# Responding to confirmed Cases and Outbreaks of COVID-19 in vulnerable groups: Joint working arrangements

**Purpose:** Outline initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements should outline common principles and plan for flexibility in implementation at place. There will be a rapid transition period while resources and capacity are developed locally to support this.

*Note - this joint working agreement covers the response to laboratory confirmed cases and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.*

**Principles:**

* Joint working and whole system approach
* Consistency in approach across settings and local systems
* Build on what works using existing and newly developed outbreak plans
* Develop clear roles and responsibilities and prevent duplication
* Ensure local voice

**Joint Working Between Local Authority and Y&H HPT**

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

* Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
* Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
* The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
* Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
* Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

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| Description of setting(s) |
| This joint working agreement covers local communities of interest that may be complex or underserved by public services and may be at increased risk of transmission and/ or more severe consequences of infection.  For example, including and not restricted to:   * Roma communities * Traveller and Gypsy communities * Faith or other community settings (e.g. for Eastern European, BAME populations) where transmission may be exacerbated by close-proximity and barriers to accessing services or advice * Clusters or outbreaks of infection concentrated in underserved communities * Rough sleepers and those who have found themselves without a home |
| Key partners |
| LA public health teams, LA housing options, VCFS, Healthcare providers, CCG / Primary care, Infection Prevention Control, Others including commissioned services, Relevant partnership groups |
| Guidance |
| Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> Guidance for those who provide unpaid care to friends or family <https://www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family>  Coronavirus (COVID-19): what to do if you’re self-employed and getting less work or no work <https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-self-employed-and-getting-less-work-or-no-work>  Coronavirus (COVID-19): what to do if you’re employed and cannot work <https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work>  Coronavirus (COVID-19): what to do if you were employed and have lost your job <https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-you-were-employed-and-have-lost-your-job>  Providing free school meals during the coronavirus (COVID-19) outbreak <https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools>  **People who are seeking asylum**  Changes to Asylum & Resettlement policy and practice in response to Covid-19 <https://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/>  **Gypsy Travellers**  COVID-19: mitigating impacts on Gypsy and Traveller communities <https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities>  COVID-19: Guidance for supporting people living on Traveller sites, unauthorised encampments and canal boats <https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/>  **NRPF**  Entitlements for people with NRPF during the coronavirus pandemic <http://www.nrpfnetwork.org.uk/News/Pages/coronavirus-update-2.aspx>  Coronavirus (COVID-19): temporary extension of free school meals eligibility to NRPF groups <https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/guidance-for-the-temporary-extension-of-free-school-meals-eligibility-to-nrpf-groups>  **People fleeing abuse and violence**  Domestic abuse and sexual violence guidance for homelessness settings [Domestic abuse in homelessness settings COVID19.pdf | 507K](https://www.homeless.org.uk/sites/default/files/site-attachments/Domestic%20abuse%20in%20homelessness%20settings%20COVID19.pdf)  **Rough Sleeping/Homelessness**  The NHS has produced information on prioritisation within health services during the COVID-19 outbreak which mentions homeless health in section 7. [Prioritisation within health services information during Covid-19](https://mcusercontent.com/69607e85dd2b3ddde59bac2b6/files/7208d91f-c563-4729-a599-62774e3e68b9/COVID_19_prioritisation_within_community_health_services_with_annex_19_March_2020.pdf)    Rough sleeping services have been advised to follow the government’s guidance for professionals in advising the general public on the virus. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>  Local Authority Partnerships: Housing people who were rough sleeping and those at risk who have been accommodated due to Covid-19. [Rough sleeper accommodation guidance](https://localpartnerships.org.uk/wp-content/uploads/2020/06/Rough-sleeper-accommodation-guidance-final.pdf?mc_cid=d13edffafb&mc_eid=30051066b0)  Emergency Hotel Provision Service Model [Riverside Emergency-hotel-provision-service-model-FINAL.pdf | 431K](https://www.homeless.org.uk/sites/default/files/site-attachments/Riverside%20Emergency-hotel-provision-service-model-FINAL.pdf)  Coronavirus (COVID-19) and data protection [Coronavirus and data protection\_ZorvaConsultingLtd\_briefing note.pdf | 41K](https://www.homeless.org.uk/sites/default/files/site-attachments/Coronavirus%20and%20data%20protection_ZorvaConsultingLtd_briefing%20note.pdf)  Guidance for those unable or unwilling to self-isolate [Guidance for those unable or unwilling to self isolate v4.docx | 25K](https://www.homeless.org.uk/sites/default/files/site-attachments/Guidance%20for%20those%20unable%20or%20unwilling%20to%20self%20isolate%20v4.docx)  Shelter: Priority need during the pandemic <https://england.shelter.org.uk/legal/housing_options/covid-19_emergency_measures/homelessness#1>  COVID-19 Information for People Experiencing Homelessness/Rough Sleeping Booklet [PavementCovidSpecialFinalWEB.pdf | 1271K](https://www.homeless.org.uk/sites/default/files/site-attachments/PavementCovidSpecialFinalWEB.pdf)  **Additional sources of information**  Friends Families and Travellers maintains a service directory of Gypsy and Traveller support organisations across the country, who may