

DRAFT NOTTINGHAMSHIRE COVID-19 Local Outbreak Management Plan

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Part 1: Introduction

In June 2020 Nottinghamshire County Council published its local outbreak management plan which set out arrangements for Nottinghamshire's response to the COVID-19 pandemic. In the months since then, much of the plan has been in continuous or repeated use as the blueprint for local action by local authorities working closely with Public Health England, the local NHS, Nottinghamshire Police, Nottinghamshire Fire & Rescue and other partner agencies.

The publication of the Government's Roadmap for exiting national lockdown and the refresh of the national Contain Framework mean that the Local Outbreak Management Plan now needs to be refreshed to ensure that it describes the arrangements needed in Nottinghamshire County for the next phase of the pandemic.

Underlying the plan is the evidence that, even with the widespread uptake of effective vaccines, COVID-19 will continue to circulate for the next couple of years. Therefore, we must make arrangements which enable people, employers, education and civic society to manage risk without repeated reversion to wide scale lockdowns.

The updated Local Outbreak Management Plan identifies these arrangements including those which require additional work to enable people in Nottinghamshire to live with COVID-19 in a way that is safe and confident. In the coming months it will need to be developed further as part of a wider set of plans relating to the establishment of the National Institute for Health Protection, plans for recovery including action at local and governmental level to address the underlying inequalities which COVID-19 has exploited and exacerbated.

1. Purpose

Nottinghamshire County Council first produced its Local Outbreak Control Plan (LOCP) in June 2020 as part of a national strategy to reduce infection from COVID-19. In March 2021, local plans were refreshed, incorporating the learnings of the past nine months and planning for the next phase of the response.

The overall purpose of the refreshed plan is to seek to prevent, reduce and contain coronavirus infection in this context and taking account of recent and potential changes including:

- Roll-out of the coronavirus vaccination programme
- Falling levels of infection at a national level alongside reductions in numbers of people dying or needing hospital treatment
- Reduction in the alert level from the highest level
- Publication of the Government's road map for the lifting of restrictions over the coming months.

It is anticipated that the national Contain Framework will be updated which will set out a combination prevention approach and for which this Local Outbreak Management Plan describes the local components.

The Local Outbreak Management Plan is owned by Nottinghamshire County Council but is critically dependent on the close collaboration and mutual aid of partner organisations in the Local Resilience Forum. The multi-agency insights and capacity brought by these partners will be essential to the further development and implementation of the plan.

2. Aims

The main aims of the Local Outbreak Management Plan are to:

- a) Protect the health of people in Nottinghamshire from COVID-19 by:
 - Minimising/preventing the spread of the virus
 - Identifying and taking action to suppress outbreaks
 - Co-ordinating capabilities for testing and contact tracing
 - Identifying action to ensure compliance with regulations
 - Co-ordinating capabilities across stakeholders.
- b) Support people in Nottinghamshire to protect themselves and others from COVID-19 by:
 - Providing advice on preventing the spread of the virus
 - Supporting the NHS vaccination programme
 - Supporting self-isolation
 - Considering the needs of vulnerable people and under-served communities.
- c) Provide confidence and assurance to the public and stakeholders by:
 - Publishing the updated local outbreak management plan
 - Reporting via a member-led governance structure
 - Having a good epidemiological surveillance system
 - Communicating and engaging with local people and organisations.

3. The local context

3.1 Key characteristics of Nottingham and Nottinghamshire

- Nottinghamshire County has a population of 828,200. Working age residents comprise 59% of the population, 20% are under 18 years old and 21% are aged 65 and older.
- Nottingham City and Nottinghamshire are home to two universities, the University of Nottingham and Nottingham Trent University, with approximately 67,000 students living and studying at a number of campuses across the City and County. About two thirds of students at these universities live within the City boundaries, but others live in district areas within the County. Many students live in shared accommodation, either within halls of residence or shared private rented accommodation.
- Four local prisons; HMP Nottingham; HMP Lowdham Grange; HMP Whatton and HMP Ranby have a combined capacity of 3,595 prisoners.
- In Nottingham and Nottinghamshire there are 364 care homes, residential and nursing, registered with the Care Quality Commission.

- There are 76 Ofsted registered children and young people's residential settings in Nottingham and Nottinghamshire. Young adults aged under 21 also receive support in semi-independent living across circa 120 different settings.
- There are approximately 100 schools in Nottingham City and 340 in Nottinghamshire County, plus alternative provision schools.

3.2 Infection rates in Nottinghamshire County

The first COVID-19 case in Nottinghamshire was recorded on the 21st February 2020. As of 3rd March 2021, there had been a total of 52,252 confirmed cases among residents in the County or 6.31% of the population.

Chart 1: Weekly COVID-19 case rate, Nottinghamshire County to 3 March 2021

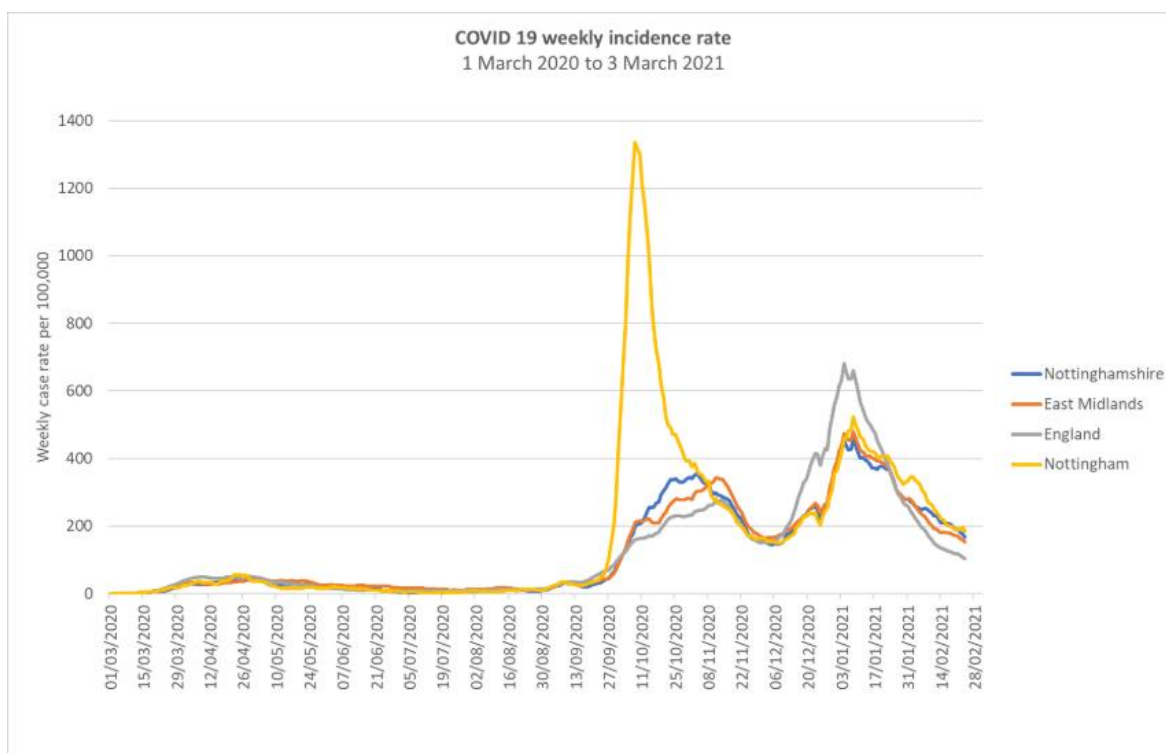
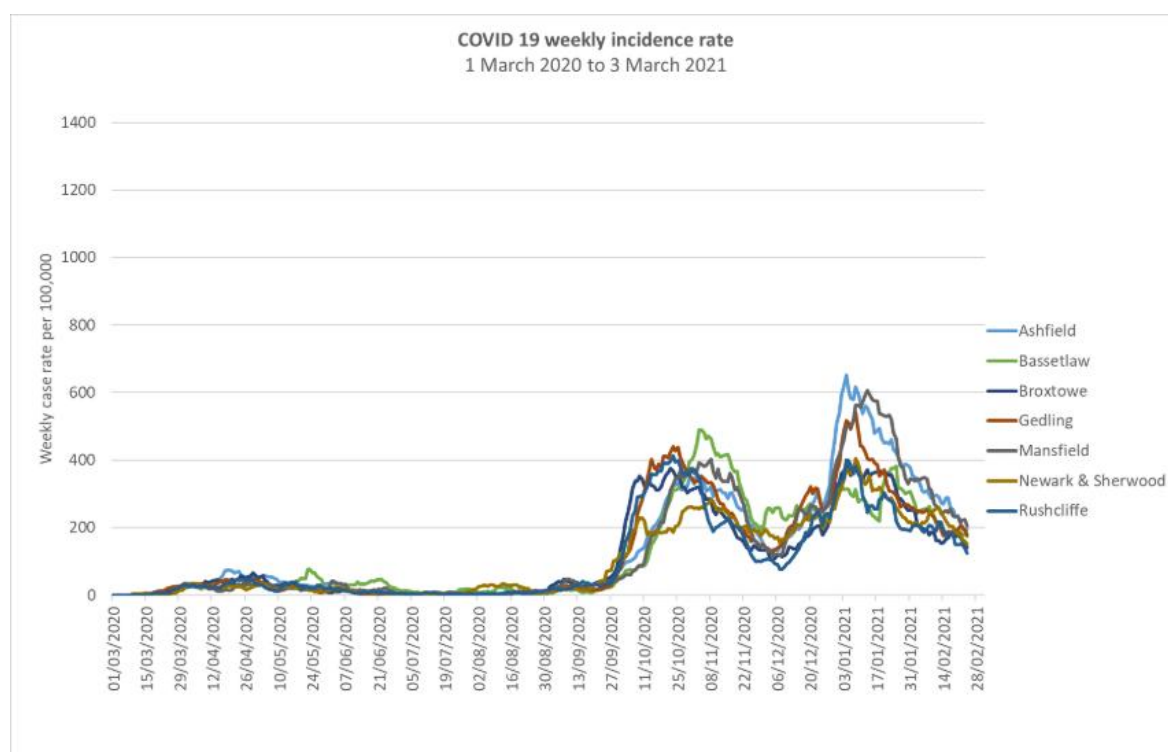


