

COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN: BOLTON (2021-22)

Original: July 2020

Date of Document: 12 Jan 2022

Review Date: 12 Jan 2023

Version: 0.10 DRAFT



CONTENTS

DOCUMENT CONTROL.....	1
GLOSSARY OF TERMS.....	4
KEY CONTACTS.....	5
SECTION ONE – INTRODUCTION	7
1.1 Context.....	7
1.2 Principles of COVID-19 Management.....	7
1.3 Purpose of this document.....	9
1.4 Scope.....	10
1.5 Alignment with Greater Manchester COVID-19 plans.....	10
SECTION TWO – ROLES AND RESPONSIBILITIES.....	12
2.1 Greater Manchester Governance	12
2.2 Bolton Governance.....	12
2.3 National, Regional, and Local Leadership	15
2.4 Roles and responsibilities in GM COVID-19 Management plan	15
2.5 Roles and Responsibilities in Bolton COVID-19 Outbreak plan.....	16
2.5.1 Surveillance.....	16
2.5.2 Targeted Community Testing.....	16
2.5.3 Local Contact Tracing and Support for Isolation (humanitarian response)	17
2.5.4 Outbreak management including responding to variants	17
2.5.5 Responding to enduring transmission.....	17
2.5.6 Support for vaccine roll out, in plans to tackle disparities in vaccine uptake.....	18
2.6 Whole system delivery of COVID-19 Control	18
SECTION THREE – KEY CONTROL MEASURES.....	19
3.1 Key Control Measures	19
3.2 Infection prevention and control measures	20
3.3 Operation of the Test, Trace, Contain and Enable (TTCE) system	21
3.4 Testing	21
3.4.1 GM Approach to COVID-19 testing.....	21
3.4.2 Bolton locality testing model	22
3.5 Tracing	23
3.6 Outbreak management.....	24
3.7 Management of outbreaks by the GM Hub: situation review and referral from GM Locality Teams to GM Hub.....	25
3.8 Outbreak Control Teams (OCTs).....	25
3.9 Priority settings and communities	27
3.10 Care Homes	27

3.10.1 National Roles and Responsibilities	27
3.10.2 GM Roles and Responsibilities	27
3.10.3 Bolton Borough roles and responsibilities	28
3.10.4 Proactive support for care homes	28
3.11 Proactive Support for Schools, colleges, early years and universities.....	28
3.11.1 National Roles and Responsibilities.....	28
3.11.2 GM Roles and Responsibilities	28
3.11.3 Bolton Borough roles and responsibilities	29
3.11.4 Proactive support for schools/colleges/early years/universities	29
3.11.5 Monitoring approaches in care homes and schools	29
3.12 High risk places, locations and communities.....	29
3.12.1 GM Identification of Potentially High Risk and Complex Settings.....	29
3.12.2 Identification and support of potentially complex cohorts in Bolton.....	30
SECTION FOUR – COMMUNICATIONS AND ENGAGEMENT	32
4.1 Communications and engagement	32
4.2 Community Development	32
4.3 Community Champions – leading voices	33
4.4 Autumn/Winter 2021 Communication plan.....	33
SECTION FIVE – KEY ENABLERS	35
5.1 Data, analysis and intelligence	35
5.2 Financial context	35
5.3 Legal and Policy Context	36
REFERENCES	40
APPENDICES.....	41
APPENDIX 1 Local Position Statements	43
APPENDIX 2 National, Regional and Local Covid-19 Management Leadership Roles.....	45
APPENDIX 3 Local Position Statements	45
APPENDIX 4 National ‘Pillars’ of COVID-19 Testing Outbreak Definitions	49
APPENDIX 5 Outbreak Definitions.....	49

DOCUMENT CONTROL

Document title:	COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN: BOLTON
Document status:	Final Draft
Document version:	Version 0.10
Document date:	12-01-2022
Document author(s): (Name, Title)	Louise Lindsay: Strategic Lead - Health Protection and Healthcare Public Health, Bolton Council Lynn Donkin: Consultant in Public Health, Bolton Council
Document owner(s): (Name/organisation)	Dr. Helen Lowey, Director of Public Health, Bolton Council

Version History			
Version	Date	Status	Notes
0.01		Initial draft	
0.02	26-06-20	Consultation Draft	Submission to Bolton COVID-19 Health Protection Board
0.02	29-06-20	Consultation Draft	Submission to Cabinet Briefing
0.02	01-07-20	Consultation Draft	Submission to Bolton Recovery Group
0.03	13-07-20	Draft	Revisions subject to GM Draft Management plan Version 2.0 – review by PH leadership team and DPH
0.04	16-7-20	Final Draft	Publication of draft plan for wider public consultation and published on Bolton Council website
0.05	17-01-21	Final Draft	Updated version for sign off at Active Connected Prosperous Board (ACPB) and to Executive Cabinet Member. Revised name: Bolton Covid-19 Outbreak Control Plan ECM Paper (11/1/21) and publication
0.06	11-03-21	No change to document pubd.	CLT Briefing note - Outbreak Control Plan Update March 2021
0.07	24-09-21	Revised document DRAFT	Response required: Winter planning/Locality Outbreak plans sent to all Directors of Public Health (DsPH) by LHRP Out of hours outbreak management readiness, in order to identify potential pressure points and risks. In and out of hours contacts updated
0.08	25-10-21	Revised document DRAFT	Refresh to incorporate updated Contain Framework, Autumn Winter plan A/B and local governance arrangements
0.09	01-11-21	Revised document - DRAFT	Inclusion of anti-viral processes
0.10	12-01-22	Revised document – FINAL DRAFT	Amendments related to experience of Omicron variant, plan B and national guidance updates. Final review by Lynn Donkin. On approval by SLT, DLT to recommend ECM to publish.

Approving group/body: FOR BOROUGH plan	Approval date
Bolton Infection Prevention Control Team (IPCT) (for awareness)	n/a
Bolton COVID-19 Health Protection Board and associated reporting sub-groups	TBC once approved by DPH
Executive Cabinet Member for Wellbeing	TBC once approved at

	HPB
Strategic Leadership Group (Public Health)	13/01/2022
Directorate Leadership Group of Public Health (including DPH)	19/01/2022

GLOSSARY OF TERMS

BC	Bolton Council
BFT	Bolton (NHS) Foundation Trust
BRRG	Bolton Risk and Resilience Group
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CCRU	Civil Contingency Resilience Unit
CHIS	Child Health Information System
CIPCT	Community Infection Prevention and Control Team
CPH	Consultant in Public Health
DPH	Director of Public Health
ECM	
EHO	Environmental Health Officer
FAQs	Frequently Asked Questions
FIO	Forward Incident Officer
GM	Greater Manchester
GMICTH	Greater Manchester Integrated Contact Tracing Hub
GM SCG	Greater Manchester Strategic Co-ordinating Group
HCAIs	Health Care Associated Infections
HERG	Health Economy Resilience Group
IC	Infection Control
IPCT	Infection Prevention and Control Team (Bolton FT)
LOMP	Local Outbreak Management plan
OCT	Outbreak Control Team
PCLS	Primary Care Locality Service
PGD	Patient Group Direction
PHE	Public Health England
PHEC	Public Health England Centre
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
UKHSA	UK Health Security Agency (formerly Public Health England)

KEY CONTACTS

Across all settings, key generic contacts include:

Organisation/ Role	Name	Email address	Phone number
Director of Public Health	Dr Helen Lowey	helen.lowey@bolton.gov.uk	01204 337859
Bolton SPOC & Health Protection Team		covid19contacttracing@bolton.gov.uk	01204 336004
Bolton Community Infection Prevention and Control Team (CIPCT)		communityinfectionprevention&control@boltonft.nhs.uk	01204 390 982 (int. 5982)
Bolton Council Comms	Communications (representing the Council, CCG and FT Comms Cell)	pressoffice@bolton.gov.uk	01204 337618
Anti-viral prescribing pathway: Anti-viral stockholder – Community Pharmacy	Nash Pharmacy Ltd., 63 Castle Street, Bolton, BL2 1AD	info@nashpharmacybolton.co.uk	01204 363030
Anti-viral prescribing pathway: Medicines Optimisation (CCG)	Chris Haigh Head of Medicines and Prescribing	BoiCCG.medicinesoptimisationenquiries@nhs.net OR Chris.Haigh@nhs.net	07471357697
Greater Manchester Integrated Contact Tracing Hub		gmhscp.contacttracing@nhs.net	
Public Health England (now known as UK Health Security Agency) North West Health Protection Team		icc.northwest@phe.gov.uk	09:00 – 17:00 Monday to Friday 0344 225 0562 (option 0 then 3 for GM) Out of hours 0151 434 4819
Out of hours			

Bolton Council Civil Contingencies and out of hours communications	Security and Response Desk	securityresponsesupervisors@bolton.gov.uk	Out of hours: 01204 336900 Emergency no: 01204 366820
CCG	NWAS ROCC	Ask for the locality CCG Director On Call.	0345 113 0099, option 1 for GM Urgent and Emergency Care Hub
Anti-viral prescribing pathway	GP Out of Hours	Phone patient's GP for up to date Out of Hours contact number	GP Out of Hours Refer to CCG out of hours for further advice
Public Health England (now known as UK Health Security Agency) North West Health Protection Team		icc.northwest@phe.gov.uk	Out of hours 0151 434 4819

SECTION ONE – INTRODUCTION

1.1 Context

Managing the continued pandemic of coronavirus (COVID-19) presents considerable challenges in Bolton as for the rest of the country. Bolton local partners have continually worked together to adapt to challenges of prevention, management and containment including health and social care, regulatory and enforcement, public health, policing services, education, voluntary, community and faith sector and local businesses and our communities themselves.

Many organisations have proven that they have a role to play in protecting the public from COVID-19. The overlapping roles and responsibilities of the main agencies/departments, particularly the NHS, Public Health in Bolton, Environmental Health and Public Health England (PHE) which is now known as UK Health Security Agency (UKHSA), continue to work with many different stakeholders. This collaborative approach has enabled local decision makers to manage the challenges presented to the wider system and community members in working together to manage both the virus itself and the consequences of managing the virus in Bolton.

This partnership approach, together with a robust incident management methodology, has enabled key partners to respond to the significant challenges presented in Bolton. We have seen enduring transmission of coronavirus across the borough since March 2020; we have responded to the initial emergence of the Delta variant of concern which helped shape and write national documents and we have been under local, regional and national restrictions for some of the longest in the country; only Leicester and Blackburn with Darwen having been under restrictions for similar duration.

The learning from the Bolton experience of prevention, management and containment of the virus has been significant and this is reflected in updates to this document - the refreshed Bolton COVID-19 Local Outbreak Management plan. Our experience has simultaneously informed regional and national responses to the virus with an emphasis on a community-based approach to engagement and surge testing; enhanced tracing; and vaccination as key components of the response.

As Bolton, Greater Manchester regional partners, and the nation prepares for the challenges that lie ahead in Autumn and Winter 2021/2022 it is timely to review the purpose, scope, governance, responsibilities and direction of the Local Outbreak Management plan incorporating the national government guidance of the COVID-19 Contain Framework (<https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-COVID-19-outbreaks/COVID-19-contain-framework-a-guide-for-local-decision-makers>) and COVID-19 Response: Autumn and Winter plan (<https://www.gov.uk/government/publications/COVID-19-response-autumn-and-winter-plan-2021>)

1.2 Principles of COVID-19 Management

UKHSA, the National Association of Directors of Public Health and the Local Government Association have identified four principles for the Design and Operation of local Outbreak Control plans and arrangements, including contact tracing. These can be seen as standards for local systems to test the impact and effectiveness of their arrangements.

