedford Borough.</li> <li>Prevention guides developed for settings</li> </ul> <p><b>Ongoing/Planned work</b></p> <ul style="list-style-type: none"> <li>Ongoing work with these communities has provided an understanding of the specific needs and issues in these settings</li> <li>Work with these communities to co-produce specific proactive messages to prevent COVID-19 transmission and assist them in the event of an outbreak</li> </ul>
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## 2.3 COVID-19 Marshals

In Autumn 2020, to further increase COVID-19 prevention behaviours and encourage compliance, COVID-19 Marshals were recruited to work with the Environmental Health team and local Police, checking premises and giving advice to the public. They cover the streets of Bedford Borough especially Bedford and Kempston town centres (shops, business and communal areas like parks and school gates), providing advice and information about how to stay safe, comply to COVID-19 guidelines and take actions to slow the spread of coronavirus locally.

The COVID-19 Marshals identify and support businesses are not following the guidelines, and escalate any concerns to the Environmental Health team and Police where appropriate.

They work with the Community Policing Team who share a COVID-19 intelligence and reports from the public regarding business or other locations where COVID-19 breaches are occurring. Residents can report incidents to the police on 101 or using the dedicated web form:

<https://www.bedfordshire.police.uk/report/Report>

## 2.4 Vaccination

COVID-19 vaccination started in the UK on 8<sup>th</sup> of December 2020 and it is currently being rolled out by the NHS throughout the country. There are currently three vaccines approved for use by the independent Medicines and Healthcare products Regulatory Agency (MHRA) ([Pfizer/BioNTech](#), [AstraZeneca](#) and [Moderna](#)). These vaccines have met strict standards of safety, quality and effectiveness. Further vaccines are being developed, they will be considered for approval and roll out in the UK once they have been thoroughly tested to make sure they are safe and effective.

### How to access COVID-19 vaccination

The vaccine is being offered in some hospitals and pharmacies, at local sites run by Primary Care Networks and at larger vaccination centres coordinated nationally. For detailed locations, please check [here](#).



The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) which can be found [here](#).

The vaccination will be offered to:

- people aged 50 and over, to be extended to all over 18s when priority groups have been vaccinated
- people at high risk from coronavirus (clinically extremely vulnerable)
- people who live or work in care homes
- health and social care workers
- people with a condition that puts them at higher risk (clinically vulnerable)
- people with a learning disability
- people who are a main carer for someone at high risk from coronavirus

Access to the vaccine for those who are eligible is by invitation from your GP and or through the national booking system either [online](#) or by calling 119.

The COVID-19 vaccine is currently given as an injection into the upper arm. It is given as two doses, with the second dose 3 to 12 weeks after the first dose.

### Improving access to the COVID-19 vaccine

So far, millions of people have been given a COVID-19 vaccine and reports of serious side effects, such as allergic reactions, have been very rare. No long-term complications have been reported. Analysis and experience locally has demonstrated there remain some people who need more information about the vaccines and are hesitant to take it for a range of reasons.

Vaccination uptake in Bedford Borough has been encouraging overall with over 90% of people in cohorts 1 - 9 (excluding cohort 6 for which data is not yet available) having had their first dose by late-March. There is more variation in uptake by ethnic group and geography, where the lower rates are in areas of higher deprivation. This data enables us to target additional engagement and communications to maximise uptake across the population.

We will continue to do the following to ensure that our population is well informed and can make informed decisions about taking the vaccine as the COVID-19 vaccine gives the best protection against COVID-19.

1. Map all communities (faith/ethnic/clinically vulnerable etc.) to establish and ensure that everyone has access to information about COVID-19 prevention and vaccination with emphasis on seldom heard and underserved communities.
2. Ensure equitable access to the vaccines by understanding barriers to access, facilitating removal of the barriers, monitoring through data analysis and findings from COVID impact studies.
3. Engage the communities that have shown hesitancy to understand their concerns, co-create appropriate communication and solutions to address them and facilitate vaccine and other preventive measures to improve uptake (see section 6 - Communication and Engagement for more).

We are using some of our Contain Outbreak Management Funding to support additional engagement capacity (building on existing networks) to engage with communities.

We will continue to work closely with BLMK Clinical Commissioning Groups; voluntary groups, COVID Champions and different community and faith groups to achieve the above using the most appropriate communication channels and engagement methods.

## 3. Test, Trace, Isolate and Support

### 3.1 Testing

Testing has several purposes:

- To find people who have the virus, trace their contacts and ensure both self-isolate to prevent onward spread
- Surveillance, including identification for vaccine-evasive disease and new strains
- To investigate and manage outbreaks
- To enable safer re-opening of the economy

The initial testing focus has been on surveillance and diagnosis of symptomatic cases, using PCR laboratory tests and results generally take between 24 –48 hours.

More recently, the importance of asymptomatic testing has come to the fore, using Lateral Flow Devices (LFDs) that provide results in as little as thirty minutes or less but are less sensitive than a PCR test (less likely to detect true cases).

#### Symptomatic Testing

Symptomatic testing for residents is primarily accessed through the national portal, allowing access to testing at the closest location. Two ‘walk through’ Local Testing Sites (LTS) were established in 2020, at Prebend Street in Cauldwell ward and Polhill Avenue in De Parys ward. These locations were chosen in response to feedback from residents and have ensured ‘on foot’ access to some of our communities with experiencing the highest rates of infection.

Mobile Testing Units also operate from Borough Hall, Cauldwell Street; Gilbert Hitchcock House, Kimbolton Road; and the Twinwoods business park near Milton Earnest. Together with the Regional Testing Site in Milton Keynes these sites provide sufficient capacity and geographical coverage, readily accessible to those areas with enduring transmission. Access to local symptomatic testing is reviewed regularly and we believe there is sufficient local symptomatic testing capacity to respond to surges in demand or changes to the requirements for confirmatory PCR tests following positive LFD tests. The current testing sites remain viable for at least the next 6 months.

Some communities may experience barriers in access to testing through the current routes (e.g. frail elderly people, those that are homeless or rough sleepers, individuals with complex health needs, those who do not drive). To address this we will continue to use other testing offers e.g. home testing kits and the COMPASS community swabbing team to ensuring there is access to testing for all.

#### Asymptomatic Testing

As many as 1 in 3 COVID-19 infections are asymptomatic (without symptoms), and so to detect asymptomatic disease and break chains of transmission regular asymptomatic testing using rapid LFDs has been established in care settings, education settings, some workplaces and in the NHS (see table 2).

In March 2021 Bedford Borough opened a Rapid Community Testing Site at the John Bunyan Sports & Fitness Centre, Mile Road, focusing on providing regular testing for people who are unable to work from home.

The Rapid Community Testing site also provides Home Kits for collection for eligible households (currently those with school/college aged children, households of school/college staff and those in education-related

professions). We are encouraging anyone who picks up a home testing kit for the first time to take a supervised test on site. The aim is to ensure that residents are confident with swabbing and sample processing in order to maximise the accuracy of the tests.

We are using intelligence from Test & Trace to proactively identify and engage with businesses, supporting them to implement their own workplace rapid testing programmes or use our Rapid Community Testing Site.

**Table 2: Overview of asymptomatic testing in place**

Testing Programme	Overview	Accessed
Community Testing	Community Testing Sites Community Collect Home Testing	Walk-in Via national portal Via national portal
NHS staff	Testing of asymptomatic patient facing staff in all Trusts	Through employer
Adult Social Care	Regular testing for domiciliary care staff, care home staff and residents. Testing for all visitors including visiting professionals not tested through their employer programme	Through employer
Education and childcare	Regular testing of staff in all settings and students of year 7 and above	Home testing kits via schools. Households and Support bubbles via Community Testing and Home Testing routes
Universities	Regular testing of staff and students	Through University
Workplaces	Asymptomatic testing on site where feasible. Community Testing Sites if not feasible	Through employer or Community Testing routes

The government's 'roadmap' COVID-19 Response- Spring 2021 outlined the expansion of rapid testing through the Community Collect model, allowing families, small businesses and the self-employed to take away rapid tests to complete at home. As regular asymptomatic testing is a key part of the strategy out of lock-down we will want to ensure excellent access to both Community Testing Sites and Community Collect which is likely to be the preferred route for most residents in a rural area.

For Community Collect we will ensure that there is good access across the Borough. This will take account of parallel offers being developed with Community Pharmacies and home delivery.


Additional asymptomatic testing channels such as community 'pop-up' or mobile testing sites may be developed as local intelligence identifies communities with higher levels of transmission or risk. The community testing workforce could also be deployed to provide additional testing capacity in the event of a Variant of Concern.

## Informed Consent

The PCR and LFD tests have different properties and both have an important role to play in our testing strategy. The PCR test remains the 'gold standard' for diagnosis, whilst the less sensitive but more convenient LFD enables testing at scale and rapid results for timely isolation. As the prevalence of COVID

infection falls the positive predictive value of the LFD test decreases – that is the probability following a positive test that an individual is truly positive. It is critical that those who attend for testing understand the implications of the test result e.g. the need to continue to observe COVID-prevention behaviours in light of a negative result; when a confirmatory PCR test is required, and the need to self-isolate when positive.

We have ensured that our communications with residents clearly articulate the benefits and limitations of the tests, and emphasised that regular testing does not replace the need for non-pharmaceutical interventions (e.g. Hands – Face – Space). An example of one of our leaflets is provided below.



## COVID-19 Rapid Testing

Thank you for taking part in the Bedford Borough COVID-19 testing pilot for key workers. One in three people with COVID-19 have no symptoms and could be passing the virus on without knowing.

By being tested and continuing to follow the rules (including hands, face, space) you're helping to break this chain, drive down cases in Bedford Borough and protect the NHS.

To help control the virus, you need to return regularly for a test, preferably twice a week (every 3 to 4 days). Please talk to your employer about what's possible.

**By registering for and completing a rapid test you confirm that you:**

- **Do not have any COVID-19 symptoms** (a high temperature, a new, continuous cough, a loss of, or change to, your sense of smell or taste). A rapid test must not be used if you have symptoms of COVID-19. Instead you must book a standard test at [www.gov.uk/get-coronavirus-test](https://www.gov.uk/get-coronavirus-test) or by phoning 119. Test centres are open every day in Bedford Borough.
- **Are able to safely self-swab.** If you're not sure, please confirm with a member of staff.
- **Are aged 16 years, or older.**
- **Consent to sharing your data** with the national NHS Test and Trace programme.

COVID-19 Rapid Testing

### What test will I have today?

Rapid COVID-19 tests are also known as lateral flow tests. Unlike 'standard' tests via public testing centres, no laboratory work is needed and the results are known quickly. This means it's slightly less accurate than results determined in a laboratory but it's very useful for the kind of pilot we're running in Bedford Borough.

Because this is a pilot, you may be offered an additional standard test at random, as part of our quality assurance process.


### How to register

You will be handed a registration card with a QR code and website address, so you can register for the test with your own mobile device. Devices can be provided for those who do not have their own – please ask member of staff if you need one.

### The rapid testing process

You will be given a sealed sterile swab. You will be directed to a sample collection booth when the site is ready to process the swab. A member of staff will explain the process.

You will then need to follow the self-swab instructions (these are also on the wall of each booth). The swab may make you gag, please ask for a sick bowl if you might need to spit or vomit.



COVID-19 Rapid Testing

### Self-swab instructions


1. After entering the booth, hand the barcode to the member of staff. Remove your mask.
2. Find tonsils at back of mouth (or where they would have been if they are removed), using mirror to help you – this is where you will swab your sample.
3. Gently blow your nose into a tissue.
4. Sanitise your hands.
5. Open the swab package and gently take out the swab.
6. Holding the swab in your hand, open your mouth wide and rub in the fabric tip of the swab over both tonsils (or where they would have been) at the back of your throat with good contact at least 3 times (if available, use a mirror to help you do this). Carefully remove the swab stick from the back of your throat.
7. Put the same end of the same swab gently into one nostril until you feel a slight resistance (about 2.5cm or 1 inch up your nose). Roll the swab 5 times along the inside of your nostril to ensure that both mucus and cells are collected. You only need to sample one nostril. If you have a piercing, use the other nostril.
8. Place the swab directly into the prepared extraction tube with the cotton bud end facing down. Do not grasp the cotton bud end, which has been in contact with the tonsils and nostril.