Chart 2: Weekly COVID-19 case rate, Nottinghamshire County districts to 3 March 2021



Further information about the local population is provided in Appendix A and online at [Home - Nottinghamshire Insight](#).

Part 2: Controlling COVID-19

4. Outbreak management

4.1 Overview

Outbreak management is a combination of:

- Health protection expertise and capabilities (local authority public health, environmental health and Public Health England) including epidemiology and surveillance; infection suppression and control techniques and contact tracing investigation and evaluation.
- Multi-agency capabilities to support the deployment of resources to deliver health protection functions at scale where needed (Local Resilience Forum, with community leadership provided by elected members)

Within the LRF structure, the Local Outbreak Cell facilitates the day-to-day operational delivery of the outbreak management plan, escalating and reporting any issues to the LRF Tactical Coordinating Group (TCG). The Cell provides a single point of contact for queries and the notification of concerns, and coordinates the following outbreak management activity to ensure effective and timely response to the changing local situation:

- A daily review of population level data and local situations is undertaken. This work monitors case rates, identifies trends and highlights new outbreaks which require investigation and / or follow up actions. It involves multi-agency partners to provide a holistic view of the local situation and actions being taken.
- The Local Outbreak Cell is responsible for keeping oversight of all actions and agrees to stand up Outbreak Control Teams (OCT) or Incident Management Teams (IMT) in response to an emerging risk or defined outbreak. OCTs and IMTs provide the forum to co-ordinate the resourcing and deployment of resource, including environmental health officers, Infection Prevention Control expertise, local testing and contact tracing.
 - An IMT is established in response to a local geographical or broad-ranging incident. IMTs can be place-based e.g. district level, or countywide or generic-setting e.g. universities or care homes. This allows discussion of common themes and coordinated activity across the setting or geography of concern. We will review the effectiveness of geographically based IMTs and their ability to look at granular detail to identify decisive local actions.
 - An OCT is established in response to a specific local outbreak. These can be led by Local Authority Public Health teams or Public Health England (PHE) depending on scope. OCTs are generally setting-specific e.g. high-risk workplace or common-setting e.g. across multiple sites of a large organisation. Outbreak control meetings ensure all control measures are considered to manage outbreaks.
- An enhanced contact tracing process is in place, (also referred to as Outbreak Investigation & Rapid Response) to ensure situations of interest are identified and investigated as soon as possible. This provides resilience between PHE and Local Authorities to share intelligence and prioritise action based on assessed level of risk. This is supported by the local client management system: COVIZ, which combines PHE data with local intelligence to highlight trends and situations of interest. Further information on contact tracing is included in section 7.

Weekly reports are produced to summarise the local situation, highlighting the relative contribution of local workplace, care home and prison outbreaks in the overall position, as well as providing analysis on age-specific, geographical and positivity trends. These are made available to the TCG. Information is also reviewed in conjunction with PHE to escalate any local areas of concern.

In addition to general outbreak management activity, there are a number of activities and processes to manage care homes, healthcare, education and childcare settings, and the business sector as they represent settings of particular interest and higher risk:

- To manage high-risk situations in care homes, a regular taskforce is in place to identify outbreaks, monitor and manage Infection Prevention Control (IPC) and quality measures. This group keeps oversight of outbreak management across care homes, supported living and home care providers reporting to the LRF care homes and home care cell.

- Using local learning health system-wide care home training and webinars are regularly held to support effective learning and implementation of COVID-19 control and IPC measures and to help promote Government guidance.
- Cases identified among the rough sleeper community or complex settings are led by a programme manager taking advice from specialists are needed. Actions are identified to address the specific needs of the situation. An IMT is stood up as needed, for example where extended multi-agency involvement is required.
- A process for shared learning across the Business sector is also in place. A good practice toolkit is being developed in conjunction with webinar-based training to support businesses in adhering to COVID-19 secure measures.
- A Nottinghamshire Schools and Early Years surveillance group meets weekly to review cases and provide further analysis and support to these settings.
- Local NHS Hospital Trusts monitor internal outbreak information including current COVID-19 positive inpatients, ward outbreaks and staff absence. Each Trust has an IMT in place with input from Local Authority Public Health, PHE and NHSEI colleagues to investigate the current situation and agree required actions. Key issues are fed into the Local Outbreak Cell on a daily basis and reported through the LRF Health & Social Care Economy TCG.
- Outbreaks in Independent Hospitals are highlighted through the Local Outbreak Cell, and Public Health support provided to ensure control measures are in place, such as IPC support and sharing good outbreak management practice from NHS and other hospitals.

Where informal outbreak management measures are not sufficient, legal powers are considered to enforce required actions to manage an outbreak or situation. Compliance and enforcement are described further in section 10.

4.2 Data sources

We utilise the following data sources to inform local outbreak management:

- COVID-19 Situational Awareness Explorer: a range of data provided to the Director of Public Health (DPH) by Public Health England
- PHE COVID-19 Local Authority reports
- COVID-19 wastewater programme
- NHS COVID-19 app

We will undertake the following activity to improve our use of data to inform local outbreak management:

- Close liaison with PHE to continuously improve issues pertaining to data quality, particularly around fields such as occupation, as well as coded limits
- Further exploration of the recently available NHS COVID-19 app summary data and how best this can be used in outbreak management.