The prevention and management of the transmission of COVID-19 should:

- Be rooted in public health systems and leadership
- Adopt a whole system approach
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
- Be sufficiently resourced

The multi-agency Bolton Health Protection Board will take local responsibility of the implementation of the COVID-19 LOMP to ensure continued, sustainable progress is made in Bolton to reduce the rates of infection, improve outcomes and to prepare for future challenges (as outlined in the COVID-19 Response: Autumn Winter plan). The focus will remain on a range of public health measures as the key line of defence, rather than lockdown measures, whilst ensuring the health and social care system, as well as the education system does not come under unsustainable pressure.

We intend to achieve this by:

- Building **our defences through vaccination offer** – encouraging everyone who is eligible to have their full vaccination course plus boosters as appropriate, enabling access and uptake through comprehensive offer incorporating clear and trusted advice
- **Identifying and isolating positive cases** to limit transmission
- Supporting the **NHS, social care and education**
- Advising people on how to **protect themselves and others**
- Helping to support the pursuance of an **international approach** managing risks around international travel that impact on the local community

Local Health Protection Board Position statements encouraging public health behaviours and providing advice for specific settings such as education are provided in Appendix 1.

Bolton Health Protection Board is chaired by the Director of Public Health along with senior leaders from the council education (primary school; secondary school; college; university), health, police and the community and voluntary sector. The Board is responsible for the Local Outbreak Management Plan that sets out our arrangements for testing, tracing and isolation support along with the continued vaccination programme roll out, with clear communications and engagement plans.

National Guidance

Furthermore, the following key elements of the national 'Contain COVID-19 Framework,' are included in this plan and are overseen by the Health Protection Board as the key governance partnership:

- **Surveillance**
- Targeted **community testing, local tracing** and support for **self-isolation**
- **Outbreak management**, including responding to variants of concern
- Responding to **enduring transmission**
- Support for **vaccine roll-out** and plans to tackle inequality in vaccine uptake
- Involve local and regional system partners, building on existing work so far during the pandemic
- Health protection teams, voluntary and community sector partners, business community, blue light responders, integrated care systems and local NHS providers working together utilising incident management response methodology as defined by the civil contingency methodology
- Community engagement at the heart of the Covid-19 continued response, building on the communities' co-ordinated response to the Covid-19 crisis and surge activity undertaken in Bolton alongside voluntary, community and faith sector via a community champions approach with individual and group strong community voices being at the heart of our communications and engagement
- Co-designed tailored communications and engagement that provides communication assets to support the community champions voices and community engagement and development across the borough

1.3 Purpose of this document

Bolton's COVID-19 Local Outbreak Management plan (The Plan) sets out the locality arrangements to control the transmission of COVID-19 and reduce its impact on communities through:

- Proactive infection and control measures
- Operation of the Test Trace Contain and Enable (TTCE) system
- Outbreak management
- Community engagement
- Data analysis and intelligence

The plan specifically focuses on reducing and controlling transmission in priority settings, including care homes and schools, and population groups who have increased probability of contracting the virus and therefore at an increased risk of mortality and morbidity.

The plan sets out the roles and responsibilities of multi-agency partners in delivering a whole system response, within the legal and financial context for COVID-19, and in particular prevent its spread. The plan also describes our continued approach to community engagement, so that we can support members of our community to live their lives in a COVID-19 safe environment as we all learn to live with COVID-19.

The plan also describes our proposed approach to community engagement, so that we can support members of our community to live their lives in a safe COVID-19 environment. Further detail about our communications and community engagement plan with community champion strong local voices being at the heart of our delivery is provided in section four.

Development and delivery of this plan is the responsibility of the Bolton COVID-19 Health Protection Board and its members.

1.4 Scope

The Bolton COVID-19 Outbreak Control plan addresses the seven priority areas for outbreak control set out by the 'COVID-19 Contain Framework: a guide for local decision makers, October 2021' document. The plan should enhance, expand and reinforce the outbreak work of the Health Protection Teams within UKSHA and as a minimum cover the following themes:

- High risk settings, communities and locations e.g., care homes and schools
- Vulnerable and under-served communities, including the clinically extremely vulnerable (CEV) and groups who have disproportionately been impacted by COVID-19 (and their recovery as individuals and communities)
- Compliance and enforcement
- Governance
- Resourcing
- Communications and engagement, including community resilience
- Data integration and information sharing

The plan should also reflect the approach to the core aspects of the end-to-end COVID-19 response including:

- Surveillance
- Targeted community testing, local contact tracing, and support for self-isolation
- Outbreak management including responding to variants
- Responding to enduring transmission where appropriate
- Support for vaccine roll-out and plans to tackle disparities in vaccine up-take

Delivery of the plan will be overseen by Bolton's COVID-19 Health Protection Board and operationalised through the LOMP Strategic Group and the LOMP tactical plan. This will include the agreement of additional Standard Operating Procedures (SOPs) for newly emerging functions and processes as required.

The COVID-19 outbreak plan should be read in conjunction with the existing Bolton Operational Local Health Economy Outbreak plan, January 2020, and is not intended to duplicate or replace the existing plan.

1.5 Alignment with Greater Manchester COVID-19 plans

The Bolton plan is aligned, and should be read in conjunction with, the key Greater Manchester documents addressing control of COVID-19:

- Greater Manchester COVID-19 Management plan
- UKHSA North West Standard Operating Procedure for COVID-19 Level 1 Test, Trace, Contact Tracing Teams (CTT)

These documents are also under continuous review and development. The latest versions are listed in the reference section, and can be requested by contacting the Greater Manchester Integrated Contact Tracing Hub at: gmhscp.contacttracing@nhs.net.

The Greater Manchester (GM) COVID-19 Management Plan sets out a framework for district plans to tackle the COVID-19 virus across each of the 10 GM local authorities. This framework builds on tried and tested health protection, disease control and emergency response protocols and processes.

Key areas covered by the Greater Manchester level plan include:

- Detail of GM decision-making structures and programmes supporting the COVID-19 response
- Types of issues that may require escalation from a district Outbreak Control Team to the GM Strategic Co-ordinating Group (SCG)
- Scenarios where outbreaks may trigger formation of a locality Outbreak Control Team (OCT)
- Approach to reducing virus transmission through non-pharmaceutical interventions (NPIs)¹
- Consideration of consequence management (largely a focus for localities), the needs of vulnerable people and arrangements for closure of specific settings
- Public and stakeholder communications and engagement strategy
- Roles and responsibilities between key system partners

In addition, this document should also be read in conjunction with the Greater Manchester Health and Social Care Partnership Guide to Acute Respiratory Infection Outbreaks in Care Homes and Anti-Viral Prescribing 2021/22 and the Bolton Anti-Viral Prescribing Care Homes Guidance 2021/22, which describes the definition of a COVID-19 or influenza outbreak and the local and regional health partnership anti-viral response in care home settings during in and out of hours operations.

SECTION TWO – ROLES AND RESPONSIBILITIES

2.1 Greater Manchester Governance

The Greater Manchester health and care economy has continuously worked with national government to develop an integrated approach to the COVID-19 response, led by the Greater Manchester Association of Directors of Public Health (GM ADsPH), GM Health and Social Care Partnership (GM H&SCP), GM Combined Authority (GMCA) and UKHSA North West (UKHSA NW) aligning with the Greater Manchester Local Resilience Framework (LRF) of incident management control and governance. The Greater Manchester COVID-19 Outbreak Control plan (The GM plan) sets out the overarching Greater Manchester arrangements for controlling the spread of COVID-19, managing any identified outbreaks, and links into locally developed plans addressing the same issues.

The GM plan:

- outlines the command-and-control arrangements in place
- sets out GM plans for communication and engagement
- Sets out the GM plans for the financial and legal context

This integrated response requires the establishment of a locality COVID-19 Health Protection Board and a Member-led COVID Management Board which have been established at a local level. The collaborative GM management arrangements for COVID-19 and how these relate to the locality Health Protection Board and the Member led COVID arrangements are outlined in The GM Plan.

2.2 Bolton Governance

At the commencement of the pandemic in July 2020, Local Resilience Forums (LRFs) and emergency planning structures were activated across Bolton, aligning with the GM LRF Infrastructure. Bolton's structures were tested out during the last 18 months to manage the response to COVID-19 and include:

- Bolton Pandemic Coordination Group (Locality GOLD)
- Bolton Health Economy Resilience Group (HERG) (Locality Silver)
- Bolton Covid 19 ICP BRONZE Ops Group (Locality Bronze)
- Bolton Contact Tracing Group
- Bolton Testing Group
- Bolton Humanitarian Assistance Group

There was a Bolton Council GOLD (Corporate Leadership Group) and Bolton Partnership (health, social care, community Silver (Incident Management Team), which at the height of the Delta variant in early summer 2021, met daily.

Bolton's COVID-19 Health Protection Board was accountable to the Bolton's Pandemic Coordination Group (Locality GOLD) during the pandemic recovery phase with oversight from the Active Connected and Prosperous (Health and Wellbeing) Board (ACP). The

ACP Board also fulfilled the function of the Member-led COVID-19 Management Board, including assurance of wider engagement plans for the control of COVID19. During the last 18 months, leadership and direction for the COVID-19 engagement programme has been via the ACP Strong and Engaged Communities Group (a sub-group of the Active, Connected and Prosperous Board).

In addition, the Bolton COVID-19 Health Protection Board provides the critical assurance and governance of the following:

- Provide assurance to the GM SCG as to the adequacy of local arrangements for the prevention, surveillance, planning for, and incident management response to, COVID-19 in Bolton
- Oversee the development, testing and implementation of the locality COVID-19 Outbreak Control plan
- Have appropriate health protection intelligence support to inform local decision making in partnership with lead agencies
- Highlight concerns about significant health protection issues and the appropriateness of health protection arrangements for Bolton, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the SCG
- Monitor a 'COVID-19 health protection dashboard' and highlight concerns about significant health protection issues and the appropriateness of health protection arrangements, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the SCG
- Provide an expert view on any health protection concerns on which the SCG requests advice from the Board
- Make recommendations as to arising health protection issues that should be included in the local Joint Strategic Needs Assessment
- Seek assurance that the lessons identified are embedded in future working practice
- Link to the Member-led COVID-19 Oversight Board (Bolton ACP Board and Strong Engaged Communities Group)