be able to help you engage with and understand the needs of Gypsies and Travellers in your area: <https://www.gypsy-traveller.org/services-directory/>  **Loneliness and Social Isolation**  <https://www.local.gov.uk/loneliness-social-isolation-and-covid-19-practical-advice>  **Accessing voluntary and community support**  Accessing support: the role of the voluntary and community sector during COVID-19 <https://www.local.gov.uk/accessing-support-role-voluntary-and-community-sector-during-covid-19>  Contact details for all Local Authority Community Hubs is Y&H <https://www.mecclink.co.uk/yorkshire-humber/covid-19-support/>  If you can’t pay your bills because of coronavirus <https://www.citizensadvice.org.uk/debt-and-money/if-you-cant-pay-your-bills-because-of-coronavirus/>  **English as a second language**  Doctors of the World are really pleased to be able to share with you Coronavirus (COVID-19) advice for patients in 60 languages, which were produced in partnership with the British Red Cross <https://www.doctorsoftheworld.org.uk/coronavirus-information/>  Migrant Hub translated resource<https://migrantinfohub.org.uk/multilingual-resources>  **Easy Read Advice**  Mencap Information about Coronavirus – Covid-19 <https://www.mencap.org.uk/advice-and-support/coronavirus-covid-19/what-coronavirus-covid-19>  Keep Safe have produced some easy read materials to help explain the government's guidance on coronavirus, including:   * [new rules for June](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ed42b05c189e7392e4967f2/1590962960647/14.New-Rules-June-Poster-0620.pdf) * [update for people who are shielding](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ed42b5cc189e7392e497828/1590963047199/Coronavirus-Poster-4-0620.pdf) * [how to stay safe](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ec29253ad9fc719c9994493/1589809757604/Coronavirus-Poster-1-0520.pdf) * [rules for May to June](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ec053448ea60f2f692096d0/1589662541797/12.New-Rules-Poster-0520.pdf) * [shielding](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ead6582d9408f5afda1cb3b/1588422029178/4.Shielding-0520.pdf) * [face masks.](https://static1.squarespace.com/static/5e74a4169b3712658a63f54f/t/5ebbe1b20854372f1302d366/1589371325051/13.Face-Coverings-0520.pdf)   **Digital Inclusion**  Good Things Foundation has created a suite of resources to guide people through getting reliable health advice and how video calling their GP can help prevent the virus from spreading <https://www.goodthingsfoundation.org/coronavirus-and-digital-inclusion> |
| Prevention |
| Local authorities will often be best placed to lead the development of local prevention activities, along with other agencies and partners, including PHE, for example:   * Awareness raising among communities and groups.   Local authorities to work with provider organisations and partners to develop tailored and targeted communications which help to raise awareness of COVID symptoms, need for testing, when and how to get tested. Methods to include community engagement to build trust and to identify local barriers and dissemination methods. Use of behavioural insights to frame messaging (key points on COVID 19 to be shared from Yorkshire and Humber Behavioural Science Hub led by PHE.)   * Provision of key IPC advice and guidance to provider organisation(s) and partners for dissemination with vulnerable groups e.g. continued social distancing, hand hygiene, use of face masks. Sourcing and distribution of face coverings to vulnerable groups should also be considered (consider joint funding LA/CCG).   Providers may need to translate information for their populations and consider easy-read / image-based information.   * Training / learning sessions around IPC / social distancing good practice for settings where face to face services are recommencing. * Providers to complete their own risk assessment processes for minimising risk of infection in staff and service users using available national guidance. Commissioners to support provider organisations in acquiring PPE where necessary (i.e. identifying supply chains). * Targeted interventions (e.g. providing individual accommodation for people who would otherwise be sleeping rough e.g. community development approaches for connecting with under-served groups, e.g. initiation of any local support structures such as emergency food, hygiene packs, distraction initiatives to support those at most significant risk from having to leave their accommodation). LA and CCG to consider interventions to promote good nutrition, vitamin d supplementation, sleep and physical exercise which may boost immunity against COVID-19 in vulnerable groups. * Ensuring plans are in place to address potential barriers faced by individuals or communities in relation to digital exclusion, e.g. contacting organisations who currently are supporting such groups and how they maintain contact/trust. Work with partners to assess need/quantity of phones/devices with data are required in event of outbreak. Explore options for household device for communal settings options being provided through housing colleagues? Distribution of phones/devices with data to those assessed as greatest risk of severe infection?   Plan for cases and outbreaks by working with communities of interest about how they would prefer to receive information. |
| Confirmed Cases |
| Notification of confirmed cases – see Appendix 1 for case definition   * HPT will be notified of some cases through Test and Trace, however individual cases in higher risk communities are unlikely to be identified through this system. * Uncomplicated cases in these communities are likely to be followed up by Tier 2 or Tier 3 contact tracers and will be advised by that route * It is recommended that Local Authorities put systems in place to ensure that apparent clusters from potentially higher risk communities are notified to HPT, for example via local providers or organisations. * HPT to notify LA of any linked cases notified via TT in higher risk communities (i.e. via postcode coincidence reports) to LA Single Point of Contact.   Definition of straightforward case(s)   * Cases in a community with no or few language or literacy barriers, settled accommodation, for street populations – assessed as low risk by local teams (e.g. in terms of chaos indices or other local tools used to assess vulnerability)   Definition of complex case (s)   * Cases in a community with language or literacy barriers, mistrust of authorities, unwilling or unlikely to share information or for street population assessed as high risk by local teams (in terms of chaos indices or other local tools used to assess vulnerability) |