4.3 Complex settings

Specific settings-based incident management plans have been developed for use in high-risk settings and places in Nottingham and Nottinghamshire. These plans were developed in partnership for use in settings-based Incident Management Teams as part of the development of the Local Outbreak Control Plan 2020. The plans are and will continue to be kept current by responsible public health and environmental health leads. Specific incident management plans are in place locally for:

- Care homes
- Children's residential settings
- Higher education settings
- Prisons and secure settings
- Education and childcare settings
- Houses in multiple occupation
- Leisure settings
- Rough sleeping, temporarily housed and socially vulnerable individuals
- Places of worship
- Hospitals
- Public realm and transport
- Hospitality
- High-risk workplaces.

Incidents and outbreaks within the settings listed above (and other settings as necessary) are managed through a dedicated whole system approach in collaboration with Public Health England East Midlands (PHEEM). PHEEM remain the first point of contact for the notification of positive cases and outbreaks. It is important that reports of confirmed cases in these settings are communicated by the setting owner to the PHE local Health Protection Team as quickly as possible using the agreed pathways. PHEEM feed this information into the Local Outbreak Cell. A standard operating procedure is in place regionally with PHEEM, which details the link between PHEEM and Local Authority Public Health Teams.

4.4 Surge planning

Flexibility will be required to scale the actions and level of resource up and down as required, dependent on the local situation at any given point in time. Experience from the past year has given useful insights in the required activity for a variety of settings and rates of infections. The process described above has proved to provide effective outbreak management, although lessons on adequate capacity management are now being embedded into the future resource plan. The future resource plan will be tested against the reasonable worst-case scenario and is described further in section 16.

4.5 Variants of concern

A specific area of surge planning has been identified in response to the emergence of new COVID-19 variants of concern (VOC). On identification of a VOC, surge testing will be required to contribute to surveillance and to suppress the spread of coronavirus.

A local multi-agency surge plan has been produced to respond to the identification of a VOC in Nottingham and Nottinghamshire. This plan has been developed through the LRF and is ready to be enacted as required by the local Directors of Public Health. It addresses all the

necessary steps to enable everyone aged over 16 living in a defined locality to take a COVID-19 test during a two-week period, whether they are showing symptoms or not. The plan also includes supplementary actions including communication, self-isolation support, contact tracing and enforcement.

5 Surveillance

5.1 Routine Surveillance Reports

Nottingham and Nottinghamshire public health analysts produce a catalogue of routine reports overseen by the Local Outbreak Cell to inform local outbreak management. The following standard reports are produced on a regular basis, ranging from daily to weekly:

- **COVID-19 Testing Dashboard:** Covid-19 volumes/rates, aggregated by local authority, cohort and ward. Includes trends over time, rate of change reporting, and positivity trends.
- **Vaccination Report:** Proportions/volumes of vaccinations (1st/2nd dose) by cohort, ward and ethnicity.
- **Population-level data:** National position table, local incidence rates, (upper and lower tier local authorities, prison and care home settings), common exposure reports, spatial distribution by age.
- **LRF report:** Weekly deaths/excess deaths report for City/County, cumulative deaths (COVID-19 & non-COVID-19), place of death.
- **TaqPath Lab report:** Sample of Pillar 2 cases containing VOC, upper and lower tier local authorities.
- **Specific investigations:** Detailed analytical reports to support incident and outbreak investigations as required.

5.2 Data integration and information sharing

The Nottingham & Nottinghamshire Local Resilience Forum (LRF) represents the strategic level of decision-making and is responsible for directing and overseeing the emergency planning policies. Its overall purpose is to ensure there is an appropriate level of preparedness to enable an effective multi-agency response to major incidents which may have a significant impact on the communities of Nottingham and Nottinghamshire. Two main groups analyse and present data to the LRF: the LRF data cell and LRF local outbreak cell.

The data cell collects, analyses, interprets and distributes a range of data to support the system's response to COVID-19. This includes a local 'R-value' or measure of the 'growth rate of transmission'. This uses and is presented alongside data on confirmed cases of COVID-19; NHS 111; and hospital admissions. Other data is also distributed to LRF partners on a regular basis including excess mortality and Apple and Google mobility data.

The data cell has worked closely with local authorities to facilitate the sharing of information about those who are clinically extremely vulnerable who at times may require support from local authority services. It also supports local bed modelling of future COVID-19 hospital

admissions and ITU capacity which is provided, in confidence, to cell chairs to support their planning. The Local Outbreak Cell's role and operation is described in Section 4 above.

Appendix B summarises the overall approach to data sharing during the COVID-19 pandemic. Data agreements are in place to allow the sharing of line list data between the two local authorities in order to consolidate data and facilitate joint exploration of COVID-19 case rates.

5.3 Cross-boundary and partnership working

The local authorities have data sharing agreements with a range of LRF partners including, NHS, district & borough councils, police and the two local universities. These agreements allow data to be shared in both directions for the purpose of outbreak management and individual welfare. This has been done to facilitate fast outbreak management and support self-isolation.

At a regional level, data for positive cases is shared for neighbouring Local Authorities through the PHE Power BI COVID-19 Situational Awareness Explorer where Nottingham or Nottinghamshire is listed as an alternate address. This allows identification of community and settings-based outbreaks across local authority boundaries and collaboration to implement effective control measures.

A regional network (EMPHIN leads) is facilitated by Public Health England for Public Health Intelligence Leads in Local Authorities. This network provides ways to share, agree and standardise ways of working and data interpretation.

6 Testing

There are four key strands of the local testing strategy for Nottingham and Nottinghamshire: 1) symptomatic testing, 2) asymptomatic testing, 3) outbreak testing and 4) surge testing. Waste water testing is currently undertaken at a national and regional level and is described in Section 5 above.

1) Symptomatic testing

The purpose of symptomatic testing is to swiftly identify those with SARS-CoV-2 infection whose isolation will reduce transmission.

Under the NHS Test and Trace programme, anyone with symptoms of coronavirus is actively encouraged to be tested by arranging a test on-line at www.nhs.uk/coronavirus, calling 119 or attending a testing site. A network of testing sites will be maintained in locations that optimise accessibility for local populations, including several that can be accessed without the need to book. In addition, mobile testing units will continue to be deployed to support current need.

Backpack or drop and collect testing is also available to individual's homes or other suitable locations for those who would otherwise find it difficult to access testing, as part of the customer support available from each local authority.

It is necessary to ensure the local symptomatic testing model remains sustainable as management of the pandemic shifts to a longer-term approach and business as usual begins

to return. To this end, we will develop a detailed action plan setting out activity that will be undertaken to maintain the function.

2) Asymptomatic testing

The purpose of asymptomatic testing is to identify people who are carrying high levels of SARS-CoV-2 virus but who do not have symptoms. These individuals are required and supported to self-isolate, further reducing transmission.

The national ambition is that twice-weekly testing is made available to the whole population, but targeted at groups within the population who are likely to be most at risk of carrying the virus. Achieving this will require a range of routes through which people can receive tests. Nottinghamshire County Council will develop arrangements for assisted testing through:

- Registered community testing sites, conducting assisted testing
- Settings where vulnerable people mix (includes homelessness settings).

In addition, we will work with government and other partners to support them in their expansion of asymptomatic testing through:

- Registered workplace testing sites, conducting assisted testing (includes critical workers such as fire and police),
- Home testing for eligible groups (health and care workers, including those in care homes, nursery staff, school staff, secondary school pupils, households of children who attend school), available through Community Collect sites, employers or national workplace and home delivery routes
- University and school settings (where home testing is not suitable)

3) Outbreak testing

Targeted testing to people connected with a setting without symptoms will be made available to support the management of outbreaks, including high-risk or complex settings or specific geographical areas, where a risk assessment determines it necessary.

Outbreak testing will always utilise PCR tests. Bespoke local arrangements will be put in place as agreed through an outbreak control team. The mode of deployment will be tailored according to each situation to ensure a fast, accessible response.