**Then hand your tube to a member of staff immediately.**

If you have handled any equipment (e.g. hand mirror), please disinfect the surfaces with anti-viral wipes.



10 secs



10-15 secs

COVID-19 Rapid Testing

### Rapid test results

We will email or text you the result. You may receive your results as quickly as 30 minutes although some may take a few hours.

If you haven't received a result within 24 hours please email [public.health@bedford.gov.uk](mailto:public.health@bedford.gov.uk).

**NEGATIVE**

The test did not detect COVID-19. Rapid tests do miss some infections, **so this does not rule out infection.**

**INVALID**

We were unable able to read the results from your test. Please take another rapid test. If you have two invalid rapid tests, please book a standard test at [www.gov.uk/get-coronavirus-test](https://www.gov.uk/get-coronavirus-test) or by phoning 119.

**POSITIVE**

You and your household should isolate for 10 days starting immediately. You should inform your employers.

You do not need to isolate or seek an additional test but must continue to take all precautions including social distancing, wearing a mask and regularly washing your hands.

Follow the latest Government rules at [www.gov.uk/coronavirus](https://www.gov.uk/coronavirus).

If you develop symptoms, isolate immediately, and book a standard test at [www.gov.uk/get-coronavirus-test](https://www.gov.uk/get-coronavirus-test) or by phoning 119.

### Need help?

If you are self-isolating and do not have family or friends to support you, please go to [www.bedford.gov.uk/covid19](https://www.bedford.gov.uk/covid19) or call our Community Hub on 01234 718101 or email [COVID19help@bedford.gov.uk](mailto:COVID19help@bedford.gov.uk).

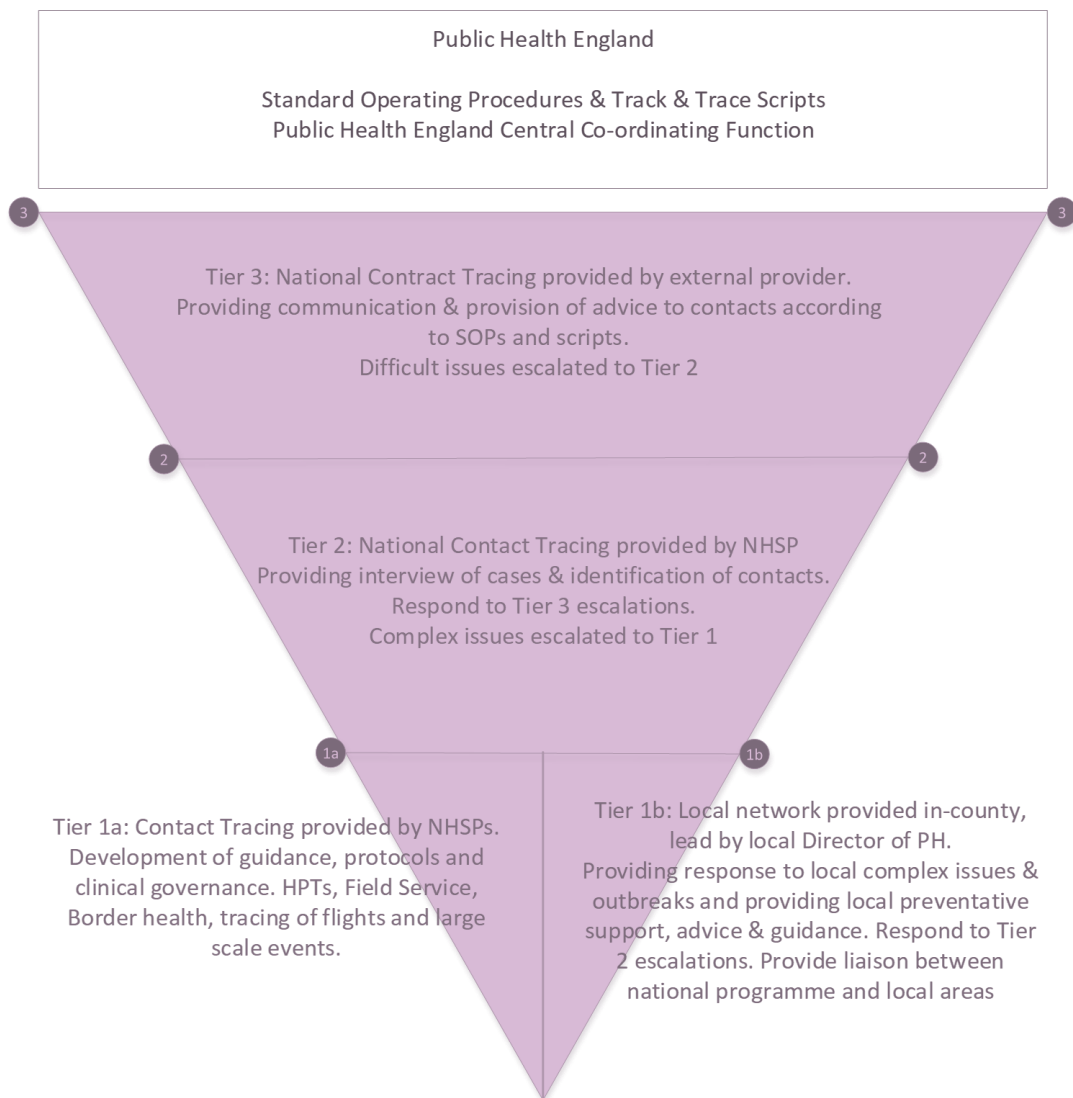
If you are on a low income, you may qualify for a £700 self-isolation payment. Find out more at [www.bedford.gov.uk/covid19](https://www.bedford.gov.uk/covid19).

P190002\_21 also@bedford.gov.uk [www.bedford.gov.uk](https://www.bedford.gov.uk)

### 3.2 Contact tracing

Contact tracing is an essential component of the NHS Test and Trace Programme. The aim of contact tracing is to identify and provide advice to contacts of confirmed cases of COVID-19 in a timely manner, so that they follow self-isolation advice, thus reducing the transmission of COVID-19.

**Figure 2: NHS Test & Trace programme structure and roles**



*"Local contact tracing has enabled us to use local knowledge and resources to reach residents, identify their contacts and ensure that they are able to self-isolate. We've worked in partnership with a range of services including hospitals, community mental health teams and the community hub to ensure we successfully reach as many people as we can."*

In August 2020 Bedford Borough Council entered into a Local Tracing Partnership with NHS Test & Trace. Positive cases who cannot be reached by the national Test & Trace team are passed to the Council's local contact tracing team for follow-up. The local contact tracing team use a combination of local knowledge, a local phone number, additional information held by the council, and a ground team who can undertake visits to successfully contact many of the cases that the national team were unable to reach. In the week ending 2 March the local contact tracing team was able to successfully complete 79% of cases.



Once a case has identified their contacts to the local contact tracing team these are fed back into the national system and are followed-up by the Tier 3 team with advice to self-isolate (see Figure 2).

### Enhanced contact tracing

Enhanced or 'backwards' contact tracing, is an outbreak investigation process where new cases are questioned about where they may have originally become infected, as opposed to standard 'forward' contact tracing where a case is asked about people they may have exposed to infection. Backwards contact tracing is good at finding large 'group transmissions' because even if some cases are missed (for example, due to asymptomatic infections) others could still point to the shared source of exposure.

As lockdown restrictions are eased we will pilot backwards contact tracing alongside our existing Local Tracing Partnership model. We will also review the impact of the 'Local-0' pilots, where local contact tracers receive all cases directly without any triage by the national Test & Trace system.

### 3.3 COVID-19 Welfare Check service

In January 2021 the Council launched a COVID-19 Welfare Check service who call every case and contact from the national Test & Trace system to establish whether they have been able to self-isolate and whether they require any additional support or advice, including help arranging supermarket deliveries or applying for a Test & Trace Support payment.

In the week ending 26 February, the Welfare Check team were able to successfully contact 82% of 198 cases and 90% of 331 contacts. Of the 460 who were successfully contacted, 98% reported that they were self-isolating and 30 (6.5%) required support or an onward referral.

From April the Welfare Check service will ensure the residents are able to access practical support in line with the Government's 'Framework of Practical Support for Self-Isolation'.

### 3.4 Supporting people to self-isolate

To prevent transmission of COVID-19 it is important that those people who have suspected or confirmed COVID-19 and their household contacts self-isolate in line with national guidance. Additionally, identified contacts of confirmed cases of COVID-19 also need to follow self-isolation guidance. We know that contact tracing and the associated requirement for individuals to self-isolate at home may present difficulties for some residents. This might be due to financial and practical barriers such as loss of income or difficulties obtaining food and medicines. Other barriers to self-isolation include loneliness and feeling anxious.

The Bedford Borough Council website has information on how residents can find support to self-isolate here: <https://www.bedford.gov.uk/social-care-health-and-community/public-health/coronavirus/help-with-food-shopping-and-prescriptions/>. The Community Hub has supported residents who are clinically extremely vulnerable to COVID-19 and required to shield and have no family or friends to help.

*"During the first lockdown we supported 3,630 individuals with 9,467 requests for support and delivered 3,508 food parcels."*

People who are required to self-isolate and are on a low income may be eligible for a Test & Trace Support Payment. From 27 January 2021 the Council has increased this payment for Bedford Borough residents by £200 to £700. The Council has also increased the household income threshold for discretionary payments from £18,000 to £25,000, and has established a discretionary payment for paid carers who find their

income is reduced by the requirement to self-isolate and their employer does not receive Infection Control Funding from the government. More information on Test & Trace Support Payments and how to apply is available here: <https://www.bedford.gov.uk/social-care-health-and-community/public-health/coronavirus/test-and-trace-support-payment/>.

The team will continue to cross-check those that request help with our Adult Social Care records to make sure needs are being met. Additionally, they can signpost people to additional sources of help within their communities and the Voluntary and Community Sector.

### 3.5 Enduring transmission

COVID-19 has continued to highlight the inequalities present in our population and we have clearly seen that rates in some areas and communities consistently rise higher and faster during periods of higher overall prevalence and fall slower than average as rates of infection fall more generally. We know that these patterns relate to underlying demographic and socio-economic factors in those areas and communities, with occupational exposure and household size as two key drivers. We are also starting to see variation in vaccination uptake following a similar pattern, making these communities both more at risk of exposure to COVID-19 and less protected against infection. We will continue to focus our preventative work on these areas, linking closely with faith and community leaders, as well as ensuring we address barriers to testing, effective contact tracing, self-isolation and vaccination.

### 3.6 Variants of concern

The identification and tracking of variants of concern are now key areas for national and regional public health action. We are linked in with PHE and are ready to respond locally if notified by PHE that action is required. We expect to be flexible and responsive to advice provided by PHE. This may require resource for on-the-ground delivery of testing kits, targeted communications activities around use of MTUs or testing hubs, as well as phone-based contact tracing or contact centre activities. We will stand up any organisational response via our internal COVID management team and tactical group and will mobilise any multi-agency and volunteer support that is required through Bedfordshire Local Resilience Forum.

## 4. Responding to cases and outbreaks in high-risk settings

This section outlines:

- The general principles of responding to a case or outbreak of COVID-19 with links to settings with a higher risk of transmission and impact, including educational settings, care homes, healthcare settings and workplaces;
- The agencies involved and their roles and responsibilities; and
- Plans for Outbreak Identification and Rapid Response (OIRR) in high-risk settings.

### 4.1 Outbreak Management: General Principles

#### Definitions<sup>9</sup>

The following definitions apply to the management of cases, clusters and outbreaks of COVID-19.

**Table 3: Definitions**

Confirmed case	Test positive case of COVID-19 with or without symptoms - confirmatory PCR for rapid/lateral flow test may be required in line with current guidance
Possible case	New continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)
Infectious Period	The infectious period is from 48 hours prior to symptom onset to 10 days after, or 48hrs prior to test if asymptomatic
Cluster	Two or more test confirmed cases of COVID-19 in a specific setting with illness onset dates within 14 days
Outbreak	Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14 day period, AND one of: <ul style="list-style-type: none"><li>• Identified direct exposure between at least 2 of the test confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases;</li><li>• Absence of an alternative source of infection outside the setting for the initially identified cases (where there is no sustained community transmission).</li></ul>
Contact	A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others): <ul style="list-style-type: none"><li>• People who spend significant time in the same household as a person who has tested positive for COVID-19</li><li>• Sexual partners</li><li>• A person<sup>10</sup> who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:<ul style="list-style-type: none"><li>○ being coughed on</li><li>○ having a face-to-face conversation within one metre</li><li>○ having skin-to-skin physical contact, or</li><li>○ contact within one metre for one minute or longer without face-to-face contact</li></ul></li><li>• A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes</li><li>• A person<sup>10</sup> who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19.</li></ul>

<sup>9</sup> COVID-19: epidemiological definitions of outbreaks and clusters in particular settings:

<https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings>

<sup>10</sup> Unless they are wearing PPE in accordance with national guidance.



