



Case Studies from Managing Outbreaks in different settings webinar: Sharing learning from across Yorkshire and Humber

North Yorkshire and York: Outbreaks in Care Homes

North Yorkshire County Council and City of York Council work jointly through the Local Resilience Forum (LRF) to respond to, and tackle, Covid-19. In particular, they have worked together (and locally within their own patches) to address care home outbreaks, alongside NHS and care sector colleagues. Their approach has focused on bespoke local “wrap-around” support to care providers and securing additional local testing capacity.

Approach:

Regular direct contact, testing and PPE were quickly identified as core components of any response to outbreaks. To understand where these resources should be allocated, they have used daily quantitative and qualitative data to track current and emerging outbreaks, working closely with PHE. Daily calls to all care settings were put in place from May to August. During the first phase of the pandemic, North Yorkshire alone had 118 PHE notifications, inclusive of queries as well as outbreaks. The data and work with PHE has allowed them to compare across other Authorities and identify that, for most of the first wave of the pandemic, they sat at the average levels for England. Also using the data, they have analysed outbreaks in different types of care settings, i.e. residential and nursing, extra care; identifying settings where there have been multiple/continuous outbreaks over the last few months. They have found overall that 30% of care settings have had outbreaks, with some experiencing more than one outbreak.

This data analysis and findings have then been followed up by conducting ‘Deep Dives’ in a number of homes to identify further support needed. Projections have also been made on time periods where there needs to be isolation enforced. This has been communicated via provider bulletins to share their developing local approach to testing, monitoring the risks.

Learning to date has been that:

- Good multi-agency work is crucial, whether that is in a care home or, as part of wider outbreak management, other workplace or school settings
- Having a “flying squad” – for example, North Yorkshire’s Quality Improvement Team, working with care providers to problem-solve and provide on the spot training & advice has been essential
- Risk stratification and constantly checking the numbers and trends has helped
- Developing a local approach to testing –and asking Government for more local control – has helped
- Webinars and e-bulletins have helped massively with training and awareness raising

Key characteristics have been:

- Expanded hardship scheme for providers
- Sharing of the national £600m Infection Control Fund with all providers, across residential/nursing and home care providers
- PPE training and emergency panel across the LRF
- Daily calls to all care homes and extra care schemes
- Care Home Gold and Silver meetings every weekday: NYCC, CYC, NHS, Independent Care Group (care providers), CQC and Infection Control services
- Directory of interventions to provide practical support (including help with staff and resident cohorting, infection control, recruitment, etc)
- Care Market Resilience Plans

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Kingston Upon Hull: Outbreak in Workplace Setting

Managing the outbreak: Protocols and Processes

An outbreak at a fish processing plant in July was initially identified through the national NHS Test and Trace system. The nature of the workplace determined that it was identified by PHE as a high-risk setting, and a significant proportion of the workplace tested positive. A visit to the premise to assess Covid compliance, risk and isolation therefore took place as well as a meeting of the Incident Management Team (IMT) to assess the situation with partners. The conclusion of the assessment of risk was that the premise was required to close, and all negative staff asked to self-isolate for 14 days, due to the nature of the environment, the risk to the workforce and the risk to the wider community. The Community Health Care Partnership were brought in to support those required to self-isolate, and PHE developed a full line list. The premise in question did not however comply with the instructions.

Acting swiftly to control the incident so that it did not spread into a wider outbreak was critical. Regular communication took place with the premise setting out expectations, potential consequences and request compliance were regular, and include verbal and in writing from the Environmental Health Officer (EHO) and Director of Public Health (DPH). The Covid 19 Contain Framework did not cover food processing environments, and therefore a joint visit was arranged with the Health and Safety Executive (HSE) and a letter of Contravention sent from it as the body with relevant Regulation Powers. The regional DPH and Regional DHSC Contain Team were kept informed of developments in case the compliance issue needed escalation. As a result of these collective efforts, compliance was successfully achieved.