4) Surge testing

If surge testing becomes necessary in a locality, every person living in a specified area (aged 16 and over) will be strongly encouraged to take a COVID-19 test, whether they are showing symptoms or not. Testing will be offered to people who have received a vaccination.

Testing may use a combination of:

- Collect & drop sites
- Mobile testing units

- Asymptomatic testing sites (lateral flow tests will stop in the affected area and sites can potentially be repurposed to use PCR tests to allow genome sequencing to take place)
- A backpack model to deliver testing kits to clinically extremely vulnerable people and vulnerable people.

The same national restrictions will continue to apply in these areas.

People with symptoms should book a test in the usual way (i.e. via www.nhs.uk/coronavirus, calling 119 or attend a testing site).

7 Contact Tracing

7.1 Overview

Contact tracing is the process of identifying, assessing and supporting people who have been exposed to COVID-19 to prevent onward transmission.

The national NHS Test and Trace (NHS T&T) programme identifies positive COVID-19 cases amongst those citizens who access both asymptomatic (Lateral Flow Device) testing and Pillar 2 (PCR) testing and provide immediate self-isolation advice. Each positive case is contacted, and information sought on recent close contacts. Contacts are informed to self-isolate for a 10-day period. More information about this programme can be found at: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#how-test-and-trace-helps-fight-the-virus>.

7.2 Local authority contact tracing

If NHS T&T are unable to contact a positive case within the first 24 hours, the case is passed to the Nottinghamshire County Council's Test & Trace team (within the Customer Service Centre).

The Customer Service Centre follow a similar process to that of the national NHS T&T but couple this with local knowledge and an ability to access and offer localised help to those who need it. The Customer Service Centre staff are experienced at identifying potential support and care needs and are well placed to ensure appropriate referrals into other services. This includes raising support requests in the Notts Coronavirus Community Hub led by the LRF Humanitarian Assistance Group.

If a COVID-19 positive case still cannot be contacted, Field Contact Tracers will undertake visits to their place of residence, to encourage them to participate in contact tracing. This is now formally called field contact tracing but is also sometimes called our doorstep intervention.

We will continue to build on the successes of our local contact tracing model and use our existing infrastructures and learning in the contact tracing element of surge planning and in our enhanced contact tracing approach.

The Contact Tracing undertaken by NHS Test and Trace, the CSC and Field Contact Tracers is known as 'Conventional' or 'forward' contact tracing: this type of contact tracing involves contacting individuals who test positive (cases) to identify their close contacts and asking their contacts to self-isolate.

7.3 Enhanced contact tracing

In addition to participating and delivering forward contact tracing, Nottinghamshire County Council also has the ability to conduct 'enhanced contact tracing', also referred to as Outbreak Investigation Rapid Response (OIRR). This is conducted in partnership with Public Health England (PHE).

Enhanced Contact Tracing (ECT) is used to detect and respond to Covid-19 outbreaks. It involves identifying both close contacts as well as potential sources of the infection. The latter, backward tracing, considers the 3 to 7 days before symptom onset.

Working across PHE and local teams, ECT is being developed to improve identification of common sources or locations of infection and help more effective management of local outbreaks through a five-stage process:

- **Detect** - NHS Test and Trace and Public Health England provide a suite of intelligence reports to help identify potential outbreaks:
 - *Post code coincidence reports* include those locations where cases may have transmitted the virus by attending during the period where they were infectious and may transmit the virus. 'Post code' coincidences provide intelligence which can direct public health investigation and action.
 - *Common exposure reports* are compiled based on 'backward contact tracing' including the locations where cases may have acquired the infection. This report helps identify themes and venues where closer working, investigation or public health messaging may be required.

In addition to these sources, local analysis and soft intelligence are also used to identify potential areas, workplaces or case clusters that require further investigation.

- **Alert** - PHE Health Protection Team and Nottinghamshire County Council review intelligence and triage settings to prioritise investigation of potential local outbreaks.
- **Investigate** - Further investigation of potential outbreaks to identify the need for control measures.
- **Control** - Control measures are implemented and continuously reviewed as informed by ongoing investigation.
- **Review** - Ongoing review and monitoring for 28 days after the last positive case.

Environmental Health Officers (EHOs) who are trained and experienced in forward and backward contact tracing, undertake a fundamental role in ECT, including outbreak investigation, review of COVID-secure measures and enforcement to ensure compliance. Plans are in place which outline how the LRF will deploy additional contact tracing capacity if either a surge of COVID-19 cases occurs leading to multiple, complex outbreaks or if a variant of concern is detected.

Local Authorities are also exploring future developments in the areas of Enhanced Contact Tracing to make efficient use of PHE and local resource and knowledge, and to support the response time for investigations. Planning is underway to ensure there is enough capacity to resource both forward and backward tracing in complex scenarios and settings across Nottingham and Nottinghamshire.

8 Self-isolation

8.1 Introduction

Self-isolation will continue to be an integral part of the COVID-19 response. It is essential to ensure high levels of compliance with self-isolation requirements (alongside high uptake of testing), both for people who test positive for COVID-19 and for their close contacts.

Individuals are expected to self-isolate if they or a household member have symptoms of COVID-19 and are legally obliged to do so if they test positive for COVID-19 or if they are a close contact of someone who has tested positive.

It is recognised that self-isolation is not easy for anyone, and for a variety of reasons can be particularly challenging for some. The local approach to self-isolation comprises four mutually supporting elements, addressing the known barriers to successful self-isolation;

- 1) **Communication** – ensuring that people understand when they are required to isolate, why it is important and how they can access support.
- 2) **Practical support** – removing barriers such as access to food and not being able to carry out caring responsibilities or other practical tasks and recognising the impact of loneliness and boredom on mental health.
- 3) **Financial support** – concerns about the financial consequences or impact of self-isolation on employment status are a very real risk to self-isolation compliance.

Whilst the first three elements are centred on encouraging and enabling self-isolation, where necessary enforcement will also be used, in conjunction with the local Police.

- 4) **Targeted enforcement** of breaches of the legal requirement to self-isolate.

There are indications from local authorities across England that for some households with limited means or whose employment is precarious, the current support and incentives may be insufficient. Working with our partners, Nottinghamshire County Council will explore options to improve support for people whose circumstances make isolation especially challenging.

8.2 Communications

The local authority (and partners) will continue to ensure that local communities understand the importance of self-isolation, as well as how to access the support needed to achieve this.

8.3 Practical support for self-isolation

The Nottinghamshire Coronavirus Support Hub will continue to provide practical and wellbeing support for residents who need to self-isolate. The support that will be provided is described in Section 9.

The government is introducing a new framework for Local Authorities to support those self-isolating. The framework sets out the types of practical, social and emotional support that people may need to access if they are self-isolating because they or a close contact have tested positive for COVID-19. It sets out the role of NHS Test and Trace in sharing information with councils about people who may need help in accessing support – and the role of councils in assessing people's needs and helping them access support. Councils are expected to have implemented the framework by the end of March. The LRF Humanitarian Assistance Group will work to develop the local approach.

8.4 Self-isolation in complex settings

For some individuals the practical barriers to self-isolation are substantial, including access to a safe and suitable location in which to complete their self-isolation period. Complex needs, including drug and alcohol dependency, provide an extra level of challenge to self-isolation compliance. Strong partnership working between public sector partners and voluntary and community sector providers, alongside support from local hotels has enabled pathways and processes to be put in place to facilitate self-isolation, even in these difficult circumstances.

COVID-19 positive individuals, as well as close contacts, who are rough sleeping or have no safe place to self-isolate are accommodated in local hotels for the duration of their self-isolation period. A triage system is in place involving adult social care and district council Housing Departments to support the actual placement of the vulnerable individual, i.e. arranging accommodation and generally a food package.

