The Association of Directors of Public Health

Explainer: Local Outbreak Plans

Introduction



The ADPH has developed this 'explainer' about Local Outbreak Plans to support stakeholders, the media and the public in understanding what they are and how they will work.

Key messages

Local Outbreak Plans are designed to:

Prevent spread

Encouraging and supporting the public to adhere to social distancing measures, to self-isolate and get tested if needed, and to follow public health advice on handwashing remains fundamental.

· Identify and manage outbreaks

Local authorities will continue to play their full part in containing COVID-19, including by engaging with local partners like PHE and the NHS, the voluntary sector and the wider community, to manage outbreaks effectively. Key to this is data flows and surveillance.

Be local

Each local authority may take a different approach to developing and implementing their plan based on local needs, systems and governance arrangements.

· Build on existing roles, responsibilities and powers

These are new documents, but they reinforce the work local authorities have been undertaking to plan for, and respond to, COVID-19 over the last few months. They draw on tried and test capabilities and systems.

Change

All plans will need to be iterative and adapted based on a <u>Sector-led Improvement</u> approach to learning. A Local Outbreak Plan may be amended over time.

Frequently asked questions

What is the purpose of Local Outbreak Plans?

Local Outbreak Plans are designed to clarify how local government works with the NHS Test and Trace service, so that the whole local system is geared up to contain the virus.

They are designed to protect the public and save lives. They set out how local authorities will continue to play their full part in containing COVID-19, including by engaging with local partners like PHE and the NHS, the voluntary sector and the wider community to prevent spread and manage outbreaks. The plans build on existing health protection roles and responsibilities as well as the specific work councils have been undertaking throughout the pandemic.

What kind of issues will they cover?

The plans should consider seven themes, which include: planning for local outbreaks in care homes and schools; identifying and planning how to manage other high risk places, locations and communities of interest (i.e. rough sleepers, dormitories for migrant workers, transport access points); planning and directing local testing capacity to prevent and manage outbreaks; integrating data flows from national and local for functions ranging from contact tracing and self-isolation to proactively identifying outbreaks; supporting vulnerable people to get help to self-isolate and ensuring services meet the needs of diverse communities (with a focus on health inequalities and identifying ways in which further risks and disproportionate impact on the disadvantaged and BAME communities, can be mitigated).

Has any further detailed guidance been issued to help councils develop them?

ADPH/LGA/PHE/Solace/FPH and UK Chief Environmental Health Officers worked together to produce <u>Guiding Principles for Effective Management of COVID-19 at a Local Level</u>. It sets out the four principles that should underpin a good Local Outbreak Plan:

Firstly, it must be rooted in public health systems and leadership. The expert scientific and leadership capabilities of the local public health system – including the Director of Public Health, their team, other colleagues across local government and PHE regional health protection functions - will be central to the design and implementation of the plan. Existing roles, responsibilities and governance structures should be built upon wherever possible.

Secondly, the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. Local police forces, the voluntary sector, the NHS and many other bodies all need to play to their strengths to, for example, ensure vulnerable people are supported to self-isolate. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

Thirdly, it will ensure that the system is designed to run efficiently at a local and regional level. This includes timely access to - and sharing of - information, data and intelligence to inform action, monitor outcomes and deliver clear arrangements for rapid and proactive management of outbreaks.

Finally, it will be properly resourced – each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities.

How do the Local Outbreak Plans fit in with the national system and responsibilities?

The UK Government has set out four key strands to the national approach to tackling COVID-19: test; trace; contain; and enable. These have distinct but complementary roles at national and local level. The purpose of this system is to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives.

The national capacity around contact tracing consists of teams of national call handlers (Tier 3) and professional contact tracers employed via NHS Professionals (Tier 2). Where tier 3 and 2 identify a degree of complexity and a 'context' for concern, for example, a school, health setting, care home or workplace, they will escalate the matter to tier 1. Local planning and response, as set out in the Local Outbreak Plans, is an essential part of the operation and forms part of tier 1b.

How are they being funded?

An additional £300 million of funding has been allocated to local authorities as a one-off grant for 2020/21. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

However, delivering these plans will require much more than money – a fully operational NHS Test and Trace Service, high quality and timely data flows, the right levels of capacity in all parts of local government and the health and care system, and strong national impetus to promote the public health messages that protect the public and save lives.

What is the role of the Director of Public Health?

Directors of Public Health are responsible for developing and overseeing Local Outbreak Plans. Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level and working with Public Health England's regional health protection teams, Local Outbreak Plans build on existing health protection plans to manage outbreaks of COVID-19 effectively.

Through the pandemic, Directors of Public Health have played a crucial systems leadership role. There have been five main tasks.

1. **Preparation.** Directors of Public Health are trained for outbreaks and teams have tried and tested processes in place to both monitor the local situation (surveillance) and provide place based leadership. Directors of Public Health produce and provide local guidance and information for other council departments, elected members and the wider community e.g. the NHS, social care sector, education settings, businesses and faith groups.

- 2. **Prevention.** Directors of Public Health continue to work with the local media and community groups to promote clear public health messages and advice. This includes developing resources and campaigns on issues like public mental health. Many councils have also taken a proactive approach to sourcing PPE and hand sanitiser, working in partnership with universities and manufacturers.
- 3. **Prioritisation.** Some services have had to be adapted to ensure resources are focused on the task in front of us e.g. sexual health and drug treatment services have enhanced their online offer. Focus on other services has increased e.g. as evidence grows that smokers are more at high risk of severe COVID-19 symptoms, stop smoking support has expanded in many areas.
- 4. **Collaboration.** Public health teams have been working closely with other council departments

 e.g. social care colleagues on PPE and external partners e.g. PHE on monitoring as
 - e.g. social care colleagues on PPE and external partners e.g. PHE on monitoring and responding to outbreaks.
- 5. **Advice.** DsPH have been the 'go-to' source of knowledge and information for numerous agencies when it comes to planning and providing local analysis on COVID-19; supporting local public services and businesses.

What are the governance arrangements?

Directors of Public Health will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by, and work in collaboration with, Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.

Each local authority may take a different approach to developing, implementing and overseeing the implementation of their plan based on local needs, systems and governance arrangements. This is the strength of local public health.

What powers do councils have?

The legal framework for managing outbreaks of communicable disease is set out within <u>Guiding</u> Principles for Effective Management of COVID-19 at a Local Level.

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

There has been much focus on the idea of 'local lockdowns'. Proactive promotion of public health messages combined with targeted outbreak management in specific settings and support for vulnerable people should be the priorities. It will be crucial to reflect on the lessons from outbreaks that have occurred specific settings, such as hospitals, care homes and GP surgeries as well as consider measures that could be take across a town or city, including those <u>announced</u> by the Secretary of State in relation to Leicester. Including, whether additional powers may be needed, and which agency or individual is best placed to exercise them.

What are the next steps?

Most local authorities will have a Local Outbreak Plan in place by the end of June, although the timetable may vary depending on each local authority's approach to stakeholder engagement and democratic processes.

All plans will need to adapt to changing circumstances and amended based on a Sector-led Improvement approach to learning. They may be published in summary form, depending on what is considered most appropriate for local audiences and then updated as necessary.

Further reading:

- ADPH/LGA/PHE/Solace/FPH/UK Chief Environmental Health Officers <u>Guiding Principles for</u> <u>Effective Management of COVID-19 at a Local Level</u>
- ADPH Statement of Principles COVID-19: Contact Tracing