| *Follow up of cases and identifying contacts* |
| See appendix for **contact definition.**  Priority will be identifying and managing emerging clusters - defined as two or more confirmed cases of COVID-19 among individuals associated with specific high-risk communities and / or setting with onset dates within 14 days. In some circumstances a single case that is particularly high risk or complex may warrant discussion.   * HPT and LA discuss possible cluster, risk assess based on available information and agree follow up, including who within is best placed to do this. * For both straightforward and complex clusters in these communities it is likely that local partners will have existing relationships and be better placed to identify / advise cases and contacts. * Contacts meeting the close contact definition should be advised according to current PHE guidance. * LA report back via process described below, using the data collection template, including the number of contacts identified and discuss with HPT if any concerns arise. * HPT to provide advice and support throughout a per joint working principles   Escalation:  Escalation to HPT and LA if cases have high number of contacts, or other if cases linked to settings emerge that might be of concern (e.g. workplace, mosque, school etc.)  Conclusion   * Once follow up of cases and any contacts completed |
| Outbreaks |
| Outbreak definition:  Two or more confirmed cases of COVID-19 among individuals in a higher risk community with onset dates within 14 days and with known close contact between cases.  Notification / identification of outbreak:  As described above, local system will need to ensure these are reported promptly to HPT. Given these will usually be complex joint management will be required.  Straightforward cluster or outbreak:  e.g. Two or more linked cases associated with an identified community setting (e.g mosque, community centre), minimal language barriers, exclusion/ IPC advice understood and adhered to, social distancing in place. Will accept support services such as medicines drop off, food deliveries through local schemes.  Complex outbreak or situation.  e.g. Two or more linked cases on a Traveller site, limited engagement or access to services, social distancing difficult, difficulties engaging with exclusion advice, digital exclusion / no data, little trust of public bodies and unlikely to accept support packages from agencies unknown to them to support self – isolation.  Initial investigation:  HPT to work with LA and partners to gather following information to inform risk assessment including:   * Number of confirmed/ suspected cases, severity, spread, any control measures / isolation in place and ease of implementing this * Potential number of contacts * Vulnerable staff/residents (in this context, this means people who are at increased risk of infection or severe consequences of infection) * Any challenges experienced with isolation, social distancing? * Any soft intelligence – increased anxiety? Political/ media interest?   Initial Actions  Ensure initial advice on IPC, isolation of symptomatic individuals and contacts and guidance is provided and being followed - agree who is best to provide this, may best provided by local community link.or healthcare provider  HPT Phone LA PH/ DPH:   * Conduct joint risk assessment based on information available * Agree whether to convene an OCT * Agree who will identify and advise cases and contacts and provide ongoing support, advice and management of situation (as above) * Agree further investigations including options/ routes for testing.   Further investigations  If further investigations/swabbing is indicated (because the outbreak is continuing despite control measures) possible investigations should be guided by the risk assessment will be discussed on a case by case basis.  Escalation  Escalate if increasing number or severity of cases, anxiety or outbreak doesn’t seem to be brought under control.  Conclusion of the outbreak  Review of situation to determine if transmission is ongoing within the community of interest, generally this will be concluded when more than 28 days without new confirmed linked cases. |
| Practical considerations |
| It is recognised that there will be a rapid transition period while resources and capacity are developed locally to support this.  It is recommended that local systems identify staff from internal and commissioned services and partners who may be able to contribute to this work (using the key partners table and the process) and ensure they have undertaken appropriate training around COVID 19 and contact tracing in advance of needing to be called on.  Information will be shared between HPT and LAs as follows:   1. HPT receives information about case(s) that require further follow up 2. HPT will notify LA SPOC via e-mail or phone, provide initial information and outline what additional follow up is required by the LA 3. LA uses information sharing template (Appendix 2) to gather initial information, assess the situation and risk assess 4. If details of contacts are required for follow up these can be completed using the CTAS template (to be sent along with request) - these contacts will then be followed up as per process described in Joint Working Agreement / SOP 5. Initial information and details of contacts can be returned to PHE by secure e mail (provided when request is sent) 6. Reviewed and further discussion if needed.   Data Sharing  Data sharing between our organisations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.    These relevant conditions are included below:   * **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person. * **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller * **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.     These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above. |
| Interdependencies |
| Connection with the SOP for under-served communities in communal residential settings. |
| Plan for review and adaptation |
| This joint working arrangement should be reviewed by the working group after one month or sooner if required. |