Mechanisms are in place to facilitate a wider support package for an individual, such transport (if needed), alcohol, drug and medication needs (supported through the Council's public health substance misuse service provider, CGL). In the rare situation of ongoing compliance issues, with risk to the wider public, then a concierge service to monitor the individual can be arranged.

8.5 Financial Support

Processes are in place to ensure the efficient and timely delivery of the national Test and Trace Payment Scheme, which enables local authorities to support people on low incomes who cannot work from home to self-isolate, and face hardship as a result. District councils

in Nottinghamshire administer the Test and Trace support payment scheme. Access to this is via the individual district council.

District councils also operate the discretionary support payment scheme for those who are on a low income and will face financial hardship as a result of not being able to work from home whilst they are self-isolating but who do not meet the criteria for the Test and Trace support payment because they are not currently receiving one of the qualifying benefits.

The County Council operates an emergency assistance fund which gives grants to groups helping people who are struggling to afford food and other essentials. Further information and a list of the local organisations and charities that have benefited from this fund and can provide support for individuals can be found at

<https://www.nottinghamshire.gov.uk/care/coronavirus/the-local-authority-emergency-assistance-grant-for-food-and-essential-supplies>.

From April 2021, there will be additional requirements to support self-isolators. The Nottinghamshire Humanitarian Assistance Group will work to develop the local approach.

9 Supporting vulnerable people

9.1 Overview

Humanitarian support in the County resulting from the pandemic is coordinated by the Local Resilience Forum (LRF) Humanitarian Action Group. This coordination includes the assessment of needs in different population groups and geographical areas, responding to new local needs as they occur (e.g. combined impact of flooding and COVID-19).

Support for vulnerable residents who need to self-isolate or present with other humanitarian needs is provided via the Nottinghamshire Coronavirus Community Support Hub, coordinated by Nottinghamshire County Council working with LRF Partners. Details of the support available, and how to access it, are contained in Appendix C.

The Nottinghamshire Coronavirus Community Support Hub provides an online database which enables residents in need of support to input their postcode and requirements via the webpage and be served up with a list of local groups and organisations able to meet those needs which they can contact. When a Community Hub form is completed by the resident or on their behalf, details are captured in a database available to all LRF Partner organisations. LRF partner organisations aiding the community response effort will ensure that staff can provide the required support in a coordinated way which minimises duplication and effectively uses resources.

9.2 Links to Social Care

Safe and well checks are in place for vulnerable people known to adult social care, who may be referred to the Hub for support. Some of those who self-identify as vulnerable during the COVID-19 outbreak may also already be known to Social Care Services. The Hub workflow includes a check to ensure needs continue to be met and any increased needs can be picked

up and responded to. Specific workflows are in place for people in the Clinically Extremely Vulnerable (CEV) category (including direct communications to individuals), and for individuals who self-identify as vulnerable.

10 Compliance and enforcement

10.1 Overview

This Plan sets out some general principles to assist Nottingham City Council, Nottinghamshire County Council, District/Borough Councils and Police partners to deliver a consistent approach in the use of enforcement powers to prevent, contain and manage the spread of COVID-19. This document does not seek to reproduce any guidance issued by government or other agencies e.g. OPSS, HSE.

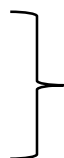
In considering enforcement action, local authorities should have regard to the following:

- The relevant statutory provisions including the following
 - Public Health (Control of Diseases Act) 1984 as amended
 - Health Protection (Coronavirus) Regulations 2020 as amended
 - Health Protection (Coronavirus, Restrictions) (Obligations of Undertakings) (England) Regulations 2020 as amended
 - Any regulations or other subsidiary legislation made under the above and any enactments amending or replacing the same
- Any local controls or other regulations that may be in place.

The principles of enforcement have been laid out in the enforcement concordat and within the Enforcement Policies of each LRF partner ensuring proportionality, accountability, fairness, consistency, openness and transparency.

LRF partners will work in partnership when carrying out their enforcement duties but as a principle only use enforcement as a last resort applying the four 'E's approach as outlined by the College of Policing:

1. Engage
2. Explain
3. Encourage
4. Enforce



Enforcement officers will employ their professional judgement in making sensible decisions based on the following factors:

- The seriousness of the offence or contravention specifically its impact on public health
- History of compliance
- The likely effectiveness of the enforcement options
- Confidence in management

Notwithstanding the above where businesses do not act responsibly and fail to comply with their legal obligations, enforcement will be considered.

10.2 Enforcement Options

LRF partners will continue to adopt and comply with all legal standards in respect of evidence gathering e.g. PACE and Criminal Procedural Rules. All actions taken must be evidence based with the intention to prevent, contain and manage the spread of the virus.

The split in powers between the Police and Local Authorities is broadly as follows;

Business Controls – Local Authority officers are the lead for enforcing how businesses comply with business related Coronavirus Restriction Regulation and also the use of other business regulation powers such as Health and Safety at Work Act that may be an option in securing worker/customer safety.

Community Controls – The Police are the enforcing body for enforcing citizens' personal compliance with Coronavirus Restriction Regulations.

Direction Powers - Nottinghamshire County Council may enforce a specified Direction to prohibit or place restrictions on the operation of a premises where satisfied that there is a serious and imminent risk to health.

Coronavirus Improvement/Prohibition Notices – Nottingham City Council and local Borough/ District Councils may use these intervention powers at businesses to secure compliance.

Fixed penalty notices – Local authorities and the Police may issue a fixed penalty notice for a breach of the regulations.

Criminal proceedings – Authorities may decide to take legal proceedings when there has been a serious breach of the regulations which satisfies the enforcement policy of the LRF partner and it is in the public interest to take such action.

Consistency – Local authority Environmental Health and Trading Standards lead managers meet regularly to discuss matters of consistency and coordination.

10.3 Enforcement activity

This is undertaken as follows:

- Environmental Health investigation in response to identified COVID-19 outbreaks or local intelligence
- Use of HSE proactive spot checks service to target local business sectors including supermarkets, taxi services, large retail stores, warehouses and care homes
- Outbreak control actions agreed and implemented where breaches in COVID-19 security are identified, using advisory and regulatory options
- COVID-19 marshals deployed to enforce COVID-19 security in certain settings such as transport
- Information sharing with Police to join up engagement and enforcement activities

- Defined protocol for 'won't stay put' to support enforcement of public health powers where necessary.

11 Vaccination

An effective vaccination programme is fundamental to the long-term control of coronavirus. The UK's COVID-19 vaccination delivery plan sets out the national strategy for the supply, prioritisation and delivery of vaccines to the population¹. The programme aims to offer all adults the COVID-19 vaccine by 31 July 2021 through phased delivery. Prioritisation within the programme is based on the recommendations of the Joint Committee for Vaccinations and Immunisations (JCVI) to maximise the prevention of mortality and the maintenance of the health and social care systems.

Nottingham & Nottinghamshire Clinical Commissioning Group² and Bassetlaw Clinical Commissioning Group³ are responsible for the delivery of the vaccination programme, working in partnership with their integrated care systems. A COVID-19 Oversight Board provides leadership and oversight through the Local Resilience Forum (LRF) to ensure local partnership and response.

In a joint letter on 2 February 2021, the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities & Local Government (MHCLG) outlined the role of local authorities in the future of the vaccination programme. It set out the specific areas where local authorities, particularly with their public health responsibilities, bring core skills and resources to the programme. The Local Authority role supports a wide variety of actions, including vaccination of frontline social care workers, supporting communications and community engagement, addressing health inequalities and supporting future delivery of the programme within core infrastructure.

Planning will continue through Spring 2021 to consider resourcing, staffing, monitoring, communications and governance to allow Local Authorities to continue to play their part in the COVID-19 vaccination programme as it moves from incident response to core business.