Learning to date have been that:

- Compliance is critical, especially in circumstances where the Contain Powers are limited.
- The role of HSE was significant – getting them on board early, and the impact of a joint HSE visits was key to securing compliance.
- Council's greater power and ability to influence is negotiation and partnership working.
- The lack of levers to support businesses and staff financially that are required to close or self-isolate
- The important role of PHE in analysing NHS Test and Trace data and identifying accurate information.
- Strong, real time and communications across organisations is vital
- The Environmental Health Officers' (EH)s understanding and existing relationships with businesses are a vital asset.

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Bradford: Outbreaks in Care Settings and Shielding

Care Homes

Bradford City Council have 107 care homes for older people (nursing and residential) within their area and at the height of the pandemic 33 of those had Covid-19 infections within the home. An important learning point for the council from that experience was how important it was to use the data gathered effectively to understand the source of infection, whether that source was from residents discharged from hospital or being brought in by staff, and to analyse and understand the correlation between the home's CQC rating and the infection rate. While early on there were some very difficult situations involving people with the virus arriving after hospital discharge, these problems were later resolved and overcome by working together with partners and there were no further repeats of that situation.

Focusing on staff being the potential source of infection in the homes and understanding their situation (e.g. terms and conditions, zero hours contracts, lack of entitlement to statutory sick pay) meaning some people were resistant to testing as a positive test would result in being without any income. The biggest challenge was the use of agency staff working across different care settings creating an infection risk. Bradford sought to address this by effectively setting up their own staff agency, taking responsibility for training staff and then allocating staff either as temporary cover or via permanent recruitment. This allowed the Council to understand where people were going and start to control that – either offering multiple shifts in the same care setting or ensuring a suitable gap between shifts if going to another setting. This approach really helped, with a significant decrease in deaths in June and no further deaths from Covid 19 after that. Bradford are testing staff and residents every 2-3 weeks and have found that more recent outbreaks have been from residents or staff who are asymptomatic.

Shielding Programme

At the height of the pandemic Bradford Council were supporting 26,000 people who were clinically extremely vulnerable. The important learning there was that local solutions worked best, alongside national ones. The experience gained from working with the situation in the care homes informed the shielding programme. Communication was key, with the authority having conducted three rounds of proactively calling people. Many residents welcomed the contact, even if they did not need any help or support. This represents a change in relationships and helping build rapport with people in the communities.

Providing bespoke food parcels for local people was one of the most important offers, with many of the national food parcels not meeting individuals' needs. This approach also supported an early help and prevention approach, with the team able to connect shielded people with other services (e.g. housing provision team etc). There is a need to consider positioning these offers, to avoid creating dependency, therefore understanding individuals' needs is key. Shielding is currently paused in Bradford, except in areas with additional restrictive lockdown requirements. Bradford are currently developing their step-up plans to prepare for a possible re-introduction of lockdown; re-introduce that infrastructure will be difficult (e.g. volunteers have gone back to work, and warehouses and distribution networks stood down, etc), therefore being prepared to swiftly get these support systems up and running is a key focus.

Bradford: Community Outbreaks

Bradford have a Covid Engagement and Enforcement Team bringing together police, licencing and environmental health officers to deliver enforcement action where breaches are reported. They also have a network of VCS organisations who know and understand their diverse communities and can be called upon to engage with residents at local level, getting out their key messages, free masks and hand sanitiser. A recent example of the Council's response is an outbreak in a factory in a neighbouring authority, where most workers are Central Eastern European. In this case 80 of the people testing positive are from Bradford, representing 50% of all positive cases. The area still has a high number of cases, around 40 testing positive per day, around 54 per 100k, so discovering 80 cases in a relatively small area of Bradford meant that the Council had to act fast to contain the outbreak. The team did not have postcode data at that point, so local intelligence and understanding of communities was key.