# Appendix 1: Case/ Contact Definitions

# **Case definitions:**

# Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia

**Contact definitions**

A ‘contact’ is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic (or 2 days before a test if no symptoms) up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

* people who spend significant time in the same household as a person who has tested positive for COVID-19
* sexual partners
* a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
  + being coughed on
  + having a face-to-face conversation within one metre
  + having skin-to-skin physical contact, or
  + contact within one metre for one minute or longer without face-to-face contact
* a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
* a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

# Appendix 2: Information Sharing Template

**Local Authority / PHE Information Sharing Template**

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| ***Completed by HPT***  **Setting (Name, Address, Post code):** **HPZone number:** | | | |
| **Summary of Key Information** (type of setting, number of employees, number affected (including members of the public / patients), whether cases numbers are rising, overall risk assessment) | | | |
| **Risk Assessment**  Number of cases:  Date of onset of first case:  Number of contacts identified:  Total number of staff:  If healthcare premises: number of patients / residents potentially exposed:  If educational premises: number of students potentially exposed:  Number hospitalised:  Number died:  Social distancing arrangements: Good Poor  Confidence in management: High Low  Public facing: Y/N  If Y approx. how many members of the public per day  Level of anxiety: High Low  Media Interest: Y/N  Any other issues considered:  **Summary of Risk Assessment:** | | | |
| **Follow up arrangements**  LA Follow up  HPT / LA Follow up  Need for an IMT | | | |
| **Follow up record** | | | |
| **Date** | **No Cases** | **No Contacts** | **Other issues** |
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