11.1 Health inequalities

Within the JCVI framework, it is essential that implementation allows deployment of vaccine at a local level to mitigate the exacerbation of existing health inequalities. Emerging patterns of inequality illustrate that deprivation and ethnicity are significant factors in vaccine uptake. Within Nottingham & Nottinghamshire, in particular, Black and Asian ethnicity and 'other white' (e.g. Eastern European) is linked to low vaccine uptake. These are in line with patterns emerging across all areas of the country. Experience also tell us that additional focus is needed to reach some specific groups in the community such as those

¹ <https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan>

² [COVID-19 Vaccination in Nottingham and Nottinghamshire - NHS Nottingham and Nottinghamshire CCG \(nottscg.nhs.uk\)](https://www.nottscg.nhs.uk/covid-19-vaccination-in-nottingham-and-nottinghamshire)

³ [Bassetlaw \(bassetlawccg.nhs.uk\)](https://www.bassetlawccg.nhs.uk)

who are socially deprived, homeless, asylum seekers, people with learning disabilities and travelling communities.

Working through the LRF Health Inequalities Cell, NHS, Local Authorities and wider LRF partners are actively involved in identifying and targeting communities and under-served groups to help mitigate inequalities. Measures taken include proactive calls and visits to individuals that have not accepted their offer of vaccination, a query support line, engagement with community leaders, establishment of local pop-up clinics (e.g. using mosques) and implementation of a travel scheme or home visiting for those unable to get themselves to a vaccination centre.

National and local data is used to actively monitor take up across vaccination cohorts and within communities. As the dataset evolves, it is used to provide greater focus and support to all communities in taking up the vaccine, including those under-served. Nottingham and Nottinghamshire public health teams will continue to advocate for more granular data on vaccinations in order to monitor concerns related to equity and outbreaks.

As the vaccination programme continues to roll out, new outbreaks and increases in case rates for a specific geography or demographic group may act as an early warning sign of low vaccine uptake, poor vaccine efficacy or emergence of a new vaccine-resistant variant. Therefore, ongoing surveillance and analysis is crucial and will provide an ongoing link between testing and vaccine roll out to ensure local intelligence is embedded in the local outbreak management plan.

12 Living with COVID-19

In a context of enduring transmission, and in recognition that vaccines will not be 100% effective against symptomatic infection in those vaccinated, activities to enable safe living with COVID-19 remain crucial to the protection of the health and wellbeing of residents. Non-pharmaceutical interventions (NPIs), such as face coverings and COVID-secure working arrangements, will continue to play an important role in daily lives as the country moves step-by-step out of the current national lockdown restrictions.

We will continue to actively promote NPI measures set out by Government with residents and businesses to ensure clarity (as well as compliance) locally as and when national changes in these measures take place. We will continue to promote NPI measures in line with Government's roadmap, "hands, face, space and air", and the adoption of regular asymptomatic testing. The local Test, Trace and Isolate system will be maintained and developed further in line with direction from Government and learning from local pilots.

Part 3: Management

13 Roles and responsibilities

Achievements in local outbreak management to date are a direct outcome of the strength of the relationships forged as a system of partners working together. This plan will build on

those relationships through continued clarity about the roles and responsibilities of the main partners in its delivery.

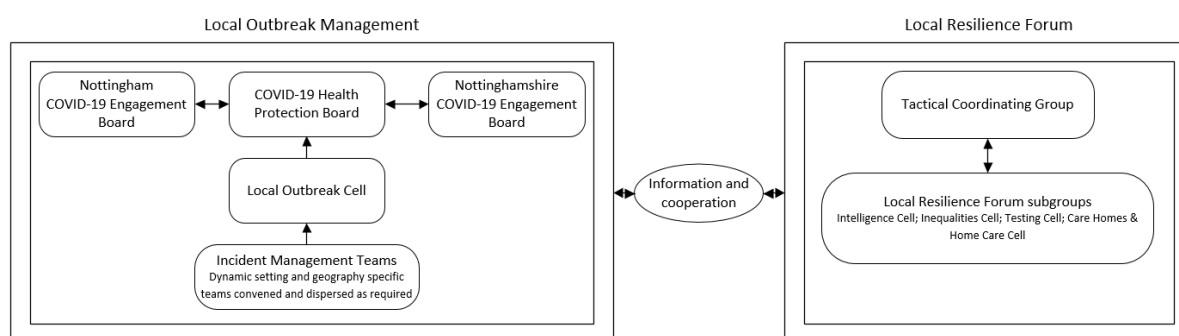
Nottinghamshire Council County and The Director of Public Health (DPH) have matching duties to protect and improve the health of their populations. This includes being assured the arrangements to protect the health of their population are robust and are implemented in a timely manner.

The roles and responsibilities are set out fully in Appendix D.

14 Structure and governance

Local outbreak management governance builds on the existing outbreak management structure and the well-established and effective Local Resilience Forum (LRF) response structure set up prior to the pandemic in line with a requirement of the Civil Contingencies Act 2004. Current interdependencies with parts of the LRF structure may require adjustment as local management of the pandemic evolves from emergency response to the longer-term aspects of living with COVID-19. The local outbreak control governance structure will be revised on publication of the Government's Contain Framework expected in March 2021.

Local Outbreak Management Governance Structure



14.1 Local Outbreak Cell

A Local Outbreak Cell facilitates day-to-day operational delivery of the outbreak management plan, including oversight of Incident Management Teams. Both the Local Outbreak Cell and Incident Management Teams are described in detail in Section 4.

14.2 COVID-19 Health Protection Board

Decision makers are held accountable for this plan through the Health Protection Board's reports to Local Outbreak Control Boards for COVID-19. The Health Protection Board will provide public health leadership and IPC expertise. Specific functions of the Board include providing oversight of the Local Outbreak Cell and evaluating the effectiveness of the delivery of this plan. The Board is co-chaired by the Directors of Public Health for Nottingham City Council and Nottinghamshire County Council and includes but is not limited to membership from PHEM, the NHS and environmental health.

The COVID-19 Health Protection Board has not fulfilled all that was originally intended of it. Going forward, its role, membership and function will need further review and

consideration will need to be given to its longer-term interface with the Health and Wellbeing Boards and the two ICSs in Nottinghamshire.

14.3 Nottinghamshire County COVID-19 engagement board

The Engagement Board ensures there is effective public oversight and communication of the COVID-19 Outbreak Management Plan for Nottinghamshire County. To this end, the Nottinghamshire Engagement Board publishes [notes of its meetings](#) online.

14.4 Outbreak management plan engagement, approval and dissemination

We will engage with LRF partners on the plan and take into consideration their feedback when we make further changes to the plan. The plan itself will be reviewed by the Engagement Board and endorsed by Committee. A detailed dissemination plan sets out how the local outbreak management plan will be shared with residents and stakeholders.

15 Engagement and communications

Communications will be used to ensure awareness and engagement among the public and key stakeholders. Stakeholder comms will include regular communication across the LRF through the chief exec forum, outbreak cell, COVID-19 dashboard, and regular briefings. Effective communication and engagement with local communities will be an important part of preventing and responding to local outbreaks, as well as helping to keep the infection rate low as restrictions are lifted.

The Nottinghamshire County Council communications team will undertake the lead role for communications, where required in association with Public Health England and with the local LRF Communications Cell. Communications will be both proactive and reactive:

- **Proactive comms** - Providing information to the public, amplifying and clarifying national messages, to promote adherence to the guidance and to support and reinforce behaviours that reduce the spread of COVID-19. Public Health prevention messages along with regular updates and responses to the public's concern will continue to be extensively communicated using a range of methods. Key messages include;
 - Continued importance of staying safe by following the Hands Face Space guidance
 - Requirements for social distancing (two metres away from people as a precaution or one metre when you can mitigate the risk by taking other precautions) to reduce the chances of the virus spreading
 - Raising awareness and encouraging adherence to regulations, including self-isolation requirements, and participation in NHS Test and Trace programme
 - Raising awareness and encouraging uptake of testing and vaccination programmes
 - Providing a daily data update to the public through the [Nottingham and Nottinghamshire COVID-19 dashboard](#), which shows the current and historical rates of coronavirus infection.