## 4.2 Roles and responsibilities during COVID-19 response

Roles and responsibilities for the prevention and control of infectious disease outbreaks, or health protection incidents, are outlined in an operational 'Memorandum of Understanding (MoU) on the delivery of core health protection in the East of England.' The scale of the response to the COVID-19 pandemic and evolving control measures at a national level mean specific arrangements for the management of COVID-19 are required and there is an on-going need for flexibility in response to local outbreaks and 'hotspots' taking into account capacity in stakeholder organisations. Escalation and de-escalation of cases, situations and outbreaks to and from the regional Health Protection Team is in line with the terms of the operational MoU.

**Table 4: Key stakeholders and primary roles**

Organisation	Primary role
Public Health England (PHE) East of England Health Protection Team (HPT) & Field Epidemiology Service	<ul style="list-style-type: none"> <li>• Provide specialist health protection response on request.</li> <li>• Provide surge support for outbreak situations, provide <i>ad hoc</i> advice with risk assessment.</li> <li>• Support epidemiological investigations on request.</li> </ul>
Bedford Borough Council, including Public Health and Environmental Health Teams	<ul style="list-style-type: none"> <li>• Strategic oversight of an incident or outbreak impacting on population health</li> <li>• Lead any epidemiological investigations and outbreak situations</li> <li>• Defined health protection functions and statutory powers in respect of environmental health, health and safety and housing, including a statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes and exercise powers under the Health and Safety at Work etc. Act 1974. Health and Safety Executive are the enforcement authority for some premises.</li> <li>• Brief colleagues and elected members regarding incidents/outbreaks.</li> <li>• Mobilise local authority resources required to support an incident.</li> </ul>
NHS England	<ul style="list-style-type: none"> <li>• Oversee the prevention and control of outbreaks in healthcare settings</li> <li>• Oversee the NHS response to a wider outbreak, ensuring that relevant NHS resources are mobilised and directed as necessary</li> <li>• Ensure contracted providers deliver an appropriate clinical response to any incident that threatens the public's health</li> <li>• Support CCGs to coordinate response required from provider organisations such as Community Trusts and/or Acute Trusts</li> </ul>
Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> <li>• Lead partner for the prevention and control of outbreaks in healthcare settings, working closely with providers and PHE</li> <li>• Ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to incidents or outbreaks</li> <li>• Ensure CCG-commissioned providers act on direction and advice from the HPT</li> <li>• Commissioning and delivery of testing services</li> </ul>
NHS Providers	NHS providers will deploy and co-ordinate relevant and available resources as negotiated and agreed to support an NHS response, and during an outbreak will act on the direction and advice the HPT give them.
Bedfordshire Local Resilience Forum	<ul style="list-style-type: none"> <li>• System leadership on Emergency Planning, Resilience and Response</li> <li>• Gold and Silver command for the emergency response to the COVID-19 pandemic</li> <li>• Links to the Ministry for Housing, Communities and Local Government.</li> </ul>
Joint Health Protection Advisory Group (For further details see section 7 - Governance)	<ul style="list-style-type: none"> <li>• Provide health protection advice to inform the local implementation of Local Outbreak Management Plans across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, ensuring a coordinated approach across local authorities, NHS organisations, PHE and other stakeholders.</li> <li>• Oversight of data flows relevant to Local Outbreak Management Plans</li> <li>• To ensure a coordinated approach to: <ul style="list-style-type: none"> <li>○ responding to localised outbreaks, particularly where these impact across boundaries;</li> <li>○ deployment of flexible testing capacity in response to need, prioritising requests where necessary;</li> <li>○ managing 'hotspots', including advice on local lockdown measures and consideration of wider impacts including across boundaries.</li> </ul> </li> </ul>
Bedfordshire Police	<ul style="list-style-type: none"> <li>• Providing local intelligence as well as engagement and enforcement if required.</li> </ul>

Health & Safety Executive (HSE) & Food Standards Agency	<ul style="list-style-type: none"> <li>• Outbreak management in relevant settings in liaison with the Environmental Health team when a locally timely response from HSE is not possible.</li> <li>• Advice, guidance and enforcement.</li> </ul>
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## Defining a minor, major outbreak and major incident response

**Table 5: Definitions of a minor, major outbreak and a major incident**

Type of outbreak	Characteristics and response	Examples
Minor outbreak	Normally investigated and controlled within the resources of the local authority (led by Public Health with e.g. Environmental Health, Adults Social Services, Children's Services involvement as dictated by the setting), working closely with PHE Health Protection Team (HPT) in line with arrangements detailed in the relevant Joint Standard Operating Procedures or MoUs.	<ul style="list-style-type: none"> <li>• Confined to a care home where control measures are in place and single or small numbers of staff or residents are affected</li> <li>• Exposure within a workplace or educational setting where cleaning and disinfection and social distancing have been observed (or reinforced) and measures have been taken to exclude and self-isolate contacts (with or without testing).</li> </ul>
Major outbreak	Requires a coordinated, multi-agency response and an incident management team (IMT) will usually be established. A major COVID-19 outbreak may require co-ordination and/or additional resources, particularly where outbreaks extend beyond the Local Authority boundary. Incident management will usually be led by the PHE HPT.	<ul style="list-style-type: none"> <li>• An outbreak in a setting where people may be more vulnerable because of their characteristics or behaviours.</li> <li>• A minor outbreak where there is evidence the situation is rapidly worsening.</li> <li>• There is potential for transmission to large numbers of people.</li> </ul>
Major incident	With outbreaks of such magnitude that there are significant implications for routine services and the resources required, a major public health incident/ health services emergency will be declared. In these circumstances, the IMT will alert the appropriate local agencies via the Bedfordshire Local Resilience Forum, including all Category One responders, to consider declaring a Major Incident and bringing local major incident plans into effect.	<ul style="list-style-type: none"> <li>• When a major outbreak is affecting large numbers of the population, consuming increasing health care resources and/or stretching the local capacity to deal with clinical, professional and media demand.</li> </ul>

## Incident Management Team (IMT)

Where complex situations or outbreaks occur, an incident management team (IMT) meeting (sometimes also referred to as an Outbreak Control Team) may be established. The remit of the IMT is to agree and coordinate the activities of the agencies involved in the investigation and control of the outbreak in order that the source of the outbreak is identified and control measures implemented as soon as possible and, if required, legal advice sought. The IMT will act on behalf of one of the key organisations involved in the outbreak; this may be the NHS Trust, PHE or the local authority. The responsibility for calling an IMT will vary depending on the circumstances of the incident:

- For incidents at NHS Trust premises, the responsible officer is the Infection Control Doctor (ICD)/Director of Infection Prevention and Control (DIPC)/On-call Director.
- For incidents at general community/ non-NHS premises the responsible officers are the Health Protection Team (PHE) Consultant and/or the Director of Public Health with Consultant Microbiologist and/or the Senior Environmental Health Practitioner.

Membership of the IMT will vary depending on the situation but will normally include a:

- Consultant in Health Protection/ HPT member

- Infection Control Doctor/Nurse Specialist
- Director of Public Health (or nominated deputy)
- Senior Environmental Health Practitioner
- NHS lead – usually from NHS England, or delegated to the CCG. In an outbreak confined to one NHS Trust, this could be the Trust Senior Manager/DIPC
- Senior Clinical Microbiologist/Virologist, as necessary
- Communications Officer
- Nominated secretary

The lead for the IMT will be determined in the first meeting as part of the development of the Terms of Reference (TOR). It will vary by situation, but normally an outbreak in the community, in a non-NHS premises will be led by a local authority Consultant in Public Health.

### Responding to COVID-19 outbreaks in specific settings

This section focuses primarily on the response to minor COVID-19 outbreaks, working within local resources in liaison with PHE. Major outbreaks, cross border outbreaks and major incidents would require specialist health protection input from PHE and a multi-agency response through Bedfordshire Local Resilience Forum.

The key priority in responding to outbreaks is to identify a suspected or confirmed outbreak at an early stage, provide appropriate advice and support to prevent the onward transmission of COVID-19 through:

- Infection Prevention and Control Advice, including advice about cleaning and the appropriate use of PPE in line with national guidance.
- Cohorting symptomatic individuals if appropriate e.g. in residential and care homes.
- Contact tracing and provide advice about self-isolation, in line with national guidance. Household and close social contacts would be identified through the national contact tier tracing service but setting based contacts are generally identified by the setting with support from PHE or local Public Health / Public Protection Teams

The following section outlines the roles and responsibilities of different organisations in responding to COVID-19 outbreaks in different settings.

### Key organisations involved in the local response

Figure 3 below shows the key organisations forming the local outbreak response. The COVID-19 Advice and Response Cell (C19-ARC) has been established, led and staffed by the Public Health team to provide local coordination of public health advice and oversight of local outbreaks/situations, outbreak management and contact tracing in complex settings across Bedford Borough, Central Bedfordshire and Milton Keynes. This cell works closely with relevant Bedford Borough Council services and teams, who play a key role in the local response in specific settings, and also with the PHE Health Protection Team. The C19-ARC receives notifications of suspected and confirmed cases of COVID-19 from different sources.

**Figure 3: Key teams and organisations in the Bedford Borough outbreak response**



### 4.3 High risk settings: outbreak management

High risk and complex settings across Bedford Borough are currently being mapped to target further preventative work.

The council will work in line with joint, agreed MoUs between the Local Authority, Public Health England and other partner agencies, which outline roles and responsibilities for outbreak management in these settings. Key information will be distributed to specific settings as required.

This section outlines the outbreak response for specific situations: education, care providers and healthcare settings, businesses, public venues and workplaces, complex settings and socially excluded groups.

#### Educational settings

Educational settings represent a potentially high risk context for the spread of infection but usually contain individuals at low risk of severe illness. It is expected that cases occurring among staff and students will also arise as a result of community spread and will not always indicate the school as the place of transmission. Guidance on required infection control measures in schools will evolve, reflecting changes in the epidemiology of COVID-19, and it is the responsibility of individual schools to ensure they are operating in line with guidance and implementing control measures identified through a robust risk assessment process.

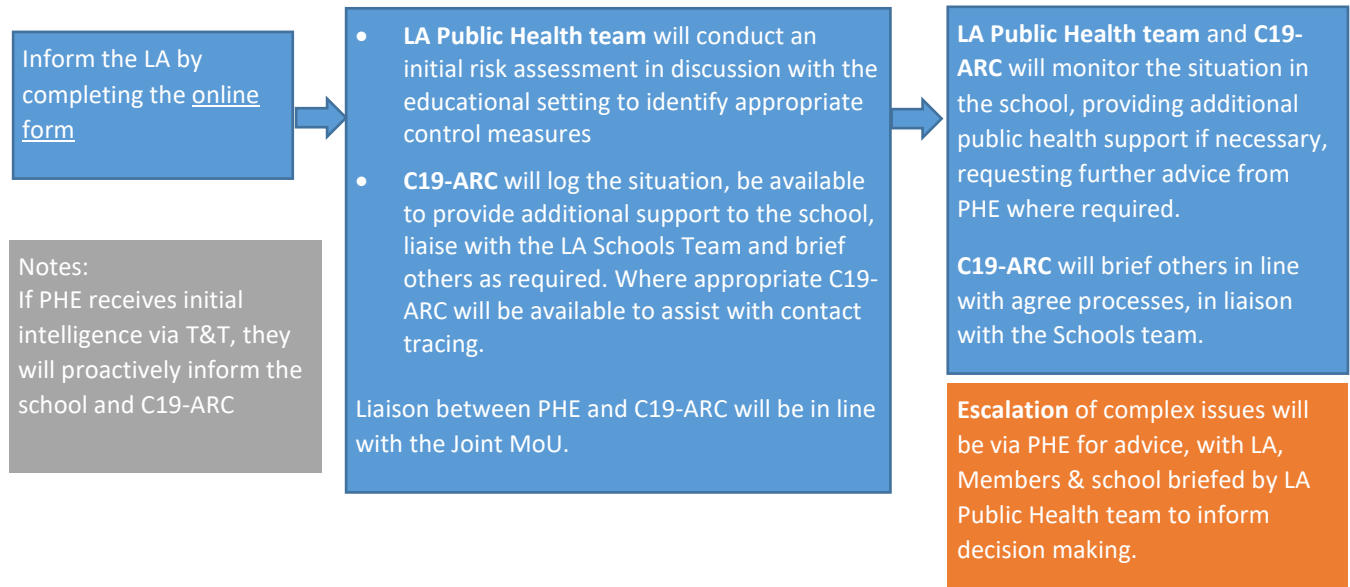
#### Approach to management of cases, clusters and outbreaks in educational settings

The framework for responding to a case, cluster or outbreak in an educational setting is provided by the latest joint working arrangements with PHE. A locally-agreed flow chart for managing suspected and confirmed cases of COVID-19 in school pupils or staff members in schools across Bedford Borough has been developed and shared with schools. This summarises the actions educational settings need to take following identification of a symptomatic or confirmed case in their settings, highlights infection prevention and control advice around cleaning areas that the suspected or confirmed case have been using, and provides links to further guidance.