Using the knowledge and understanding acquired from other infectious disease outbreaks to inform the actions Bradford needed to take was key. To start the planning process, they discussed the response to a previous measles outbreak which was difficult to control, lasting 5 months and with a large proportion of cases in Bradford's Central Eastern European population. What really worked in that situation was partnership working across agencies and helping people come together. They specifically identified a local voluntary sector organisation working with the Central Eastern European community speaking the right languages, who were known and trusted. This helped the council team get information out in the correct form and via the right people, encouraging uptake of vaccination, recognizing symptoms and knowing what to do. The experience also showed the team how to think about their district assets and how best to use them. This meant that the day after the factory outbreak they sent out voluntary sector staff, plus enforcement officers, community wardens and youth ambassadors from the central eastern European community and asked them to give all their focus to that community. They used videos, i-Vans with messages in English and Slovak, community officers engaging with members of the public and local businesses. There were still a few cases that brought the number up from the initial 80, but by no means did the district have an outbreak.

The key learning from both this and the earlier measles experience include:

- Raise awareness of symptoms and helping people understand the restrictions and guidelines (via good communications and community leaders)
- Data-led approach to testing (mobile testing units in high prevalence areas)
- Testing of all household contacts (including asymptomatic)
- Door to door and local contact testing
- Covid -secure businesses: engage, educate and enforce
- Using feedback from officers on the ground to inform messaging and issues to address
- Time is critical - holding twice-daily coordination meetings

The lessons learnt in terms of preventing community outbreaks requires a whole system approach at local level including raising awareness, plus the council have a team of voluntary sector organisations, including smaller organisations. The council have also recruited 21 young ambassadors from across the district and its communities to engage with young people. All of these people focus on going out into the wards with the highest infection rates every day to give out information, engage with local businesses and community settings and make sure the right messages are getting out there and giving out things like hand sanitizer and masks. The approach is very much intelligence led, with a public health data report to highlight where action is needed, and which goes down to ward level data, informing where mobile testing units need to be.

In terms of testing, a partnership team of voluntary sector, council and Young Ambassador staff are in the areas with the highest rates, offering asymptomatic testing for 500 postcodes. Taking learning from Leicester, with door to door testing the good practice suggesting was to send out letters in advance so people understood what was happening and that increased people's willingness to engage with the process the uptake of testing. Street team services were also involved in contacting harder to reach groups, for example asylum seekers, rough sleepers and sex workers – those who would definitely not be engaging in the national test and trace system and they were trained them to both do tests as well as to do contact tracing. The local contact tracing started at the end of August, and learning from other areas was that people were more likely to answer the phone if from a local number, doing that they managed to get more than 90% of people to answer the phone and engage. In terms of businesses, the Council has used local intelligence, with a team of environmental health, licensing and community staff and volunteers that engage with local businesses, but what Bradford also have is a dedicated single point of access where councillors and members of the public can let the Council know where they are finding issues.

It is important to make sure that the Council engages well with all the different parts of the district and its communities, therefore feedback about the messages used from different parts of the community is important. For example, the council are working closely with the mosques and staff assumed at first that



the younger people in households were translating information for their older relatives. Through the mosques the council got feedback that wasn't happening, and older people were getting information from international news channels, which weren't necessarily giving out the right or best information for the UK. They were also getting a lot of misinformation causing fear, so Bradford worked with a local mosque to make some videos in Punjabi and other key languages aimed at the older generation. The Council have also had a lot of engagement with young people, the Young Ambassadors engaging with them, finding that a lot of young people fall into three categories – the fearful, really scared they were going to get seriously ill; the fearless, thinking they were never going to get affected by this and they could do what they wanted; and the unaware.

And finally, the response needs to be fast and respond to changing situations, so all teams are brought together daily with an 8.30am meeting where the team look at which wards, they want to target and agree action for that day. Then a meeting at 4.30pm to look at which actions have happened, making sure there are notes of anything that needs to be followed up.

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