- **Reactive comms** - Issuing messages efficiently and effectively in case of outbreaks or in response to local data indicating changes in infection rates, in order to support the effort to control any spread. This will consider communications with cases, contacts, communities, businesses, stakeholders and local media. The communications response in the event of an outbreak will be flexible and tailored depending on the type and location/setting of the outbreak.

In both types of communication, channels and messaging will be adapted to the audience and take account of the needs of particular groups and communities, including seeking to reach under-served communities. Communications will be enhanced through close working with stakeholders and partners, for example use of community champions, local influencers and COVID marshals to promote messages to the public.

16 Resourcing and Finance

Local Authorities have received funding throughout the pandemic to support the delivery of the Local Outbreak Control & Management Plans to mitigate and manage local outbreaks of COVID-19. This funding has been allocated from two main grants:

16.1 Test & Trace Grant

In June 2020, the Government allocated a Local Authority Test and Trace Grant to all upper tier local authorities. This was allocated to councils based on need, determined by the formula that is used to allocate the Public Health Grant. For Nottinghamshire County Council this grant was £3,802,915. The Test & Trace Grant has been utilised to implement core outbreak control functions required across Nottinghamshire, including increased capacity requirements for outbreak response, community engagement, testing, contact tracing, infection control, support for vulnerable people and specialist expertise.

16.2 Contain Outbreak Management Fund

Following the move to Local COVID-19 Alert Levels in October 2020, Local Authorities also became eligible for a series of payments from the Contain Outbreak Management Fund (COMF) to support proactive containment and intervention measures depending on local rates of infection. Funding was made up to a maximum rate of £8 per person based on COVID-19 Alert Level. For Nottinghamshire County Council the initial fund was £6,625,792. A supplementary top-up payment of £709,906 was also received in recognition of the period of time spent in Tier 3 restrictions ahead of national lockdown on 05 November 2020.

In December 2020, Upper tier local authorities facing higher restrictions upon exit from national lockdown were allocated additional funding. The grant is being made in the form of a regular payment of £4 per head per 28-day period, up until the end of the 2020/21 financial year. Funding arrangements for 2021/22 will be confirmed in the revised Contain Framework once published. This funding has been allocated in recognition of the ongoing public health and outbreak management costs of responding to COVID-19.

16.3 Community Testing and Surge Planning

With the development of community asymptomatic testing, a further resource has been identified to support the roll out of lateral flow testing across Nottinghamshire. Funding is allocated on the basis of £14 per deployed test. Where infrastructure costs exceed this limit, the Government has committed to cover any reasonable costs associated with the local community testing strategy. This includes surge planning associated with the emergence of variants of concern (VOC).

A complementary but separate stream of funding is available to local authorities to provide humanitarian support to vulnerable groups, including those who have been identified as Clinically Extremely Vulnerable. This is outside the scope of the Local Outbreak Management Plan.

16.4 Resourcing

16.4.1 Staff Prioritisation

From the onset of the pandemic, local resourcing has been balanced against business as usual. As for usual emergency incident response, internal prioritisation of core business has been undertaken to free up resources to support outbreak management and response. This prioritisation has established a core resource of Public Health professionals, Project Management, Communications, Enforcement and Business Management. Roles and work plans have been shared across Nottinghamshire County Council and Nottingham City Council wherever possible to support close working and sharing of limited resource, including resources of other LRF partners such as district Councils, police, and Fire & Rescue.

16.4.2 Recruitment of fixed term posts

In addition to the resource identified through local prioritisation there have been some areas where additional resource has been commissioned through local partners (e.g. testing capacity held in the testing cell) or employed on a short-term contract. This has allowed specialist skills such as Public Health (PH), PH intelligence, local enforcement, communications, infection control and programme management to be added to the resource plan.

16.4.3 Sustainability

One year on, the course of the pandemic illustrates that longer-term sustainability is required to allow outbreak management to continue alongside core business. The resource plan is being refreshed to include the following actions. This will form a part of the LRF Recovery Plan:

- Extension of current fixed term posts to allow longer term support into 2022 to provide capacity to deliver on all aspects of the plan.
- Recruitment drive to provide a dedicated outbreak management team that allows staff from across the LRF who have been temporarily reassigned to COVID-19 response to return to their non-COVID work areas.
- Further work on skill mix to identify roles that can be undertaken by individuals outside Public Health to mitigate the risk from limited availability of staff with the necessary PH skills and experience.
- Creation of a long-term formal testing infrastructure to provide all testing requirements for Nottinghamshire

- Extension of the existing contact tracing infrastructure to provide ongoing capacity for local contact tracing and embedding enhanced contact tracing into core business.

16.4.4 Surge planning & responding to a reasonable worst-case scenario

Alongside establishing dedicated resource to ensure outbreak management continues as part of core business, there is also a need to plan for surges and responding to a reasonable worst-case scenario. Experience over the past year has provided valuable learning on stepping up necessary emergency response as COVID-19 case rates have risen. This has been successfully delivered through staff redeployment.

Local planning to respond to a Variant of Concern (Operation Eagle) has identified the roles and resource required to quickly respond to early warnings and implement mass testing of communities, contact tracing and support to prevent spread of a new strain of COVID-19. A multi-agency surge plan is in place that can be activated by the Director of Public Health in response to an emergency incident being identified.

Resources to deliver this plan are planned to be drawn from internal re-prioritisation to allow for short term flexing of local workforce across the Local Resilience Forum. In addition, an informal 'bank' will be created from local workforce known to the LFR, that have flexible capacity to support response e.g. recently retired PH professionals. Human Resource support will ensure robust short-term employment and deployment to support the surge planning. Further work will be required to ensure that there is surge capacity available in the future.

Glossary of abbreviations

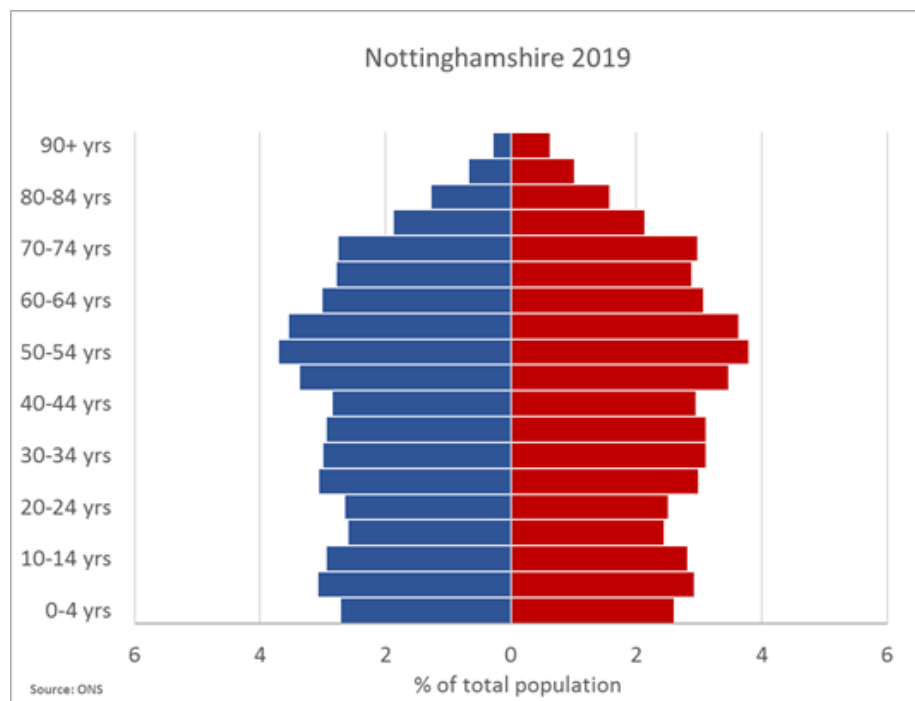
CCG	Clinical Commissioning Group
CEV	Clinically extremely vulnerable
CGL	Change Grow Live. Local provider of substance misuse services.
CPO	Community Protection Officer
CQC	Care Quality Commission
CSC	Customer Service Centre
DHSC	Department for Health and Social Care
DPH	Director of Public Health
ECT	Enhanced Contact Tracing
EHO	Environmental Health Officer
EMPHIN	East Midlands Public Health Information Network
HSE	Health and Safety Executive
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention Control
ITU	Intensive Therapy Unit. Colloquially known as intensive care.
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LFD	Lateral Flow Device – a type of COVID-19 test
LOCP	Local Outbreak Control Plan
LRF	Local Resilience Forum
MHCLG	Ministry of Housing, Communities and Local Government
NHSE/I	NHS England & Improvement
OCT	Outbreak Control Team
OIRR	Outbreak Investigation Rapid Response
OPSS	Office for Public Service and Science
PACE	Police and Criminal Evidence Act
PCR	Polymerase Chain Reaction – a type of COVID-19 test.
PHE	Public Health England
PHEEM	PHE East Midlands
TCG	Tactical Coordination Group
VOC	Variant of Concern
WTE	Whole Time Equivalent