The school nursing service can provide general guidance and support for schools and can be contacted on 0300 555 0606 (Single Point of Access).

In summary, the key responsibilities are as follows:

**If an educational setting becomes aware of a confirmed case (or cases) in their setting, they will:**



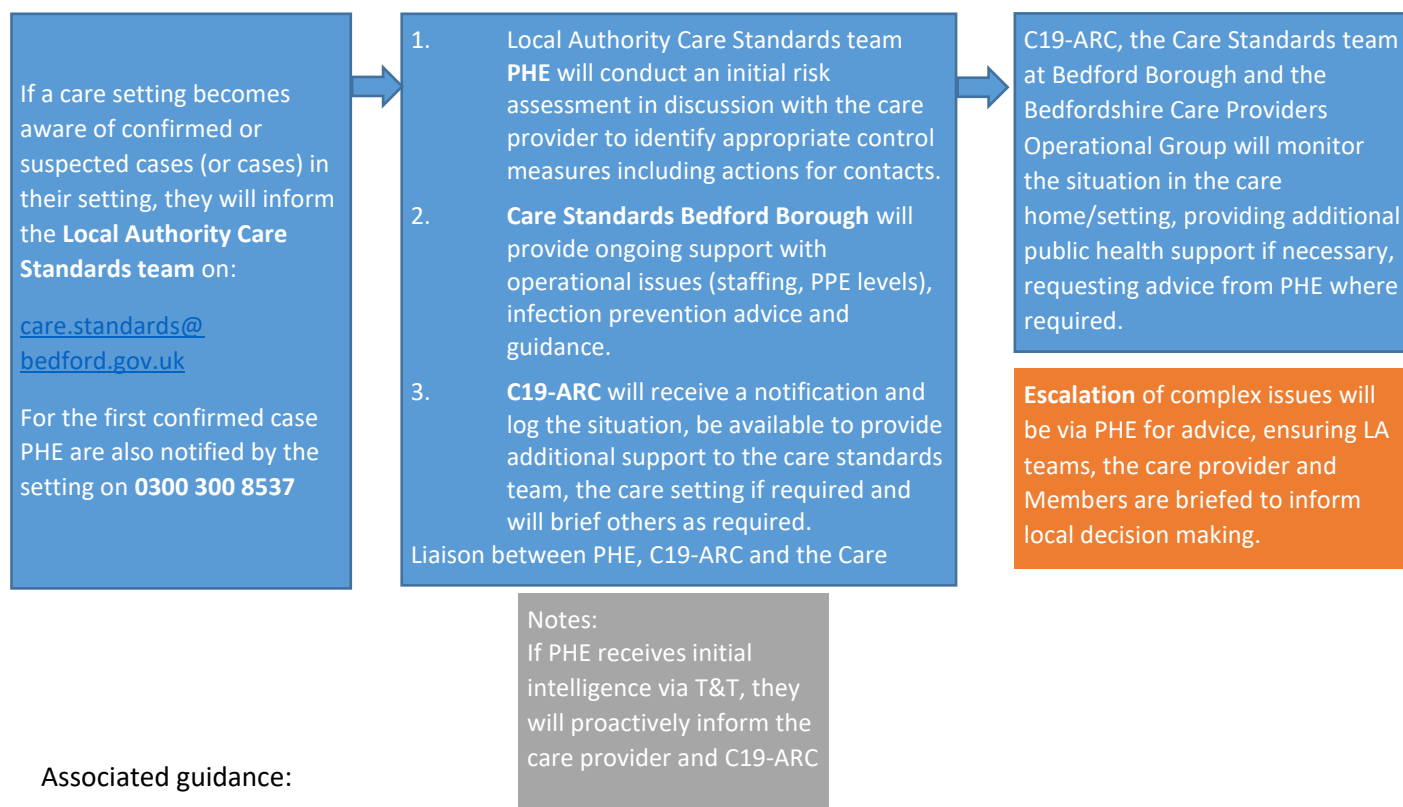
## Care Providers

Care settings represent a potentially high-risk context for the spread of infection as the risk of transmission is high and individuals in the setting will commonly be clinically extremely vulnerable. The council and CCG work closely with care settings, providing support for infection prevention and control, particularly during an outbreak, and ensuring they are kept informed of the latest COVID-19 guidance. The responsibility for clinical care of each resident remains with their General Practitioner and each care home has access to a named clinical lead.

### Approach to management of cases, clusters and outbreaks in care settings

The framework for responding to a case, cluster or outbreak in a care home setting is provided by latest joint working arrangements with PHE. A detailed local flow chart for managing suspected and confirmed exposures and outbreaks of COVID-19 in care homes across Bedford Borough has been developed and communicated to care providers. The flow chart also highlights infection prevention and control advice around cleaning areas that the suspected or confirmed case have been using, and provides links to further guidance. The approach is also relevant and used in other residential settings such as homes for people with a learning disability.

**In summary, if a care setting becomes aware of one or more suspected or confirmed case(s) of COVID-19 or deaths amongst staff or residents the key responsibilities are as follows:**



Associated guidance:

- Admission and care of residents during COVID-19 incident in a care home:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/893717/admission-and-care-of-residents-during-covid-19-incident-in-a-care-home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893717/admission-and-care-of-residents-during-covid-19-incident-in-a-care-home.pdf)

## Healthcare settings

The prevention and control of outbreaks in healthcare settings will be overseen by the NHS, with the CCG as the lead partner, working closely with providers and PHE. The local authority Public Health team will support any IMTs through the C19-ARC, as appropriate. Household contact tracing of positive cases will be overseen by NHS Test & Trace and occupational contact tracing will be undertaken by the provider, with the support of PHE.

Control measures for managing outbreaks in healthcare settings include:

- The early recognition, reporting and assessment of cases.
- The implementation of control measures, including: maintaining separation in space and or time between suspected and confirmed COVID-19 patients.
- Educating staff, patients and visitors about standard infection control procedures and transmission based precautions. Prompt implementation of transmissions based precautions to limit transmission.
- Instructing staff members with symptoms to stay at home and follow national guidance for self-isolation and testing.
- Planning and implementation of strategies for surge capacity in conjunction with an assessment of the organisations current capabilities with the understanding that business as usual will not be maintained during COVID-19.

All healthcare organisations should have emergency plans for responding to such events and that includes:

- An assessment of the current workforce, including maintaining consistency in staff allocation, reducing movement of staff and the crossover of care pathways between Planned & Elective care pathways and Urgent and Emergency care pathways; reducing movement between different areas.
- Facilitating social distancing wherever this is possible in all clinical and non- clinical areas as per national guidance.
- Plans to manage and separate patients with suspected or confirmed COVID-19, and those who do not.
- Ensuring that ambulance services, receiving wards and departments are notified in advance of any transfers and must be informed that the patient has possible or confirmed COVID 19.
- Environmental decontamination is a key component of managing an outbreak and must be performed following national guidance that also indicates the instructed timeframes. Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE and skills required.
- Waste management must follow national guidance related to COVID-19.
- Appropriate PPE must be worn at all times and in all settings and follow the current national guidance. Staff should be trained on donning and doffing PPE.

Infection Prevention and Control is an important element in outbreak management. Every organisation is required to have a infection prevention and control policy and procedures, these should be compliant with national guidance, and be updated as national guidance changes. In addition, all areas must have in place business continuity plans and a COVID-19 lead. When outbreaks occur, each Provider must first review the national guidance, and follow the processes outlined in these. This should be done in collaboration with

strategic partners including PHE who will lead on the IMT. As the outbreak control response at a local level develops, capacity to offer sufficient support will be kept under constant review.

Associated guidance for health and social care settings:

- COVID-19: management of staff and exposed patients or residents in health and social care settings: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

## **Businesses, workplaces and public venues**

Businesses, workplaces and public venues vary considerably and so will their level of risk. Each will need to operate in line with the latest government requirements and guidance, with enforcement through the Environmental Health team and (where relevant) the Health and Safety Executive (HSE).

Factors that could make a business high risk include: a large number of employees; vulnerable individuals; employees that live or travel to work together; unable to socially distance in the workplace; language barriers; businesses which are in contact with a large number of people/customers; large number of people visiting a site and workplaces which employ agency workers who travel between sites.

Incidents or outbreaks in HSE enforced premises may also need HSE involvement. For food manufacturing plants such as meat processing businesses, the Food Standards Agency is the food safety enforcing authority and may need to be involved/consulted if changes to the process are required (to ensure they comply with food safety standards). The majority of other food businesses come under the jurisdiction of the Environmental Health team so any changes will be recommended in line with food safety standards.

## **Management of cases, clusters and outbreaks in businesses, workplaces and public venues**

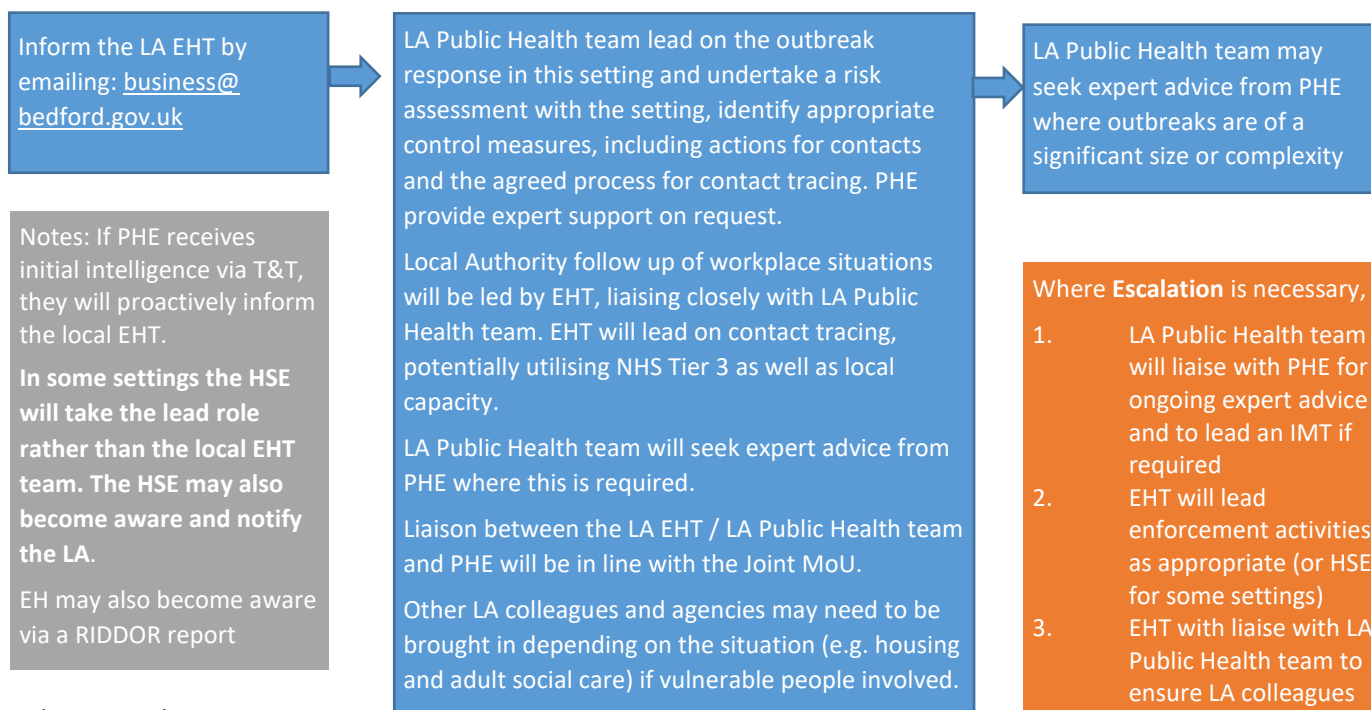
The framework for responding to a case, cluster or outbreak in a business, workplace or public venue will be provided by the latest joint working arrangements with PHE. Key responsibilities are as follows:

Currently, if a business, workplace or public venue becomes aware of a confirmed case, cluster or outbreak (or possible outbreak) in their setting, they will inform local authority public health team and for larger outbreaks, PHE Health Protection team.