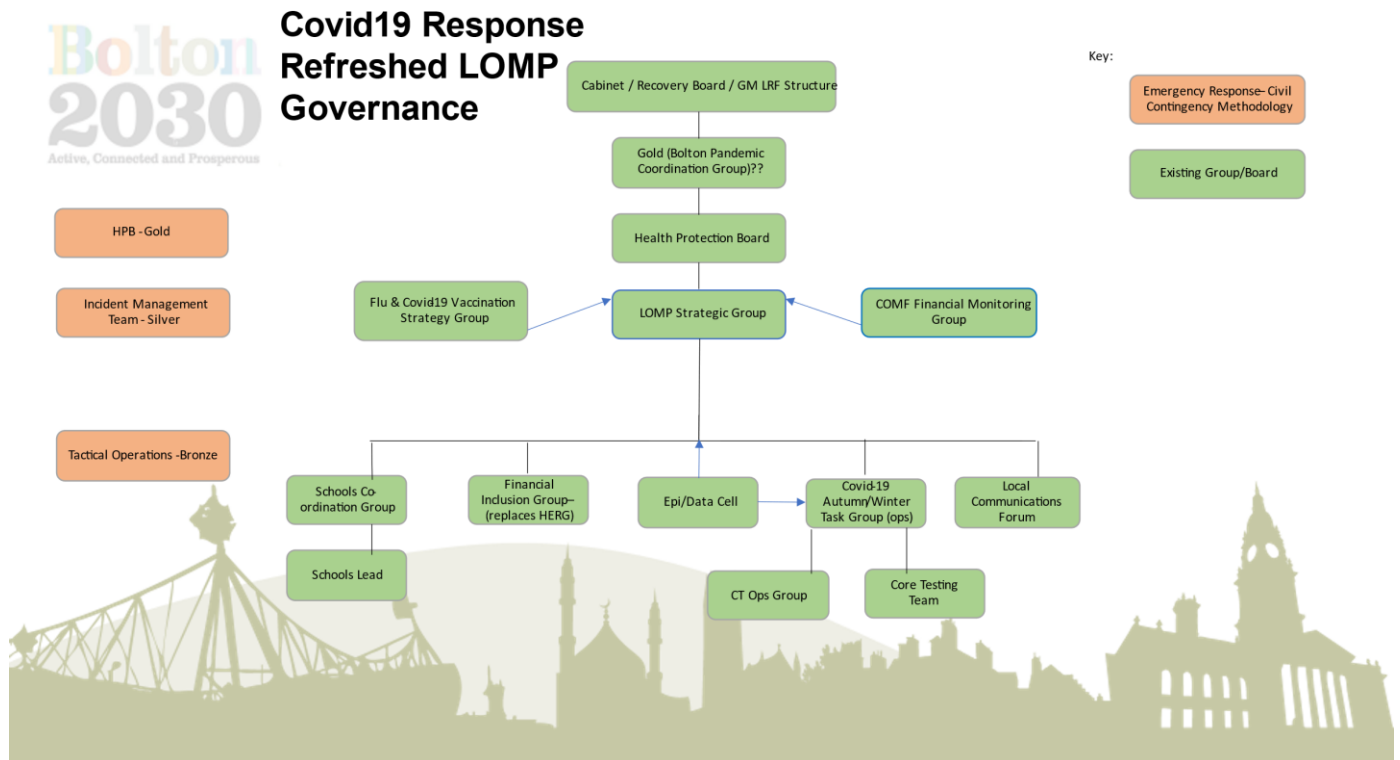
During surge activity, all aspects and functions of the Bolton governance structure were tested. Particularly during the heightened outbreak management phase of managing the Delta variant emergence which required incident management response during May-July 2021, led by the locality GOLD.

An evaluation of this activity and lessons learned, identified that this structure worked well in; enabling the review of epidemiology; clear incident management and tactical decision making across key partnerships; developing a community engagement approach at the heart of our surge response to enable testing, tracing, isolation, and vaccination; and communication of key public health IPC messaging to the public to promote prevention and control of the virus across a range of settings.

One of the key learning points was that this level of response was not sustainable for a longer period due to resourcing strains, and the need to adapt a 'living with Covid' governance strategy alongside a tactical approach, which enables the Bolton health and care partnership to overcome any challenges posed as we approach winter 2021/22. For example: continuing or increasing transmission rates; long term impacts on education, work and people's mental health; new variants; seasonal health and care challenges such

as flu; and general demands on the NHS systems during winter 2021/22. A more streamlined structure is now established that has been tested during the period of August-September. This governance structure will be in place during the Autumn Winter period and reviewed in early Spring 2022, as outlined below.

Figure 1: Bolton Local Outbreak Management plan (LOMP) Governance Arrangements (Refresh November 2021)



Within this refreshed LOMP governance structure, there will be a mechanism to ensure a swift response to rapid rise in case rates, variants of concern, epidemiology concerns or settings of concern, agreeing and implementing any localised measures of mitigation within the remit of the Director of Public Health. This will include public health recommendations to settings and /or legal powers to impose local restrictions, plus any national recommendations that form part of the country's plan B response or other national response plans such as:

- Compulsory face coverings in some settings
- Asking people to work from home
- Introducing vaccine passports

These measures could be brought in at short notice as a response to 'concerning' data, for example:

- Number of hospitalisations
- Rapid rates of change in figures
- Overall state of the local and national NHS

The LOMP Strategic Group will also assure the appropriate allocation of the Contain Outbreak Management Fund (COMF) to support continued and sustained recovery across the Bolton population, in line with guidance contained within the COVID-19 Contain Framework publications since the commencement of the pandemic, by ensuring that the COVID-19 Finance Sub-group reports to the LOMP Strategy Group.

The LOMP Strategic Group, meeting per fortnight, will therefore take local implementation responsibility of the Bolton COVID-19 Local Outbreak Management plan. They will report this progress to the Health Protection Board to ensure continued sustainable progress in tackling the virus and preparing the system and the public for future challenges. This will focus on vaccination being the key line of defence rather than lockdown measures, whilst ensuring the NHS does not come under unsustainable pressure.

2.3 National, Regional, and Local Leadership

Responsibilities for COVID-19 outbreak control planning are set within the context of national, regional, and local leadership for the COVID-19 response set out in Appendix 2.

2.4 Roles and responsibilities in GM COVID-19 Management plan

During the last eighteen months, the system and community-wide effort to manage the response to and effects of the COVID-19 outbreak has been delivered collaboratively across many partners. The GM plan continues to provide an enabling framework within which locality outbreak plans can operate effectively, incorporating the scope for mutual-aid, and the escalation and co-management of specific activities and events across localities, where circumstances require it, which has been tested out at pace during the last year.

The leadership role for COVID management outbreak plans and their implementation sits firmly within the 10 GM localities, specifically local government with the statutory Director of Public Health (DPH) role combined with the broader support of GOLD command incident management, emergency planning arrangements and new member led public facing boards.

Extensive engagement with key system stakeholders has led to the development of a GM model for the following themes:

- Test and trace, to support and enable localities in the delivery of their responsibilities as part of the Level 1 Tier of the national model, and in order to develop a consistent offer for all our residents across the city region
- A co-ordinated approach of GM Public Health advice to universities on IPC advice and outbreak control advice and management
- A co-ordinated approach to community testing including national advice representation
- A co-ordinated approach to specialised settings including education and residential care
- Specific arrangements for key pan-GM organisations and key sectors such as GMP, GMFRS education including universities, and acute hospitals.

2.5 Roles and Responsibilities in Bolton COVID-19 Outbreak plan

The local authority roles and responsibilities associated with the GM COVID-19 Management plan are as follows:

2.5.1 Surveillance

- Capturing lab confirmed case activity information and providing it to the GM Hub for inputting into HPZone or other relevant information systems
- Training and development of local authority staff on local COVID-19 management plans, OCTs, and any localised roles within the local plan
- Continue with wider proactive and preventative work with settings and communities in order to minimise the risk of outbreaks/clusters of cases, including non-pharmaceutical interventions listed in this plan
- Analysis of epidemiology data on at least a weekly basis, or as necessary, to identify trends of transmission across age/social/neighbourhood demographics and inform any targeted operational response that may be indicated

2.5.2 Targeted Community Testing

- Ensure that symptomatic and asymptomatic testing is accessible to all in the local area
- Regular planned testing and re-testing for staff, patients and residents in settings such as hospitals, nursing homes, care homes and supported living for vulnerable adults (including priority cohorts)
- Flexible and responsive testing available to high-risk local settings and workplaces as a key component of outbreak management
- Building a flexible community testing capacity that can be deployed quickly and deliver local surge capacity to meet potential demands of multiple small outbreaks, winter pressures and potential high transmission waves or new variants

- Ensure any local testing data outside of those mentioned in this plan is available to feed into and work with the GM Community Testing Group Strategy, including mobile offer pop-ups and supplementary community testing

2.5.3 Local Contact Tracing, advice and support for managing cases in complex settings, and Support for Isolation (operated/coordinated by Bolton's Covid-19 Response Hub)

- Convening Outbreak Control Teams where necessary to manage identified outbreaks, including joint management of an outbreak where GMICTH/GM multi-agency involvement is required, within the Local Authority footprint
- Establishment and delivery of a locality SPOC to liaise with the GMICTH, including out of hours arrangements
- Support the management of an outbreak at a complex setting by ensuring they are aware of how to access contact tracing / testing
- Referral of locally identified potential contact tracing requirements to GM SPOC, upon receipt of lab confirmed case results
- Oversight and management of contact tracing requirements in care homes in relation to the staff, residents and visitors and any wider contract tracing – relating to the families of staff for example – would go through the national test and trace service
- Contact tracing for complex scenarios where there is an acute level of complexity that requires a bespoke response. These are articulated in the GMICTH SOP as 'underserved' populations and include the homeless, individuals living in shelters, asylum seekers/refugees, and approved premises. Local Authorities will be notified by the GM SPOC if the GMICTH is made aware of any and on hand to advise accordingly
- Coordination of locality consequence management in relation to contract tracing for complex settings including: the impacts of closing settings due to an outbreak and the identification of alternative education or care arrangements; addressing community impacts and concerns; and supporting those asked to self-isolate by the GMICTH with food, medical needs and access to hardship grants through existing COVID-19 Community Hubs or other appropriate networks
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals or households that are identified as contacts of a lab confirmed case and may have additional support needs

2.5.4 Outbreak management in settings and responding to new variants (Bolton's Covid-19 Response Hub)

- Maintain lists of appropriate information, actions and key contacts for schools and care homes, and any other complex or high-risk settings, cohorts and communities identified within the Local Authority footprint
- Provide appropriate advice and guidance to schools and care homes regarding control of transmission and how to contact the Local Authority should they require assistance
- Provide direct support and advice to community settings that experience an outbreak through local Directors of Public Health or Public Health teams
- Advice on the application of national and GM policy and guidance within local settings

2.5.5 Responding to enduring transmission

- Ensure common and consistent messaging to communities promoting reassurance in the response that is being implemented

- Coordinate local communications and engagement and create a two-way dialogue to ensure we can manage by consent; particularly in relation to potentially contentious or controversial information or action (i.e., an outbreak within a particularly complex or contentious setting)
- Coordination of local communications and engagement in relation to potentially contentious or controversial for either information or action (i.e., death of a child; outbreak within a particularly complex or contentious setting)

2.5.6 Support for vaccine roll out, in plans to tackle inequalities in vaccine uptake

- Ensuring that the public is aware of their entitlement to the vaccination and how to access in their community, whether that be first, second or booster doses
- Strategic and practical governance support of the 12-15 vaccination programme including how parents/carers can provide consent and how to access within the school or community setting including the National Booking System
- Targeted promotion and pathways to access the vaccination offer in communities of low uptake – geographical and thematic e.g., age, clinically vulnerable
- Targeted offer of the COVID-19 vaccination including booster to health and social care frontline staff in Autumn/Winter 2021

2.6 Whole system delivery of COVID-19 Control

Bolton has a well-rehearsed approach to infectious disease control as outlined in the Bolton Operational Local Health Economy Outbreak plan which supports the Covid- 19 Local Outbreak Management Plan and delivered across the local system of commissioned services and partnerships, including acute and community settings.

This system has adapted rapidly to deliver the emergency response to COVID-19 at the height of the pandemic and is now entering a new phase where the system must accommodate a recovery approach alongside ongoing suppression and control of COVID-19.

Section 3 below, describes how the ongoing health protection response will continue across the Borough as we move to a phase of 'living with Covid,' whilst planning for winter pressures across the system.