Appendices

- A. Local context
- B. Information governance during the COVID-19 pandemic
- C. Support for vulnerable people
- D. Local, regional and national roles and responsibilities in developing and delivering outbreak plans

Appendix A: Nottinghamshire County context

Nottinghamshire is a county with a mix of urban and rural areas. The total population is 828,224 (Source: ONS, 2019 mid-year estimate). The population age breakdown is shown below.



21% of Nottinghamshire's population is over 65 years of age. There is a relatively large older population and a proportionately large care sector supporting them. 5,760 people live in care homes, of whom 2,860 have dementia.

Other care needs in the population include

- 155,600 people estimated to have common mental illness, of which 25,250 are aged over 65
- 4,846 adults with learning disabilities of which 2,119 are receiving long term local authority support

Vulnerable groups include 14,830 people with serious mental illness or behavioural disorder, 3,785 people in adult drug and alcohol treatment services, 2,700 people in three Nottinghamshire prisons, 1,300 homeless people (and 40 rough sleepers), and 1,880 people receiving support from domestic violence and abuse services. There are five refuges in the County and 261 beds.

Children age 0-17 make up 20% of the population. The numbers of vulnerable children are described in the graphic below:



81.7% of the working age population is economically active with 78.6% being in employment.

Nottinghamshire County Council is an upper tier local authority. Nottingham City Council is a separate upper tier authority. The County area, which excludes the City, has a two-tier local authority structure with seven district councils and two Integrated Care Systems. Nottingham and Nottinghamshire ICS covers Nottingham City plus the whole of the County, except for Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw ICS.

Appendix B: Information Governance During the COVID-19 Pandemic

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here

<https://www.gov.uk/government/publications/coronavirus-COVID19-notification-of-data-controllers-to-share-information>.

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

The Nottingham and Nottinghamshire LRF Constitution was approved through the LRF meeting on 20th March 2020 and covers the principles and approach to information sharing amongst partners (at Section 5) in a way which is compliant with data protection obligations. A more detailed but complementary LRF Information Sharing Agreement (ISA) has been drafted, circulated and is with partners for sign-off.

Appendix C: Support for vulnerable people

The Nottinghamshire Community Support Hub links residents to support near where they live, enabled by a bespoke Community Hub IT system, which links residents needs with support in the community. This support includes:

Support	Detail
Access to food	Help with food shopping, food delivery
Access to medicine	Help with collecting / delivering prescriptions and over-the-counter medicines
Dog walking	Help with walking the dog(s) for those unable to get out of the house
Befriending/ social wellbeing	Friendly chat via phone, providing updates on what is going on in your local area regarding COVID-19
Physical wellbeing	Help to stay mobile and active - access to virtual gym sessions, advice about health
Libraries	Click and collect and delivery access to library services
Other	Picked up from the database and addressed by LRF Partners

For access to the support service, please contact

Nottinghamshire Community Hub Website

<https://www.nottinghamshire.gov.uk/care/coronavirus/nottinghamshire-coronavirus-community-support-hub>

Nottinghamshire Community Hub Website Telephone contact

Tel 0300 500 8080 (open 8am to 5pm, Monday to Friday)

Appendix D: Roles and responsibilities

1. Nottingham & Nottinghamshire Local Resilience Forum (LRF)

The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and management of transmission and outbreaks.

2. Public Health England

- Category 1 responder under the Civil Contingencies Act 2004
- Statutory responsibilities related to health protection
- Regional Health Protection Team will lead in managing COVID-19 outbreaks in local care homes and contribute to managing outbreaks in schools in partnership with Director of Public Health (DPH).

3. Local authorities

- Category 1 responders under the Civil Contingencies Act 2004.
- Unitary and upper tier authorities have statutory responsibilities in protecting and improving the health of the population.
- The DPH has a statutory role for the Local Authority contribution to health protection, including preparing for and responding to incidents that present a threat to public health. Public health teams provide support for these functions.
- Unitary and lower tier authorities have additional health protection functions and statutory powers under various health protection, health and safety and food safety regulations. Environmental health teams in local authorities provide support for these functions.

3.1 LA Public health responsibilities

Strategic roles in relation to COVID-19 planning, resilience and response.

Directors of Public Health and their teams are responsible for:

1. Community testing
2. The local approach to contact tracing
3. Supporting residents to self-isolate
4. Local outbreak management and control
5. Surveillance and monitoring.

Public Health teams will work with Public Health England and Health Protection Boards to fulfil their duties. They will also be supported by resource deployed by 'gold' structures.

4. NHSE&I

- Category 1 responder under the Civil Contingencies Act 2004.

- Central commissioning of primary care services and specialised services.
- Direct commissioning of health and justice services, armed forces and veteran's health services.
- Responsible for ensuring that contracted providers deliver an appropriate response to an incident which threatens public health.

In relation to this plan:

- Lead the mobilisation of NHS funded services;

5. CCGs

In support of NHS England in discharging its Emergency Preparedness Resilience and Response (EPRR) functions and duties locally, the CCG is delegated to coordinate the health economy tactical coordination during incidents (Alert Level 2-4).

- Category 2 responders under the Civil Contingencies Act (2004).
- Principal local commissioners of NHS funded acute, community health and primary care services.
- Responsible for ensuring that their contracted providers (general practice, acute hospital, community health, mental health, out-of-hours etc.) will provide the clinical response to incidents that threaten the health of local population.

In relation to this plan:

- Authorise assistance as required by a local provider of NHS funded care.
- Provide support and advice to care providers.
- Provide infection prevention and control advice and support to the population, including care homes and complex settings.

6. Healthcare (including public health) service providers

In relation to this plan:

- Provide assistance as required by a local commissioner including support to care settings, e.g. to schools through school nursing services.
- Provide local surge capacity if required for complex situations.

7. HSE

- Category 2 responder under the Civil Contingencies Act 2004.
- Protects the health and safety of the public by ensuring workplace risks are properly controlled, including infectious/communicable disease hazards.

In relation to this plan:

- Collaborate with Incident Management Teams;
- Inspect premises;
- Regulate workplace risk assessment processes;
- Exercise statutory powers under the Health and Safety at Work Act 1974.

8. CQC

- Enforcement role in relation to regulated services such as care settings.
- Responsibility to protect people who use regulated services from harm and the risk of harm, to ensure they receive health and social care services of an appropriate standard.