The local authority public health team will liaise with PHE Health Protection teams during the outbreak investigation and will work closely with the Environmental Health Team. Tracing of workplace contacts will be carried out by the workplace and/or by the local/national contact tracing teams as appropriate. The local public health team will seek expert advice where outbreaks are of significant size or complexity and where an incident management team meeting is required.



**Currently, if a business, workplace or public venue becomes aware of a confirmed case, cluster or outbreak (or possible outbreak) in their setting, they will:**



### Other complex settings

There are other additional settings where contact tracing might be particularly challenging to complete. This could be because it is difficult to establish who was at the setting and therefore identifying contacts is a more complex process e.g. large events such as festivals, public transport, airports, and shopping malls. Additionally, there are certain settings where it may be difficult for residents to follow self-isolation guidance, such as houses of multiple occupancy, homeless or rough sleepers.

A list of these specific settings has been identified across Bedford Borough.

### Management of an outbreak in complex settings

Notification of a positive case in these complex settings could arise from managers notifying PHE or the Local Authority, or escalation through the NHS Test and Trace Programme to Tier 1. The framework for responding to a case, cluster or outbreak in a complex setting will be provided by the latest joint working arrangements with PHE.

### Socially excluded and socially vulnerable groups

Certain communities, groups and/or individuals might experience greater challenges with accessing testing, following self-isolation guidance and/or accessing support. Examples include homeless individuals, individuals who misuse drugs and alcohol, victims of domestic abuse, Gypsy Roma Traveller communities and people with severe mental illness. In these situations, additional resource may be required to support these individuals.

A list of socially excluded and socially vulnerable groups across Bedford Borough has been identified.

### **Management of a case/outbreak in socially excluded or socially vulnerable groups**

Notifications of positive cases in a socially excluded group might be escalated to Tier 1 of the NHS Test and Trace programme. However, settings and services who work alongside socially excluded groups might also identify suspected or confirmed cases of COVID-19 and notify PHE or the Local Authority.

Bedford Borough Council has a key role in supporting the management of cases or outbreaks in high risk communities in a flexible manner. If there is a suspected case identified within a socially excluded group or service/setting, the Local Authority can help to support with organising local testing. Where possible, testing will be arranged through existing routes. Additional arrangements are in place for more complex settings, for example where administration of swabs is required or individuals are unable to access existing testing locations. The council can work with the Housing team to support individuals who require support with accommodation to self-isolate and can support vulnerable individuals who are required to self-isolate to access other essentials (such as food or medical prescriptions).

The framework for responding to a case, cluster or outbreak in a socially excluded or socially vulnerable group will be provided by the latest joint working arrangements with PHE. Localised flow charts for managing suspected and confirmed cases of COVID-19 in socially excluded groups/settings have been produced

### **Prisons**

Prisons and similar secure settings, for example Secure Training Centres for young people, can prove an environment for rapid transmission of COVID-19, with staff, contractors and new admissions providing infection routes into the setting.

### **Management of a case/outbreak in a prison or secure setting**

Public Health England will lead IMTs on outbreak investigation and management in secure settings, in collaboration with the NHS Region and the setting provider. The local authority public health team will provide local support as appropriate, for example, including setting staff in Community LFD testing programmes.

## 5. Data

To prevent and control the transmission of COVID-19, and respond to outbreaks in a timely manner, we need to receive, process and share data with, and from, a range of sources. We need to be able to synthesise information from multiple sources, including the national Test & Trace programme, local care home data, NHS services, the police and PHE for both surveillance and epidemiological reasons, and to guide our local decision making.

Public health analysts work closely with their counterparts across the local system to collate, analyse and interpret these various data sources. The following products are produced regularly, and further analyses are undertaken as required, for example outbreak epidemiology reports and bespoke 'deep dive' analyses of local contact tracing data.

- Weekly public updates (published here [www.bedford.gov.uk/covid19](http://www.bedford.gov.uk/covid19)) (see Figure 5 below)
- Weekly COVID-19 tracker including tests, cases, outbreaks, deaths, hospital activity and 111/999 activity
- Ward reports for areas with the highest case rates
- Weekly vaccine tracker including uptake by priority groups, geographical area and ethnic group.

These reports inform decision making of the Local Outbreak Engagement Board and the Local Resilience Forum. The main data sources which are being fed into local reporting are outlined below.

### 5.1 Data sources

**Figure 4: Local, regional and national data sources**



## 5.2 Novel data sources

New data sources are becoming available all the time. We are already using Common Exposure Reports for example, which use contact tracing exposure data to identify locations and settings with links to multiple cases, to direct the activities of our workplace outbreak response team.

Another novel data source that has recently become available is wastewater surveillance. In some parts of the country the SARS-CoV-2 virus is being detected in samples from water treatment centres and the total viral load for the water treatment zone is calculated. This has the potential to enable the early detection of community outbreaks and we look forward to this data becoming available for water treatment zones in Bedford Borough.

## 5.3 Data sharing

Agencies 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, 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-covid19-notification-of-data-controllers-to-share-information>.

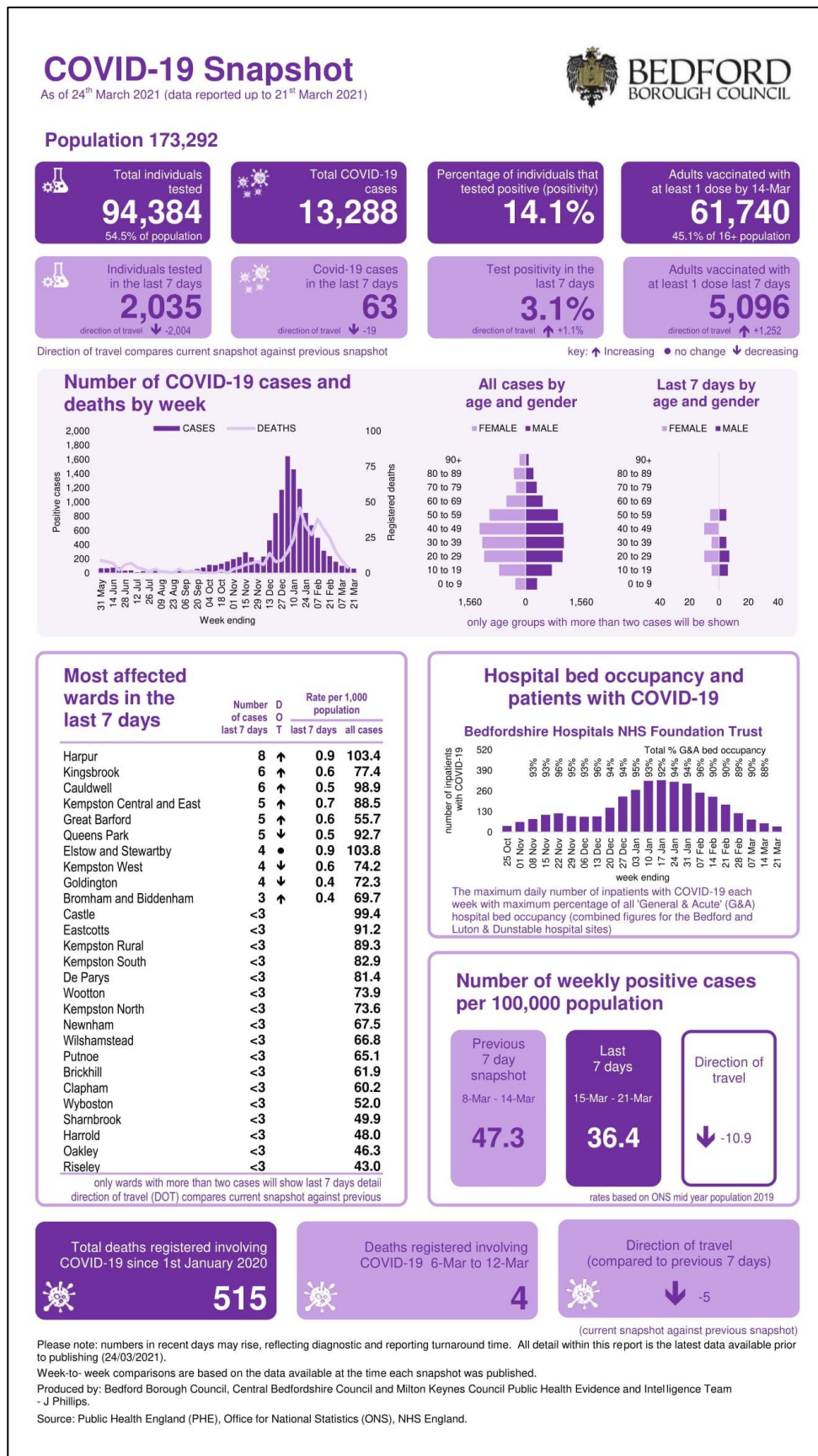
The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA<sup>11</sup>.

The Council has signed a data sharing agreement with Public Health England so that sensitive NHS Test & Trace data can be shared between the parties, and the overarching privacy notice for NHS Test & Trace is available here: <https://www.gov.uk/government/publications/nhs-test-and-trace-privacy-information/test-and-trace-overarching-privacy-notice>.

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<sup>11</sup> *Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level*. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

**Figure 5. Example of a recent public-facing update.** These infographics are produced weekly and shared widely, including via social media and our COVID-19 Health Champions.



## 6. Communication and engagement

Providing up-to-date guidance, information and advice to the general public and stakeholders is important as well as engaging the public to understand their needs, concerns and questions about COVID-19 and addressing barriers to adhering to key preventative behaviours.

Our aim is to continue to promote preventative behaviours and improve vaccine uptake among the general population, and especially among high risk, seldom heard, underserved and vulnerable communities in an engaging and participatory way.

### 6.1 Areas of focus

#### Prevention

1. To adapt and amplify national messaging on: social distancing; COVID symptoms; preventive measures; adherence to national or local restrictions in place at any point in time; accessing community help when needed, and/or encouraging others who are struggling to access it etc.
2. To promote Test & Trace requirements to local residents, to encourage compliance with guidance on when to get tested and how to respond to advice following contact tracing guidance.
3. To explain self-isolation requirements in various scenarios, including educational settings.
4. To promote local vaccination programmes by clarifying the appropriate routes to access the vaccine, rebutting inaccurate information about its safety and efficacy and engaging with different groups for maximum uptake.

#### Outbreak response

1. To maintain public confidence in the response to any outbreak.
2. To ensure community leaders and other stakeholders are informed of outbreaks where appropriate.
3. To support Incident Management Teams with communications advice for directly affected individuals.
4. To develop and deliver community communications to guide key audiences towards local testing services.

Communications and engagement activities will follow consistent principles:

1. Aligned – with regional and national messaging
2. Targeted – informed by strong community and public health intelligence
3. Accessible – via use of appropriate language, media and community networks
4. Credible – evidence based through conducting behavioural insight research to understand barriers and enablers to adhering to key behaviours (e.g. hand hygiene, physical distancing, face covering, self-isolation, getting a test when symptomatic and asymptomatic)
5. Timely – regular and topical

We have conducted a series of COVID-19 prevention campaigns targeting different age groups including young and working-age adults and we will build on these in future.

Achievement of these objectives aligned to the principles will require consistent co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners and the public.