SECTION THREE – KEY CONTROL MEASURES

3.1 Key Control Measures

The foundation for Local Outbreak Management is set out in the Public Health England and Association of Directors of Public Health joint statement 'What Good Looks Like (WGLL) for High Quality Local Health Protection Systems.' (June 2019) as follows:

- **Local Outbreak Management plans** for COVID-19 are a combination of Health Protection expertise and capabilities; epidemiology and surveillance; infection prevention and control techniques; contact tracing and evaluation; and multi-agency delivery of these health protection measures at scale where needed
- This approach has continued to iterate as the Bolton Public Health Team has accessed increased amounts of data and insight which has informed **the incident management approach to managing the outbreak and direct resources** were required across the system, particularly during the period of the emergence of the Delta variant in May/June 2021
- During this time the **epidemiology cell** met on daily basis to inform the incident management team of new evidence regarding transmission testing and prevalence of the variant in particular settings and communities via tracing data. This enabled recommendations to be provided to the tactical and strategic officers responsible for the system response including recommendations for national support
- This continued surveillance and epi reporting structure is **well established** and has continuously informed the summer and autumn COVID-19 operational task groups to ensure a joined-up approach to targeted testing, vaccination and isolation messaging across the borough
- **Outbreak Management, and Contact Tracing** within it, are part of a cycle of Health Protection Action which starts from surveillance and epidemiology (reports of infection), through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress, and reduce outbreaks of infection.

This cycle remains the same regardless of setting, although some complex settings may require more in-depth planning for effective outbreak control. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. **Contact tracing** can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

In the context of COVID-19 this means:

- Timely data flows and surveillance from testing to be able to predict and intervene in outbreaks
- Updated evidence on infection control measures
- Implementing a range of actions from testing and contact tracing to public communication, hygiene and infection control measures



Figure 2: Health Protection Action Cycle ('WGLL,' ADPH/PHE June 2019)

3.2 Infection prevention and control measures

From 19 July 2021 a new phase of continued caution whilst managing the risks of COVID-19 was implemented due to the implementation of the phase 1 national vaccination programme. Whilst this was the ending of the social restrictions such as physical distancing and restrictions on indoor gatherings, the government has continued to provide guidance to the public on how to protect themselves through safe behaviors and actions that reduce the spread of COVID-19 (COVID-19 Autumn and Winter plan) as provided in the reference documents including guidance on vaccination; ventilation, face coverings, testing regime, staying at home and isolation and effective infection, prevention and control, use of PPE in certain settings and development of Covid-19 secure workplaces and other settings.

Following this national guidance, the LOMP Strategic Group will continue to lead on local provision of guidance, education and support to all settings on infection control, including handwashing, environmental cleaning, waste disposal, and the proper use of PPE.

The sections below focus on three aspects of infection prevention and control that are within the scope and influence of the locality health protection system:

- Operation of the Test, Trace Contain and Enable response
- Outbreak management
- Proactive support to priority settings and communities

3.3 Operation of the Test, Trace, Contain and Enable (TTCE) system

The UK Government has established a national test, trace, contain and enable (TTCE) service to support the control of COVID-19.

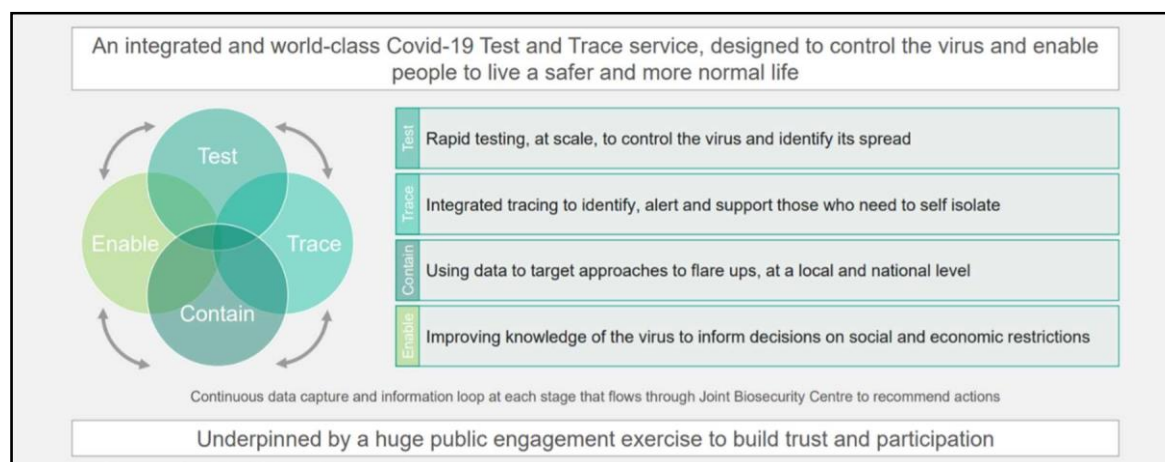


Figure 3: National Test, Trace, Contain and Enable (TTCE) system (2020)

The aim of the test and trace services is to minimise community transmission of COVID-19. It is designed to:

- Ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus
- Help trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, notify them that they should self-isolate at home to help stop the spread of the virus

3.4 Testing

It is a national priority to increase the availability of testing to underpin the NHS Test and Trace system. COVID-19 testing activity has been developed to date under a number of 'Pillars'. The testing pillars cover several pathways that include the steps of requesting, testing, laboratory analysis and reporting. The five national pillars are prioritized in Appendix 4.

3.4.1 GM Approach to COVID-19 testing

Testing for those with symptoms has been in place since the early weeks of the pandemic. Through the emerging GM Community Testing approach, GM has been working with localities to respond with their local model for testing, including people who are symptomatic and asymptomatic.

This includes two key areas for increased testing capacity:

- Regular planned testing and re-testing for staff, patients and residents in settings such as hospitals, nursing and cares homes (including priority cohorts)

- Flexible and responsive testing available to high-risk local settings and workplaces as a key component of outbreak management

The GM focus is on building flexible testing capacity that can be deployed quickly and deliver local surge capacity to meet potential demands of a multiple small outbreaks, winter pressures and potential further waves and new variants.

Localities have been asked to create a 'Targeted Community Testing (TCT)' operating model by the DHSC, including mobile LFD testing, to increase testing availability and to ensure they can sustainably accommodate increased demand and Bolton's progress against this model and plan is reported to the DHSC on a monthly basis.

3.4.2 Bolton locality testing model

Bolton COVID-19 Health Protection Board will have oversight of the development of the locality testing model and capacity. Testing capacity within Bolton during the enduring pandemic includes:

- Flexibility in use of Pillar 1 testing to support clinical care and outbreaks in care homes
- Priority testing routes for local essential workers (social care, schools) through use of Pillar 1 capacity and satellite site
- Partnership delivery of a Pillar 2 NHS test satellite at University of Bolton Stadium (symptomatic testing)
- Participation in the Department for Health and Social Care 'whole care home' testing with 100% engagement of local care homes
- Setting up of Community Testing sites for Asymptomatic Testing (ATS)
- Development of a Community Testing model of delivery to provide a flexible approach to testing availability and support to vulnerable settings and communities across the borough

Bolton partners are engaged in the Greater Manchester Targeted Community Testing Strategy and have developed proposals for a more innovative use of Pillar 2 commercial testing, for example:

- Preadmission to Care homes, supported living, extra care from the community including from home, transfers etc. (screening for all- asymptomatic and symptomatic)
- Socially excluded, complex groups or those experiencing barriers to accessing current testing routes e.g. some deprived communities, BAME communities, rough sleepers.
- Screening (asymptomatic) test capacity for complex outbreak scenarios if necessary and to support recovery of specialist support to vulnerable groups (e.g. to support contact visits between foster care and birth families)
- Screening (asymptomatic) testing to support active case finding in high risk or communities of concern

Bolton stood up additional locality testing to respond to the first phase of the pandemic through access to Pillar 1 testing to support care home outbreaks and an NHS satellite test site at the University of Bolton Stadium Testing Centre. System leaders have developed a community testing strategy and model for Bolton that will maximise local access to Pillar 2 Capacity and utilize GM and national opportunities in response to local needs.

Bolton's testing model includes a variety of testing options, catering for those people who can access a test centre and those who need testing in their community (e.g., at home;

responding to an outbreak etc.). This is consistent with the GM Testing strategy principles to bring testing 'closer to home' for patients, carers, and residents.

The Bolton Testing Group continues to work on development of the locality testing strategy with the expectation that testing capacity needs to be in place for a minimum period of 12 to 24 months. This work will be aligned with development of the GM and national (via UKHSA) Targeted Testing strategy including prioritisation of cohorts for regular, asymptomatic testing.

3.5 Contact Tracing

Once people have been tested for COVID-19 and test positive, contact tracing becomes vital in order to control transmission of the virus. The local authority contact tracing team operates local contact tracing via a dedicated team and operational lead. This resource supplements the national Test and Trace Programme to follow up and provide advice and support to residents whom the national team are unable to contact, and contacts anyone who indicates to Test and Trace that they require support to isolate. Our locality contact tracing team operates within the national guidance and standard operating procedures provided by NHS Test and Trace as outlined in section 1.5.

Greater Manchester has established collaborative arrangements for the delivery of the Level 1 responsibilities. The model will be delivered through a specialist GM Integrated Contact Tracing Hub (including a single point of contact), bespoke locality arrangements, and specific arrangements within key sector partners such as GM Police, GM Fire and Rescue Services and Hospital Trusts.

Bolton forms part of the Greater Manchester (GM) Level 1 system where most contact tracing of settings is carried out by Locality Authority with surge and support as necessary, being provided by the Greater Manchester Integrated Contact Tracing Hub (GM ICTH). The GM Integrated Contact Tracing Hub is an enabling function that has been established to work alongside districts to support them in managing outbreaks of COVID-19 as part of a pan-GM approach to Test & Trace as described in the diagram below.

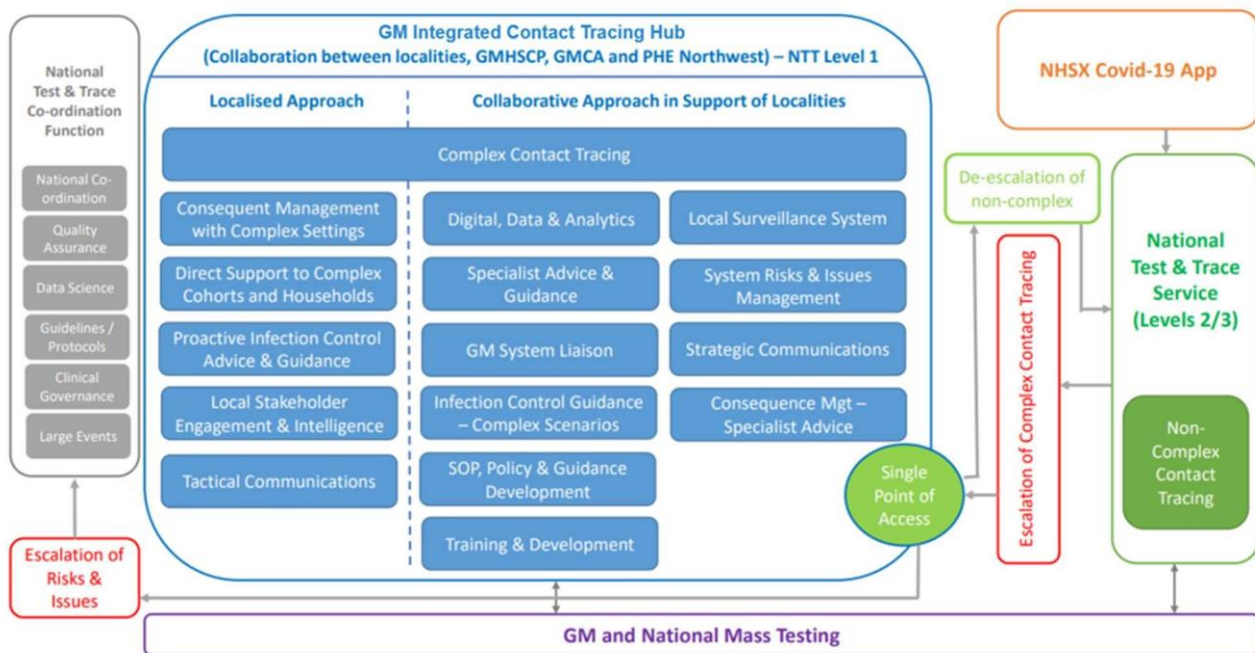


Figure 4: GMICTH System Workflow 2021 (note: PHE replaced with UKHSA)

Effectiveness of the test and trace system relies on good co-ordination of efforts between localities and the GMICTH, the NHS, UKSHA private and community sectors and the general public.