## 6.2 Our approach to communication and engagement

1. INFORM the community of the facts e.g. what are the symptoms, how to get tested, what is contact tracing.
2. CONSULT with the community on plans to ensure they meet community needs
3. INVOLVE the community (via networks of Champions, faith and community leaders) in building the approach and developing responses to identified needs
4. COLLABORATE in the development of campaigns aimed at specific communities
5. EQUITY in reaching out to all with regard to access to timely credible information and COVID vaccination.

We will use the following channels and approaches:

Our Communication channels	Our Stakeholders
Broadcast: Banners, mobile/static billboards, vehicle vinyls, social and conventional advertising	Established mechanisms for elected representative engagement: T&P updates and conferences, Member briefings and events, joint committees
Media: news releases and features	Media briefings, interviews and virtual press conferences
Hyperlocal: community news forums; Facebook groups, news desks, parish mags etc	Use of existing forums for stakeholder engagement – partner locality forums
Digital platforms: email bulletins, social channels, what's app, You Tube etc	Dedicated materials for partner intranets and websites
Community forums/public meetings	Staff training and communication channels
Contact centre scripts	Dedicated one to one briefings (e.g. MPs)
Other co-created culture sensitive: word of mouth etc	Seldom heard groups, under-served groups etc



## 6.3 COVID-19 Health Champions, Community and Faith Leaders

### COVID-19 Health Champions

Bedford Borough has recruited 165 COVID-19 Health Champions. The COVID-19 Health Champions are a network of proactive community leaders, local people of different age, gender and faith, groups and organizations that have come together with the Council, to stay informed about the latest advice and guidance on COVID-19. They help to share health messages and guidance with their friends, family and communities. They also keep an eye out for people who might need help or support.

They give the latest and most up-to-date information on COVID-19 key prevention behaviours – ventilation, handwashing, face covering, social distancing, getting a test, self-isolation with support, complying with lockdown and benefit of having a vaccine amongst many others. There are plans to further increase their scope and reach in the coming months especially in the area of interactive promotion of COVID-19 prevention and vaccine uptake for those who are willing to do more.

The COVID-19 Health Champions are supported to carry out their role with weekly online drop-in sessions, regular meetings to give feedback/queries from the community, ask questions and get answers from both clinical leads and Public Health. A weekly e-newsletter with health and key local information is also usually sent to them to read and share with their network members and family.

People who live or work in Bedford Borough are encouraged to sign-up to become COVID-19 Health Champions and more information is available here: <https://www.bedford.gov.uk/social-care-health-and-community/public-health/coronavirus/covid-19-health-champions/>.

### Community and Faith Leaders

The Council, in partnership with Bedfordshire CCG and Bedfordshire Police, has established a regular Community and Faith Leaders meeting. Chaired by the Mayor, the meeting is regularly attended by more than 30 local leaders from across Bedford Borough, representing a range of faiths and communities.

The Community and Faith Leader meetings are an opportunity to share the latest COVID-19 information and guidance with the local leaders, listening to their concerns and answering their questions. This enables a dialogue with communities through trusted voices and provided a platform for ongoing engagement. Regular topics of discussion have included interpretation of guidance and advice for faith settings, voluntary suspension of communal worship during the second wave of infections, lockdown rules, testing and vaccination.

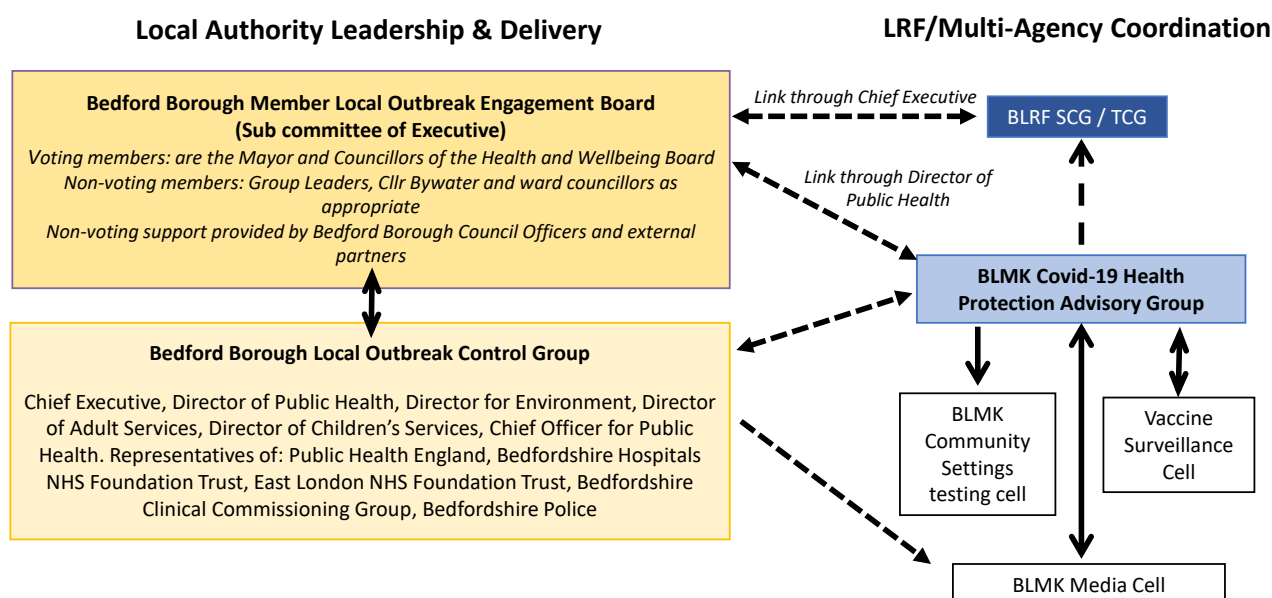
Discussions with the Community and Faith Leaders have influenced local decision making, for example the regarding the location of a local testing site in response to feedback regarding the accessibility of the existing sites.



## 7. Governance

The diagram below shows the Bedford Borough governance structure for oversight and delivery of this Outbreak Management Plan.

**Figure 6: Local Outbreak Management Plan governance- Bedford Borough**



### 7.1 Bedford Borough Member Local Outbreak Engagement Board

The terms of reference of this group are:

- To approve the Council's Local Outbreak Management Plan.
- To receive data so as to maintain knowledge and surveillance of the local situation regarding COVID-19, and communicate with the public in a timely manner.
- To act as the Council's interface with the community, businesses and voluntary sector in respect of COVID-19 matters.
- To make decisions and act as a consultee in respect of measures to address enduring transmission and variants of concern.
- To act as a liaison with ministers.
- To ensure that the Local Outbreak Management Plan remains fit for purpose at all times.

### 7.2 Bedford Borough Outbreak Control Group (Bedford Borough Strategic Coordinating Group)

The development and delivery of the Bedford Borough Local Outbreak Management Plan will be through the Bedford SCG Local Outbreak Plan Group.

The terms of reference of this group are:

- To develop and deliver the Local Outbreak Management Plan.
- To act on data and local intelligence received through new data flows, coordinated through the joint COVID-19 Health Protection Advisory Group.

- To undertake engagement with communities and settings to reduce risks of transmission, in line with the directions set by the Member Local Outbreak Engagement Board.
- To coordinate links with community support offer.
- To have oversight of community testing, local contact tracing and outbreak management.
- To advice or enforce closure of premises in line with statutory powers.
- To coordinate where appropriate issues cross-border through the Joint COVID-19 Health Protection Advisory Group.
- To escalate requests for flexible testing capacity and mutual aid to the Joint COVID-19 Health Protection Advisory Group.

### 7.3 Joint Covid-19 Health Protection Advisory Group

The role of the Joint COVID- 19 Health Protection Advisory Group is:

- To provide health protection advice to inform local authorities' implementation of Local Outbreak Management Plans across BLMK;
- To provide oversight of data flows relevant to Local Outbreak Management, ensuring efficient use of collective analytical capabilities and provision of analytical products to inform local decision making.
- To ensure a coordinated approach to:
- Respond to localised outbreaks, particularly where these impact across boundaries;
- Deployment of flexible testing capacity in response to need, prioritising requests where necessary, through oversight of the BLMK Community Settings Testing Cell;
- Management of 'hotspots', including advice measures to address enduring transmission and variants of concern, and consideration of wider impacts including across boundaries. Decision-making rests at a local authority level.

Membership includes:

- Public Health- Director of Public Health and Public Health Consultants from Bedford Borough, Central Bedfordshire and Milton Keynes and Director of Public Health and Public Health consultants from Luton Borough Council.
- Local Authority leads
- Public Health England
- Vaccine Surveillance Cell lead
- Clinical Commissioning Group lead
- Communications lead
- Voluntary sector lead
- Microbiology representative
- Infection Control lead

#### 7.4 Risks and Issues

A register has been developed to document current and future risks and issues. This will be maintained by the work stream leads and reviewed by the Bedford Borough Local Outbreak Control Group. Priority actions to mitigate these issues will be identified by work stream leads, and agreed by the Bedford Borough Local Outbreak Control Group.