Local authorities and systems are involved where their support is needed in managing complex cases or outbreaks, and in providing support to individuals and settings that have been affected by COVID-19 (consequence management). This might include supporting people who have been told to isolate, or managing the consequences of closing a particular setting, such as a school or GP practice.

A Standard Operating Procedure (SOP) for COVID-19 Level 1 sets out clear responsibilities and agreed systems to deliver test and trace in partnership between localities and the GMICTH.

The GM SOP will be revised on a continual basis to reflect the learning emerging from early operation of the test and trace system. The Bolton Contact Tracing Group, led by the Public Health team, have developed a set of procedures to ensure management of contact tracing notifications and consequence management within the local system and aligned with the GM SOP.

3.6 Outbreak management

Local Authorities must outline specific arrangements for outbreak management and instigation of locality Outbreak Control Teams (OCTs) in their COVID-19 plans. The following sections within section 3 provide detail of these local arrangements and would include:

- Local surveillance of cases e.g., postcode coincidence, common exposures

- Direct reports from manager within settings including educational and care settings.
- Reference to national guidance at www.gov.uk for definitions of outbreaks in settings to manage the outbreak
- Escalation by local authority contact trace managers where appropriate to Consultant in Public Health for consideration for situation review
- Standard agenda for situation review/ Outbreak Control Team (OCT) chaired by Consultant in Public Health
- Membership of the OCT appropriate to effectively managing the outbreak setting including responsible manager/headteacher of setting.

Appendix 5 sets out the detailed definitions for COVID-19 clusters and outbreaks in different settings and the reference list cites national guidance on outbreak management for certain settings e.g., care, education, and workplaces.

3.7 Management of outbreaks by the GM Hub: situation review and referral from GM Locality Teams to GM Hub

In settings referred to the GM HUB by the Locality Team, or if a setting phone the UKHSA directly for advice.

If two 2 or more confirmed cases occur in the same setting within 14 days, the GM Hub will review to risk-assess, in partnership with the locality, whether this is likely to indicate transmission within the setting environment.

This review will include:

- Dates of onset of illness and of last attendance at the setting
- Dates of contact between cases in the setting and use of PPE and social distancing during contact episodes
- Identifying links between cases outside the setting (e.g., home address; social activities; friends; other known links)
- What mitigations have already been put in place to try and minimize spread in the settings, staff break areas, extra cleaning, sanitizer stations, promotion of vaccine uptake etc.

If, following assessment, this is identified as an outbreak, it will progress under existing outbreak management arrangements at Local Authority (LA) level which will be responsible for creating Outbreak Control Teams where necessary. This builds upon pre-existing Outbreak Management arrangements as set out in the GM and locality outbreak plans. Appendix 5 outlines the detailed definitions of COVID-19 clusters and outbreaks in different settings, as well as criteria to measure recovery and declare the end of an outbreak.

3.8 Outbreak Control Teams (OCTs)

The purpose of a district OCT is to agree and coordinate the activities of the agencies involved in the investigation and control of an outbreak, to assess the risk to the public's

health and ensure that control measures are implemented as soon as possible and, if required, legal advice sought.

The organisation and functioning of an OCT remains the responsibility of the LA, in liaison as appropriate with the UKHSA GM Team.

An OCT may be formed at a local level to bring together key services to manage an outbreak and to minimise or prevent transmission of the COVID-19 virus. Given the continuing high level of population susceptibility to COVID-19 even a single case of COVID-19 in a high risk/high consequence setting would be considered a concern, and action would be taken to prevent further spread, even when the outbreak criteria are not met.

Key responsibilities for managing an outbreak are set out in Appendices 2,3 and 5.

The following section sets out some scenarios where this approach may be considered. If outbreaks become complex and wider consequences start to impact on communities, escalation of issues to the GM SCG will be considered. The threshold for convening an OCT or escalating issues to the GM SCG has changed during the pandemic as effective working arrangements have become established and communities become familiar with outbreak management protocols for the latest reference to guidance, please see Appendix 5 and reference list for updated national guidance for all key settings including care, education, and workplaces.

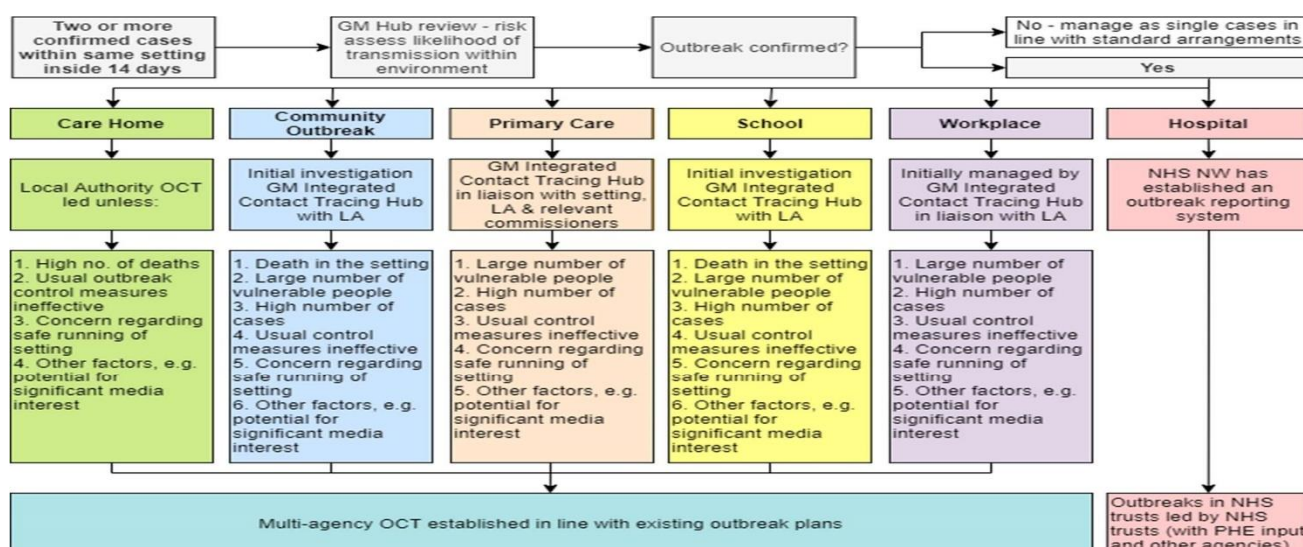


Figure 5: OCT Flow Process, GMICHTH, 2020

- **For care home settings**, an outbreak declaration will usually be LA led unless there are issues, in which case a multi-agency Outbreak Control Team would be called. This could be led by UKHSA if there are issues specific to health protection, or a Local Authority Public Health Consultant if there are wider management issues
- **For schools/education**, this would usually be led by the Local Authority unless there are concerns based on the criteria above, in which case, a multi-agency OCT would be

called. This could be led by UKHSA if there are issues specific to health protection, or a Local Authority Public Health Consultant if there are wider management issues

- **For hospitals**, NHS NW has an established system of reporting outbreaks. Outbreaks in NHS trusts will be led by NHS trusts with input from PHE and other agencies as required
- **For primary care**, initial investigation of an outbreak will be led by the GMICHTH on behalf of localities, working closely with the setting and relevant commissioners. Localities will be informed of all cases. If there are concerns (such as those above) a multi-agency OCT will be established and escalation to the GM SCG considered will be made
- **For outbreaks in other settings (such as workplaces)**, these will be initially managed by the local authority unless referred to the GMICHTH if there are concerns such as those above, the locality will be actively involved in considering the need for escalation to the GM SCG and the establishment of a multi-agency OCT
- **For suspected community outbreaks**, through ongoing horizon scanning and with local knowledge, the Local Authority will monitor community spread. If community transmission is ongoing, an OCT will be formed in line with district outbreak plans however, if the community transmission is thought to be escalating to a point which may overwhelm the district OCT, escalation of the situation to the GM SCG will be considered if meeting the criteria outlined above
- **For suspected outbreaks in Greater Manchester Fire and Rescue (GMFRS) and Greater Manchester Police (GMP)**, initial investigation will sit with GMFRS and GMP who, supported as required by the GM Integrated Contact Tracing Hub and UKHSA will begin managing the outbreak within their environment. A multi-agency OCT may be called if a suspected outbreak has the potential to impact on either GMFRS or GMP capacity to fulfil their statutory duties or if the impacts will require partnership support. Escalation to the GM SCG will be considered if wider impacts are significant

3.9 Priority settings and communities

This section sets out the specific control measures for priority settings and communities in Bolton including:

- Arrangements for **contact tracing, incident response and consequence management** in each sector/setting
- Key contact details and support for consequence management
- Preventative, pro-active infection prevention control support for each sector/setting

3.10 Care Homes

3.10.1 National Roles and Responsibilities

Under the TTCE approach, care homes will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to local systems.

3.10.2 GM Roles and Responsibilities

The GM approach to supporting complex settings is to provide additional, coordinated support at a system level, to prevent and risk manage the potential for an outbreak. Care homes (for older adults and other categories of vulnerable adults) and schools are already regarded as priority settings by the GM ADPH (Association of Directors of Public Health) that require the development of robust health protection / outbreak planning.

Care Home Support plans have been submitted to Government by every Local Authority in Greater Manchester, which identified the local position in relation to the national programme of care home testing and local and national system challenges and potential solutions. This was supported by GM public health leadership to provide assurance and support to care homes around infection prevention control practices and capacity. GM Hub provides support to LA and UKHSA on weekends in regard to support for care homes.

3.10.3 Bolton Borough roles and responsibilities

The locality response to management of cases or an 'outbreak' in care homes is a continuation of existing arrangements (unless in circumstances that require a multi-agency response, as outlined above in section 3.8). This includes locality responsibility for contact tracing in relation to the staff and residents and visitors. Any wider contact tracing – relating to the families of staff for example – would go through the national test and trace service. This would be managed through the Care Home Reform Board which oversee appropriate information, actions, and contacts for care homes accordingly.

Within the Bolton, the management of infection, prevention and control procedures and advice within the residential care setting is provided by the Community Infection, Prevention and Control Team at Bolton Foundation Trust and commissioned by the Bolton Council Public Health Team (Health Protection). The logging of outbreak cases is conducted on the national Capacity Tracker which is overseen locally by the Quality and Commissioning Team (adults).

3.10.4 Proactive support for care homes

Bolton Council offers regular briefings and monthly webinars with care home managers from the early stages and throughout the pandemic, covering an update on infection prevention control measures, updates on policy and guidance, testing routes, vaccination offer and the local support offer including adult social care commissioning support and IPC advice, guidance, and inspection support (IPC local team commissioned by Public Health Team Bolton Council). Bolton has seen 100% engagement in Department for Health and Social Care whole care home testing programme.

Bolton has established and maintained a locality pathway for outbreak control including support from the community infection prevention and control team and local access to Pillar 2 testing.