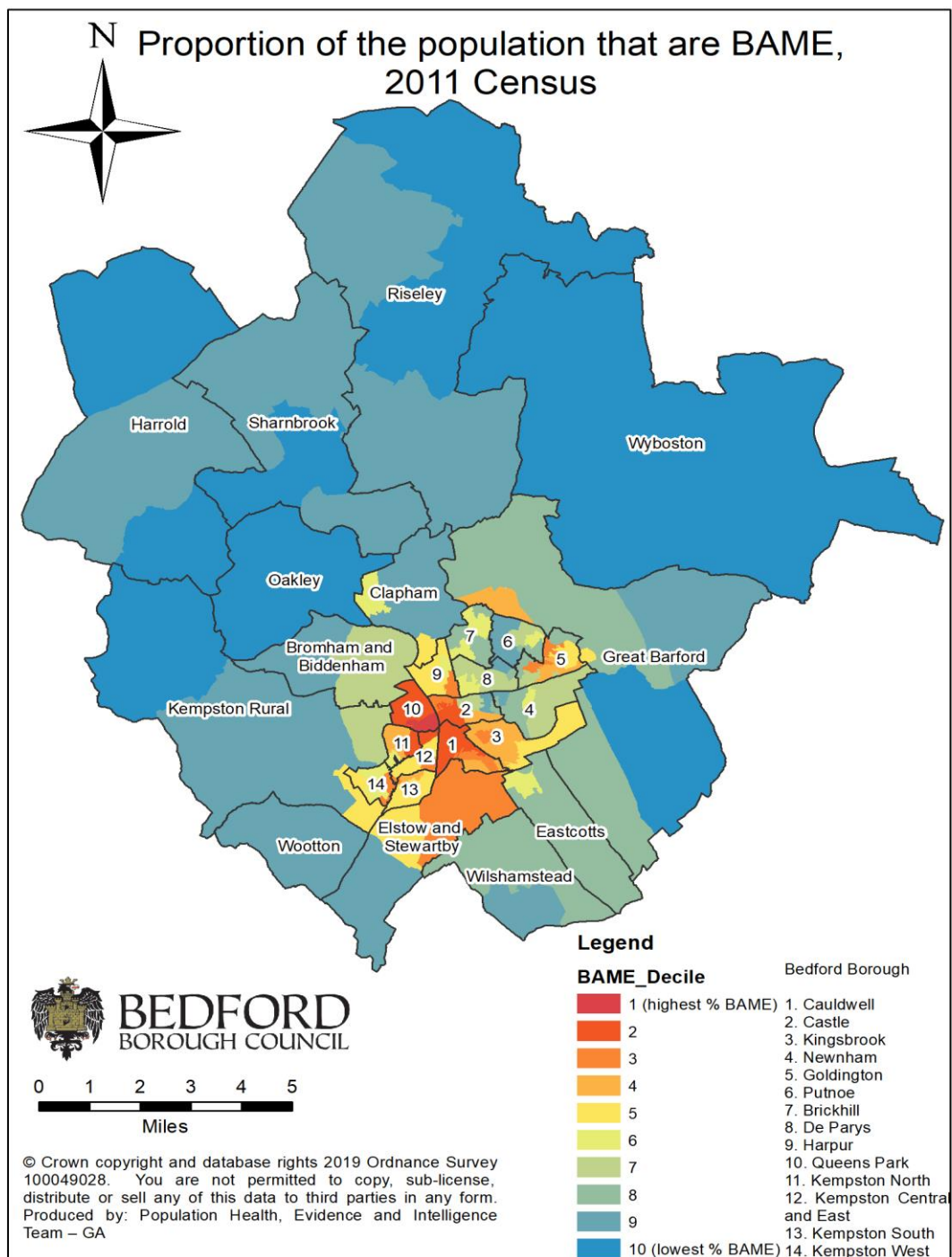
## 8. Acronyms

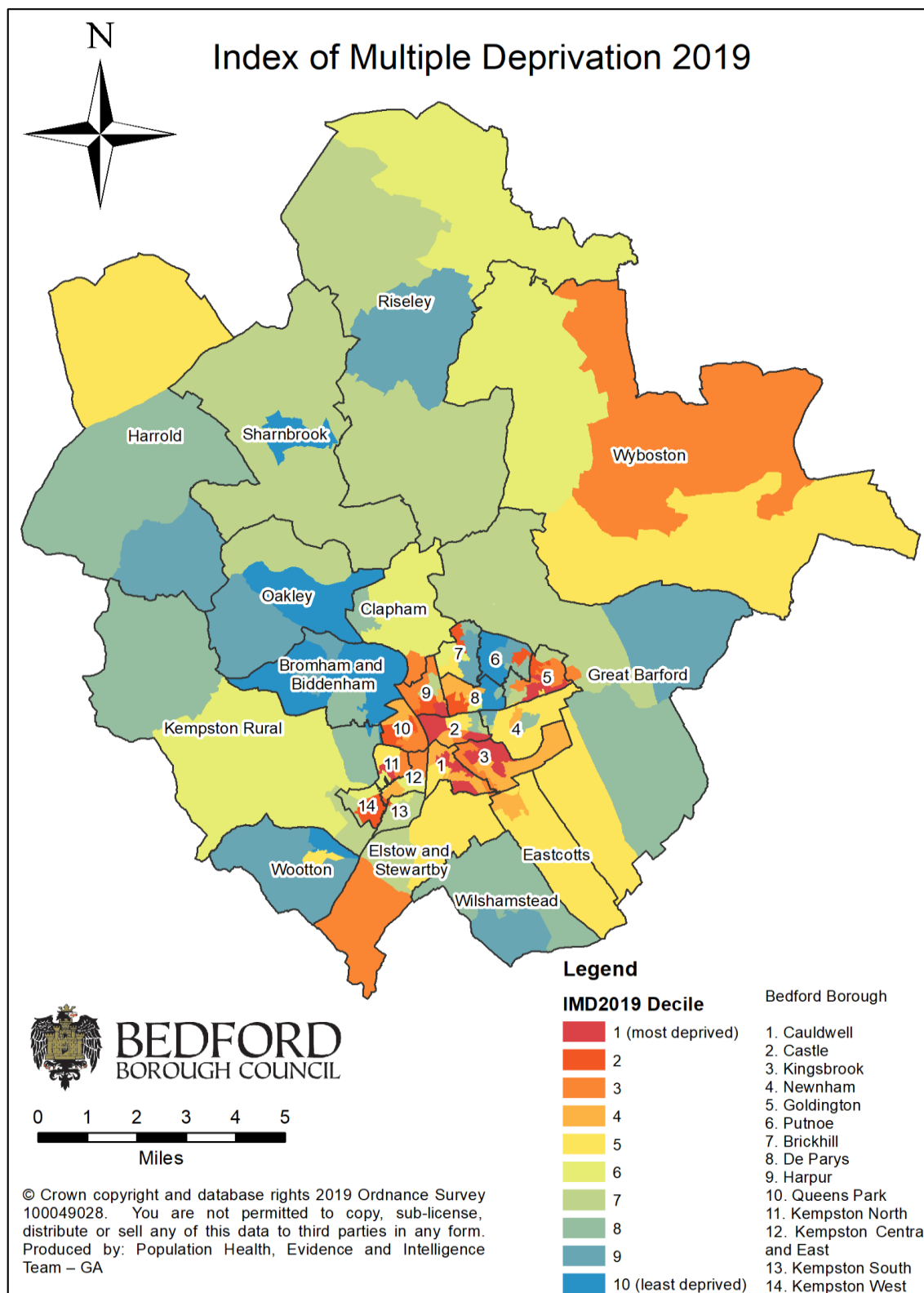
ADPH	Association of Directors of Public Health
CCG	Clinical Commissioning Group
C19-ARC	COVID 19 Advice and Response Cell
DAS	Director of Adult Services
DCS	Director of Children's Services
DHSC	Department for Health and Social Care
DPH	Director of Public Health
EOE	East of England
EHO/EHT	Environmental Health Officer/Team
IMT	Incident Management Team
IPC	Infection Prevention and Control
HEE	Health Education England
HPT	Health Protection Team
HSE	Health and Safety Executive
ICS	Integrated Care System
JBC	Joint Biosecurity Centre
LOMP	Local Outbreak Management Plan
LRF	Local Resilience Forum
MHCLG	Ministry for Housing, Communities and Local Government
MOU	Memorandum of Understanding
NHS	National Health Service
PHE	Public Health England
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SCG	Strategic Coordinating Group
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
TCG	Tactical Coordinating Group
TOR	Terms of Reference
T&T	Test & Trace
UTLA	Upper Tier Local Authority

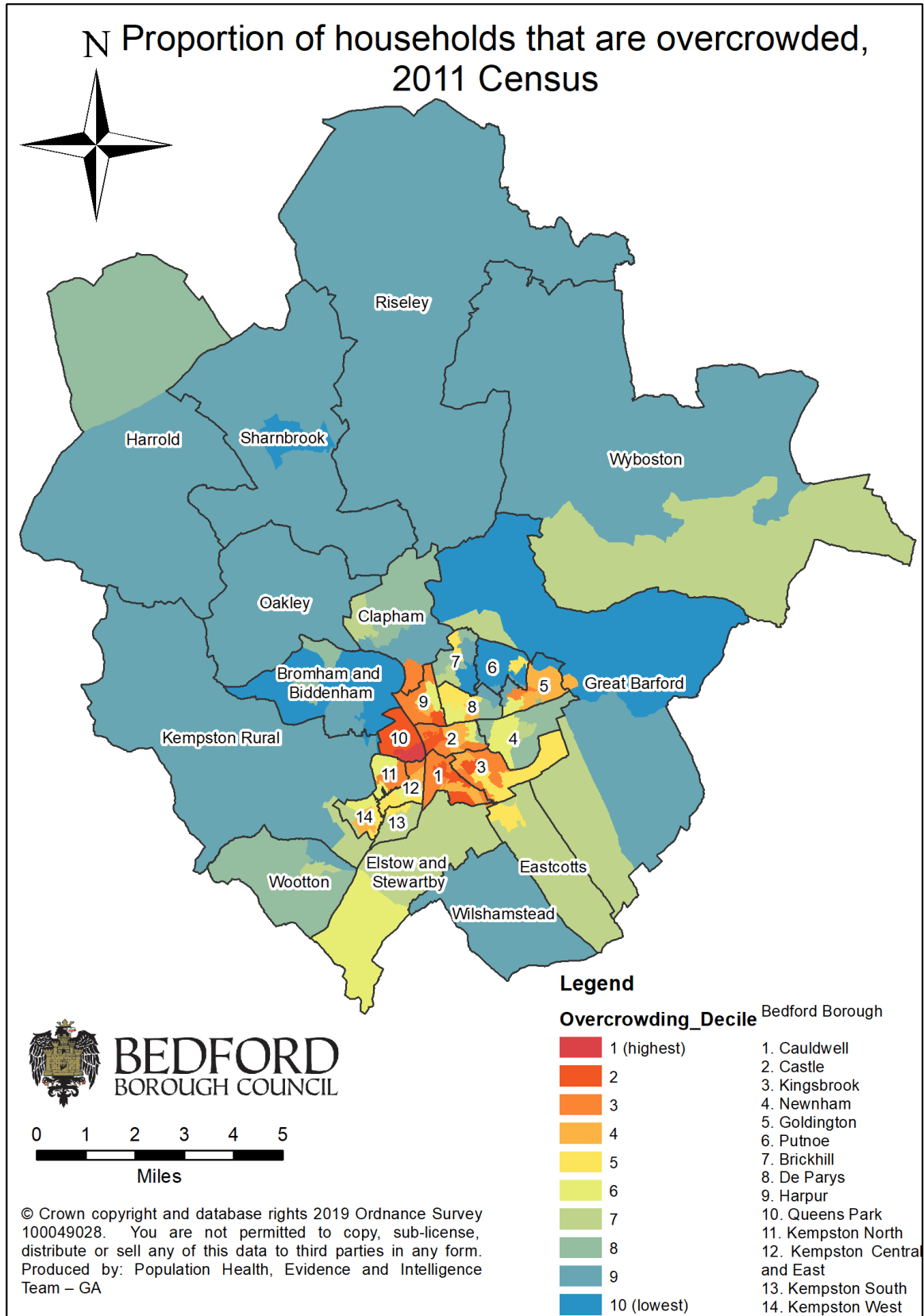
## Appendices

### Appendix 1: Mapping of socio-economic characteristics and infection rates to identify communities at higher risk

The maps in this section show the specific indicators in comparison to the rest of the local authority footprint, rather than in comparison with the rest of the country. For example, this means that places that are red or green are those with the most or least within the local authority area and do not represent a comparison to the rest of the country.



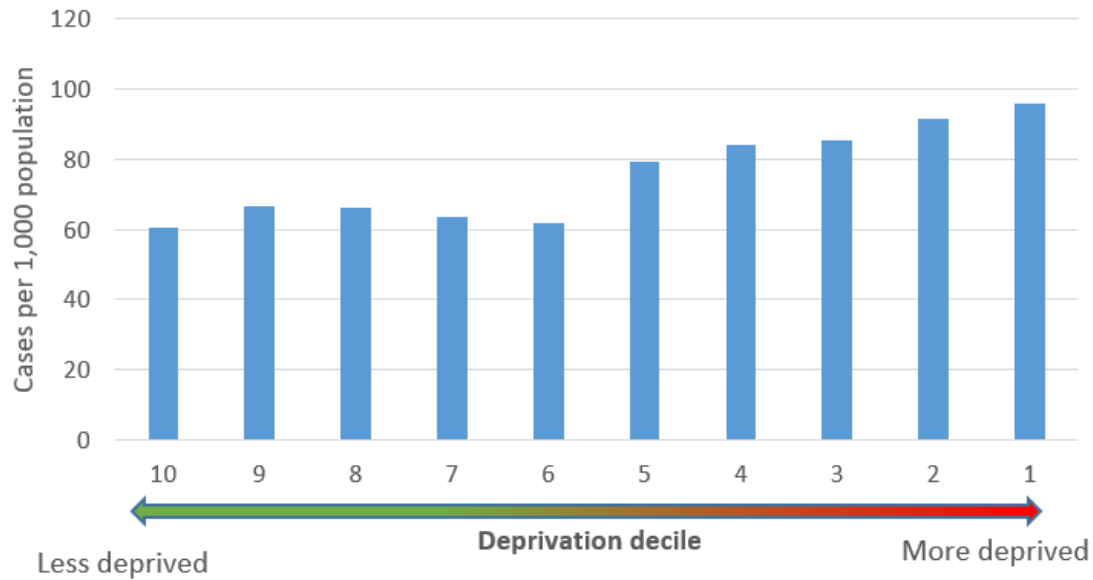




## Cases by deprivation

(IMD 2019. Cases data up to 21/02/2021)

### Positive cases per 1,000 by deprivation decile, Bedford Borough

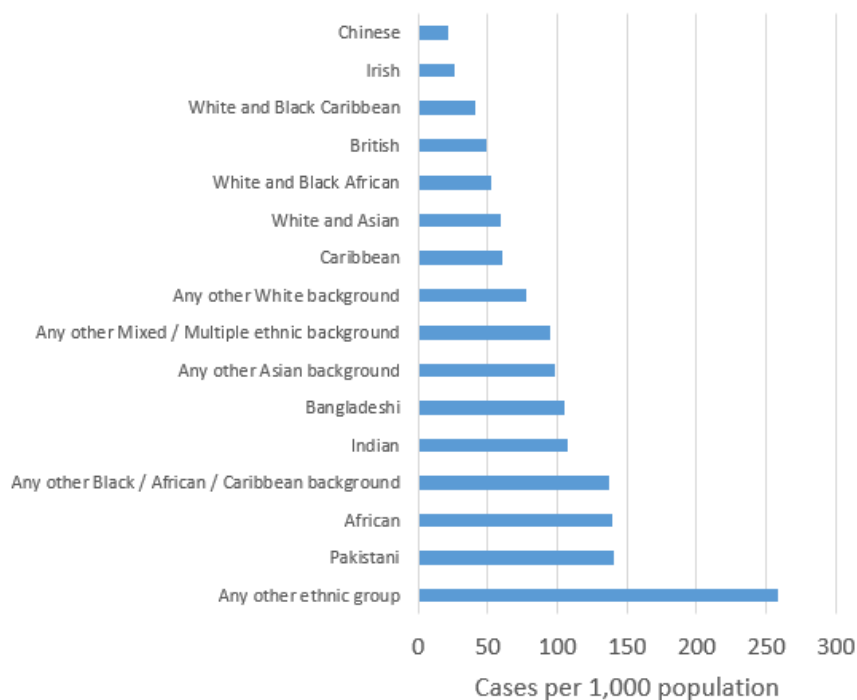


## Cases by ethnic group

(ONS 2019 mid-year estimates and census 2011 ethnicity proportions. Cases data up to 28/02/2021.