3.11 Proactive Support for Schools, colleges, early years, and universities

3.11.1 National Roles and Responsibilities

Under the TTCE approach, schools, early years settings, colleges and universities will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to local systems.

3.11.2 GM Roles and Responsibilities

Schools (primary, secondary, special schools, early years setting) have received local guidance, supplementary to the Department of Education (DfE) guidance, from their Local Authority education and the Bolton Public Health Team has been supported to complete whole-school risk assessments, which will remain under review.

3.11.3 Bolton Borough roles and responsibilities

For a single case (under review) or cluster outbreak declared in a school, the Local Authority will assist the school with Contact Tracing. The GMICTH where requested by the Local Authority, will provide support to locality infection prevention and control teams, potential consequence management requirements to the locality SPOC (Covid19contacttracing@bolton.gov.uk) and additional information around potentially contentious or controversial cases with potential adverse media consequences to the locality SPOC for either information or action (i.e. death of a child; outbreak within a particularly complex / contentious setting).

3.11.4 Proactive support for schools/colleges/early years/universities

Regular webinars have been held with primary and secondary heads and early years provision including advice and guidance on infection prevention and control measures, updates on policy and guidance and discussion of approaches to risk assessment.

Through the case management local team, key link workers who are skilled and confident to support outbreak response in the educational setting have provided briefings and scenario testing to develop resources and FAQs.

In addition, the Greater Manchester Public Health Advice to Universities Cell has been established under the GM SCG arrangements which meets regularly, and specific advice has been provided to the local University of Bolton regarding outbreak management procedures and processes including standardized advice on how to create an outbreak management plan for this setting to be approved by the local Director of Public Health.

3.11.5 Monitoring approaches in care homes and schools

Health Protection Teams (HPTs) have experienced significant increases in notification of cases and outbreaks within identified settings, including schools and care homes during the last eighteen months. This has arisen from escalation from the contact tracing process, or direct notification from the setting or local partners. Situational awareness around COVID-19 in care homes and schools has been shared across GM through the GM Local Surveillance System. The Summary Guidance, Standard Operating Procedures (SOP), and Single Points of Contact for COVID-19 Level1 Contact Tracing and Outbreak Management in Greater Manchester outlines the key trigger points for when Bolton Borough will be alerted of potential outbreaks in care homes and schools if the National Contact Tracing Service (all Levels) become aware of one. Bolton Borough is similarly responsible for alerting the GM Integrated Virtual Hub (Level 1b) of potential outbreaks.

3.12 High risk places, locations, and communities

3.12.1 GM Identification of Potentially High Risk and Complex Settings

The GMICTH will manage all complex contact tracing on behalf of GM, except for:

- Contact tracing of cases or an 'outbreak' in care homes which is a locality role including the contact tracing, but only in relation to the staff and residents

- Contact tracing of rough sleepers or homeless or other groups requiring specific community knowledge or links.
1. A generic range of high risk and complex settings have been identified within GM by the Contact Tracing Group in collaboration with localities, GMHSCP, GMCA, UKHSA NW and others, for further consideration and planning on how to manage COVID-19 within each setting. Cases within these settings will be applicable for escalation from the National Contact Tracing Service Level 2/3 to local Level 1 arrangements and in accordance with the UKHSA North West Standard Operating Procedure COVID-19, Level 1: Test, Trace Contain Enable 17 November 2021, as follows:
 - Case living or working in care home/long term care facility or other care facility for those with complex needs (Direct allocation and Automatic escalation from levels 2/3 to level 1 GM and then to relevant locality for action as above)
 - Cases in Healthcare workers (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases in Emergency Services workers (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases in Border Force and Immigration officers (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases who attended healthcare for non-COVID reasons (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases in those living or working in Prison or other places of detention (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases in those attending or working in special schools (Automatic escalation from levels 2/3 to level 1 GM)
 - Cases in those living in homeless hostels or shelters or refuges and similar residential settings (Automatic escalation from levels 2/3 to level 1 GM and then to relevant locality for action)
 - Cases attending Day care centres for older/vulnerable people (Call handler and Central escalation from levels 2/3 to level 1 GM)
 - Cases with concerns about deductive disclosure (Call handler escalation from levels 2/3 to level 1 GM)
 - Cases where contacts can't be identified without disclosure of name to employer or other third party (Call handler escalation from levels 2/3 to level 1 GM)
 - Cases or employers unwilling to provide information (Call handler escalation from levels 2/3 to level 1 GM)

3.12.2 Identification and support of potentially complex cohorts in Bolton

Mapping has been undertaken of high-risk places, locations and communities see Appendices 3 and 5, and key contacts are to be found at the beginning of this document.

The Bolton Contact Tracing Group/Public Health Team have developed tactical plans to provide assistance and standardised prevention advice to potentially complex cohorts through existing Bolton teams and services. For example: learning disability; diagnosed mental illness; rough sleepers and homeless; sex workers; victims of domestic abuse; complex social-economic circumstances; asylum seekers; traveler and drug and alcohol recovery communities.

A programme of capacity and asset building via a community engagement and development approach with high-risk services and settings has been developed to include briefings on COVID-19, infection prevention and control, vaccination and testing and outbreak response and consequence management.

SECTION FOUR – COMMUNICATIONS AND ENGAGEMENT

4.1 Communications and engagement

During the last eighteen months, a responsive communications and engagement plan via the COVID-19 Comms. Cell has underpinned the Bolton COVID-19 Outbreak Control plan with agreement and oversight provided through the Bolton Stronger Engaged Group, and Health Protection Board reporting to Bolton's Active Connected and Prosperous Board. These arrangements have provided; political and member engagement, clear governance, and lines of accountability; clear decision making from the engagement aspect through to the different phases of recovery as Bolton experienced enduring transmission, intense surge activity with national support and a variety of lockdown measures, eventually aligning to national step-down measures from summer 2021. Bolton's system-wide Communications Cell incorporating health, care, council and VCFS comms. and engagement experts, continues to provide media, engagement and communications expertise and support to the plan assigning personnel and resource where needed.

Our communication and engagement plan continues to be closely aligned to the Greater Manchester Recovery and Communications Strategy, and the Greater Manchester Test and Trace Programme Communications and Engagement Strategic plan. We want Bolton's communication and engagement plans to foster trust and confidence in our response and enable a sustained longer-term recovery from COVID-19, working together with our key stakeholders, partners, communities, and residents.

4.2 Community Development

We will continue the legacy of community engagement work undertaken during surge activity alongside all members of our communities, and continue to foster a trusted open dialogue so enabling an asset development culture to be at the heart of our approach to our 'living with Covid' and 'recovery' of Bolton communities whilst tackling any surges in transmission and required public actions to be understood by the public - focusing on prevention, local testing and contact tracing arrangements in line with the local Test, Trace Contain and Enable (TTCE) programme, testing advice and how to access, and the vaccination offer .

We want to continue to:

- Ensure messages around prevention and behaviour change are culturally sensitive and reach all communities in Bolton
- Involve and engage local communities in the promotion and uptake of the test, trace and track model, testing and vaccination take-up and key IPC behaviours to help prevent the spread of COVID-19
- Ensure our residents, community and voluntary sectors, education settings, care homes, businesses and employers are kept informed about the important part they are playing by adopting preventative measures and supporting the test, trace and isolate model, IPC measures and situational awareness of the virus

4.3 Community Champions – leading voices

Through the enduring transmission and surge experience of May-July 2021, a strong multi-disciplinary team of community engagement and development professionals have worked alongside communities who have been disproportionately affected by COVID-19. Through the development of both a hyper-local engagement approach and the training and support provided to community champions as 'leading voices' within the community, we have been able to tailor key messages to those communities and groups, so empowering co-design of longer-term recovery led by the CVS (Bolton Fund), wider VCFS and social housing sectors (Bolton At Home peer navigation) to the following target groups:

- People from our Black, Asian and Minority Ethnic (BAME) communities –diverse cultural and language of our communities
- People and groups of people who are digitally excluded – tackling access for all and social isolation
- Children and young people, to ensure that they have a voice and are heard – impact of COVID-19 on education, life chances and mental health
- People with sensory disabilities – tackling access for all and disability awareness
- Key workforces and settings such as the LA staff, education, social care, VCSE Sector, higher risk businesses (hotel, leisure, food production, call centre, taxi industry) and employers – engaging with under-represented groups within the workforce e.g. young people, process workers, low paid manual workers.
- Key local stakeholders – such as Emergency Response services – mental health impact of working throughout Covid in high level response mode

4.4 Autumn/Winter 2021/22 Communication plan

As we continue to deliver throughout winter 2021/22 and the predicted challenges ahead of; lower general immunity increasing due to the relaxation of IPC and social distancing measures, waning COVID-19 immunity amongst some vaccinated groups, plus the seasonal flu/cold/respiratory virus transmission experienced during this time, our communication and engagement plan will closely follow the national and GM direction on key communication messages as outlined in the COVID-19 Response: Autumn and Winter plan and the GM Covid's Still Here Winter Communications plan.

The focus of our local work is led by the LOMP Strategic Group and includes a combination of epidemiology surveillance, analysis and recommendations; community insight via our localised community development and community champion approach, key messages from the NHS winter wellness campaign 'Think Twice' produced by Bolton CCG (including integrated urgent care), plus the communications cell advice both at GM and local level. The Bolton Council response will focus on the key messages to the public of:

The creative solution – examples

Work:



Socialising:



Home:



Education:



GREATER MANCHESTER
DOING THINGS DIFFERENTLY

Figure 8: GM Health and Social Care Partnership 'Covid's Still Here' Communication Messages Sept 2021

The communications and engagement plan and key messages will evolve over time and will include proactive work to promote public behaviour change in response to the virus and any escalating or enhanced measures required including knowledge and awareness and associated public health action in response to new variants.

SECTION FIVE – KEY ENABLERS

5.1 Data, analysis and intelligence

Access to timely, complete and accurate data on testing and positive cases will be essential to enable prompt identification of potential outbreaks and transmission events and inform appropriate and effective action to protect communities from further spread.

The Bolton COVID-19 Data Cell works collaboratively to identify, access and assess data from a range of sources to provide monitoring and surveillance reports and analysis to support the local response. This includes advising on analysis to identify and map potentially vulnerable groups within the borough; as surveillance – to spot outbreaks or potential incidents to enable and inform prompt response for immediate mitigation action; and to inform targeting of ongoing proactive prevention activity to reinforce infection prevention control/social distance messaging and engagement.

The Bolton Covid-19 Response Hub incorporates an analyst function and routine surveillance to rapid identification of outbreaks and an appropriate response. There are routine robust systems and processes in place such as daily postcode coincidence, common exposures, and notifications from settings that allow the team to identify places and settings that require escalation to the Consultant in Public Health and appropriate support/intervention.

The wider intelligence response provides insight to support both the epidemic management itself and the Build Back Better approach to recovery. To support a more joined up system response moving forwards, a GM case management system has been launched in July 2021 to allow information to flow from PHE to GM to localities and back again, alongside case management and recording.

5.2 Financial context

Between June 2020 and April 2021, Bolton Council was allocated several grants, referred to as Contain Outbreak Management Fund (COMF) that enabled local management of the pandemic response via the conditions of the Local Outbreak Management plan (LOMP). The detail around our plans and progress in spending these monies have been presented to the Executive Cabinet Member for Wellbeing previously in a specific COMF Financial Report. The COMF has been received at short notice but has been a welcome resource and has enabled our local response to develop and respond to local need and assets.