Ethnicity rates have been calculated where ethnicity information is available, however ~20% of cases do not have any ethnicity information)

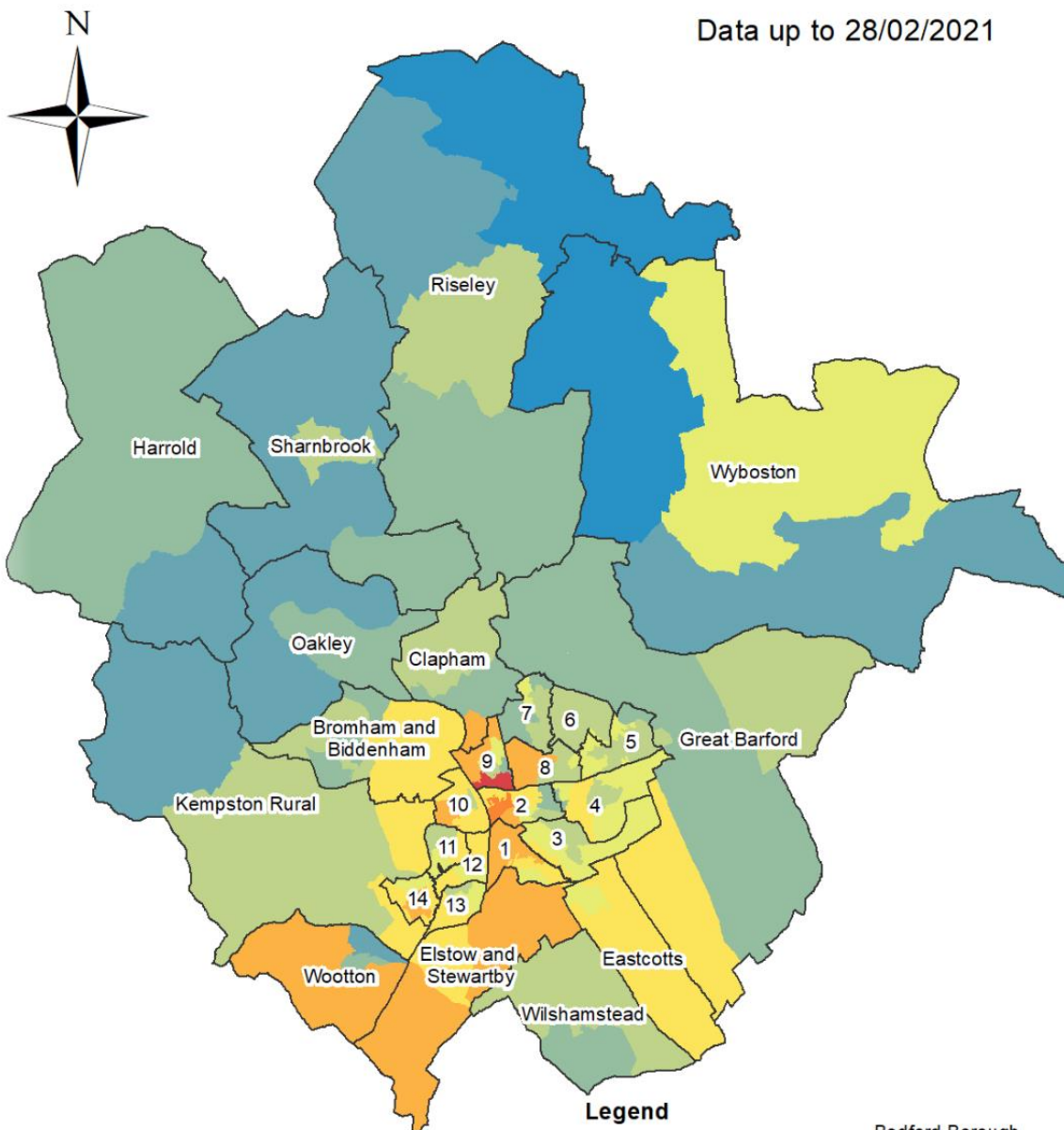
### Positive cases per 1,000 by ethnicity, Bedford Borough





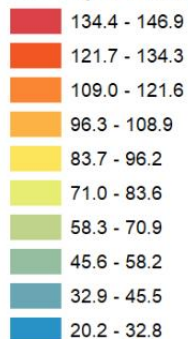
# Positive COVID-19 cases per 1,000 population

Data up to 28/02/2021



## Legend

### Cases per 1,000 population



### Bedford Borough

1. Cauldwell
2. Castle
3. Kingsbrook
4. Newnham
5. Goldington
6. Putnoe
7. Brickhill
8. De Parys
9. Harpur
10. Queens Park
11. Kempston North
12. Kempston Central and East
13. Kempston South
14. Kempston West

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## Appendix 2: Roles at a national, regional and local level<sup>12</sup>

Level	Place based leadership	Public Health Leadership
Local	<p>Local Authority (LA) in partnership with Director of Public Health (DPH) and PHE Health Protection Team (HPT) to:</p> <ul style="list-style-type: none"> <li>a) Sign off the Local Outbreak Management Plan led by the DPH</li> <li>b) Bring in wider statutory duties of the LA (e.g. Director of Adult Social Services, Director of Children's Services, Chief Environmental Health Officer) and multiagency intelligence as needed including CCGs</li> <li>c) Hold the Member-led COVID-19 Engagement Board (or other chosen local structure)</li> </ul>	<p>DPH with the PHE HPT together to:</p> <ul style="list-style-type: none"> <li>a) Produce and update the Local Outbreak Plan and engage partners (DPH Lead)</li> <li>b) Review the daily data on testing and tracing</li> <li>c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</li> <li>d) Provide local intelligence to and from LA and PHE to inform tracing activity</li> <li>e) DPH Convenes DPH-Led COVID 19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place)</li> <li>f) Ensure links to Local Resilience Forum (LRF) and Strategic Coordinating Group (SCG)</li> </ul>
Regional	<p>Regional Lead Chief Executive in partnership with national support team lead, PHE RD and ADPH (Association of Directors of Public Health) lead and Joint Biosecurity Centre (JBC) colleagues:</p> <ul style="list-style-type: none"> <li>a) Support localities when required when there is an adverse trend or substantial or cross boundary outbreak</li> <li>b) Engage NHS Regional Director and Integrated Care Systems</li> </ul> <p>Link with Combined Authorities and LRF/SCGs</p> <ul style="list-style-type: none"> <li>d) Have an overview of issues and pressures across the region especially cross boundary issues</li> </ul>	<p>PHE Regional Director with the ADPH Regional lead together:</p> <ul style="list-style-type: none"> <li>a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region</li> <li>b) Prioritisation decisions on focus for PHE resource with LAs</li> <li>c) Sector-led improvement to share improvement and learning</li> <li>d) Advice to National Health System providers</li> <li>e) Liaison with the national level</li> </ul>
National	<p>Contain Senior Responsible Officer and PHE/JBC Director of Health Protection: a) National oversight for wider place</p> <ul style="list-style-type: none"> <li>b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources</li> </ul>	<p>PHE/JBC Director of Health Protection (including engagement with Chief Medical Officer): a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre</p>

<sup>12</sup> Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level. June 2020. [Cited June 2020] Available at: <https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/>

## Appendix 3: Stakeholder mapping

### Bedford Borough Council

Public Health  
Environmental Health  
Community Engagement  
Adult Social Care  
Children's services  
Community Safety Partnership  
Trading standards  
Economic development  
Housing

### Education

Early years settings- nurseries, childminders  
Primary and secondary schools (including academy, special & independent schools)  
Residential settings  
Universities, colleges, further education settings  
School transport  
Unions

### Criminal justice

Bedfordshire Police  
HMP Bedford  
Probation service  
Youth Offending Services

### Healthcare

Bedfordshire, Luton and Milton Keynes Commissioning Collaborative  
BLMK ICS including Infection Prevention and Control teams  
Primary Care Networks including clinical leads and GP practices  
Local Medical, Dental and Pharmaceutical Committees  
Drugs and alcohol commissioned services  
Mental health commissioned services

### Housing

Landlords  
Hostel accommodation  
Housing associations

### Community and voluntary sector

CVS Bedfordshire  
See over page

### Public

Bedford Borough residents  
Children/students, parents  
Informal carers  
Healthwatch  
Employers, employees

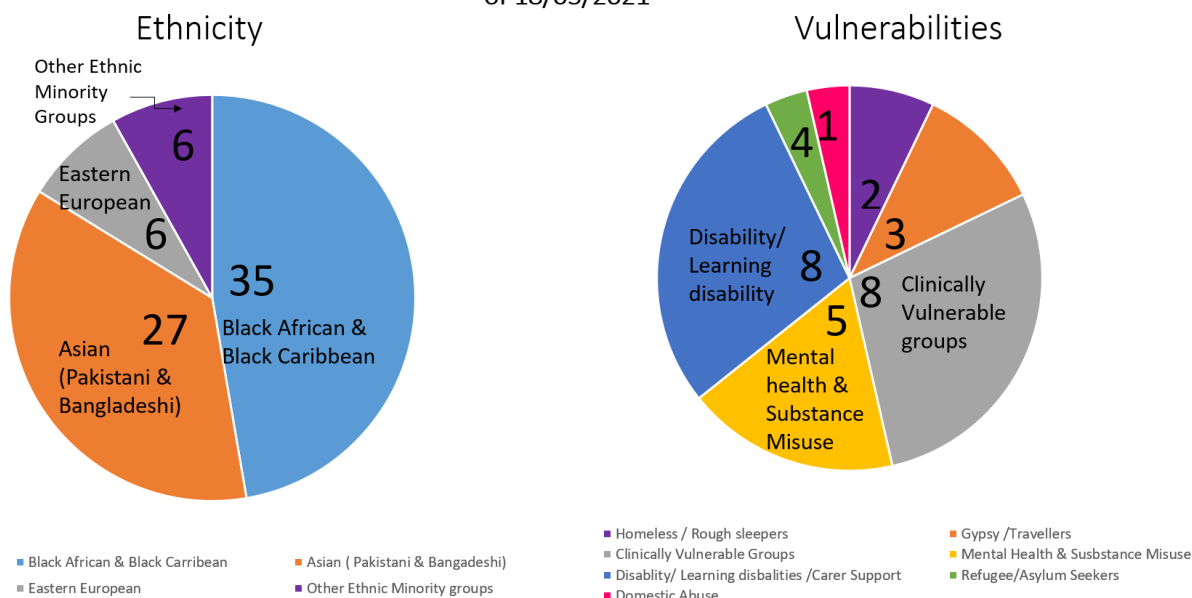
### Bedfordshire Local Resilience Forum (BLRF) cells

BLRF Health & Social Care cell  
BLRF Health Cell  
BLRF Finance Cell  
BLRF Media Cell  
BLRF Economic recovery cell

### Businesses

Bedford Business  
Improvement District  
Chambers of Commerce  
Unions  
Trade Associations  
Accrediting bodies  
Health and Safety Executive  
Food Standards Agency

The number of **identified** organisations in Bedford Borough grouped by ethnicity and vulnerabilities as of 18/03/2021



Vulnerabilities – Number of **identified** organisations Bedford Borough) as of 18/03/2021



Other local organisations – Number of **identified** organisations Bedford Borough) as of 18/03/2021