In summary these grants are set out below:

- In June 2020 an allocation of £1,997,675 to support Test and Trace was received
- From October 2020 to March 2021 a total of £7,700,000 was received
- In April 2021 a further allocation of £2,654,289 was received
- All the COMF has been subject to outline spending allocations and agreed by the Executive Cabinet Member for Wellbeing in line with our Local Outbreak Management plan (LOMP)

- The key sources of delivery funded by the COMF will continue to be delivered up to March 2022 to support our outbreak management response and support medium term recovery of communities as we learn to live with COVID-19
- Furthermore, prior to quarter 4 2021-22, national confirmation was provided to all local authorities that COMF could be utilised beyond March 2022 to aid local Covid-19 recovery programmes of work.

The main activities that COMF support are:

- Establishment of local test and trace team, community development roles and community infection and prevention control enhanced support
- Testing targeted support – symptomatic testing (PCR), community testing, testing support to businesses, and testing casual staff
- Contact tracing enhanced support and complex analysis support
- Intensive support for people needing to isolate (those not contactable) – will include key worker support
- Public Health expertise and outbreak management support and additional capacity within adult social care teams for those most vulnerable
- Actions on enduring transmission – community engagement with individuals living in high-risk settings, communities and locations including trauma informed techniques
- Increasing vaccine coverage – initiatives with the CCG, residential care and hospital trust to ensure maximum take-up of the vaccine – Covid and flu
- Activities to enable 'living with Covid' – enabling communities adversely affected by Covid to recover more quickly e.g. Community Champions programme including young people's engagement and mental health and wellbeing targeted support to schools
- Regulatory services support to manage the control of outbreaks in high-risk settings
- COVID-19 public engagement and behaviour change messaging
- Community engagement and resilience – support to Community Voluntary Service in capacity building local communities to enable recovery from Covid so preventing deeper divide of health and social inequalities
- Enhanced intensive support programmes and services focussed on highly vulnerable population groups including those at risk of adverse outcomes during the winter period – children and adults experiencing; increased drug and alcohol abuse, domestic abuse; homelessness; poverty; increased support from child and adult social care due to impacts of Covid; health improvement catch up for sexual health services; preventative substance use project; those accessing libraries as community hubs for lateral flow /general Covid advice

The schemes of work have been profiled and are monitored on a monthly basis and updates provided to Members through the quarterly finance report. Any reporting back to national government will be co-ordinated through the Public Health team and the conditions of the grant will be adhered to. All schemes will follow the appropriate procurement process, depending on value, departmental expenditure, and relevant approval levels.

5.3 Legal and Policy Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management is provided by:

- Public Health England (now known as UKHSA) under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 – gives emergency powers to be used in pandemics if they present significant harm to human health and was used as the legal basis for national restrictions in England from the commencement of the pandemic
- NHS Clinical Commissioning Groups [1] 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
- Other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020 which is reviewed every 6 months.

At the latest review of the Coronavirus Act in September 2021, certain provisions have been removed that are no longer necessary and the remaining provisions of this Act until March 2022, are as follows:

- The Health Protection (Coronavirus, Restrictions) (Self- isolation) (England) Regulations 2020, which impose legal requirements to self-isolate on positive cases and unvaccinated close contacts. Self-isolation will remain crucial in breaking chains of transmission through autumn and winter 2021/22
- The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020, which enable local authorities to respond to serious and imminent public health threats
- The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021, which impose testing and quarantine requirements on arrivals in England, will remain

In the HM Govt Statement, Prime Minister's Office; 'Measures against Omicron variant come into effect: 30 November 2021,' specific measures against Omicron is supported by new legislation with regards to mandatory face coverings in certain settings and mandatory self-isolation for suspected or confirmed Omicron cases, which came into force 30th November 2021 at 04:00 hours and will expire at the end of 20th December 2021. These are:

- [Health Protection \(Coronavirus, Restrictions\) \(Self-isolation\) \(England\)\(Amendment\) \(No 4\) Regulations 2021/1338 \(The Health Protection \(Coronavirus, Restrictions\) \(Self-Isolation\) \(England\) \(Amendment\) \(No. 4\) Regulations 2021 \(legislation.gov.uk\)](#)
- [Health Protection \(Coronavirus, Wearing of Face Coverings\) \(England\) Regs 2021/1340 \(The Health Protection \(Coronavirus, Wearing of Face Coverings\) \(England\) Regulations 2021 \(brc.org.uk\)](#)

The HM Govt Statement, Prime Minister's Office on 19 January 2022 states that Plan B measures will not be required from Thursday 27 January 2022; Covid passes will no longer be compulsory to gain entry to venues and events however, will be advisory; face coverings will no longer be compulsory in any public spaces, although will be recommended in some places e.g. mandatory

on Transport for London services, and will be advisory in enclosed indoor spaces; restrictions on visits to care homes will be eased. In addition, at the time of writing this report, it is anticipated that the current self-isolation for people who test positive for Covid will be eased post 24th March 2022. As national policy and guidance is fast moving with regards to Covid-19 government guidance, the Bolton Outbreak Control Plan will respond to these changes accordingly as 'amendment notes to the Plan,' as they occur throughout the months ahead, up to the next 12 months when this Plan will undergo a comprehensive review.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and UKHSA the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government.

UKHSA is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience, and response for health emergencies. At a local level UKHSA's health protection teams and field services work in partnership with DPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of the local communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise within the Public Health Local Team.

This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other key professionals and sectors such as Health, Care, Education, Police, Voluntary sector.

REFERENCES

- 1 [COVID-19 Response: Autumn and Winter plan, Sept 2021, Cabinet Office, HM Government](https://www.gov.uk/government/publications/COVID-19-response-autumn-and-winter-plan-2021)
<https://www.gov.uk/government/publications/COVID-19-response-autumn-and-winter-plan-2021>
- 2 COVID-19 Contain Framework: a guide for local decision makers, UK Health Security Agency, October 2021
- 3 <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-COVID-19-outbreaks/COVID-19-contain-framework-a-guide-for-local-decision-makers>
- 4 Bolton Operational Local Health Economy Outbreak plan, January 2020, Updated November 2021
- 5 Greater Manchester COVID-19 Management Plan, June 2020

- 6 UKHSA North West Standard Operating Procedure COVID-19, Level 1: Test, Trace Contain Enable 17 November 2021
- 7 GMHSCP Guide to Acute Respiratory Infection Outbreaks in Care Homes Guidance November 2021/22
- 8 Bolton CCG Anti-Viral Prescribing in Care Homes Guidance November 2021/22
- 9 What Good Looks Like (WGLL), High Quality Local Health Protection Systems, Association of Public Health Directors and Public Health England, June 2019
<https://www.adph.org.uk/2019/06/what-good-looks-like/>
- 10 GM Higher Education COVID-19 Outbreak Management Framework v.1.1, GM PH Advice to Universities Task Group Draft October 2021
- 11 [Managing Coronavirus in education and childcare settings, Dept. for Education, last update 7 January 2022](#)
[Managing coronavirus \(COVID-19\) in education and childcare settings - GOV.UK \(www.gov.uk\)](#)
- 12 [Contingency framework: education and childcare settings, Dept. for Education, last update 7 January 2022](#)
- 13 [Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](#)
- 14 [Schools COVID-19 Operational Guidance, Dept. for Education, last update 27 September 2021](#)
<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-COVID-19-operational-guidance>
- 15 Greater Manchester Covid-19 Outbreak Management Framework 0-19 Educational Settings (21/22 Academic Year) Version 1.6, October 2021
- 16 [Working Safely During Coronavirus \(Covid-19\), \(Construction and other outdoor work; Events and attractions; Hotels and guest accommodation; Offices, factories and labs; Restaurants, pubs, bars, nightclubs and takeaway services\), Dept. for Business, Energy and Industrial Strategy, last update 12 January 2022.](#)
- 17 [Working safely during coronavirus \(COVID-19\) - Guidance - GOV.UK \(www.gov.uk\)](#)
- 18 [Covid-19: management of staff and exposed patients and residents in health and social care settings, UK Health Security Agency, last update 11 January 2022](#)
- 19 [COVID-19: management of staff and exposed patients and residents in health and social care settings - GOV.UK \(www.gov.uk\)](#)

Note: References highlighted in blue are available in public domain. For all references not in Public Domain and with no hyperlink, original documents are available from publichealthexecsupport@bolton.gov.uk

APPENDICES

APPENDIX 1

Local Position Statements

Bolton Health Protection Board: 26 November and updated 29 November 2021, review Feb 2022)

Bolton's Health Protection Board is encouraging everyone living working and studying in the borough to play their part in helping everyone stay safe over the coming months.

It is important to remember COVID is still here, with ongoing risks associated with new and emerging variants of concern. With the flu season now upon us too, there is additional strain on our vital local GPs and healthcare services.

In the spring and into the summer this year, residents responded to rising COVID case rates with overwhelming local spirit by coming forward for testing, isolating, vaccination and helping each other out.

We are asking everyone to come together again, to remain cautious and to help us get through these next few months, especially over the winter period. We are asking people to follow these important and effective public health measures that will help our neighbours, our friends and families, and our loved ones stay safe, and keep our lives as normal as possible:

- **COVID-19 Vaccination for adults:** If you still need to come forward for your 1st, 2nd or Booster COVID-19 vaccination-please take up the offer. Vaccination offers good protection against COVID-19 and you are much less likely to become seriously ill if infected.
- **COVID-19 Vaccination for children:** Lots of children aged 12-15 years have already had their Covid vaccine in schools, and you can now book an appointment for your child/children through the national booking system <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/> From 5 November Walk in clinics are also available for 12-15 year olds at Bolton Marketplace, Hooton Bolton Wanderers Football Club (BWFC) and Horwich RMI.
- **Booster Vaccination is important:** As with many vaccines, the effectiveness of the vaccine does wanes over time, so it is important to get your Booster to increase protection, even if you have had Covid-19.
- **Flu vaccination:** the best way to avoid catching and spreading flu is by having the vaccination before the flu season starts, so please take up the flu vaccine when offered. Those eligible for a free vaccine are: children aged 2-3 years; primary and secondary school children through to Year 11; Adults aged 50 years and above; pregnant women and people of all ages who have a health condition. If you are not eligible for a free vaccine, you can still have the flu vaccine for a small fee at your local pharmacy.
- **Face-coverings:** From Tuesday 30th November it will be mandatory to wear a face covering in shops and on public transport. Students in Year 7 and above, school staff and visitors are strongly encouraged to wear face coverings in communal areas and on public transport. Remember COVID-19 is an airborne virus so please consider wearing a face covering in all indoor spaces.
- **Ventilation:** Keep your home and workplace airy and well ventilated by opening doors and windows.
- **Hand Hygiene:** Remember to wash your hands frequently.

- **Take regular Lateral Flow Tests:** Many people who become infected with the virus don't have symptoms but can still infect others. Remember to take a lateral flow test twice a week and act on the results. The results should be recorded on the NHS website <https://www.gov.uk/report-covid19-result>
- **Isolate if you have symptoms:** If you do have symptoms please isolate and book a PCR test as soon as possible. At this time of year symptoms of COVID-19 can be similar to flu, coughs and colds. If you are not certain - take a PCR test.
- **Try to stay at home if you're feeling unwell:** If you feel unwell but do not have COVID-19 symptoms, or your COVID-19 test is negative, you may still have an illness which could be passed on to other people. Staying at home until you feel better reduces the risk that you will pass on an illness to your friends, colleagues, and others in your community. This will help reduce the burden on our health services.
- **Work from home if your job role permits:** Where you can, work from home as far as possible; if unsure discuss with your employer if and how this can be facilitated – this also helps people who cannot work from home.
- **Help each other:** We need to help one another by following the rules and keeping friends, family and our communities safe over the winter months.

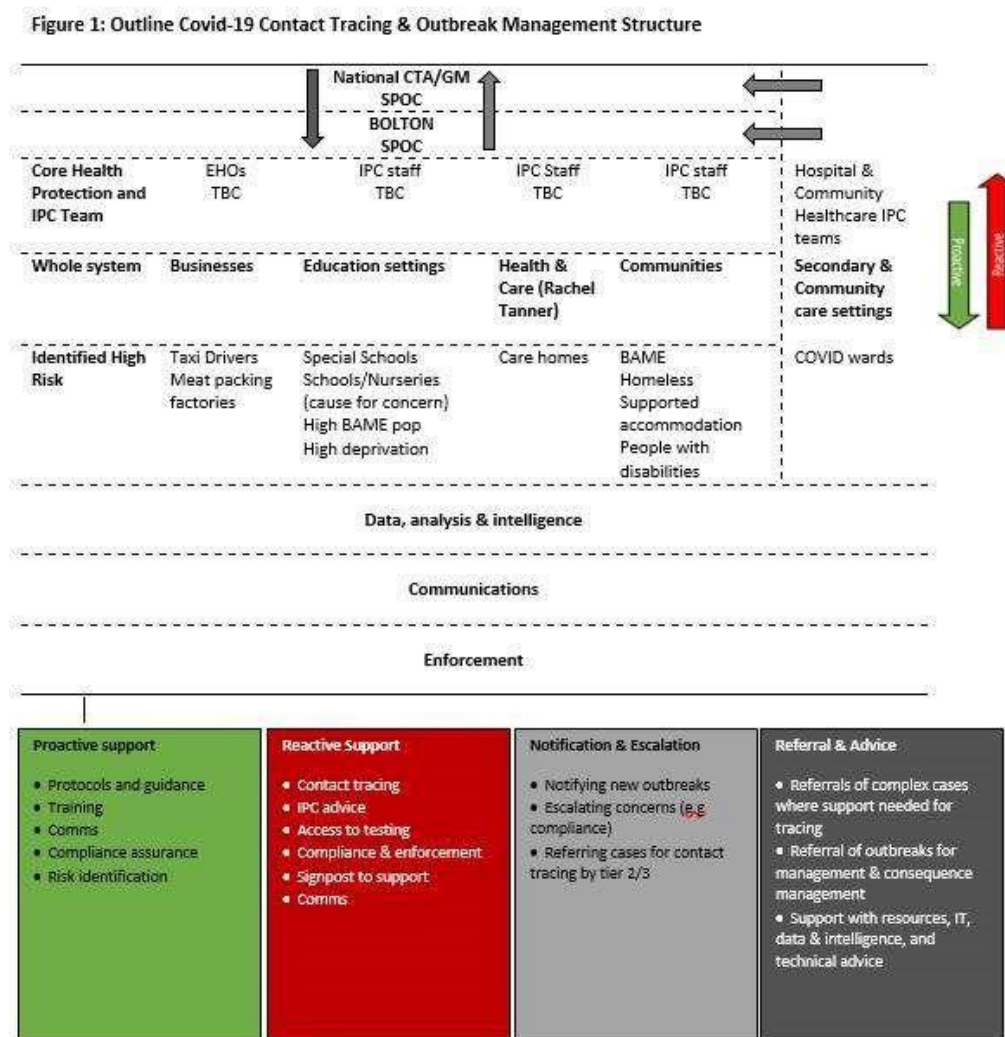
APPENDIX 2 National, Regional and Local COVID-19 Management Leadership Roles

Level	Place-based leadership	Public health leadership
LOCAL	<p>LA CE, in partnership with DPH and PHE HPT to:</p> <p>Sign off the Outbreak Management plan led by the DPH</p> <p>Bring in wider statutory duties of the LA (e.g. DASS, DCS, CEHO) and multi-agency intelligence as needed</p> <p>Hold the Member-Led COVID-19 Engagement Board (or other chosen local structure)</p>	<p>DPH with the PHE HPT together to:</p> <p>Produce and update the Outbreak Management plan and engage partners (DPH Lead)</p> <p>Review the daily data on testing and tracing</p> <p>Manage specific outbreaks through the outbreak management teams including rapid deployment of testing</p> <p>Provide local intelligence to and from LA and PHE to inform tracing activity</p> <p>DPH Convenes DPH-Led COVID-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place)</p> <p>Ensure links to LRF/SCG</p>

REGIONAL	<p>Regional Lead CE in partnership with national support team lead, PHE RD and ADPH lead</p> <p>Support localities when required when there is an adverse trend or substantial or cross-boundary outbreak</p> <p>Engage NHS Regional Director and ICSs</p> <p>Link with Combined Authorities and LRF/SCGs</p> <p>Have an overview of issues and pressures across the region especially cross boundary issues</p>	<p>PHE Regional Director with the ADPH Regional lead together</p> <p>Oversight of the tracing activity, epidemiology and Health Protection issues across the region</p> <p>Prioritisation decisions on focus for PHE resource with LAs</p> <p>Sector-led improvement to share improvement and learning</p> <p>Liaison with the national level</p>
NATIONAL	<p>Contain SRO and PHE/JBC Director of Health Protection</p> <p>National oversight for wider place</p> <p>Link into Joint Biosecurity Centre especially on the wider intelligence and data sources</p>	<p>PHE/JBC Director of Health Protection (including engagement with CMO)</p> <p>National oversight identifying sector specific and cross regional issues that need to be considered</p> <p>Specialist scientific issues e.g. Genome Sequencing</p> <p>Epidemiological data feed and specialist advice into Joint Biosecurity Centre</p>

APPENDIX 3 Locality system for delivery of COVID-19 response

Figure 1 below outlines the overall structure of the COVID-19 infection control, contact tracing and outbreak management system in Bolton.



Resources

The structure outlined above requires the following continued roles/capacity throughout the Autumn/Winter and into Spring 2022:

- Administration of the SPOC during core hours of operation. This will ensure that messages coming into the SPOC are logged, and accurate records are kept of actions taken
- Community Infection Prevention and Control support and advice. This will be provided by the commissioned CIPCT team based at NHS Bolton Foundation Trust. This team provides proactive CIPC advice and specialist outbreak management support
- Central case management system/case management support to ensure the delivery of key actions, including pro-active messaging and support to outbreak and consequence management. This will be delivered through Bolton Council Public Health Team in partnership with the commissioned CIPCT, supported by capacity with the Council COVID-19 Response Hub, and supplemented by support from the wider system if

required (e.g., Environmental Health, commissioned services). This system will ensure that appropriate actions are taken for each issue (complex case or outbreak needing follow-up) and closure of incidents when complete

- Lead contacts in the wider system for key sectors and settings. These will be responsible for identifying (with support from the PH health protection team) which settings present the highest risk; supporting proactive engagement with settings and communities; and arranging wider consequence-management support to people and settings affected by COVID-19 outbreaks e.g. Quality and Commissioning Team (Adults) and Environmental Health/Regulatory Services
- Public Health Intelligence and Data Analysis Support. This will support the health protection team and council to capture, analyse, and interpret data on the level and type of activity coming through the SPOC, and on the epidemiological status of COVID-19 infections in Bolton
- Communications support. This will support the overall management of the COVID-19 pandemic in Bolton with strategic messaging, as well as providing reactive support in the event of outbreaks. This will also draw in media monitoring (including social media monitoring) to identify emerging issues, such as around compliance with social distancing or contact tracing advice
- Engagement programme. A proactive programme of engagement has been developed to ensure support for key settings and communities. This includes work with high-risk groups and to address inequalities in the longer-term impact of COVID-19 (e.g. BAME communities)
- Overall management and oversight of the COVID-19 outbreak response in Bolton will be provided by the Director of Public Health for Bolton, as part of the statutory responsibility for the health of the population of Bolton. The DPH will be supported in this response by the LOMP Strategic Group and Health Protection Board, which will report into the Borough Gold & Council Gold meetings; the member-led engagement group in Bolton will be the ACP Board and will be kept informed on progress and issues through regular reporting
- System incident management escalation. As with the identification of the Delta variant in April/May 2021 in Bolton, there may be reason to stand up a wider system incident management team due to reasons such as a sudden escalation of cases, detection of new variant, hospital admissions and strain on the NHS, increase in number of deaths, increase in Covid positive cases within vulnerable settings such as care homes

APPENDIX 4 National ‘Pillars’ of COVID-19 Testing

Pillar 1 Acute NHS Trust led testing – delivered locally for hospital patients

- Testing for virus itself indicating a current infection
- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Testing in response to outbreaks
- Testing for Hospital patients and in some organisations -staff
- Requested, tested locally, analysed and reported within the Hospital Cells

Pillar 2 Nationally commissioned testing - delivered locally for Care Homes, Essential Workers and all symptomatic individuals

- Testing for virus itself indicating a current infection
- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Satellite sites (locally booked), mobile pop-up testing sites and postal self-administered tests (nationally booked)
- Non-hospital/PHE Laboratories such as the ‘Lighthouse Labs’
- Requested via a national portal on GOV.uk / NHS, tested at any site, analysed at any lab

To request a test:

- Care Homes and Essential Workers should contact the PHE Greater Manchester Health Protection Team or follow the below link for further information:
- <https://www.gov.uk/guidance/coronavirus-COVID-19-getting-tested#care-home> o
- Symptomatic individuals in England and Wales:
<https://www.nhs.uk/conditions/coronavirus-COVID-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/>

Pillar 3 – Serology Testing - Nationally commissioned testing - delivered locally for all NHS staff in hospitals, NHS patients, potential roll out to primary care staff, patients and in Care Homes

- Commenced in June 2020
- Antibody testing – ‘serology test’. The presence of antibodies in a person’s serum (taken from a blood sample) indicates past infection and does not necessarily confirm any form of immunity at the time. Results are being collected as a measure of previous infection and thus spread of COVID-19 in the population
- Blood sample
- Asymptomatic presentation
- Requested through employers’ systems, tested within workplace or care setting, analysed in hospital Labs, reporting through employers’ systems

Pillar 4 - Nationally commissioned – nationally and locally delivered

- Surveillance of the population
- Testing to understand spread

Pillar 5 – Industrial growth of capacity to provide and analyse more tests

- Underpins expansion of above

APPENDIX 5 Outbreak Definitions

Outbreak definition for non-residential settings

- Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition
- A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	Criteria to end
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent Joint Biosecurity Centre (JBC) risk level - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters) ²

Outbreak definition for residential settings

² The 28-day timeframe to closure of an outbreak refers to the standard infectious disease control definition of two incubation periods. This is independent of the duration of any control measures.

Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

	Criteria to declare	Criteria to end
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting Based on standard definition and independent of control measures - see footnote 1.

Table 3: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters) Based on standard definition and independent of control measures – see footnote 1.
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF:	No confirmed cases with onset dates in the last 28 days in that setting
	Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	Based on standard definition and independent of control measures – see footnote 1.

This section refers to standard definitions. Further to this Bolton NHS Foundation Trust has an agreed process for managing hospital originated COVID-19 outbreaks.

This process includes definition of an outbreak as 2 cases in one ward/department within a 14-day period where there is a clear epidemiological link between cases and does not differentiate between clusters and outbreaks. In addition, all hospital acquired cases undergo a case review using a tool based on one distributed by NHS North.

Where an outbreak has been declared a formal outbreak control team is convened to manage the outbreak in line with the findings of the OCT on the merits of each outbreak. Closure of an outbreak will be decided on a case-by-case basis by the OCT based on the review, findings of care reviews and the department in question, enabling the safe re-opening of services with checks and controls.